Joint Commission Online

A complimentary publication of The Joint Commission May 22, 2013

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New NPSG implementation guide provides effective practices for reducing SSIs

Recently released, *"The Joint Commission's Implementation Guide for NPSG.07.05.01 on Surgical Site Infections: The SSI Change Project"* will provide guidance to health care organizations implementing the National Patient Safety Goal (NPSG) on surgical site infections (SSIs). The free guide is based on results from The Joint Commission's SSI Change Project, which focused on identifying effective practices for implementing NPSG.07.05.01 and reducing SSIs. Seventeen Joint Commission accredited hospitals participating in phase II of this project, including three pediatric hospitals. When selecting phase II participants for this project, hospitals had to have experienced a minimum decrease in their SSI rate of 30 percent or more for one surgical procedure for at least one year. The implementation guide defines 23 effective practices that emerged from this project, and includes supporting statements from the 17 participating hospitals, a section focused on pediatrics, and a recommended method for using the guide.

Due to the ongoing national concern about healthcare-associated infections (HAIs), The Joint Commission has published four NPSGs that focus on HAIs. SSIs are one type of HAI for which The Joint Commission has a NPSG (NPSG.07.05.01). Approximately 500,000 SSIs occur every year with significant morbidity and mortality for patients and additional costs for hospitals. On average, 2.7 percent of surgeries result in SSIs and up to 4 percent of children with surgical procedures experience an SSI. From a cost perspective, SSIs are believed to account for up to $7 billion annually in health care expenditures. It is estimated that 40-60 percent of SSIs are preventable. (Contact: Kelly Podgorny, kpodgorny@jointcommission.org)

The Joint Commission launches educational campaign on adult depression

On May 21, The Joint Commission launched a new Speak Up™ campaign as part of Mental Health Awareness Month to help people become better informed about the common warning signs of adult depression, how to get the most out of treatments for depression, and advice for how to speak up if they or a loved one needs help. The campaign, "Speak Up: What you should know about adult depression," centers on a new brochure and poster which were developed in collaboration with the American Psychiatric Association, Depression and Bipolar Support Alliance, Mental Health America, NAMI: National Alliance on Mental Illness, National Association of Psychiatric Health Systems, National Association of Social Workers, National Suicide Prevention Lifeline, National Association of State Mental Health Program Directors, and National Institute of Mental Health.

The campaign emphasizes that while everyone may feel unhappy or sad at one time or another, depression is more than just feeling sad, especially if those feelings last for more than two weeks. When an individual experiences depression it can significantly affect their everyday life, causing them to lose interest in activities, feel overwhelmed, agitated, isolated or even become suicidal. According to the Centers for Disease Control and Prevention (CDC), in the span of a year, 18.8 million Americans experience depressive symptoms that affect how they sleep, eat, and feel about themselves and their lives. The CDC also cites depression as the most prevalent mental health problem among older adults. While the Speak Up brochure explains that adult depression has physical and emotional impacts and cannot be wished or willed away, it also stresses that depression can be treated and people suffering from depression can recover. (Contact: Dawn Glossa, dglossa@jointcommission.org)

Accreditation

Organizations in Preliminary Accreditation may no longer use Gold Seal
Effective July 1, 2013, organizations in Preliminary Accreditation may no longer display the Gold Seal of Approval™. However, these organizations will still be listed on Quality Check®, but without the Gold Seal. The Joint Commission offers its Gold Seal to accredited organizations in recognition of their efforts to provide high-quality care, treatment and services. Organizations receive and can display the Gold Seal when they have successfully completed their accreditation survey under the full set of standards. Organizations receive Preliminary Accreditation after successfully completing their first survey in the early survey process, which does not include the full set of standards. Please visit The Joint Commission website to review guidelines on the use of the Gold Seal. (Contact: Gail Weinberger, gweinberger@jointcommission.org)

Busting the myths about sentinel event reporting
The Joint Commission's sentinel event reporting process is a voluntary and nonpunitive process that does not assign blame to individuals. Self-reporting sentinel events has been shown to improve patient care, promote shared learning, and decrease risk. We've heard from our customers some myths and misconceptions about the sentinel event reporting process. To set the record straight, we've listed some of the most common myths and clarifying information below.

