

# Joint Commission *Online*

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## Quality and safety

### Top five most challenging requirements for 2015

The Joint Commission collects data on organizations' compliance with standards, National Patient Safety Goals (NPSGs), the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery<sup>TM</sup>, and Accreditation and Certification Participation Requirements to identify trends and focus education on challenging requirements. The table below identifies five Joint Commission requirements identified most frequently as "not compliant" during surveys and reviews from Jan. 1, 2015, through Dec. 31, 2015. The data represents citations only from organizations due to be surveyed during this time period – that is, data from for-cause surveys are not included. For more information, see the April issue of *Perspectives* or the [Standards Frequently Asked Questions](#). (Contact: Standards Interpretation Group, 630-792-5900 or [online question form](#))

Non-compliance percentage	Standard/NPSG	Description
48%	HR.02.01.03	<b>Ambulatory Care</b> The organization grants initial, renewed or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
46%	IC.02.02.01	The organization reduces the risk of infections associated with medical equipment, devices and supplies.
36%	EC.02.03.05	The organization maintains fire safety equipment and fire safety building features.
31%	MM.03.01.01	The organization safely stores medications.
28%	MM.01.01.03	The organization safely manages high-alert and hazardous medications.
		<b>Behavioral Health Care</b>
36%	CTS.03.01.03	The organization has a plan for care, treatment or services that reflects the assessed needs, strengths, preferences and goals of the individual served.
27%	HRM.01.02.01	The organization verifies and evaluates staff qualifications.
27%	NPSG.15.01.01	Identify individuals at risk for suicide.
20%	IC.02.04.01	The organization facilitates staff receiving the influenza vaccination.
20%	HRM.01.06.01	Staff are competent to perform their job duties and responsibilities.
		<b>Critical Access Hospital</b>
67%	EC.02.05.01	The critical access hospital manages risks associated with its utility systems.
60%	IC.02.02.01	The critical access hospital reduces the risk of infections associated with medical equipment, devices and supplies.
55%	EC.02.06.01	The critical access establishes and maintains a safe, functional environment.
52%	EC.02.03.05	The critical access hospital maintains fire safety equipment and fire safety building features.
43%	LS.02.01.10	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke and heat.
		<b>Home Care</b>
41%	PC.02.01.03	The organization provides care, treatment or services in accordance with orders or prescriptions, as required by law and regulation.
32%	PC.01.03.01	The organization plans the patient's care.
31%	IC.02.04.01	The organization offers vaccination against influenza to licensed independent practitioners and staff.
26%	RC.02.01.01	The patient record contains information that reflects the patient's care, treatment or services.

Non-compliance percentage	Standard/NPSG	Description
25%	IC.02.01.01	The organization implements the infection prevention and control activities it has planned.
<b>Hospitals</b>		
62%	EC.02.06.01	The hospital establishes and maintains a safe, functional environment.
59%	IC.02.02.01	The hospital reduces the risk of infections associated with medical equipment, devices and supplies.
58%	EC.02.05.01	The hospital manages risks associated with its utility systems.
51%	LS.02.01.20	The hospital maintains the integrity of the means of egress.
50%	LS.02.01.30	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
<b>Laboratory and Point-of-Care Testing</b>		
77%	QSA.01.01.01	The laboratory participates in Centers for Medicare & Medicaid Services (CMS)-approved proficiency testing programs for all regulated analytes.
44%	HR.01.06.01	Staff are competent to perform their responsibilities.
35%	QSA.01.03.01	The laboratory has a process for handling and testing proficiency testing samples.
32%	DC.02.03.01	The laboratory report is complete and is in the patient's clinical record.
31%	QSA.02.08.01	The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.
<b>Nursing Care Centers</b>		
36%	HR.02.01.04	The organization permits licensed independent practitioners to provide care, treatment and services.
20%	PC.01.02.07	The organization assesses and manages the patient's or resident's pain.
18%	MM.03.01.01	The organization safely stores medications.
14%	HR.01.02.05	The organization verifies staff qualifications.
14%	PC.01.03.01	The organization plans the patient's or resident's care.
<b>Office-Based Surgery Practices</b>		
50%	IC.02.02.01	The practice reduces the risk of infections associated with medical equipment, devices and supplies.
50%	HR.02.01.03	The practice grants initial, renewed or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
26%	MM.03.01.01	The practice safely stores medications.
24%	IC.01.03.01	The practice identifies risks for acquiring and transmitting infections.
20%	MM.01.01.03	The practice safely manages high-alert and hazardous medications.
<b>Palliative Care Certification</b>		
32%	PCPC.4	The interdisciplinary program team assesses and reassesses the patient's needs.
26%	PCPC.3	The program tailors care, treatment and services to meet the patient's lifestyle, needs and values.
18%	PCPI.2	The program collects data to monitor its performance.
18%	PCPI.3	The program analyzes and uses its data to identify opportunities for performance improvement.
18%	PCPM.7	The program has an interdisciplinary team that includes health care professionals with the education and experience to provide the program's specialized care, treatment and services that meet the needs of the patient and family.
<b>Disease-Specific Care Certification</b>		
32%	DSDF.3	The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.
17%	DSDF.1	Practitioners are qualified and competent.
16%	DSDF.2	The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.

