Joint Commission Fall Update

Chad Larson, MBA
Executive Director
Hospital Accreditation & Certification Programs
The Joint Commission

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LHA
LOUISIANA HOSPITAL ASSOCIATION

Today's Objectives

- Provide national and state level trends in risks identified through Joint Commission hospital survey activity.
- Share updates on changes to survey process, standards, and performance measure requirements.
- Provide an overview of new Joint Commission accreditation and certification product offerings.

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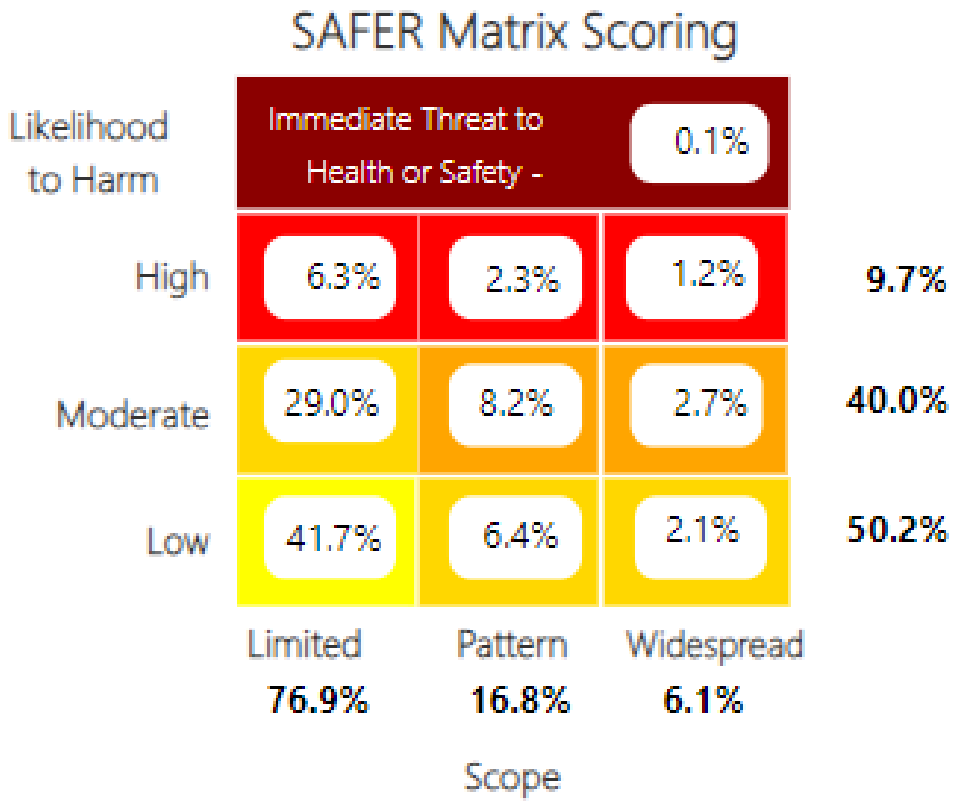
National and State Level Trends in Survey Activity Data

SAFER™ Matrix

- Comprehensive approach for identifying and communicating risk through onsite surveys
- Placement of opportunities based on:
  - Potential to harm patients or staff
  - Scope or prevalence at which the opportunity for improvement was cited
- *January – October 2023 hospital survey data represented in right-hand graphic (1,270 surveys)*



Top 10 Challenging Standards – National Trends

January – October 2023 Hospital Survey Activity		
EC.02.06.01, EP 1	Establish & maintain safe, functional environment to foster patient safety	6
MM.06.01.01, EP 3	Verification prior to administration of medication	9
IC.02.02.01, EP 2	High level disinfection & sterilization	1
EC.02.05.01, EP 9	Label utility system controls to facilitate partial or complete emergency shutdowns	5
EC.02.05.05, EP 6	Inspect, test, maintain non-high-risk utility system components on inventory, with completion date & results documented	4
LS.02.01.35, EP 4	Piping for approved automatic sprinkler systems is not used to support any other item	2
LS.02.01.10, EP 14	Space around pipes, conduits, ducts, cables, or pneumatic tubes penetrating walls or floors protected with approved fire-rated material	3
LS.02.01.35, EP 14	Meet all other Life Safety Code automatic extinguishing requirements related to NFPA (maintain systems for extinguishing fires)	11
EC.02.02.01, EP 5	Minimize risks with handling hazardous chemicals	10
EC.02.06.01, EP 26	Furnishings & equipment are kept safe & in good repair	32

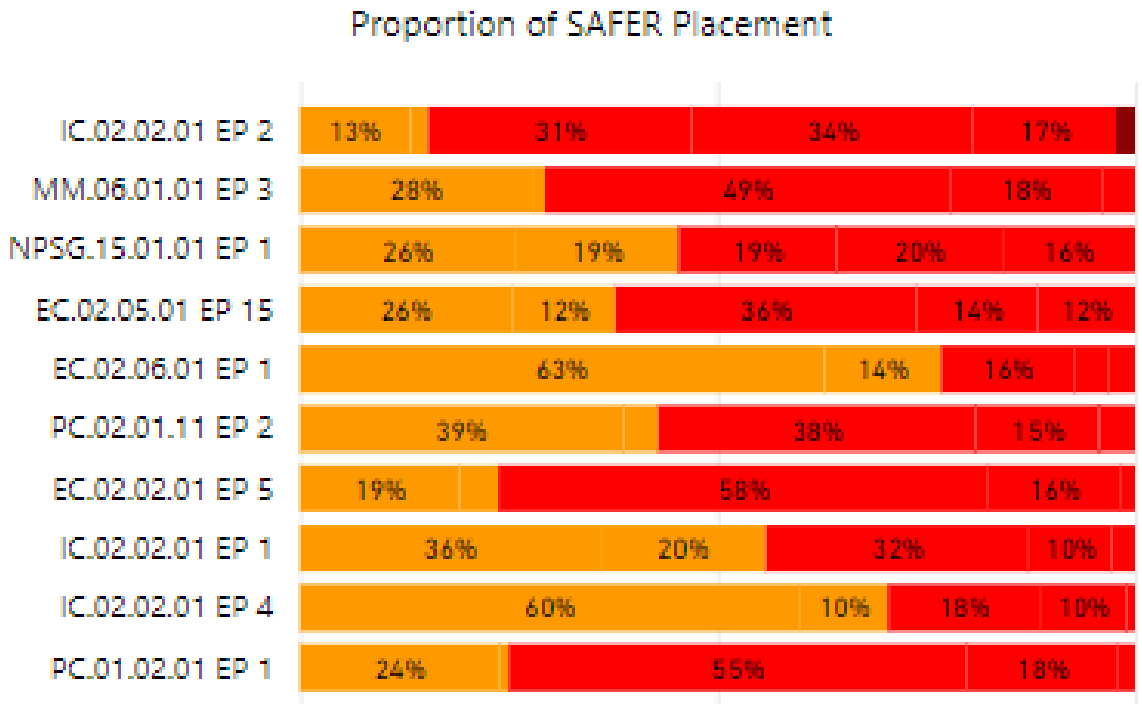
January – October 2023 Challenging Standards

