The Joint Commission

April 2025 | Volume 45 | Number 4

Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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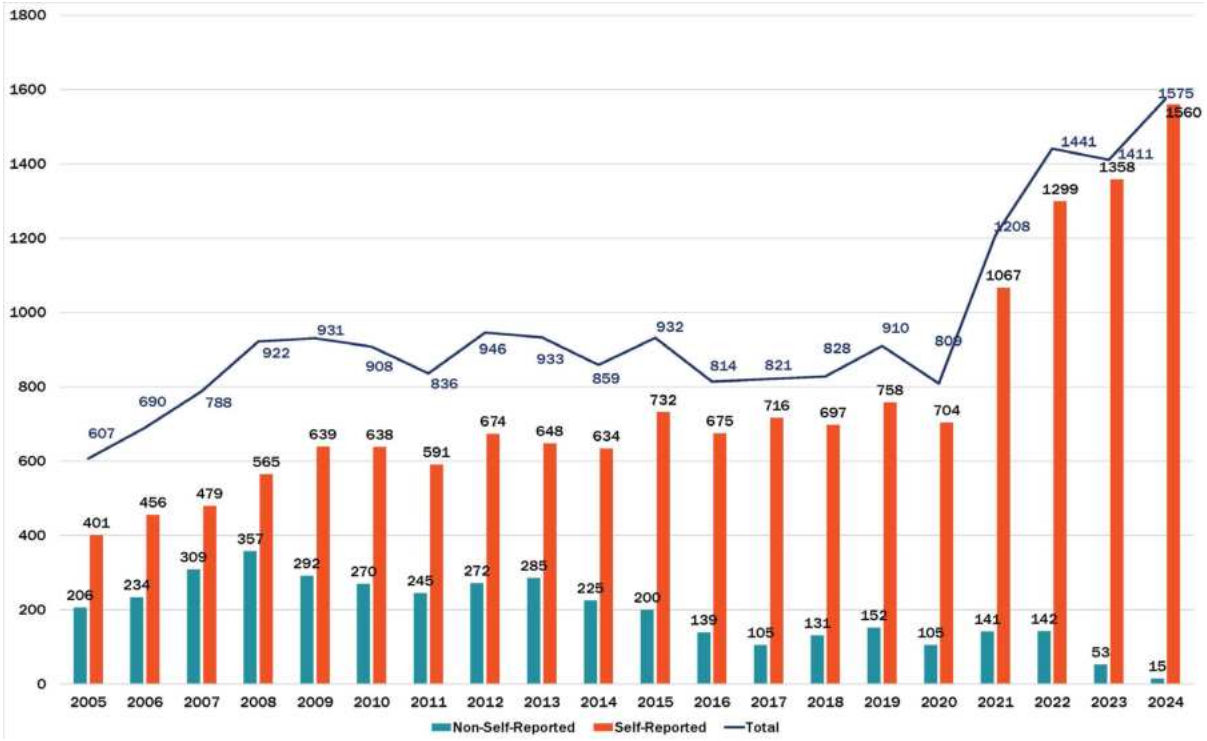
2024 Sentinel Event Data Now Available

The Joint Commission's Sentinel Event Database contains de-identified data from sentinel events and comprehensive systematic analyses (for example, root cause analyses) voluntarily submitted by health care organizations to The Joint Commission's Office of Quality and Patient Safety (OQPS). When notified of a sentinel event, OQPS patient safety specialists help the organization conduct a credible and thorough analysis to identify system-focused causes and implement solutions to prevent patient harm. By partnering with OQPS, the organization receives an independent event review, insights gleaned from other similar events, and improvement strategies used successfully by other health care organizations.

In accordance with the Sentinel Event Policy and as required by Leadership (LD) Standard LD.03.09.01, accredited organizations must do the following as soon as they are aware of the sentinel event:

1. Review all sentinel events, as defined by the Sentinel Event Policy detailed in the *Comprehensive Accreditation Manual* or its counterpart on E-dition®.
2. Implement risk reduction strategies to help prevent recurrence.

