The Joint Commission

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Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

Contents

Jonathan B. Perlin, MD, New Joint Commission President

In fall 2021 The Board of Commissioners of The Joint Commission announced the appointment of Dr. Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, to lead The Joint Commission as its President and Chief Executive Officer (CEO), effective March 1, 2022.

"I am honored to have the opportunity to work with members of The Joint Commission community, including many government colleagues and health services partners domestically and abroad in driving higher-performance, more equitable, and higher-value health care," says Dr. Perlin.

Widely known for his leadership in health care quality and information technology, Dr. Perlin was formerly President, Clinical Operations, and Chief Medical Officer of Nashville, Tennessee–based HCA Healthcare. At HCA, Dr. Perlin led a large team of clinicians and data scientists in setting clinical and professional policy, implementing clinical data tools, and improving care outcomes. His team was the 2019 recipient of the John Eisenberg Award for National Innovation for enhancing sepsis detection and survival (*see* the June 2020 issue of *Perspectives*).

"Dr. Perlin is a leader in quality and patient safety as demonstrated in his distinguished career," says Michael Suk, MD, JD, MPH, MBA, FACS, Chairman of The Joint Commission Search Committee. "He is well positioned to lead The Joint Commission into the future with intelligence and vision as the organization continues its mission to continuously improve the safety and quality of care provided to the public."

"I am very pleased with the appointment of Jonathan B. Perlin to lead The Joint Commission going forward," says Mark R. Chassin, MD, FACP, MPP, MPH, former President and CEO, The Joint Commission. "Jonathan is a nationally recognized leader and expert in quality improvement. I know that he will continue to transform The Joint Commission's critical work to improve patient safety and quality of care in health care organizations across the country and around the world."

Before joining HCA in 2006, Dr. Perlin was Under Secretary for Health in the US Department of Veterans Affairs (VA). A champion for early implementation of electronic health records, Dr. Perlin led VA quality performance to international recognition as reported in academic literature and lay press and as evaluated by RAND, the Institute of Medicine, and others. Dr. Perlin's service to the VA continued as Chair of the Secretary of Veterans Affairs Special Medical Advisory Group. In 2014 Dr. Perlin took a sabbatical from HCA to serve as Senior Advisor to the Secretary to help improve operations, accelerate access, and rebuild trust with America's veterans.

Dr. Perlin has served previously on numerous boards and commissions, including The Joint Commission (2007–2010) and the National Patient Safety Foundation, and, in 2009, he was appointed as the inaugural Chair of the US Department of Health and Human Services Health IT Standards Committee. He recently served on the Board of Meharry Medical College, a historically Black graduate institution, and as Chair of the National Quality Forum. He continues serving on the Columbia University Mailman School of Public Health, Department of Health Policy and Management National Advisory Board, and Vanderbilt University School of Engineering's Board of Visitors.

An elected member of the National Academy of Medicine (formerly the Institute of Medicine), Dr. Perlin recently co-chaired the "Action Collaborative on Countering the U.S. Opioid Epidemic," as well as the "Digital Health Action Collaborative" of the Consortium on Value and Science-Driven Healthcare. He now also co-chairs the Policy, Financing, and Metrics Working Group of the Academy's "Action Collaborative on Decarbonizing the U.S. Health Sector."

Perennially recognized as one of the most influential physician executives and health leaders in the United States by *Modern Healthcare*, Dr. Perlin has received numerous awards, including Distinguished Alumnus in Medicine and Health Administration and the Lifetime Service Award from his alma mater, the Chairman's Medal from the National Patient Safety Foundation, and the Founder's Medal from the Association of Military Surgeons of the United States, and he is one of the few honorary members of the Special Forces Association and Green Berets.