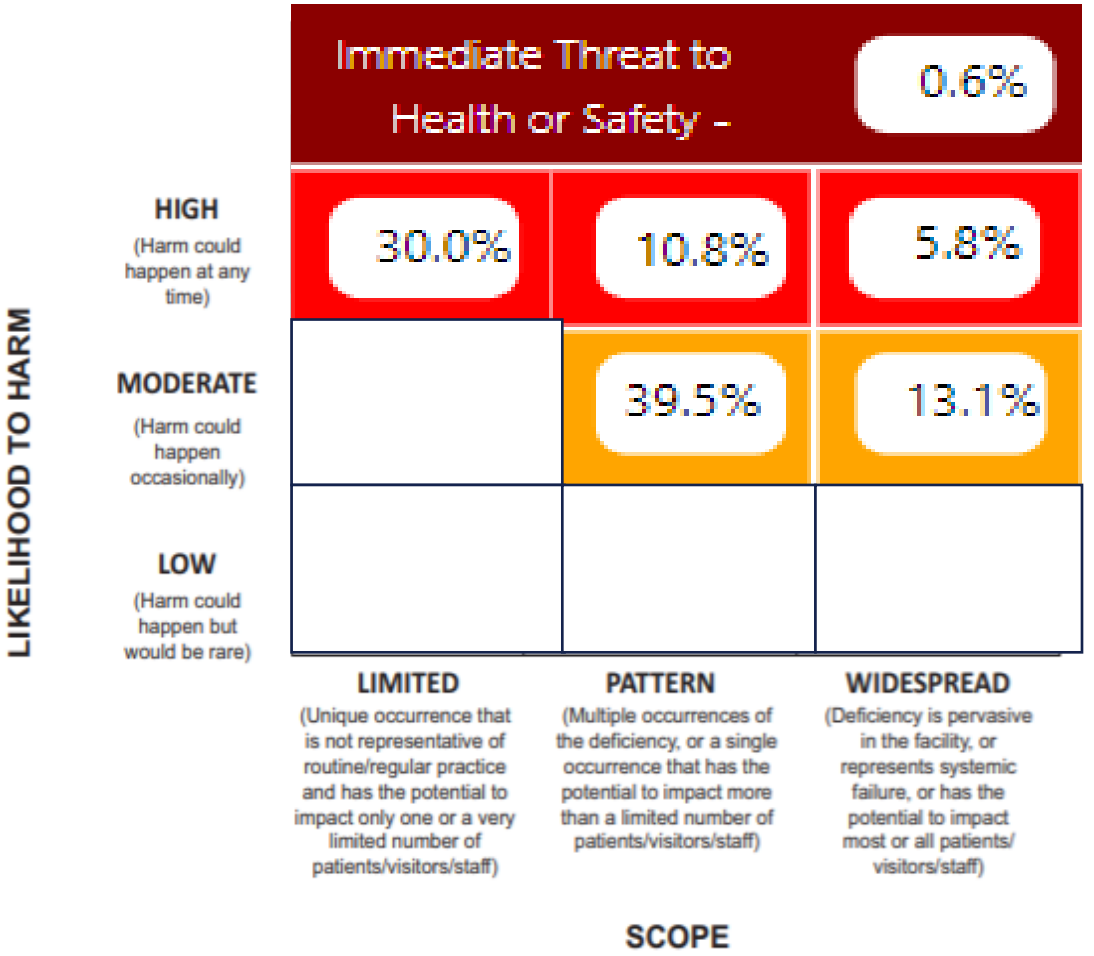
Clinical Findings Only - *Excludes EC & LS Chapters*	
MM.06.01.01, EP3	Verification prior to administration of medication
IC.02.02.01, EP 2	High level disinfection & sterilization
IC.02.02.01, EP 4	Device & supply storage
PC.01.02.07, EP 7	Reassess patient's pain through evaluation & documentation of response(s) to pain intervention(s), progress toward goals, side effects of treatment, & risk factors for adverse events caused by treatment
PC.02.02.03, EP 11	Food & nutrition products, including those brought in by patients or families, stored using proper sanitation, temperature, ventilation, & security
PC.02.01.11, EP 2	Resuscitation equipment is available for use based on needs of population
RI.01.03.01, EP 1	Follow Written Policy On Informed Consent
IC.02.02.01, EP 1	Low level disinfection & sterilization
IC.02.01.01, EP 1	Implementation of infection prevention & control activities
PC.01.03.01, EP 1	Plan patient's care based on needs identified by assessment, reassessment, & results of diagnostic testing

January – October 2023 Challenging Standards

Physical Environment Findings Only – *EC, LS Chapters Only*	
EC.02.06.01, EP 1	Establish & maintain safe, functional environment to foster patient safety
EC.02.05.01, EP 9	Label utility system controls to facilitate partial or complete emergency shutdowns
EC.02.05.05, EP 6	Inspect, test, maintain non-high-risk utility system components on inventory, with completion date & results documented
LS.02.01.35, EP 4	Piping for approved automatic sprinkler systems is not used to support any other item
LS.02.01.10, EP 14	Space around pipes, conduits, ducts, cables, or pneumatic tubes penetrating walls or floors protected with approved fire-rated material
LS.02.01.35, EP 14	Meet all other Life Safety Code automatic extinguishing requirements related to NFPA (maintain systems for extinguishing fires)
EC.02.02.01, EP 5	Minimize risks with handling hazardous chemicals
EC.02.06.01, EP 26	Furnishings & equipment are kept safe & in good repair
LS.02.01.10, EP 11	Fire-rated doors have functioning hardware, including positive latching devices & self-closing or automatic-closing devices; either kept closed or activated by release device complying with NFPA
EC.02.05.01, EP 16	Ventilation provides required pressure relationships, temperature & humidity

National Top 10 High Risk Findings (SAFER Placement Moderate / Pattern or Greater)





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High Risk Findings (SAFER placement Moderate/Pattern or Greater)

January – October 2023 National Survey Activity	
IC.02.02.01, EP2	High level disinfection & sterilization
MM.06.01.01, EP 3	Verification prior to administration of medication
NPSG.15.01.01, EP 1	Implement procedures to mitigate risk of suicide for patients at high risk
EC.02.05.01, EP 15	Critical care areas designed to control airborne contaminants contains ventilation system with appropriate pressure relationships
EC.02.06.01, EP 1	Establish & maintain safe, functional environment to foster patient safety
PC.02.01.11, EP 2	Resuscitation equipment is available for use based on needs of population
EC.02.02.01, EP 5	Minimize risks with handling hazardous chemicals
IC.02.02.01, EP1	Low level disinfection & sterilization
IC.02.02.01, EP 4	Device & supply storage
PC.01.02.01, EP 1	Define in writing scope & content of screening, assessment, & reassessment; patient information is collected accordingly

CAH rank

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Immediate Threat to Health & Safety Trends

Top Scored Standards Related to an ITHS:

- IC.02.02.01 EP 2: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies
- LD.04.01.07 EP 1: Leadership reviews, approves, and manages implementation of policies and procedures that guide and support patient care, treatment, and services
- HR.01.06.01 EP 1: The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services

Recent Themes:

- Not sterilizing equipment at correct time or temperature based on manufacturer's instructions for use
- Incorrect temperature used for high-level disinfection solution of equipment
- Lack of proper implementation of policies and procedures for sterilization and/or high-level disinfection
- Lack of staff training on proper sterilization and/or high-level disinfection of equipment
- Use of single patient lancet device on multiple patients

January 2022 – October 2023 Challenging Standards

Louisiana Hospital Survey Activity		
EC.02.06.01, EP 1	Establish & maintain safe, functional environment to foster patient safety	21
EC.02.05.01, EP 9	Label utility system controls to facilitate partial or complete emergency shutdowns	2
EC.02.05.05, EP 6	Inspect, test, maintain non-high-risk utility system components on inventory, with completion date & results documented	8
LS.02.01.35, EP 4	Piping for approved automatic sprinkler systems is not used to support any other item	13
MM.06.01.01, EP3	Verification prior to administration of medication	31
LS.02.01.10, EP 14	Space around pipes, conduits, ducts, cables, or pneumatic tubes penetrating walls or floors protected with approved fire-rated material	11
LS.02.01.10, EP 11	Fire-rated doors have functioning hardware, including positive latching devices & self-closing or automatic-closing devices; either kept closed or activated by release device complying with NFPA	26
IC.02.02.01, EP 2	High level disinfection & sterilization	3
LS.02.01.35, EP 14	Meet all other Life Safety Code automatic extinguishing requirements related to NFPA (maintain systems for extinguishing fires)	12
LS.02.01.35, EP 5	Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed	N/A

CAH rank

High Risk Findings (SAFER placement Moderate/Pattern or Greater)

January 2022 – October 2023 Louisiana Hospital Survey Activity		
IC.02.02.01, EP2	High level disinfection & sterilization	#1 nationally
MM.06.01.01, EP 3	Verification prior to administration of medication	#2 nationally
NPSG.15.01.01, EP 1	Implement procedures to mitigate risk of suicide for patients at high risk	#3 nationally
EC.02.05.05, EP 5	Inspect, test, & maintain infection control utility system components on inventory; completion date & results of activities are documented	#18 nationally
NPSG.15.01.01, EP 3	Use an evidence-based process to conduct an assessment for patients for suicidal ideation	#19 nationally
EC.02.05.01, EP 15	Critical care areas designed to control airborne contaminants contains ventilation system with appropriate pressure relationships	#4 nationally
IC.02.02.01, EP1	Low level disinfection & sterilization	#8 nationally
EC.02.06.01, EP 1	Establish & maintain safe, functional environment to foster patient safety	#5 nationally
IC.02.02.01, EP 4	Device & supply storage	#9 nationally
EC.02.05.02, EP 2	Water management program addresses Legionella & other waterborne pathogens	#68 nationally