The Joint Commission reviewed 1,575 sentinel events from January 1 through December 31, 2024; the majority of these—99% (1,560)—were voluntarily self-reported to The Joint Commission by an accredited or certified entity. The remaining 15 sentinel events were reported either by anonymous sources, patients (or their families), or employees (current or former) of the organization. *See* the following figure for the trend of reported sentinel events by source from 2005 through 2024.



Reported Sentinel Events by Year and Source, 2005 through 2024.

The most prevalent event types identified in 2024 include the following:

- Falls (49%)
- Delay in treatment (8%)
- Suicide/death by self-inflicted injurious behavior (8%)
- Unintended retention of foreign object (8%)
- Wrong surgery* (8%)
- Assault/rape/sexual assault/homicide (4%)

These event types comprised 85% of all reported sentinel events in 2024. Severe harm (49%) was the leading outcome from reported sentinel events, followed by death and moderate harm, each comprising 21%.

Reported patient falls increased 15% from 2023 and continue to be the leading reported sentinel event category. Reported delays in treatment and patient suicide/death by self-inflicted injurious behavior increased as well. Reported delays in treatment increased 56% from 2023, and suicide/death by self-inflicted injurious behavior reports increased by 72%.

Increased reporting of suicide/death by self-inflicted injurious behavior may be attributed to the revised definition of *suicide* that was effective January 1, 2024 (*see* the December 2023 issue of *Perspectives*). The original definition focused on inpatient and "staffed around-the-clock" care settings or suicides within 72 hours of discharge. The revised definition expanded to include death caused by self-inflicted injurious behavior if any of the following apply:

- While in a health care setting
- Within 7 days of discharge from inpatient services
- Within 7 days of discharge from an emergency department (ED)
- While receiving or within 7 days of discharge from the following behavioral health care services:
  - Day Treatment/Partial Hospitalization Program (PHP)/Intensive Outpatient Program (IOP)
  - Residential
  - Group Home
  - Transitional Supportive Living

Reporting sentinel events to The Joint Commission is a voluntary process, and, as such, epidemiological inferences are not reliable. No conclusions should be drawn about the actual relative frequency of events or trends in events over time.

The comprehensive 2024 Sentinel Event Data Annual Report will be available soon on The Joint Commission's Sentinel Event page. P

* *Wrong surgery* includes wrong site, wrong procedure, wrong patient, and wrong implant.

APPROVED: Requirements Revised for OTPs to Align with SAMHSA Final Rule

Effective July 1, 2025, The Joint Commission has approved new and revised requirements for opioid treatment programs (OTPs) accredited under The Joint Commission's **Behavioral Health Care and Human Services** accreditation program. The revisions align requirements to a final rule issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) related to medications for opioid use disorder (MOUD) that published in the *Federal Register* on February 2, 2024. The revisions increase access to lifesaving, evidence-based MOUD and improve retention in care by promoting patient-centered and compassionate interventions.

Previously, OTP–specific requirements were interspersed throughout the standards chapters in the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)*. The requirements were then gathered into a single chapter that listed the requirements according to the applicable standards chapters (for example, "Care, Treatment, and Services" [CTS], "Environment of Care" [EC], "Emergency Management" [EM], and so on). As part of the revisions, The Joint Commission streamlined all OTP–specific requirements into a new "Opioid Treatment Programs" (OTP) chapter in the *CAMBHC*. Requirements in the new OTP chapter have been renumbered, beginning with Standard OTP.01.01.01 through Standard OTP.06.01.01.

As published in the final rule, organizations were required to comply with the final rule changes by October 2, 2024. Affected accredited organizations were informed on October 1, 2024, that organizations surveyed between the final rule compliance date and the effective date of the new and revised Joint Commission standards would be surveyed to the final rule through an interim survey process.