Dr. Perlin—broadly published in health care quality and transformation—is a Master of the American College of Physicians and Fellow of the American College of Medical Informatics. He has a Master of Science in Health Administration and received his PhD in Pharmacology (molecular neurobiology) with his MD as part of the Physician-Scientist Training Program at the Medical College of Virginia of Virginia Commonwealth University (VCU). Dr. Perlin has faculty appointments at Vanderbilt University as a Clinical Professor of Health Policy and Medicine and at VCU as an Adjunct Professor of Health Administration.

Dr. Perlin started his new role as President and CEO on March 1, 2022. P

APPROVED: New COVID-19 Staff Vaccination Standard for Deemed Programs

The Joint Commission recently approved its new Infection Prevention and Control (IC) Standard IC.02.04.02 and its elements of performance (EPs) in response to the US Centers for Medicare & Medicaid Services (CMS) interim final rule regarding COVID-19 vaccinations for health care staff. **Effective July 1, 2022**, this new standard is applicable to the following Joint Commission deemed programs:

- **Ambulatory surgery centers**
- **Critical access hospitals**
- **Home health** agencies
- **Home infusion therapy** facilities
- **Hospices**
- **Hospitals**

On January 27, 2022, in accordance with the phased-in approach and the established time lines for all states, The Joint Commission began surveying to the Omnibus COVID-19 Health Care Staff Vaccination interim final rule published by CMS in the November 5, 2021, *Federal Register*. While changes to Joint Commission standards requirements were under review by CMS, findings related to the COVID-19 staff vaccination regulatory requirements have been scored at Leadership (LD) Standard LD.04.01.01, EP 2, along with the applicable Medicare Conditions of Participation/Conditions for Coverage for each of the deemed programs. This scoring process will continue until June 30, 2022.

On July 1, 2022, The Joint Commission will begin scoring its new Standard IC.02.04.02 related to COVID-19 vaccination for health care staff, along with the applicable Medicare Conditions of Participation/Conditions for Coverage.

The new standard and its EPs will be posted on the Prepublication Standards page of The Joint Commission's website and will publish online in the spring 2022 E-dition® update to the *Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)*, *Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH)*, *Comprehensive Accreditation Manual for Hospitals (CAMH)*, and *Comprehensive Accreditation Manual for Home Care (CAMHC)*. For those customers who purchase it, the spring 2022 *CAMH* hard-copy update service will include the new standard.

Please contact the Department of Standards and Survey Methods with questions regarding the new standard. P

CLARIFICATION: What PSCs That Do Not Perform Mechanical Thrombectomy Must Report on STK-VOL-1 Measure Data

Before implementation on July 1, 2022, The Joint Commission is clarifying what primary stroke centers (PSCs) that **do not** perform mechanical thrombectomy must report when submitting STK-VOL-1 measure data. The article titled "New: Performance Measure Requirements for PSCs That Perform Mechanical Thrombectomy" in the January 2022 issue of *Perspectives* specified that no additional measures are required at this time.

The Joint Commission is clarifying how to properly record data for the STK-VOL-1 measure. Here is the information from the January 2022 article that needs clarification. *See* the underlined portion in the following paragraph from the January 2022 article.

> PSCs that do not perform mechanical thrombectomy will continue to report monthly data in CMIP for the eight STK measures, CSTK-01, and STK-OP-1 (a total of 10 performance measures). No additional measures are required at this time; however, it will be necessary for the site to check the STK-VOL-1 measure "zero attestation" box in CMIP each month and verify that the facility does not do mechanical thrombectomy. If the facility should begin to perform mechanical thrombectomy procedures, then the updated performance measure requirements will apply and CMIP screens will need to be updated.

Here is the clarified information: Effective July 1, 2022, PSCs that do not perform mechanical thrombectomy procedures must enter the number of ischemic stroke patients for the reporting month as the denominator value and enter zero (0) as the numerator in the Certification Measure Information Process (CMIP). **Do not** check the "zero attestation" box in CMIP if the denominator value—that is, the number of ischemic stroke patients—is greater than zero.