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Right hand column indicates national ranking of high-risk findings

EC.02.06.01, EP 1

Establish & maintain safe, functional environment to foster patient safety

Observations

- Water-stained ceiling tiles
- Nurse call cord wrapped around grab bar
- Operating room floor with tears

Implementation Strategies

- Identify source of water infiltration and repair (pipe leaks, roof damage)
- Ensure that all contractors are aware of the code requirements
- Develop a schedule to address refreshing interior (paint, patching)

MM.06.01.01, EP 3

Verification prior to administration of medication

Recent Theme – Distinguish between administration ***versus*** the order

- Titrations not administered at correct starting dose/intervals
- Antiemetic medication not administered using correct route

Orders

- Verify that providers are following most recent medication orders
- Visually inspect medications prior to administering
- Discuss questions, discrepancies, concerns of order with ordering Licensed Practitioner prior to administering

FAQ

- Can a provider write “as required” medication orders that allow patient preference?
- Yes, as long as hospital determines that medication order is written to support deferring to patient preference when patient:
  - Requests a less potent medication
  - Requests a lesser prescribed dose in a range order
  - Requests a less intrusive route of administration if both routes are prescribed by provider

IC.02.02.01

Reduce risk of infections associated with medical equipment, devices, and supplies

EP 1 – Low level disinfection

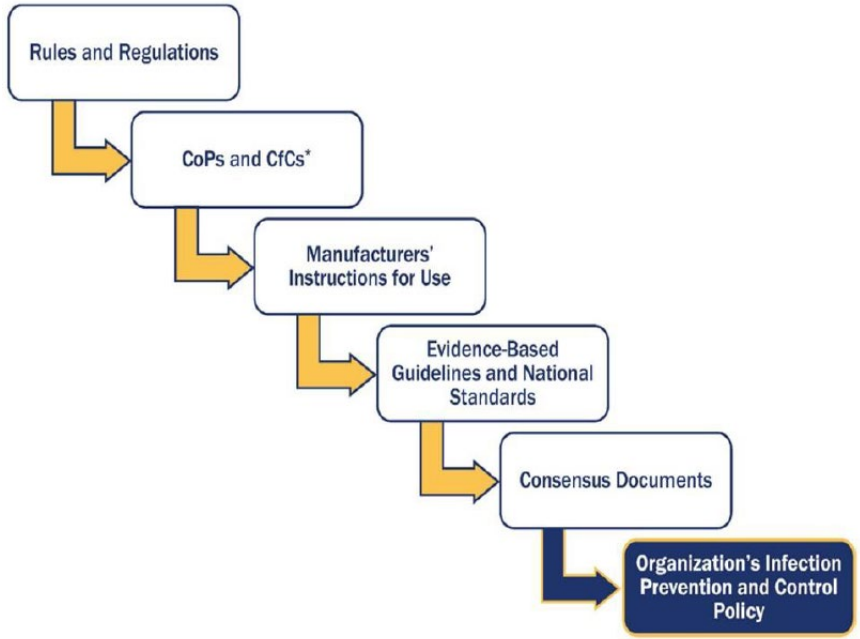
- No evidence staff followed contact time (wet time) as specified by manufacturer's instructions for use when cleaning and disinfecting equipment
- Did not disinfect multi-use glucometer after every patient use as required by manufacturer's instructions

EP 2 – Intermediate and high level disinfection and sterilization

- Manufacturer instructions require device sterilization disassembled, but was assembled in peel pack
- Cycle parameters (time, temp) were not followed per MIFU
- Instruments not kept moist prior to transportation per evidence-based guideline/policy

EP 4 – Storing medical equipment, devices, supplies

- Endoscopes (colonoscopes, cytoscopes, bronchoscopes) not stored according to device manufacturer's instructions
- Organization adopted evidence-based guidelines for storage of surgical equipment, but not following them



PC.02.01.11, EP 2

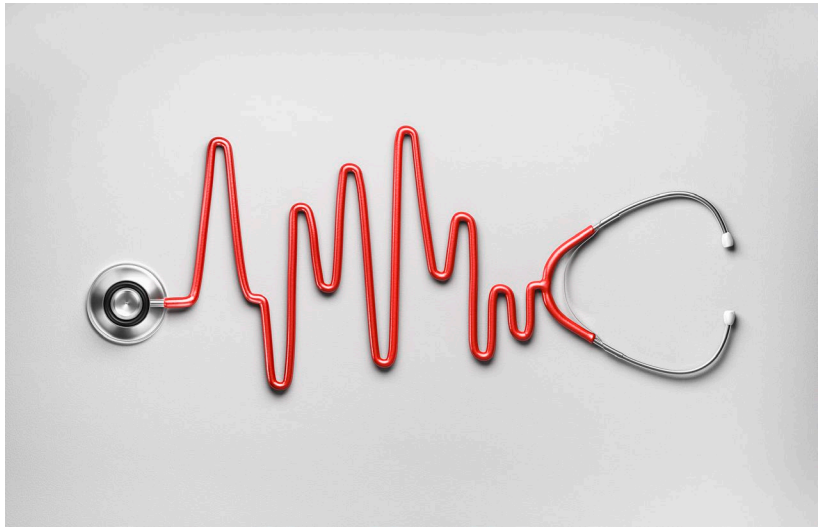
Resuscitation equipment available for use

Observations

- Observed in ED that even though pediatric population was seen, there was no pediatric resuscitation equipment available
- AED's lacked daily checks as required per hospital policy/manufacturer recommendations
- Missing and expired supplies
- Crash cart log incomplete

Big Picture

- Educate/train staff involved in provision of resuscitation services
- Monitor resuscitation related metrics to track performance
- Early warning signs of clinical deterioration
- Timeliness of staff response to cardiac arrest
- Quality of CPR
- Implement processes for post-resuscitation care
- Outcome of CPR processes



RI.01.03.01, EP 1

Follow written policy on informed consent

- Hospital reviews policy (and follows) if informed consent is required for procedures such as blood transfusion, dialysis, wound debridement, sedation, etc.
- Provide evidence of discussion with patient to address risks, alternatives, benefits, and side effects of surgical procedure
  - Determine where and/or how informed consent discussions are documented
  - Evidence that discussion took place does not need to be recorded on a form
  - Compliance with requirement based on policy and procedure

PC.02.02.03, EP 11

Food and nutrition products stored under proper sanitation, temperature, ventilation, security

Themes

- Dirty food storage areas
- Dirty interior surfaces of refrigerator used for food storage
- Food found in kitchen or nursing unit refrigerator lacked an expiration date as required
- Food refrigerator designated for patient use had not been monitored for several months

FAQ - What is considered a food storage area, and what resources are available for hospitals to be compliant?