The new and revised requirements will be posted on the Prepublication Standards page of The Joint Commission's website and will publish online in the spring 2025 E-dition® update to the *CAMBHC*. For those customers who purchase it, the *CAMBHC* 2025 spring update service will include these new and revised requirements.

For more information about the new and revised requirements, please contact The Joint Commission's Standards and Survey Methods. For questions pertaining to the interim survey process, contact your account executive.

APPROVED: Deemed Hospice–Related Requirements Revised to Align with CMS Regulations

Effective March 30, 2025, The Joint Commission approved new and revised requirements for **deemed hospices** to align with US Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs).

The new and revised requirements will be posted on the Prepublication Standards page of The Joint Commission's website and will publish online in the spring interim 2025 E-dition® update to the *Comprehensive Accreditation Manual for Home Care (CAMHC)*.

For more information, please contact The Joint Commission's Standards and Survey Methods. P

APPROVED: Participation Requirements Revised for All Joint Commission Programs

Effective July 1, 2025, The Joint Commission has revised the following requirements:

- Accreditation Participation Requirements (APR) Standard APR.01.03.01, Element of Performance (EP) 1, for **all accreditation programs**
- Certification Participation Requirements (CPR) Standard CPR.02, EP 1, for **all certification programs**
- Verification Participation Requirements (VPR) Standard VPR.02, EP 1, for the **Maternal Levels of Care verification program**

These revisions require organizations to report any changes in required licensure (for example, state licensure) to The Joint Commission within 30 days of the change.

The revised requirements will be posted on the Prepublication Standards page of The Joint Commission's website and will publish online in the spring 2025 E-dition® update to all *Comprehensive Accreditation Manual*s, and all certification and verification manuals. For those customers who purchase them, the 2025 spring update service for the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)* and *Comprehensive Accreditation Manual for Hospitals (CAMH)* will include these revised requirements.

For more information, please contact The Joint Commission's Standards and Survey Methods.

UPDATED: Enhanced Performance Measure Tool for Health Care Staffing Firms

The Joint Commission has enhanced its Certification Measure Information Process (CMIP) tool to display performance measures that are specifically applicable to a **health care staffing** firm. This enhancement is expected to be available by the **end of April 2025** for all health care staffing firms submitting data for recertification.

Firms will make selections in CMIP that will be effective for the entire upcoming certification cycle. In the Performance Measure tab (see the following image), a firm first must select if it has travel staff, per diem staff, or both. The firm then selects the group size based on the total volume of clinical placements in Tab 8 of its electronic application (E-App). Note, these selections should match what is captured in the firm's E-App.

After the first two selections are made, measures that apply only to the firm will be saved and displayed. Then with this information saved, CMIP will require that only firm-specific performance measure data report questions are completed.

The Joint Commission also reminds firms that they will remain in the selected group size for the entire certification cycle. When preparing for their next recertification, firms will repeat the previous selections to set up for their next certification cycle.

Contact your account executive with any questions.

NEW: Specialty Certification Contact Types Will Be Available on *Joint Commission Connect*®

In summer 2025, organizations can designate contacts for select specialty certifications on their secure *Joint Commission Connect*® extranet site. The Joint Commission is adding these contact types so that organizations can list contacts for the following specialty certifications:

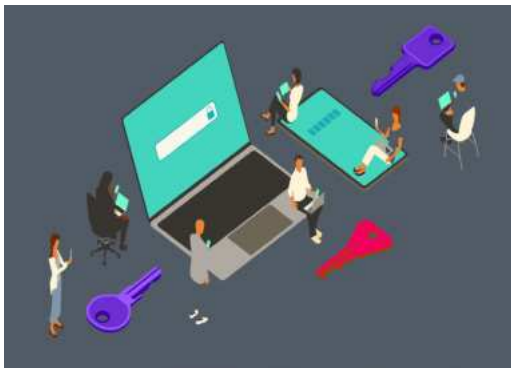
- Health Care Equity
- Sustainability
- Ventricular Assist Device

The new contact fields will be under the Security Administration tab on an organization's *Joint Commission Connect* extranet site.