As previously stated in the January 2022 article, if the facility begins to perform mechanical thrombectomy procedures, then the updated performance measure requirements will apply and CMIP screens will need to be updated.

Questions regarding this clarification can be submitted via the Chart Abstracted Measure/Specifications Manuals page on The Joint Commission's website.

Summary of Changes for the Spring 2022 Update to Joint Commission Manuals

The spring 2022 update to E-dition® for accreditation and certification manuals will post to the *Joint Commission Connect*® extranet site by late April with changes effective July 1, 2022, unless otherwise noted. In addition, the hard-copy 2022 Update 1 for the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)* and *Comprehensive Accreditation Manual for Hospitals (CAMH)* has mailed to those customers who have ordered them; the hard-copy update service for either manual is currently available for purchase.

The following table identifies the different media in which both updates are available for each accreditation and certification program. Key revisions that appear in the spring update for all these products are detailed in sections following this table.

	E-dition	Hard Copy
Publication Month	**April 2022**	**April 2022**
Accreditation Programs		
Ambulatory Care	x	
Assisted Living Community	x	
Behavioral Health Care and Human Services	x	x
Critical Access Hospital	x	
Home Care	x	
Hospital	x	x
Laboratory and Point-of-Care Testing	x	
Nursing Care Center	x	
Office-Based Surgery	x	
Certification Programs		
Comprehensive Cardiac Center	x	
Disease-Specific Care, including Advanced Programs	x	
Health Care Staffing Services	x	
Integrated Care	x	
Medication Compounding	x	
Palliative Care	x	
Patient Blood Management	x	
Perinatal Care	x	
Verification Program		
Maternal Levels of Care	x	

Significant Spring Revisions

- Made the following revisions to the "Environment of Care" (EC) chapter:
  - Revised EC requirements for **ambulatory care** organizations, **assisted living communities**, **behavioral health care and human services** organizations, **critical access hospitals**, **home care** organizations, **hospitals**, **nursing care centers**, and **office-based surgery** practices, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
  - Added three new elements of performance (EPs) applicable to **hospices** that provide inpatient care in their own facilities (freestanding inpatient hospices), **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
- Fully revised the "Emergency Management" (EM) chapter, including new and revised EM standards and EPs, for **critical access hospitals** and **hospitals**, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
- Made the following revisions to the "Rights and Responsibilities of the Individual" (RI) chapter:
  - Revised RI requirements for **ambulatory care** organizations, **behavioral health care and human services** organizations, **critical access hospitals**, **home care** organizations, **hospitals**, and **nursing care centers**, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
  - Revised Standard RI.01.02.01, EP 1, **effective immediately** for deemed **hospitals** and **critical access hospitals** and **effective April 1, 2022**, for non-deemed **hospitals** (*see* the October 2021 issue of *Perspectives*)
- Added 29 new and revised 55 requirements for the **Nursing Care Center** (NCC) Accreditation Program and added 10 new and revised 4 requirements for the NCC **Memory Care Certification** (MCC) program, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
- Revised several EPs to more closely reflect US Centers for Medicare & Medicaid Services (CMS) regulatory language for **hospitals** and **critical access hospitals** with distinct part units, **effective July 1, 2022** (*see* the February 2022 issue of *Perspectives*)
- Revised three Human Resources (HR) requirements and added two Glossary (GL) terms adapted from CMS for **hospices**, with two revisions applicable to **home health** organizations, that use Joint Commission accreditation for deemed status purposes, **effective immediately** (*see* the March 2022 issue of *Perspectives*)
- Revised three HR and four Provision of Care, Treatment, and Services (PC) requirements for **home health** agencies that use Joint Commission accreditation for deemed status purposes, **effective immediately** (*see* the April 2022 issue of *Perspectives*)
- Added new Infection Prevention and Control (IC) standard to align with the CMS final rule related to COVID-19 vaccination for health care staff applicable to Joint Commission deemed programs, including **ambulatory surgery centers**, **critical access hospitals**, **home health** agencies, **home infusion therapy** facilities, **hospices**, and **hospitals**, **effective July 1, 2022** (*see* page 4 in this issue of *Perspectives*)
- Made the following changes to the **disease-specific care** certification program:
  - Implemented portions of the off-site review process that was developed in response to the pandemic for all on-site reviews, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
  - Developed new and revised existing standards for the advanced **Acute Heart Attack Ready** (AHAR) and **Primary Heart Attack Center** (PHAC) certification programs, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)