Examples include but are not limited to: refrigerators, freezers, cupboards, drawers, bins

Resources include: local/state regulations, U.S. FDA Food Code 2017

CMS Kitchen/Food Service Observation Checklist

January 2023 Joint Commission Perspectives Newsletter

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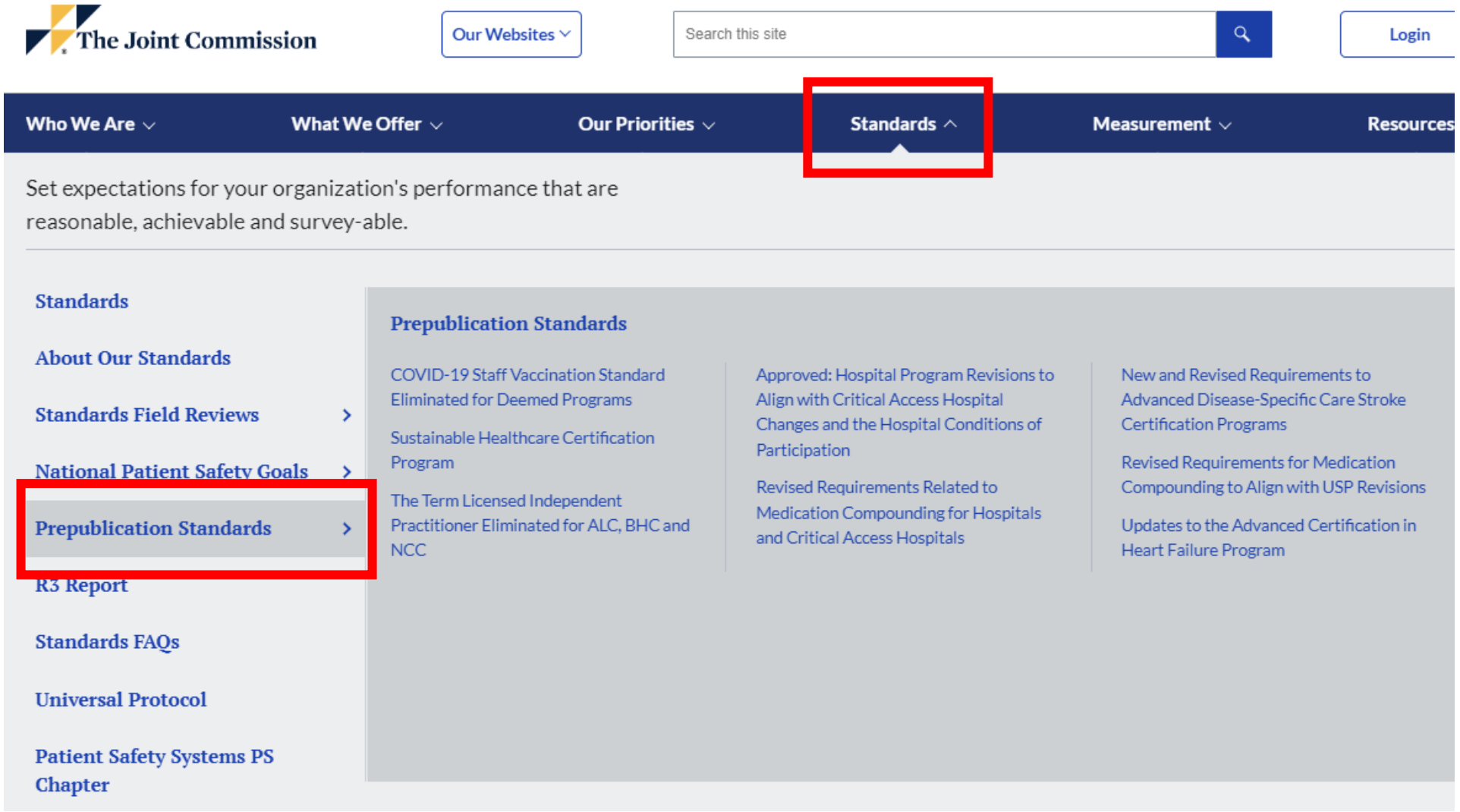
Survey, Standards and Performance Measurement Updates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Resources
Set expectations for your organization's performance that are reasonable, achievable and survey-able.
Standards
About Our Standards
Standards Field Reviews
National Patient Safety Goals
Prepublication Standards
R3 Report
Standards FAQs
Universal Protocol
Patient Safety Systems PS Chapter
Prepublication Standards
COVID-19 Staff Vaccination Standard Eliminated for Deemed Programs
Sustainable Healthcare Certification Program
The Term Licensed Independent Practitioner Eliminated for ALC, BHC and NCC
Approved: Hospital Program Revisions to Align with Critical Access Hospital Changes and the Hospital Conditions of Participation
Revised Requirements Related to Medication Compounding for Hospitals and Critical Access Hospitals
New and Revised Requirements to Advanced Disease-Specific Care Stroke Certification Programs
Revised Requirements for Medication Compounding to Align with USP Revisions
Updates to the Advanced Certification in Heart Failure Program

New & Revised Requirements

Standard	Effective	Reason for Inclusion or Revision
HR.02.01.03	January 1, 2023	Expands recredentialing timeframe from 2 to 3 years, where allowed by law/reg.
NPSG.16.01.01	July 1, 2023	HCE requirements elevated to NPSG status to increase awareness.
IC.02.04.02	August 4, 2023	Eliminated Infection Prevention & Control (IC) Standard in response to a final rule published by CMS which withdrew the COVID-19 vaccination regulations for health care staff.
Medication Compounding Revisions - MM.05.01.07, NPSG.03.04.01, EP 3	January 1, 2024	Revised to better align with national standards of practice while continuing to align with regulation and CMS guidance.
Stroke Certification Revisions (Acute Stroke Ready, Primary Stroke, Thrombectomy-Capable Stroke, Comprehensive Stroke)	January 1, 2024	Updated to include current guidelines to clarify intent of requirements and align across programs. Requirements reflect AHA national guidelines for stroke care & program implementation, current evidence-based practices, research, & scientific statements.
Advanced Certification in Heart Failure Program Revisions	January 1, 2024	To align with latest clinical practice guidelines. Includes more specificity for developing written protocols, emphasize using a variety of assessments (such as patient-reported outcomes & assessing health-related social needs), aligns individualized plan of care with patient's goals & supports healthy lifestyle changes.

Prepublication Standards: https://www.jointcommission.org/standards/prepublication-standards/#sort=%40z95xz95xcontentdate%20descending

Expanded Recredentialing Timeframe (HR.02.01.03)

- Aligning licensing regulations with extended Joint Commission recredentialing timeframe
- Changed recredentialing timeframe from 2 years to 3 years
- Effective January 2023
- One initiative by Joint Commission to ease administrative burden
- ***Exception: States where written legislation specifies otherwise***
- States and U.S. territories with Hospital Licensing Regulations Shorter than 3 Years:

Alaska	Idaho	New Mexico	North Dakota	Puerto Rico
Arkansas	Louisiana	New York	Oklahoma	South Dakota
Georgia	Massachusetts	North Carolina	Pennsylvania	Utah

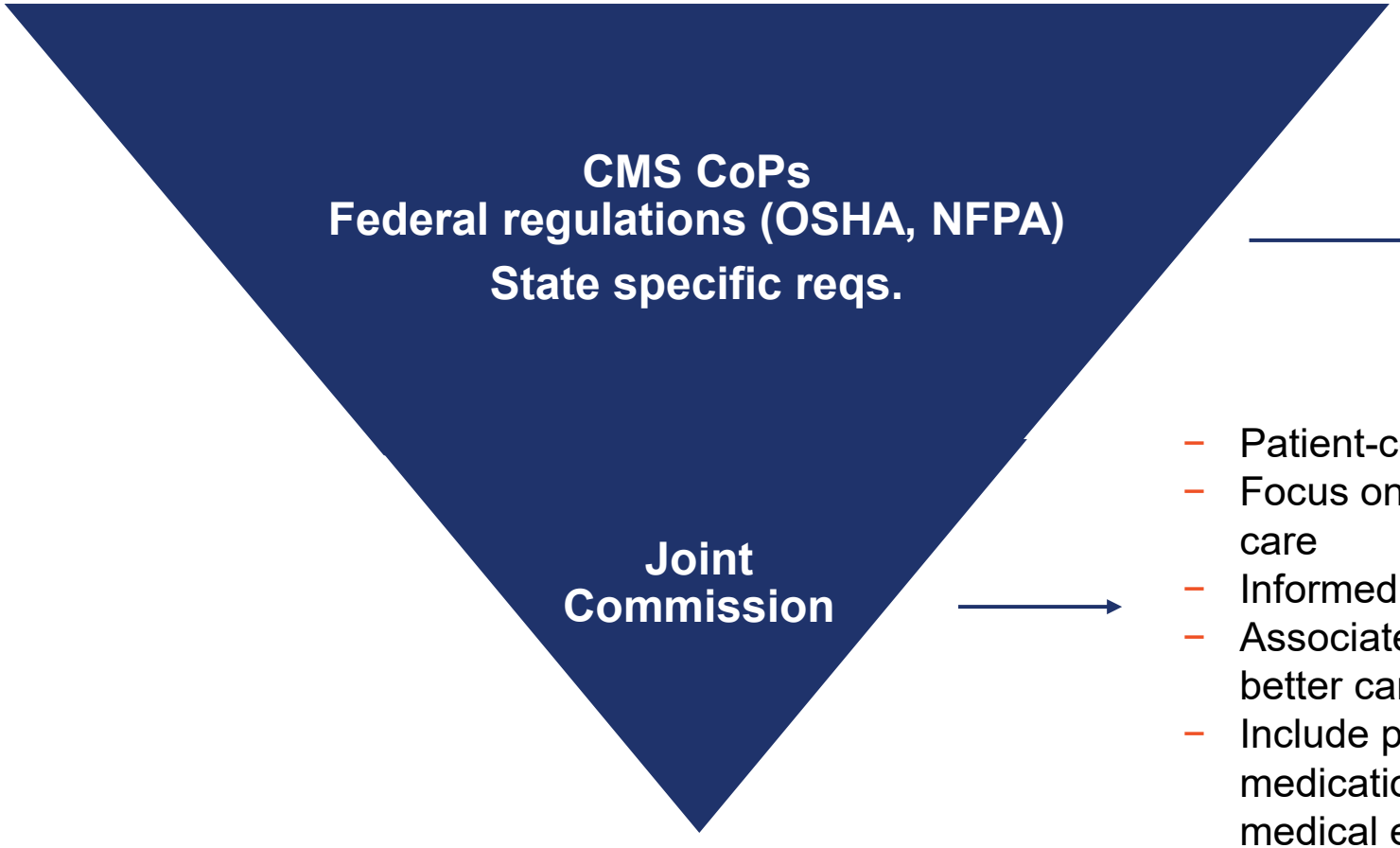
New Accreditation Requirements – NPSG16.01.01