The Joint Commission reminds organizations that some communications will be sent to all contact types, including the new types. However, only the primary certification contact and chief executive officer will be officially notified of a scheduled review.

Contact your account executive with any questions.

Enhanced Authentication Platform for *Joint Commission Connect®*



Beginning March 31, 2025, *Joint Commission Connect®* users must reset their password and choose a preferred multifactor authentication method (for example, e-mail, text, phone call, Microsoft Authentication app). The Joint Commission is upgrading its authentication platform to enhance account security.

Step-by-step instructions for completing this process will be available on the Joint Commission Connect Log In Help page. For more information, contact your account executive.

REMINDER: High-Rise Health Care Facilities Must Be Fully Sprinklered by 2028

When it adopted the 2012 edition of the National Fire Protection Association's (NFPA) *Life Safety Code*®* (NFPA 101-2012) on July 5, 2016, the US Centers for Medicare & Medicaid Services (CMS) final rule stipulated that all existing high-rise health care occupancies—including **critical access hospitals**, **hospitals**, **inpatient hospice** facilities, and **nursing care centers**—must be fully sprinklered by July 5, 2028.

With the deadline 3½ years away, The Joint Commission is reminding health care organizations about this large-scale improvement project to install sprinklers throughout unsprinklered or partially sprinklered facilities. As of July 5, 2025, only 25% of the grace period remains.

Life Safety Code surveyors will be discussing compliance plans during survey in high-rise facilities that are not yet fully sprinklered.

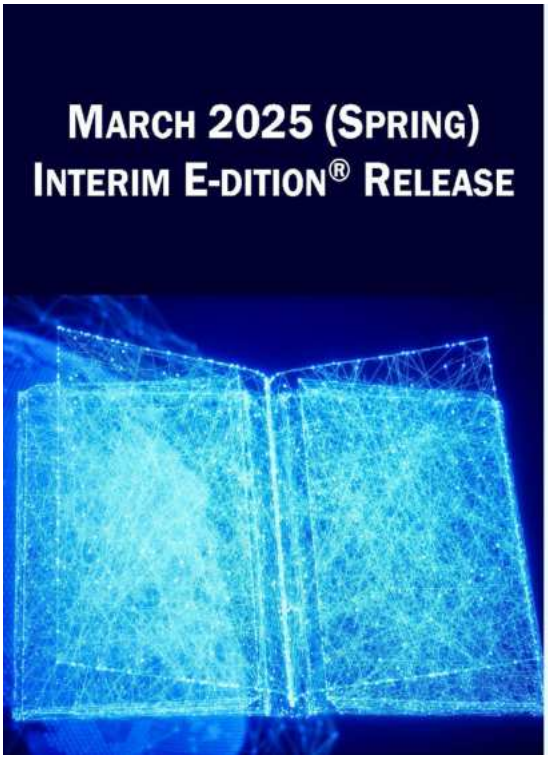
Contact your account executive for questions about compliance. P

* *Life Safety Code*® is a registered trademark of the National Fire Protection Association, Quincy, MA.

UPDATE: Spring 2025 Interim and Regular E-dition® Postings and Manual Update Service Release Schedules

2025 Manual Update Services for Behavioral Health Care and Human Services and Hospitals Mailing in April

Following are the E-dition® posting schedules for the spring interim release and regularly scheduled spring manual update for all accreditation, certification, and verification programs and the mailing dates for the spring 2025 update service. Please note that these time frames are anticipated dates. For questions about content, contact your account executive or visit the Prepublication Standards page of The Joint Commission's website.



The following accreditation programs will be updated on E-dition® in late March:

- Assisted Living Community
- Behavioral Health Care and Human Services
- Home Care
- Laboratory and Point-of-Care Testing
- Nursing Care Center
- Rural Health Clinic
- Telehealth

This interim release is **effective March 30, 2025**. For details about interim changes, review the What's New document on E-dition for each affected program.