- Added new advanced **Comprehensive Heart Attack Center** (CHAC) certification program, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
- Revised standardized performance measure CSTK-09 for advanced **Comprehensive Stroke Center** and **Thrombectomy-Capable Stroke Center** certification programs, **effective July 1, 2022** (*see* the October 2021 issue of *Perspectives*)
- Made the following revisions to the advanced **Primary Stroke Center** (PSC) certification program:
  - Added requirements and expanded to a two-day review process for PSCs that provide mechanical thrombectomy treatment, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
  - Added four additional comprehensive stroke (CSTK) measures and one new volume measure for PSCs that perform mechanical thrombectomy procedures, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)
- Updated performance measure requirements for all **Thrombectomy-Capable Stroke Centers** (TSCs), **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*)

- Added four new performance measures to the **Heath Care Staffing Services** (HCSS) measure set, **effective July 1, 2022** (*see* the January 2022 issue of *Perspectives*) P

Consistent Interpretation

Joint Commission Surveyors' Observations Related to Policies and Procedures for Monitoring Patients at Risk for Suicide

The **Consistent Interpretation** column helps organizations to comply with specific Joint Commission requirements. Each installment of the column draws from a database of surveyors' de-identified observations (left column) on an element of performance (EP)—as well as guidance from the Standards Interpretation Group on interpreting the observations (right column).

The requirements in this column are not necessarily those with high rates of noncompliance. Rather, they have the potential to negatively affect care or create risk if out of compliance. That is, they may appear in the upper right corner of a *Survey Analysis for Evaluating Risk*® (*SAFER*®) Matrix if cited on survey. Featured EPs apply to hospitals; however, the guidance may be extrapolated to apply to other accreditation programs with similar services and populations served.

This month, **Consistent Interpretation** focuses on two requirements for policies and procedures to address patient care for those identified as at risk for suicide.

Note: *Interpretations are subject to change to allow for unique and/or unforeseen circumstances*. P

National Patient Safety Goals (NPSG) Standard NPSG.15.01.01: Reduce the risk for suicide.	
EP 5: Ⓓ Follow written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, these should include the following: R • Training and competence assessment of staff who care for patients at risk for suicide • Guidelines for reassessment • Monitoring patients who are at high risk for suicide	
Compliance Rate	In 2021, the noncompliance percentage for this EP was **21.11%**—that is, **297** of **1,407** hospitals surveyed did not comply with this requirement.
Noncompliance Implications	Policies and procedures for monitoring patients at risk for suicide, particularly those determined to be at high risk for suicide, must be defined and implemented and include specific information about required staff training and competence assessment. Suicide risk can change throughout the course of treatment; thus, reassessments are imperative and should be reflected in an organization's policies and procedures. Reassessment guidelines should indicate who is responsible for reassessment, when or how often a reassessment will occur, and the process to be followed. These components are essential for ensuring consistent, safe care. To the extent possible, policies and procedures should be built on evidence-based practices.