Review of Early Scoring Trends

Standard	Standard Text	Times Cited
NPSG.16.01.01, EP 3 LD.04.03.08, EP 3	Hospital identifies health care disparities in its patient population by stratifying quality and safety data using sociodemographic characteristics of its patients	18
NPSG.16.01.01, EP 4 LD.04.03.08, EP 4	Hospital develops a written action plan that describes how it will improve health care equity by addressing at least one of the disparities identified in its patient population	17
NPSG.16.01.01, EP 1 LD.04.03.08, EP 1	Designate an individual(s) to lead activities to improve health care equity for the hospital's patients	16
NPSG.16.01.01, EP 2 LD.04.03.08, EP 2	Hospital assesses patient's health-related social needs (HRSNs) and provides information about community resources and support services	12

Note: Accreditation requirements were elevated to National Patient Safety Goal, effective July 1, 2023.

Where Do Our Standards Come From?



→ 70% of hospital program requirements

- Patient-centric
- Focus on systems & processes essential to safe care
- Informed by evidence
- Associated with structures/processes predictive of better care
- Include patient rights & education, infection control, medication management, health equity, preventing medical errors
- Developed collaboratively with health professionals & key stakeholders

Standards Reduction Project

- We are sensitive to the burden of compliance and its impact on the health care workforce.
- For that reason, we completed review of “above-and-beyond” requirements (not linked to CMS CoP).
- Specifically, reviewing each requirement to answer:
    1. Does the requirement still address an important quality and safety issue?
    2. Is the requirement redundant?
    3. Hospitals have adopted concept as standard practice
    4. Are the time and resources needed to comply with the requirement appropriate with the estimated benefit to patient care and health outcomes?
    5. Is the requirement difficult to assess consistently?
- Results = 15% reduction in standards
- *End Goal: Help organizations focus on what makes the most difference. We remain committed to help address challenges in healthcare, as well as making our requirements as efficient and impactful on patient safety and quality as possible.*

Survey Process Update

- Safety briefing added to the start of all on-site survey activities
- Opportunity for staff to brief survey team on:
  - Fire, smoke, weather emergencies
  - Threats of workplace violence
  - Civil unrest
  - Labor actions

Measuring What Matters

Streamlining measurement ecosystem and changing focus from satisfying competing measures to making substantial improvement on key measures in quality and safety.

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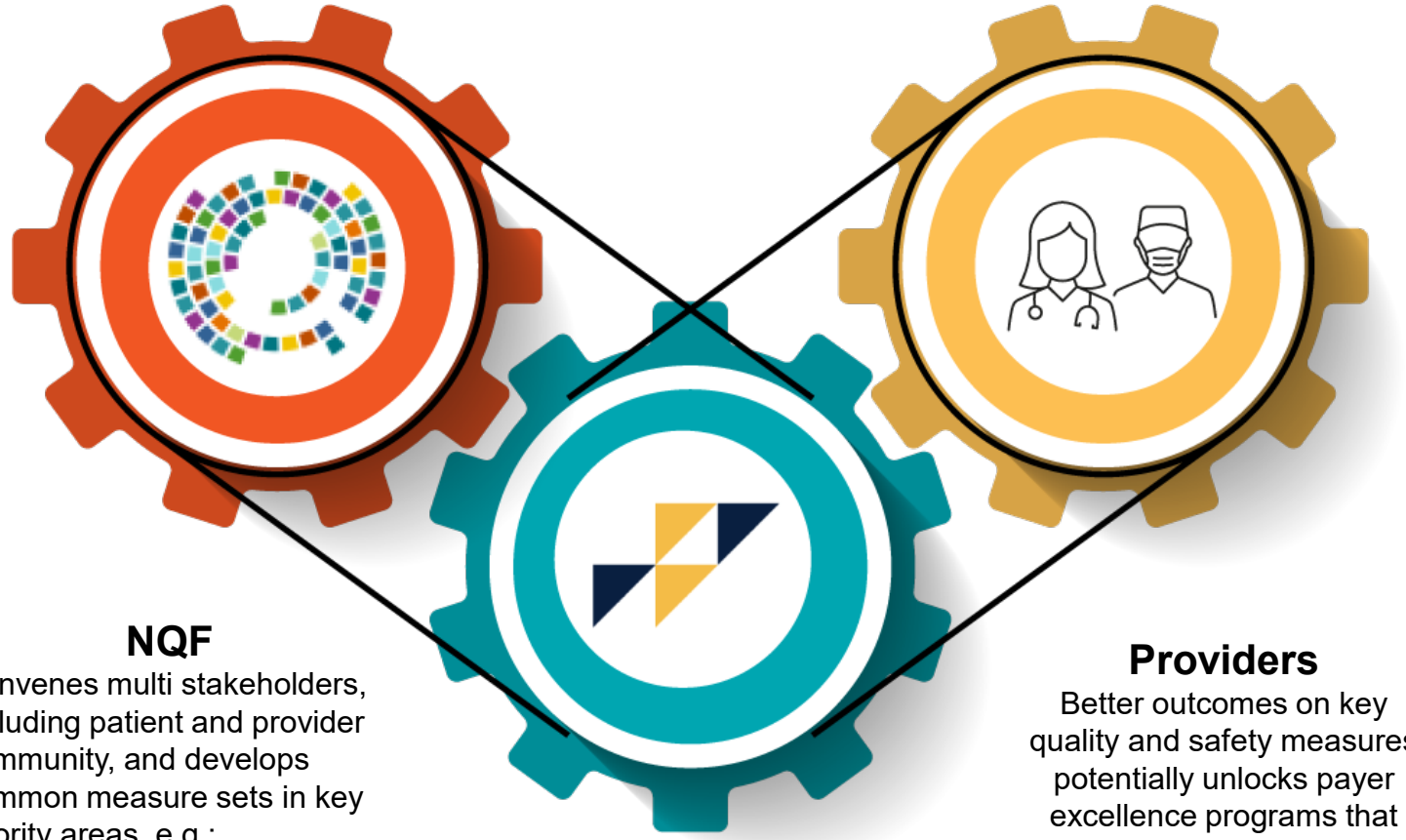

NQF

Convenes multi stakeholders, including patient and provider community, and develops common measure sets in key priority areas, e.g.:

- Behavioral health
- Cardiovascular diseases
- Maternal health

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Develops standards and accreditation/certification programs to assess healthcare organizations on key measures.

Providers

Better outcomes on key quality and safety measures potentially unlocks payer excellence programs that convey premium reimbursement and/or network inclusion.