2025 Update 1 (Spring) E-dition® Release

This release is the regularly scheduled update of E-dition with requirements **effective July 1, 2025**, or as noted in the What's New document, for all accreditation, certification, and verification programs. This release is expected to post to E-dition in **late April** for the following programs:

Accreditation

- Ambulatory Care
- Assisted Living Community
- Behavioral Health Care and Human Services
- Critical Access Hospital
- Home Care
- Hospital
- Laboratory and Point-of-Care Testing
- Nursing Care Center
- Office-Based Surgery
- Rural Health Clinic
- Telehealth

Certification

- Advanced Certification in Perinatal Care
- Centralized Sterilization Services
- Comprehensive Cardiac Center
- Disease-Specific Care, including advanced programs
- Health Care Equity
- Health Care Staffing Services
- Integrated Care
- Medication Compounding
- Palliative Care
- Patient Blood Management
- Responsible Use of Health Data
- Sustainable Healthcare

Verification

- Maternal Levels of Care

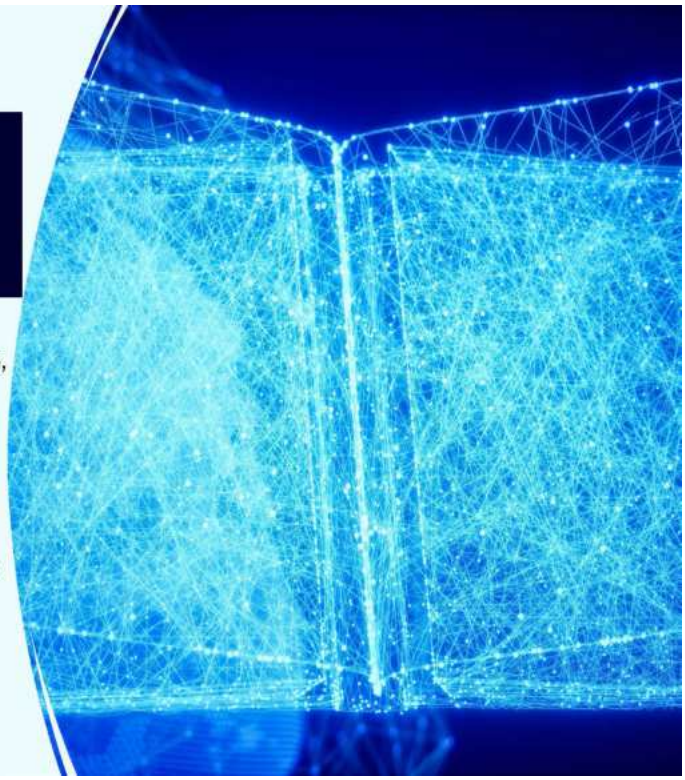
2025 Update 1 (Spring) Update Service

This release is the regularly scheduled update service with requirements **effective July 1, 2025**, or as noted in the What's New document, for select accreditation programs.

The update service is expected to mail in late April for the following programs:

- **Behavioral Health Care and Human Services**
- **Hospital**

The update service is available for purchase at the Joint Commission Resources webstore: https://www.jcrinc.com/what-we-offer/publications/manuals.



Consistent Interpretation

Joint Commission Surveyors' Observations Related to Maintaining Self-Latching and Self-Closing of Linen and Waste Chute Doors

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 maintaining the self-closing and self-latching mechanisms for linen and waste chute service doors.

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

<table>
<tr><td colspan="3">Life Safety (LS) Standard LS.02.01.50: The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.</td></tr>
<tr><td colspan="3">EP 10: All linen and waste chute inlet service doors have both self-closing and positive-latching devices. All linen and waste discharge service doors are self-closing.

Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.2.3; Tentative Interim Amendment [TIA] 09-1)</td></tr>
<tr><td>Compliance Rate</td><td colspan="2">In 2023, the noncompliance percentage for this EP was 3.97%—that is, 55 of 1,386 hospitals surveyed did not comply with this requirement.</td></tr>
<tr><td>Noncompliance Implications</td><td colspan="2">Self-closing and self-latching linen and waste chute service doors are critical to maintaining a safe physical environment. When these mechanisms fail, linen and waste chute doors may remain open, allowing fire and smoke to easily spread through the chute and into other areas of the building. This compromises the building's fire containment systems and increases the risk of injury or death. In addition, open chute doors may allow combustible materials to accumulate, thus increasing the fire load and severity.</td></tr>
<tr><td colspan="2">Surveyor Observations</td><td>Guidance/Interpretation</td></tr>
<tr><td colspan="2">● A linen chute discharge door in the soiled utility room was not self-closing and self-latching.</td><td>● Chute inlet doors are required to be both self-closing and self-latching.
● Note that swing-only discharge doors may be held open with fusible links or electrical hold-open devices that will release if heat or smoke is detected, or the fire alarm or sprinklers are activated. Such devices are not required for horizontal sliding chute discharge doors.</td></tr>
</table>

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **March 2025** 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.

To purchase a subscription or site license to *JQPS*, please visit *The Joint Commission Journal on Quality and Patient Safety* website.

Tell your performance improvement story! Consider submitting an article to *The Joint Commission Journal on Quality and Patient Safety*. See website for author guidelines.

Did you know? Select *JQPS* articles are available free for you to read. Look for the "Open Access" sunburst and link to the article.

Editorial

165 The Invisible Work to Manage Drug Shortages

E.R. Fox

Drug shortages are a persistent challenge for the health care industry. In this editorial in response to an article by Chouinard and colleagues in this issue of the *Journal*, Fox discusses the complex and multilayered barriers to effective management of drug shortages.

The 2023 John M. Eisenberg Award for National Level Innovation in Patient Safety and Quality

167 The Surgical Pause: The Importance of Measuring Frailty and Taking Action to Address Identified Frailty

D.E. Hall; D. Hagan; L. Ashcraft; M. Wilson; S. Arya; J.M. Johanning

Although patients considering high-risk procedures are thoroughly evaluated for surgical risk, data demonstrate that even minor procedures are dangerous when conducted on high-risk, frail patients. In this article, Hall and colleagues describe the Surgical Pause, a rapid, scalable strategy for health care systems to optimize perioperative outcomes for high-risk, frail patients considering elective surgery, the project for which the Veterans Health Administration was recognized with the 2023 Eisenberg Award for National Level Innovation in Patient Safety and Quality.

178 Frailty Screening Using the Risk Analysis Index: A User Guide

D.E. Hall; C.A. Jacobs; K.M. Reitz; S. Arya; M.A. Jacobs; J. Cashy; J.M. Johanning

The Risk Analysis Index (RAI) was developed to screen patients for surgical frailty across a wide variety of clinical contexts and data sources. In this user guide, Hall and colleagues provide detailed instructions for each RAI variant along with a systematic review of existing RAI–related literature.

Process Improvement

192 Suicide Risk Screening in Children and Adolescents with Autism Spectrum Disorder Presenting to the Emergency Department

R.A. Vasa; V.K. Kalari; C.A. Kitchen; H. Kharrazi; J.V. Campo; H.C. Wilcox

Youth with autism spectrum disorder (ASD) are three times more likely to experience suicidal thoughts and behaviors than children in the general population. In this study, Vasa and colleagues examined the capacity of the Ask Suicide-Screening Questions, a standard suicide screening tool, to detect suicide risk in children and adolescents with ASD who present to the pediatric emergency department.

199 Simulation-Based Clinical System Testing of Neonatal Resuscitation Readiness Across a Rural Health System Identifies Common Latent Safety Threats

J. Holmes; M. Chipman; B. Gray; T. Pollick; S. Piro; L. Seften; A. Craig; A. Zanno; M. Melendi; L. Mallory

Simulation provides an effective modality for team-based training and clinical systems testing and can prospectively identify patient safety threats without jeopardizing patient safety. In this study, Holmes and colleagues used simulation-based clinical systems testing (SbCST) with a Healthcare Failure Mode and Effect Analysis (HFMEA) rubric to categorize and quantify latent safety threats (LSTs) during in situ training in eight rural delivery hospitals and identified LST themes across sites.

