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Accreditation

Annual Invitation Training Conference focuses on driving improvement
The Joint Commission Annual Invitational Training Conference was held January 4-6 in Chicago for surveyors, reviewers and life safety code specialists. The conference was kicked-off with plenary addresses by Mark R. Chassin, M.D., FACP, M.P.P, M.P.H., president of The Joint Commission, and Ann Scott Blouin, R.N., Ph.D., FACHE, executive vice president, Division of Accreditation and Certification Operations. “Our goal is to motivate accredited organizations to use the evaluation to drive improvement,” said Dr. Mark R. Chassin, M.D., FACP, M.P.P, M.P.H., president of The Joint Commission. Dr. Chassin went on to say that the challenges facing Joint Commission customers are increasing, while there is less money allocated to solve the most critical quality problems and prepare for the future. “The question is how do we create blueprints to guide health care organizations to high reliability?” Chassin said. “The goal is to benefit accredited organizations as much as possible – and at no additional cost.” Some of the ways that The Joint Commission is already doing this is through the Targeted Solutions Tool™ and the spread of solutions from the Center for Transforming Healthcare. “Consistent excellence is our vision, and we can get there with leadership, a safety culture, and RPI (robust process improvement) methodologies. Internally, we are aligning Joint Commission programs and activities around this aim – to help our customers identify and solve safety and quality problems and establish high reliability.”

Following these plenary sessions, break-out sessions were held to address program-specific needs, including program cross-training and new information from the Centers for Medicare & Medicaid Services (CMS). Additional sessions introduced new web-based technology that will help surveyors and reviewers communicate with central office staff to more readily resolve standards questions while on-site, and education on RPI techniques, including the practical application of these techniques during the survey or review. (Contact: Ann Scott Blouin, ablouin@jointcommission.org)

New and revised EPs for hospitals and CAHs regarding CMS hospital CoPs and psychiatric hospital CoPs
As a result of the deeming application for psychiatric hospital special Conditions of Participation (CoPs), The Joint Commission has revised several current elements of performance and developed a number of new EPs to meet both the hospital Medicare CoPs and the psychiatric hospital special CoPs, effective February 1, 2011. The Joint Commission Board of Commissioners recently accepted these revised and new EPs. Standards IM.02.02.03 EP 2 and TS.02.01.01 EP 2 were revised in order to comply with the Medicare hospital CoPs, which apply to both hospitals and rehabilitation and psychiatric distinct part units (DPUs) in critical access hospitals. Additionally, editorial changes were made to EM.03.01.03 EP 1, EC.02.03.01 EPs 9 and 10, EC.02.05.03 EPs 1-6, and LS.02.01.30 EPs 6 and 25, which apply to hospitals and critical access hospitals.
In addition, current EPs were revised and new EPs were developed in order to comply with the psychiatric hospital special CoPs. It is important to note that the changes made pertaining to these special CoPs will also apply to psychiatric distinct part units in critical access hospitals as the requirements found in section 412.27 of the CoPs (those required for psychiatric DPUs in critical access hospitals) are the same as those in the special psychiatric hospital CoPs. The new and revised EPs are PC.01.02.13 EPs 2 and 6, PC.01.03.01 EPs 5 and 43, and LD.04.01.05 EP 10, and they are also effective February 1, 2011. See the new and revised EPs on The Joint Commission website; they will also be included in the March issue of Joint Commission Perspectives. (Contact: Laura Smith, lsmith@jointcommission.org)

CoP changes regarding patient visitation for hospitals and critical access hospitals

The Centers for Medicare & Medicaid Services (CMS) recently updated their Conditions of Participation (CoPs) for hospitals and critical access hospitals to require equal visitation rights for all patients. As an organization with deeming authority for hospitals and critical access hospitals, The Joint Commission will align its standards to the new CMS requirements. Consistent with these requirements, The Joint Commission will survey under selected existing standards beginning February 18, 2011 until the new EPs are in effect (July 1, 2011). Consistent with Joint Commission policy, The Joint Commission is providing advanced notice of standards changes that will be surveyed as part of the accreditation decision beginning July 1, 2011. The Joint Commission changes are:

- **Beginning February 18, 2011**, deemed hospitals and all critical access hospitals will be surveyed for the CoPs regarding visitation rights under existing standards RI.01.01.01 elements of performance 1, 2, 5, 6 and LD.04.01.01 EP 2.
- **Effective July 1, 2011**, all hospitals (deemed and non-deemed) and critical access hospitals will be surveyed under the existing EPs above and new EPs 28 and 29 under RI.01.01.01 (see the new EPs below). The requirements for hospitals were originally scheduled for implementation on January 1, 2012. The changes for critical access hospitals are pending acceptance by The Joint Commission Board of Commissioners.