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New Accreditation & Certification Programs

Joint Commission's Quality Framework

	Accreditation	Certification
Purpose	Enhance quality of care & patient safety	
Scope	Patient-centric collaborative approach to help identify & address vulnerabilities (includes physical environment) to safeguard patients	Specific chronic disease, condition, procedure
Standards	Evidence-based, developed in collaboration with stakeholders	
Survey Process	Educationally focused, share & observe leading practices, collaborative engagement to increase staff awareness & engagement, support efforts to improve performance	
Survey Personnel	Employed surveyors; mandatory performance evaluations & continuing education requirements	Dually employed; program managers in certified organizations
Continuous Quality Improvement	Voluntary onsite and electronic continuous compliance tools	Off-site review of clinical practice guidelines & analysis of performance measure data

New Product Development

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Advanced Certification in Perinatal Care

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Advanced Certification in Perinatal Care

- Developed in collaboration with the American College of Obstetricians and Gynecologists (ACOG).
- Helps hospitals address growing need for appropriate obstetric care given challenges of increasing maternal morbidity and mortality in U.S.
- Why was this program developed?
  - No standardization across states related to maternity care or requirements
  - Hospitals may overestimate capabilities to care for sick mothers
  - National media attention focuses on poor outcomes, and little being done to address it
  - Key statistics:
    - US ranks 65th among industrialized nations for maternal morbidity and mortality outcomes
    - African American and American Indian mothers are 3 times more likely to experience harm or death during pregnancy and/or delivery
    - 700+ maternal deaths each year; most preventable
    - More dangerous for women to deliver today then it was for their mothers

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Key Quality and Safety Issues Identified

- More complicated pregnancies and deliveries
- Highlight safe cesarean section practices
- Focus on substance use disorder

- Focus on mental health
- Health related social needs
- Determine disparities by assessing outcomes stratified by race, ethnicity or primary language

New Requirement Domain Samples

Advanced Certification in Perinatal Care

1. Safe cesarean section practices
   - Standardized techniques to promote labor progress
   - Protocol adoption for timely identification of specific problems
2. Substance use disorder
   - Screening and treatment
   - Individualized pain control protocols
   - Universal psychosocial risk assessment
   - Staff training & competency assessments
3. Mental health
   - Mental health conditions & psychological symptoms managed using trauma-informed care
   - Ensuring access to right types of mental health & substance use support services
4. Health related social needs
   - Policies support clinical practices across entire perinatal care continuum
   - Assess all pregnant & postpartum patients for health-related social needs
   - Examples: Education &literacy, food insecurity, housing insecurity, difficulty paying for prescriptions or medical bills, transportation
5. Outcome stratification
   - Identification of health care disparities in pregnant, postpartum, and newborn patient population by stratifying perinatal care performance measure data by race, ethnicity, and preferred language

Health Care Equity Certification

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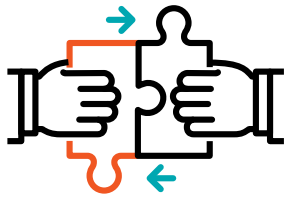
Our Journey to Advance Equity

2003

- ✓ Began **researching health care equity issues and alignment to Joint Commission requirements**



2007

- ✓ Released **public policy report** on improving health literacy

2010

- ✓ Released **Standards and resources** focused on improving patient-provider communication

2011

- ✓ Implemented **a requirement to prohibit discrimination** based on a variety of patient characteristics, including sexual orientation and gender identity or expression
- ✓ Released the **LGBT Field Guide**

2016

- ✓ Released ***Quick Safety*** **newsletter** addressed "Implicit bias in health care"

2020

- ✓ Issued ***Quick Safety*** **advisory**, "Understanding the needs of diverse populations in your community"

2021

- ✓ With Kaiser Permanente established **The Bernard J. Tyson Award for Excellence in Pursuing Health Care Equity**
- ✓ Announced **collaboration with the American College of Obstetricians and Gynecologists (ACOG)** to reduce maternal mortality and morbidity in the United States

2022

- ✓ ACOG and The Joint Commission launch **Maternal Levels of Care (MLC) Verification Program**
- ✓ Issued **Sentinel Event Alert** "Eliminating disparities for pregnant patients"
- ✓ New **health care equity standards** announced
- ✓ Accreditation Standards **Resource Center launched**
- ✓ Launched **Advanced Certification in Perinatal Care (ACPC)** in collaboration with ACOG to improve quality and safety for pregnant or postpartum patients and newborns

2023

- ✓ Elevate Leadership (LD) Standard LD.04.03.08, to a **new National Patient Safety Goal (NPSG)**
- ✓ Launch **Certification Resource Center**
- ✓ Launch **Health Care Equity Certification**

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Why Health Care Equity Certification?

- Builds upon long-standing and newly released accreditation requirements
- To recognize those hospitals that have established a robust set of structures and processes designed to achieve equitable care
- Certification is a symbol of pride to share with their staff, leadership, patients, and community
- To provide a road map that others can follow to advance equity
  - Some may not be able to meet all requirements to be certified
  - Standards and resource portals are tools to aid hospitals in their journey

Certification Program Domains

Leadership

- Strategic priority
- Board involvement
- Financial resource allocation to achieve & sustain goals

Collaboration

- Engage patients & families
- Engage community organizations
- Identify patient-level needs & community-level needs

Data Collection

- Sociodemographic characteristics & health related social needs of community
- Patients (self-report)
- Staff (self-report)

Provision of Care

- Workforce diversity
- Staff training
- Patient-provider communication
- Patients with disabilities
- Health-related social needs

Performance Improvement

- Improve services (experience of care, quality metrics)
- Improve staff diversity, equity, and inclusion

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Resource Center

https://www.jointcommission.org/our-priorities/health-care-equity/certification-resource-center/

Sustainable Healthcare Certification

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Sustainable Healthcare Certification

- Voluntary certification aimed at improving a hospital's environmental footprint
- Advancing decarbonization practices in health care
- Recognize hospitals who have made reducing their carbon footprint a strategic priority.
- The review process looks at three key areas and elements (program requirements):
  1. Leadership
  2. Measurement
  3. Performance Improvement

Sustainable Healthcare Certification Requirements

Leadership

- Written strategic plan to reduce greenhouse gas emissions
- Reviewed annually by Board
- Resource allocation
- Defined leadership responsibilities

Measurement

- Measure 3 or more greenhouse gas emission sources (i.e., energy use, purchased electricity, anesthetic gas use, waste disposal)
- Conversion of greenhouse gas emissions to metric tons of carbon dioxide equivalents (MTCO2e)

Performance Improvement

- Develop goals to reduce greenhouse gas emissions from identified sources for measurement
- Implement action plans to obtain goals
- Analyze data annually
- Review goals annually and adjust accordingly to meet and sustain goals

Resource Center

How to Use Resource Collections

For each domain, we pulled actionable strategies and tips that organizations can begin doing now and some that require more long-term commitment. Organizations are not required to do all these strategies, rather they can select and incorporate those that align with their organization priorities and goals. This information was distilled from a variety of sources, with the input of technical advisory panel members and organizations that graciously shared their experiences.

Strategies, Tools, and Tips

Find valuable guidance and actionable insights to support you on your path to sustainable healthcare.

Spotlight on Leading Organizations

Coming soon! Learn directly from care organizations that embrace leading practices and innovative strategies to reduce their carbon footprint.

Cost Savings and ROI Examples

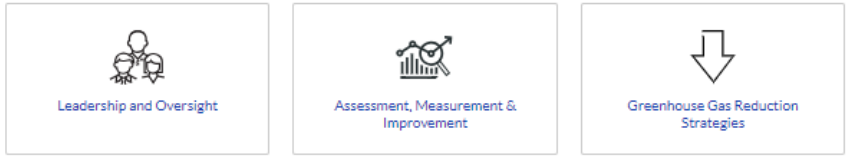
Coming soon! Realized cost savings and returns on investment figures from organizations that have implemented a strong environmental sustainability program.

Key Resources

Helpful literature, websites, tools, templates, and calculators produced by some of the most trusted names in healthcare.