Surveyor Observations	Guidance/Interpretation
• The organization's suicide prevention policy did not include guidelines for suicide risk reassessments. • Suicide risk was not reassessed after an individual voiced suicidal ideation or made a suicidal gesture. • Suicide risk was not reassessed every 24 hours as required by the organization's policy. • There was no evidence of training or demonstrated competence for staff performing one-on-one observation of a patient identified as high risk for suicide. • A patient identified as high risk for suicide was left unattended in the bathroom by staff performing one-on-one observation of the patient. • There was no evidence that nurses responsible for completing the suicide risk assessment had training or demonstrated the competency to do so.	• Score here, at Standard NPSG.15.01.01, EP 5, when there is no evidence of staff training and/or competence assessment related to managing patients identified as at risk for suicide. • Policies and procedures must address the following: ❍ Staff training and competence assessment for those who provide care to patients at risk for suicide ❍ Guidelines for reassessing and monitoring patients at risk for suicide • Organizations must determine how frequently reassessments occur. At a minimum, reassessment should be done when a patient's condition changes, including, but not limited to, expressing suicidal ideation or making suicidal or self-harm gestures.

EP 6: Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide. R	
Compliance Rate	In 2021, the noncompliance percentage for this EP was **2.91%**—that is, **41** of **1,407** hospitals surveyed did not comply with this requirement.
Noncompliance Implications	Studies have shown that a patient's risk for suicide is high after discharge from a psychiatric inpatient or emergency department setting. Developing a safety plan with the patient—that may include, but is not limited to, working with the patient to engage their support system, scheduling outpatient appointments, and/or facilitating follow-up services by establishing partnerships with community organizations and/or crisis centers—can decrease the risk of suicidal behavior after the patient is discharged.

Surveyor Observations	Guidance/Interpretation
• The organization did not have a policy addressing counseling and/or follow-up care at discharge for patients identified as at risk for suicide. • A patient identified as at risk for suicide during hospitalization was not provided with suicide prevention hotline information at discharge as required by hospital policy. • A safety plan was not developed prior to discharge for a patient identified at risk for suicide during hospitalization as required by hospital policy.	• In accordance with Standard NPSG.15.01.01, EP 6, organizations are required to have a policy that defines counseling and follow-up care at discharge for patients identified as at risk for suicide. • Requirements for Improvement (RFIs) may be written if the organization does not have or does not follow policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **April 2022** Table of Contents for *The Joint Commission Journal on Quality and Patient Safety* (*JQPS*). The Joint Commission works closely with *JQPS* (published by Elsevier) to make it a key component in helping health care organizations improve patient safety and quality of care.

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EDITORIALS

Bernard J. Tyson Award

Performance Improvement

196 Longitudinal Evaluation of a Pediatric Rapid Response System with Realist Evaluation Framework

D.E. Acorda, J. Bracken, K. Abela, J. Ramsey-Coleman, A. Stutts, E. Kritz, A. Bavare

Rapid response systems (RRSs) provide a process for early detection and management of clinically deteriorating patients to prevent out-of-ICU cardiopulmonary arrest and mortality. However, models for robust RRS evaluation that assess interaction of organizational context and patient outcomes are lacking. To address this gap, Acorda and colleagues used a continuous quality improvement process to identify, debrief, and review RRSs defined as REACT (Rapid Escalation After Critical Transfer) in a pediatric hospital with an aim to decrease REACT events with mechanistic/contextual gaps by 25% over three years.

205 An Initiative to Improve Performance on a National Transition of Care Measure and to Reduce Readmissions in an Academic Psychiatric Hospital

L. Li, W. Kulp, H. Krieg, D. Aptaker, B. Klink, D. Knox, H.A. Pincus

The Transition Record with Specified Elements Received by Discharged Patients (TR-1) is a quality metric aimed at reducing gaps in care transitions that was added to the US Centers for Medicare & Medicaid Serves Inpatient Psychiatric Facility Quality Reporting program in 2017. In this article, Li and colleagues report a quality improvement project to increase TR-1 metric compliance through the use of a structured clinical decision support tool and reduce the readmission rate at an academic psychiatric hospital.