Changes will be published in Update 1 to the accreditation manuals. The Joint Commission’s free monograph, *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*, includes example practices, information on laws and regulations, and links to information that may help organizations implement the new requirements. The changes to EPs 28 and 29 are indicated in strike-through below.

**RI.01.01.01:** The hospital/critical access hospital respects, protects, and promotes patient rights.
**EP 28:** The hospital/critical access hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay.
  Note 1: The hospital/critical access hospital allows for the presence of a support individual of the patient’s choice, unless the individual’s presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient’s surrogate decision-maker or legally authorized representative. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01 EPs 6-8.)
  **Note 2:** This element of performance will not affect the accreditation decision at this time.

**EP 29:** The hospital/critical access hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
  **Note:** This element of performance will not affect the accreditation decision at this time.

Effective July 1, 2011, EPs 28 and 29 will be included in the accreditation decision. (Contact: Christina Cordero, ccordero@jointcommission.org)
New and revised fire alarm and fire protection systems requirements for hospitals

In order to maintain Centers for Medicare & Medicaid Services (CMS) deeming authority, The Joint Commission must ensure that its standards and elements of performance are equivalent to the Conditions of Participation (CoPs). The Joint Commission Board of Commissioners has accepted a revision to existing EP 2 and a new EP 25 under Environment of Care standard EC.02.03.05 (see below), which will be effective July 1, 2011. The changes to EPs 2 and 25 are indicated in underline and strikethrough below.

EC.02.03.05: The hospital maintains fire safety equipment and fire safety building features.

EP 2: At least quarterly, Every six months, the hospital tests valve tamper switches and water-flow devices. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 25, 1998 edition (Section 2-3.3) and NFPA 72, 1999 edition (Table 7-3.2).

EP25: Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following:
- Name of the activity
- Date of the activity
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25, 1998 edition (Section 2-1.3) and NFPA 72, 1999 edition (Section 7-5.2).

New BoosterPak on MS.08.01.01 and MS.08.01.03

A new Standards BoosterPak™ on MS.08.01.01 (Focused Professional Practice Evaluation) and MS.08.01.03 (Ongoing Professional Practice Evaluation) have been posted on The Joint Commission Connect extranet for hospitals and critical access hospitals. The BoosterPak provides detailed information about a complex standard or topic with the goal of ensuring more consistent interpretation of a standard among Joint Commission customers, staff and surveyors. This is the second BoosterPak; the first focuses on MM.03.01.01 (safe medication storage). Standards BoosterPaks are only available via the Joint Commission Connect extranet to accredited organizations. The Joint Commission is developing BoosterPaks for other standards. (Contact: Pat Adamski, padamski@jointcommission.org)

Field review: Proposed physical examination standards for BHC

The Joint Commission is seeking input on two behavioral health care standards that address physical examinations. Concerns have been expressed by the behavioral health care field regarding CTS.02.01.07, EP 2 which requires that a medical history and physical examination be completed for individuals admitted to residential and group home programs. In an effort to address these concerns, The Joint Commission is proposing revisions to an existing standard for non-24 hour programs and the development of a new standard and elements of performance for 24-hour residential and group home programs. Comments will be gathered through February 2, 2011. View the proposed requirements and comment. (Contact: Joyce Marshall, jmarshall@jointcommission.org)

Field review: 2012 National Patient Safety Goals for hospitals and long term care organizations

The Joint Commission is seeking comment on proposed 2012 National Patient Safety Goals that address ventilator-associated pneumonia (VAP) and catheter-associated urinary tract infections (CAUTI) for hospitals and long term care organizations. Comments will be gathered through January 27, 2011. View the proposed requirements and comment. (Contact: Maureen Carr, mcarr@jointcommission.org)
Patient safety

2010 John M. Eisenberg Patient Safety and Quality Award recipients announced
The National Quality Forum (NQF) and The Joint Commission today announced the 2010 recipients of the annual John M. Eisenberg Patient Safety and Quality Awards. Honorees were selected in three award categories. The patient safety awards program, launched in 2002 by NQF and The Joint Commission, honors John M. Eisenberg, M.D., M.B.A., former administrator of the Agency for Healthcare Research and Quality (AHRQ). Dr. Eisenberg was one of the founding leaders of NQF and sat on its Board of Directors. In his roles both as AHRQ administrator and chair of the federal government’s Quality Inter-Agency Coordination Task Force, he was a passionate advocate for patient safety and health care quality and personally led AHRQ’s grant program to support patient safety research.