Important Components for Building an Environmental Sustainability Program

We know there is a lot of information to assist organizations on their environmental sustainability journey. We have curated and distilled many of these resources, strategies tools and best practices around an easy-to-use and accessible framework. This collection has basic information on how to get started, as well as innovation solutions for those for organizations that have already taken steps to improve their environmental footprint.



https://www.jointcommission.org/our-priorities/sustainable-healthcare/sustainable-healthcare-resource-center/

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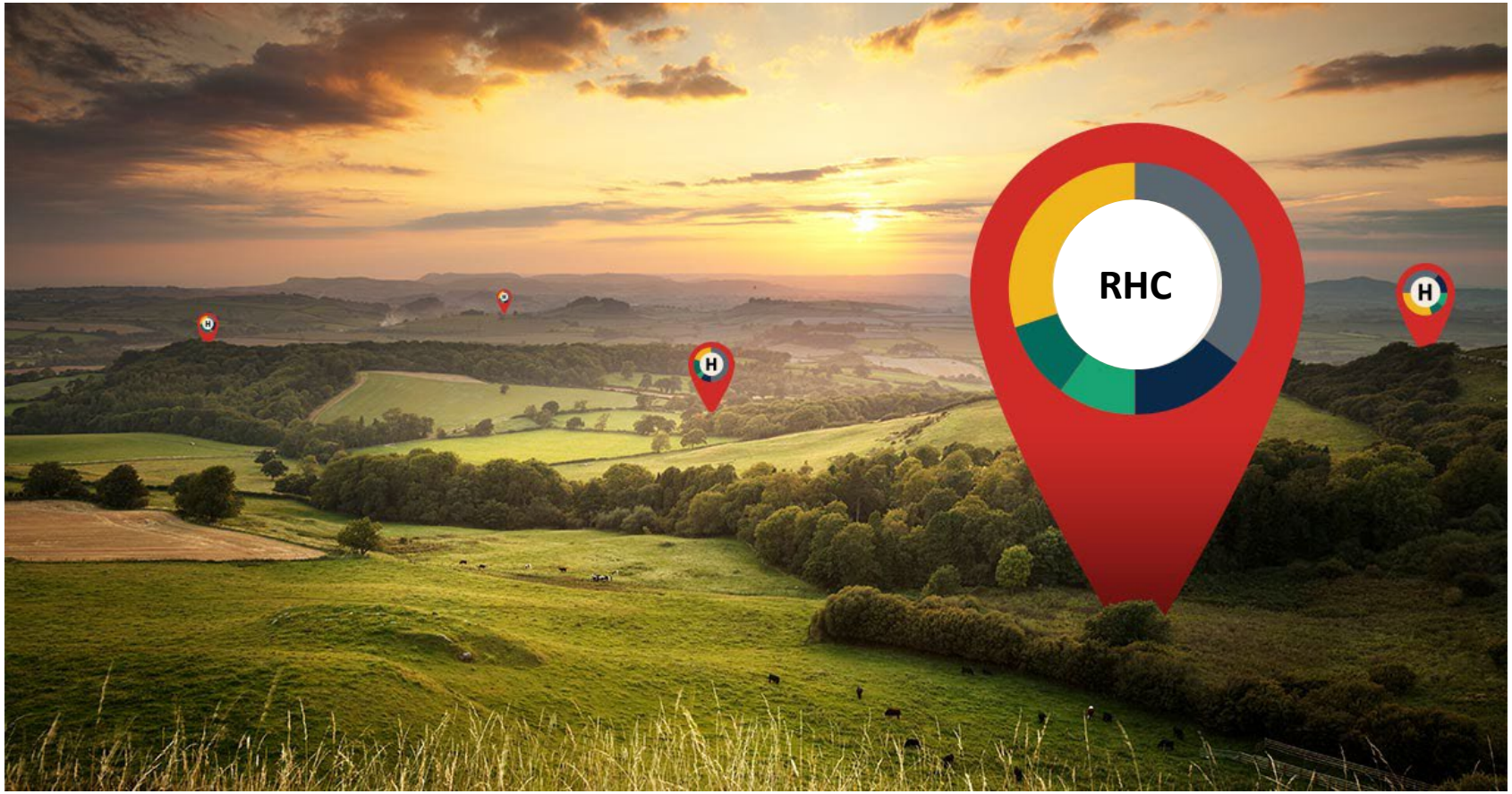
Rural Health Clinic Accreditation



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Rural Health Clinic Accreditation

- Voluntary program designed to provide consistent accreditation and survey framework from acute to outpatient care
- Align accreditation and regulatory requirements
- Rural health is a strategic priority
- Federal advocacy and program development efforts to advance health care equity
- 200 program requirements – 40% aligned to CMS CfC
- 5,200 rural health clinics in U.S.
- 200+ rural health clinics in Louisiana (top 10 amongst states with most rural health clinics)

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Requirements Aligned to CMS CfC

- Providing physician services – Directly by RHC or via contract
- Expectations for RHCs that provide visiting nurse services
- Compliance with Federal, State, & local laws & regulations
- Licensure, certification, CLIA certificate
- RHCs housed in permanent or mobile units
- Facility structure & maintenance – Safe environment of care
- Staffing - Under medical direction of a physician; NPs and PAs, nurse mid-wife, clinical social worker available
- Physician, NP, & PA responsibilities
- Medication storage, handling, & administration
- RHC policies
- Provision of basic lab services – Hgb/Hct, blood glucose, pregnancy tests, cultures, urine, occult blood
- Emergency medications – For life-threatening injuries & acute illness
- Medical records maintenance – Record completion, components, retention
- Program review & evaluation
- Emergency preparedness – EM plan, policies, training, testing & analysis

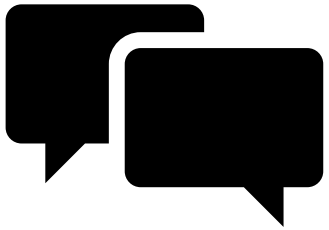
Requirements “Above & Beyond” CMS CfC

- **Accreditation Participation Requirements (APR):** Those applicable to ambulatory care setting
- **Environment of Care (EC):** Written management plans, medical equipment inventory, equipment maintenance, fire drills
- **Human Resources (HR):** Staff orientation, ongoing education, competence assessment, granting of privileges, credentials verification
- **Infection Control and Prevention (IC):** Assigns IC responsibilities, risk assessment, IC goals, standard precautions, low level/HLD/sterilization
- **Information Management (IM):** Protects health information from unauthorized access, loss, damage
- **Medication Management (MM):** high-alert/hazardous meds, LASA, storage, preparation & administration, labeling
- **National Patient Safety Goals (NPSG)**: 2 patient identifiers, labeling, anticoagulant therapy, medication reconciliation, hand hygiene, pre-procedure verification
- **Universal Protocol (UP):** site marking, timeouts
- **Provision of Care (PC):** accept patients based on scope of care provided, patient assessments, response to life-threatening emergencies, referral management, patient education
- **Rights & Responsibilities (RI):** Respects cultural & personal values, beliefs, & preferences; patient involvement in care, informed consent, neglect & abuse evaluation & reporting
- **Waived Testing (WT):** Oversight by CLIA director of policies, staff & practitioner training, competency assessment, quality control, documentation

Survey Themes and Feedback in Pilot Surveys

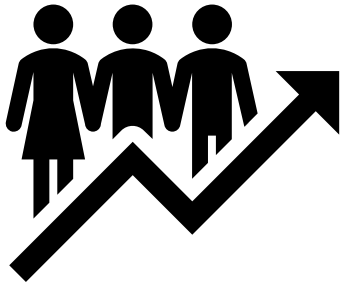
Themes

- Lack of documented competencies
- Did not follow process for granting privileges
- No process for high-alert medications
- Expired emergency equipment
- Documentation of fire drills
- Test fire equipment every 12 months
- Did not follow manufacturer instructions for instrument cleaning
- Lack written IC plan with risks, goals, ongoing assessment



Feedback

- Found the process to mirror experience in acute care and ambulatory accreditation space
- Liked consistencies in standards from acute to post-acute space
- Really liked the education and leading practices shared by the surveyors
- Enjoyed learning from surveyors experienced in rural health and rural health clinic settings
- Found the preparatory documents very helpful
- Would like guidance on ways to present credentialing information concisely
- They would like a shared website for information and policies to be uploaded and reviewed in advance of the survey



Thank you!

Chad Larson, MBA
Executive Director, Hospital Accreditation & Certification Programs
Division of Business Development, Government & External Relations
clarson@jointcommission.org

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Appendix

Examples of Eliminated EPs

EC.02.01.03 (EP 1) The hospital prohibits smoking in all buildings.