Myth: *The patient came in very sick and just died. No one did anything wrong. This event does not meet the criteria for a reviewable sentinel event set by The Joint Commission.*

The Joint Commission considers any **unanticipated** death to be a reviewable event. It doesn't have to be reported to The Joint Commission, but the organization should review the event to analyze the systems and processes that were not in place, not followed, or not well designed, and then make revisions to prevent similar events. The Sentinel Event Unit can help the organization identify and learn from systems and process vulnerabilities and failures, and then implement strong corrective actions to reduce the risks of future patient safety events. The Joint Commission patient safety specialist working with the organization will ask, "Was the patient expected to die?" If the answer is "No," then it is most likely a reviewable event. If the patient's death was the result of the natural progression of an existing condition or disease, it may not be considered reviewable by The Joint Commission.

Myth: *My organization does not have to provide sentinel event information to The Joint Commission because my state has mandatory reporting requirements.*

Don't assume your organization is covered because there are mandatory reporting requirements in your state. The Joint Commission sentinel event process and state reporting systems are separate. Sentinel events that are reviewable by The Joint Commission may or may not be considered a reportable event in your state. It's also possible that your organization may have to share sentinel event information with The Joint Commission and report the event to your state. Check with the department of health or professional regulation in your state for details. *Note: Currently, 25 states including California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Kansas, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington and Wyoming, and the District of Columbia have some type of mandatory reporting requirements for adverse events.*

Myth: *If my organization reports a sentinel event to The Joint Commission, they will automatically send out surveyors.*

The decision to conduct a for cause survey following a sentinel event is based on the severity of the issue and the magnitude of its risk to patient safety and quality of care, not on whether your organization reported it. It's possible that even if your organization does not self-report a sentinel event, The Joint Commission may find out about it from a patient, the media or other means. Surveys are conducted depending on the seriousness of the complaint and whether the incident is predictive of further, more systemic risk to patients.

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Myth: *On our next survey, the surveyors will ask about the sentinel event we self-reported or ask to see our data related to the event.*

During the accreditation survey, the surveyors must assess many processes and systems within your organization, such as performance improvement, safety culture, or how the organization reviews adverse events. As part of the process, the surveyor may ask to see your organization's sentinel event policy or a demonstration of how it handles sentinel events. It is not necessary to provide a case that your organization is working on currently. Actually, it is often better to provide a case that is more than 12 months old so you can show how a problem was identified, what was done to fix it, what process was implemented to address the problem, and what your organization's measures of success were.

For more information about sentinel events or the sentinel event policy, visit the sentinel event section of the website or review the Sentinel Events (SE) chapter of the accreditation manual. (Contact: Gerry Castro, gcastro@jointcommission.org)

People

Mark G. Pelletier, R.N., M.S., appointed chief operating officer
On May 22, The Joint Commission announced the appointment of Mark G. Pelletier, R.N., M.S., as the chief operating officer (COO) in the division of Accreditation and Certification Operations. Pelletier is a health care executive with more than 25 years of experience in hospital operations, performance and quality improvement, process redesign and program development. In this role he oversees all operational aspects of the accreditation and certification process including, but not limited to, the pre-survey process; the account executive function; the on-site survey (including overseeing the field staff cadre); and the post-survey process, including the issuance of accreditation decisions and reports. For the past year, Pelletier has served as the interim COO. Prior to his role as interim COO, Pelletier was the executive director for Hospital Programs and Accreditation and Certification Operations at The Joint Commission. Prior to joining The Joint Commission, he was the senior vice president and chief operating officer of Condell Medical Center, Libertyville, Ill. He has also served in executive positions for several hospitals in the Chicago area, including Resurrection Health Care, Northwestern Memorial Hospital, Children's Memorial Medical Center, and Mercy Hospital Medical Center. Pelletier earned a bachelor of science and a master of science in nursing administration from DePaul University. He received his diploma in nursing from Mennonite College of Nursing at Illinois State University.

Resources

New on the web

- Laboratory Standards Sampler - To help familiarize you with the standards while you are in the early stages of exploring accreditation.
- Answers to Commonly Asked Questions about Laboratory Standards - Questions (and answers!) that lab customers and colleagues frequently ask our lab team.
- Health Care Staffing Certification: Preparation Essentials Teleconference – June 19, 2013, noon to 1 p.m. CT. Free Health Care Staffing teleconference with Executive Director Michele Sacco.
- Blog Posts:
    - @ Home with The Joint Commission - Home Care Accreditation program's 25th anniversary
    - Musings...Ambulatory Patient Safety - Guest Blogger George Mills: Environment of Care Management Plans
    - BHC Update - Start now on getting state recognition of your behavioral health home certification
    - The View From The Joint Commission - Armed Forces Day 2013
    - Ambulatory Buzz - Take a risk and give Take 5 a try

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