John H. Eichhorn, M.D., (Individual Achievement category) University of Kentucky, Lexington, Kentucky, is recognized for his contributions which have led to dramatic and sustained reductions in catastrophic intra-operative anesthesia accidents.

James L. Reinertsen, M.D., (Individual Achievement category) The Reinertsen Group, Alta, Wyoming, is recognized for his life-long leadership in improving health care quality and safety in medical groups, hospitals and health systems.

Washington State Hospital Association, Seattle, Washington, (Innovation in Patient Safety and Quality at the National Level category) is recognized for its Safe Tables Learning Collaborative program.

The Children’s Hospital at Providence Newborn Intensive Care Unit, Anchorage, Alaska, (Innovation in Patient Safety and Quality at the Local Level category) is recognized for its multi-year quality improvement project to eliminate catheter-related blood stream infection (CRBSI) in the neonatal intensive care unit.

This year’s awards will be presented in February 2011 at NQF’s Annual Conference in Washington, D.C. An early 2011 issue of “The Joint Commission Journal on Quality and Patient Safety” also will feature the achievements of each of the award recipients. (Contact: Linda Hanold, lhanold@jointcommission.org)

Performance measurement

New toolkit for improving breastfeeding
The United States Breastfeeding Committee (USBC) published a new toolkit, “Implementing Practices That Improve Exclusive Breast Milk Feeding,” which focuses on improving adherence to evidence-based best practices, which is ultimately reflected in rates of exclusive breast milk feeding. The new resource is intended for maternity facilities choosing The Joint Commission’s new perinatal care core measure set. To download the toolkit, visit http://www.usbreastfeeding.org/LinkClick.aspx?link=184&tabid=36&mid=378.

Communications

New for 2011: Sign up to receive Joint Commission Online via automatic E-Alerts
Readers of Joint Commission Online need to sign up to receive the newsletter via E-Alerts – e-mail alerts. The E-Alerts are the new method of delivering Joint Commission news. You will automatically receive an E-Alert as soon as the new issue of Joint Commission Online is published on the website. The current list-serve distribution of Joint Commission Online will be discontinued after the January 26 issue. Here’s how you can sign up for E-Alerts for Joint Commission Online:

- At the E-Alert Registration page, under the topic library category, select Joint Commission Online.

(Contact: Frank Barancyk, fbarancyk@jointcommission.org)
Tell us what you think about the new website
The Joint Commission is interested to hear your thoughts about the new website, which launched November 30. Is it easier to find the information you’re looking for? Let us know. You can access the survey at http://www.surveymonkey.com/s/7ZBPJKV. (Contact: Frank Barancyk, fbarancyk@jointcommission.org)

Resources

NPSF Patient Safety Awareness Week toolkits available to all health care organizations
Patient Safety Awareness Week is March 6-12, 2011, and the National Patient Safety Foundation (NPSF), the founding sponsor of the event since 2002, has toolkits available that provide resources specific to reducing hospital readmissions and understanding cultural competency. This year, for the first time, NPSF is extending the availability of the toolkits to all health care organizations – not just members of its hospital program. Now, more than ever in the patient safety landscape, a focus on empowering patients and strengthening patient-provider communications are seen as paramount to reducing error within the health system and reducing readmission rates. The 2011 campaign, entitled “Are you In? Commit to Safe Health Care,” highlights the need for health care participants – from patient to provider – to be informed, involved and invested in making health care safe. For more information on Patient Safety Awareness Week and to purchase toolkits visit www.npsf.org. (Contact: David Coletta, dcoletta@npsf.org)

Learn more about Joint Commission Resources’ education programs and publications at http://www.jcrinc.com/ or call (877) 223-6866

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