Health Care Equity

211 Physicians' Perspectives on Using Direct Observation to Assess Non-English Language Proficiency for Clinical Practice: A Qualitative Study

M.E. Garcia; L.C. Diamond; M. Williams; S. Mutha; J. Jih; S. Pathak; L.S. Karliner

Communication barriers are known to adversely affect patient safety, but few health systems assess and track physician non-English language proficiency for use in clinical settings. Garcia and colleagues used semistructured interviews to investigate physician perspectives on using direct clinical observation to assess their non-English language skills.

Improvement Brief

216 Reflections on a Dobutamine Shortage in an Academic Health System: A Roadmap for Risk Reduction

M.H. Chouinard; N.L. Nguyen; J.A. Young; B.M. Hester; D.M. Reilly; M.C. Kontos; W.D. Cahoon Jr.; C.R. Baker; K.M. Weigel; G.M. Bearman

The growing frequency and complexity of drug shortages have increasingly challenged the ability of health systems to provide the standard of care. In this article, Chouinard and colleagues outline an approach to managing shortages that centers on leveraging information technology resources, minimizing waste, conserving supply, and centralizing supply.

Research Letter

223 Potentially Preventable Adverse Events in Ambulatory Interventional Radiology: Results from a National Multisite Retrospective Medical Record Review

C. Ayeni; W. Branch-Elliman; M. Foster; M.C.S.S. Higgins; K. Hederstedt; N. Bart; H.J. Mull

Surveillance of adverse events (AEs) in interventional radiology (IR) is limited, particularly in ambulatory care, and very little data are available on rates of AEs in IR. Ayeni and colleagues report the overall rate of AEs and the potentially preventable proportion based on chart review of ambulatory IR procedures in the Veterans Health Administration.

Commentary

229 Moving the Needle on Measurement of Patient Safety: The Evolving Role of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators

A.K. Rosen; P.E. Rivard

The Agency for Healthcare Research and Quality Patient Safety Indicators (AHRQ PSIs) can play a valuable role in improving patient care and data quality, but the PSIs are currently being used for aims far outside their original purpose, with potentially significant unintended consequences. In this commentary, Rosen and Rivard discuss the need for better evidence-based decisions about the proper role of PSIs in the administrative and clinical realms.

Sentinel Event Alert

232 *Sentinel Event Alert* 69: Environmental Disasters: Preparing to Safely Evacuate or Shelter in Place

When an environmental disaster occurs, health care organizations must be prepared to rapidly evacuate or shelter in place everyone on-site, including patients, health care workers, and others. This *Alert* outlines steps for health care organizations to consider in preparing for weather- and climate-related disasters.

In Sight

This column lists developments and potential revisions that can affect accreditation, certification, and verification 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

- New and revised requirements for **opioid treatment programs** accredited under the Behavioral Health Care and Human Services program (*see* page 4 in this issue for the full article)
- New and revised requirements for **deemed hospices** (*see* page 5 in this issue for the full article)
- Revised Participation Requirement for **all accreditation, certification, and verification** programs (*see* page 6 in this issue for the full article)
- Enhanced Certification Measure Information Process tool for **health care staffing** firms (*see* page 7 in this issue for the full article)

CURRENTLY IN FIELD REVIEW

- No standards currently in field review

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 crisis services requirements for **behavioral health care and human services**

Joint Commission Perspectives®

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Subscription Information:
Individual online license—$419
Online site license—$1113
Online system license—Contact orders@jcrinc.com
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Perspectives (ISSN 1044-4017) is published monthly by Joint Commission Resources, One Renaissance Boulevard, Suite 401, Oakbrook Terrace, IL 60181.