HR.01.02.07 (EP 5) Staff supervise students when they provide care, treatment and services as part of their training.

LD.03.06.01 (EP 4) Leaders evaluate effectiveness of those who work in the hospital to promote safety and quality.

LD.03.06.01 (EP 5) Those who work in the hospital adapt to changes in the environment.

LD.04.02.01 (EP 4) The hospital reviews its relationship with other providers, educational institutions, manufacturers and payors to identify conflicts of interest.

LD.04.02.03 (EP 1) The hospital follows a process that allows staff, patients and families to address ethical issues or issues prone to conflict.

LD.04.03.11 (EP 9) When the hospital determines it has a population at risk for boarding due to behavioral health emergencies, hospital leaders communicate with behavioral health providers and/or authorities serving the community to foster coordination of care for this population

MM.03.01.01 (EP 9) The hospital keeps concentrated electrolytes present in patient care areas only when patient safety necessitates their immediate use, and precautions are used to prevent inadvertent administration.

MM.03.01.03 (EP 6) When emergency medications or supplies are used or expired, the hospital replaces them as soon as possible to maintain a full stock.

Examples of Eliminated EPs

MM.04.01.01 (EP 9) A diagnosis, condition or indication for use exists for each medication ordered.

MM.05.01.11 (EP 1) The hospital dispenses quantities of medications that are consistent with patient needs.

NPSG.03.04.01 (EP 6) Immediately discard any medication or solution found unlabeled in the perioperative/procedural setting.

NPSG.03.05.01 (EP 5) The hospital addresses anticoagulant safety practices by establishing a process to identify, respond to, and report adverse drug events.

NPSG.06.01.01 (EP 4) Educate staff and licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible.

PC.03.01.09 (EP 2) The hospital obtains written consent for electroconvulsive therapy from the patient and documents in the medical record.

PI.03.01.01 (EP 19) The hospital monitors the use of opioids to determine if they are being used safely.

RI.01.05.01 (EP 15) When required by policy or patient request, the hospital documents the patient's wishes concerning organ donation and honors the wishes.

UP.01.01.01 (EP 3) Match the items that are to be available in the procedural area to the patient.
PC.02.02.03 (EP 9) When possible, the hospital accommodates patients cultural, religious, or ethnic food/nutrition preferences.

New Requirement Samples: Cesarean Section Practices

Advanced Certification in Perinatal Care

The program demonstrates the capability to perform safe cesarean practices by doing the following:

- Implement standardized admission criteria
- Offer standardized techniques that promote labor progress
- Use standardized methods to assess fetal heart rate, including interpretation
- Promote freedom of movement
- Adopt protocols for timely identification of specific problems

New Requirement Samples: Substance Use Disorder

Advanced Certification in Perinatal Care

The program has policies and procedures that support its clinical practices along the entire perinatal continuum:

- Universal psychosocial risk assessment, screening, and referral for care
- Screening and treatment of substance use and newborn drug withdrawal
- Pain control protocols that are individualized for patients Note: When individualizing pain control protocols, specific patient needs should be considered

New Requirement Samples: Substance Use Disorder

Advanced Certification in Perinatal Care

Program leaders identify training and competency assessments for the program's team members, which, at a minimum, include the following:

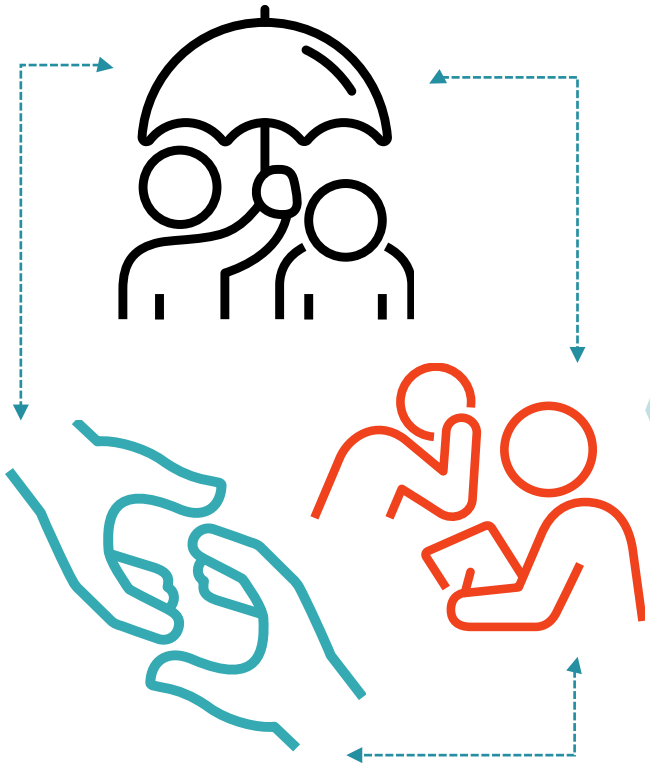
Substance use disorder education specific to bias, stigma, and discriminatory practices

The program educates community perinatal care providers on the importance of treatment or referral with known or suspected mental health disorders and informs them of available resources in the community

New Requirement Samples: Mental Health

Advanced Certification in Perinatal Care

The pregnant or postpartum patient's mental health conditions and psychological symptoms are managed using trauma-informed care



Behavioral, mental health, or substance use support services are available to the interdisciplinary program team

New Requirement Samples: Health Related Social Needs

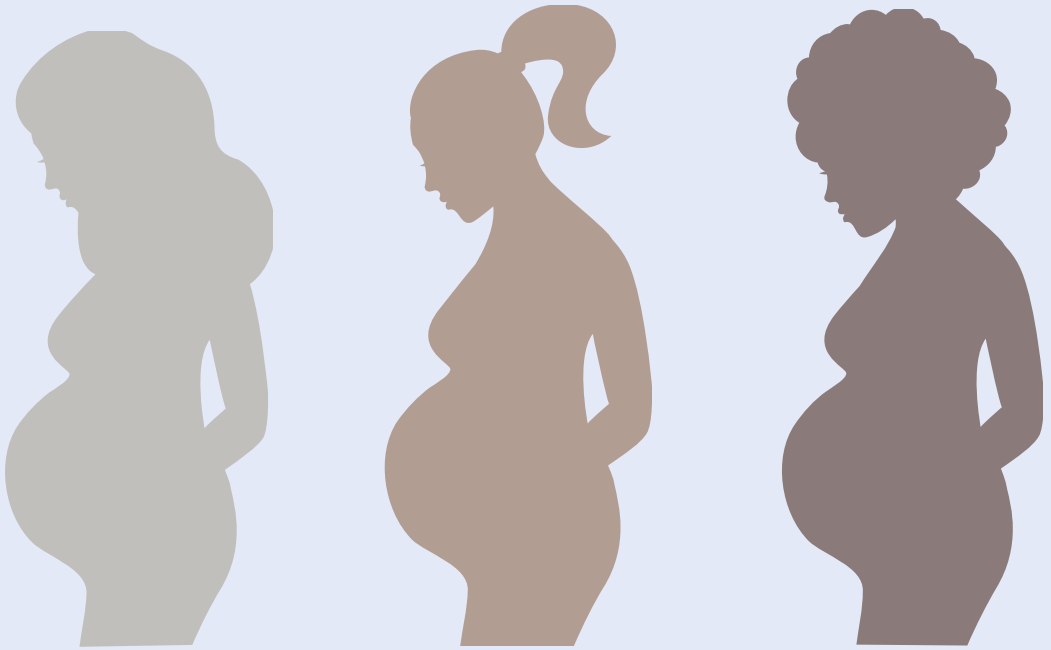
Advanced Certification in Perinatal Care

- The program has policies and procedures that support its clinical practices along the entire perinatal continuum
- Assessment of every pregnant or postpartum patient for health-related social needs
- Examples of health-related social needs may include:
  - Access to transportation
  - Difficulty paying for prescriptions or medical bills
  - Education and literacy
  - Food insecurity
  - Housing insecurity

New Requirement Samples: Outcome Stratification

Advanced Certification in Perinatal Care

The program identifies health care disparities in its pregnant, postpartum and/or newborn patient population by stratifying perinatal care performance measurement data by race, ethnicity, and preferred language.



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