Non-compliance percentage	Standard/NPSG	Description
12%	DSCT.5	The program initiates, maintains and makes accessible a health or medical record for every patient.
12%	DSDF.4	The program develops a plan of care that is based on the patient's assessed needs.
<b>Health Care Staffing Services Certification</b>		
10%	HSHR.1	The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).
7%	HSHR.6	The HCSS firm evaluates the performance of clinical staff.
6%	HSLD.5	The services contracted for by the HCSS firm are provided to customers.
4%	HSPM.4	The HCSS firm analyzes its data.
3%	CPR 5	The staffing firm submits performance measure data to The Joint Commission on a routine basis.
3%	HSHR.4	The HCSS firm assess and reassesses the competence of clinical staff and clinical staff supervisors.
3%	HSLD.9	The HCSS firm addresses emergency management.
<b>Perinatal Care Certification</b>		
17%	PNIM.2	The program maintains complete and accurate medical records.
17%	PNPM.1	The program's leaders secure support from the organization.
8%	PNPC.2	The program communicates with and involves mothers and, as appropriate, families in decision-making.
8%	PNPC.3	The program tailors care, treatment, and services to meet the lifestyle, needs, and values of the mother and, as appropriate, family.
8%	PNPC.4	The interdisciplinary program team assesses and reassesses the mother's and newborn's needs.
8%	PNPC.5	The program provides care, treatment, and services according to the plan of care.
8%	PNPM.2	The program defines its leadership roles.
8%	PNPM.3	The program provides services that meet patient needs.
8%	PNPM.7	The program has an interdisciplinary team that includes individuals with expertise in and/or knowledge about the program's specialized care, treatment, and services.
8%	PNPM.9	The program has essential obstetric and newborn emergency equipment, supplies, and medications stocked and readily available.

**April JQPS features story on how Vanderbilt University Medical Center utilized CORS<sup>SM</sup>**

The April 2016 issue of *The Joint Commission Journal on Quality and Patient Safety* features an article — “Using Coworker Observations to Promote Accountability for Disrespectful and Unsafe Behaviors by Physicians and Advanced Practice Professionals” by Lynn E. Webb, PhD, and colleagues — on experience with the Co-Worker Observation Reporting System<sup>SM</sup> (CORS<sup>SM</sup>) at Vanderbilt University Medical Center (VUMC) in Nashville, Tennessee.

Since inception, 3 percent of medical staff were associated with a pattern of CORS reports and 71 percent of recipients of pattern-related interventions were not named in any subsequent reports in a one-year, follow-up period. The authors concluded that systematic monitoring of documented coworker observations about unprofessional conduct is feasible, but requires:

- Organization-wide implementation
- Coworkers willing and able to share respectful, nonjudgmental, timely feedback to encourage self-reflection
- Leadership commitment

This study will be helpful for health care organizations striving to create a culture of safety. For more, [subscribe](#) to JQPS, a publication of Joint Commission Resources, Inc.

## Resources

### CLSI, CDC conducting survey for laboratory practice guidelines on glucose monitoring

The Clinical and Laboratory Standards Institute (CLSI) and the Centers for Disease Control and Prevention (CDC) are conducting a study and are asking for feedback about how to improve laboratory practice guidelines for point-of-care fingerstick glucose testing.



The [survey](#), due by April 22, should be completed by the individual responsible for developing an organization's fingerstick glucose testing procedures. Participation in this study is voluntary and responses will be anonymous. Upon completion of the survey, respondents will be provided with a single electronic copy of a CLSI guideline on fingerstick glucose testing — a \$130 value.



### Joint Commission leaders to speak at Cleveland Clinic's 2016 Patient Experience Summit

The Joint Commission is once again partnering with the Cleveland Clinic for the seventh annual Patient Experience Summit, May 15-18, at the Cleveland Convention Center. The Summit brings together patient experience leaders, health care organization executives, innovators, nursing leaders, policy makers, major stakeholders and industry experts who are committed to not just the patient or caregiver experience but also the human experience. The theme of this year's conference is "Caring Transformed: Anytime, Anywhere."

Sessions include:

- **"Who Cares?"** – Plenary Session, 8:10-8:40 a.m., May 17, with Dr. Ron Wyatt, MD, MHA, Patient Safety Officer, The Joint Commission. This session will describe caregivers and the importance of practicing individual, coordinated and activated care that is respectful, compassionate and maintains dignity. The importance of equitable care also will be presented.
- **"Getting to Zero Patient Falls through Targeted Solutions"** – Break Out Session, 8-9 a.m., May 18, with Anne Kilpatrick, RN, BSN, CSSBB, Black Belt, Joint Commission Center for Transforming Healthcare. Learn how organizations have used the Center's [Preventing Falls Targeted Solutions Tool®](#) (TST®) and reduced the rate of patient falls by 35 percent and the rate of patients injured in a fall by 62 percent.

[Register](#) for the event.

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