Process Improvement

214 Virtual Education for Patient Self-Testing for Warfarin Therapy Is Effective During the COVID-19 Pandemic

E.L. Price, J. Ansell

Patient self-testing (PST) at home is a widely used warfarin management model that has been shown to maintain high levels of international normalized ratio (INR) control. In the context of the COVID-19 pandemic, PST also minimizes in-person encounters with clinical personnel. However, until recently, it was uncertain whether patients using PST achieved comparable levels of INR control. To determine this, Price and Ansel compared INR results for patients receiving virtual training upon PST commencement to those of patients initiating PST with in-person training, with the primary outcome being the difference in warfarin time in therapeutic range between the groups.

Adverse Events

222 Potentially Harmful Medication Dispenses After a Fall or Hip Fracture: A Mixed Methods Study of a Commonly Used Quality Measure

H. Fischer, E.E. Hahn, B.H. Li, C.E. Munoz-Plaza, T.Q. Luong, T.N. Harrison, J.M. Slezak, J.J. Sim, B.S. Mittman, E.A. Lee, H. Singh, M.H. Kanter, K. Reynolds, K.N. Danforth

High-risk medication dispenses to patients with a prior fall or hip fracture represent a potentially dangerous disease-drug interaction among older adults. In this mixed methods study, Fischer and colleagues used electronic health record data, individual interviews of primary care physicians, and a focus group of patient advisors to determine the prevalence, risk factors, and contributors to potentially harmful medication dispenses after a fall/fracture within a large, community-based integrated health system.

INNOVATION REPORT

233 Addressing the Drivers of Medical Test Overuse and Cascades: User-Centered Design to Improve Patient–Doctor Communication

R.S. Rudin, N. Thakore, K.L. Mulligan, I. Ganguli

Overuse of medical care is a long-standing problem in the United States and a key driver of health care spending, but interventions designed to reduce overuse have had limited impact. One major component of overuse is low-value medical testing. With the objective of promoting productive conversations about medical tests between patients and physicians during primary care visits and mitigating cascades of care, Rudin and colleagues used focus groups and one-to-one design meetings to understand the problem and iteratively develop an intervention.

COMMENTARY

In Sight

This column lists developments and potential revisions that can affect accreditation and certification and tracks proposed changes before they are implemented. Items may drop off this list before the approval stage if they are rejected at some point in the process.

APPROVED

- Approved new standard that aligns with the US Centers for Medicare & Medicaid Services final rule related to COVID-19 vaccinations for health care workers applicable to **ambulatory surgery centers**, **critical access hospitals**, **home health** agencies, **home infusion therapy** facilities, **hospices**, and **hospitals** that use Joint Commission accreditation for deemed status purposes (*see* page 4 in this issue for the full article)

CURRENTLY IN FIELD REVIEW

- New and revised requirements to reduce health care disparities for **ambulatory care** organizations, **behavioral health care and human services** organizations, **critical access hospitals**, and **hospitals** (field review ends May 4, 2022)
- Requirements for a new **Advanced Certification in Perinatal Care** program (field review ends May 9, 2022)

Note: *Please visit the Standard Field Reviews pages on The Joint Commission's website for more information. Field reviews usually span six weeks; dates are subject to change.*

CURRENTLY BEING RESEARCHED OR IN DEVELOPMENT

- New and revised antimicrobial stewardship requirements for **critical access hospitals** and **hospitals**
- New and revised requirements to incorporate lessons learned from COVID-19 for the **Assisted Living Community** Accreditation Program
- New and revised requirements to incorporate updated American Heart Association/American Stroke Association Acute Ischemic Stroke Guidelines in all disease-specific care **advanced stroke programs**
- New and revised medication-assisted treatment and office-based opioid treatment requirements for **behavioral health care and human services** organizations
- New and revised requirements for the **Inpatient Diabetes Care** certification program
- Quality and safety issues related to electronic health records
- Quality and safety issues related to telehealth
- New and revised infection prevention and control requirements for **all accreditation programs**

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