The Joint Commission

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Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

Contents

NEW: Centralized Sterilization Services Certification Program

The Joint Commission has developed a new **Centralized Sterilization Services** (CSS) **Certification** program **effective January 1, 2025**. The entity to be certified is affiliated with a health system and provides off-site sterilization, and transportation of instruments, devices, and equipment for other health care organizations.

Proper health care instrument sterilization is critical to reducing infection risk, and noncompliance with nationally recognized guidelines poses a risk to both patients and staff. The CSS certification builds upon The Joint Commission's existing Infection Prevention and Control (IC) requirements and nationally accepted standards of practice to ensure that organizations have standardized approaches to sterilization for the health care facilities they serve.

The certification requirements address sterilization across the following topics:

- Program management
- Physical environment
- Interfacility transportation
- Education and training
- Performance improvement

The requirements for the new program can be requested from the Prepublication Standards page of The Joint Commission's website and will publish in the fall 2024 E-dition® update to the *Centralized Sterilization Services Certification Manual*. For questions regarding CSS certification requirements, please contact The Joint Commission's Standards and Survey Methods. For information on obtaining CSS certification, contact The Joint Commission.

UPDATED: Survey Process Related to Informed Consent for Joint Commission–Accredited Hospitals

Effective immediately, The Joint Commission's survey process related to informed consent has been updated to align with revised guidance for **hospitals** from the US Centers for Medicare & Medicaid Services (CMS) memo, QSO-24-10-Hospitals, published on April 1, 2024.

The *Survey Activity Guide* has been revised to reflect CMS updates. The updates clarify that informed consent is obtained when practitioners other than the operating practitioner—including but not limited to other physicians, residents, advanced practice providers (such as nurse practitioners and physician assistants), and medical and other applicable students—will be participating in and/or performing important tasks related to the surgery or an intimate/sensitive examination (such as breast, pelvic, prostate, and rectal exams) or invasive procedure for educational and training purposes. When the patient is receiving sedation or anesthesia, this is included in the written consent form. When the patient is not receiving sedation or anesthesia, only verbal consent documented in the medical record is required.

The updated *Survey Activity Guide* will be available on a hospital's *Joint Commission Connect*® extranet site on August 2, 2024.

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

APPROVED: *Designated Equivalent Source* Removed from Glossary

Effective immediately, The Joint Commission is removing the "Glossary" (GL) term *designated equivalent source* for **all accreditation programs**. Currently, the requirements for primary source verification (*see* "Human Resources" (HR) Standard HR.01.01.01, Element of Performance (EP) 2, and "Human Resources Management" (HRM) Standard HRM.01.02.01, EP 1) have a note that states the following:

> A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.

This note clearly addresses the intent of the term *designated equivalent source*, and as such, the glossary term is not needed. In addition, minor editorial revisions were made to similar notes at Standards HR.02.01.03, EPs 3 and 5, for office-based surgery practices, rural health clinics, and telehealth organizations; HR.02.01.05, EP 2, for telehealth organizations; and HRM.01.02.01, EP 2, for behavioral health care and human services organizations to ensure that consistent language is used to address this concept.

The definition will be removed from all *Comprehensive Accreditation Manual*s that publish online in the fall 2024 E-dition® update. For those customers who purchase them, the *Comprehensive Accreditation Manual for Hospitals (CAMH)* and *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)* fall update service, and all 2025 manuals will reflect this deletion.

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

NEW: Educational Campaign Encourages Patients to Speak Up About Medication Safety

Many individuals are responsible for ensuring that each patient receives the correct medication and understands correct dosage and possible side effects. Pharmacists, prescribing physicians, patient caregivers, and, most importantly, the patient make up the team responsible for ensuring medication safety.

Recently The Joint Commission released a new public education campaign, Speak Up™ About Your Medications, designed to educate and empower patients to take an active role in their own medication safety.

The Speak Up campaign offers ways patients can actively practice medication safety across care settings, such as learning about their medication, making sure their caregiver confirms their name before giving a medication, and informing their physician if they don't feel well after taking a medication. The campaign also encourages patients to add new medications to their medication list, which they should always carry with them.

In addition, the campaign provides essential questions patients should ask their physicians or prescribing practitioner when prescribed a new medication, including the following:

- How will this medication help me?
- Are there any side effects? What are they, and how long will they last?
- Are there other medications or foods I should avoid while taking this medication?
- What should I do if I miss a dose?

The campaign also provides several questions for patients to ask their pharmacist, as well as tips for safely storing medications, including the following:

- If the medication is a liquid, does it need to be shaken before use?
- If the medication is a pill or capsule, do I need to swallow or chew it? Can I cut or crush it if I need to?
- Is it safe to drink alcohol with this medication?
- Store medication in a cool, dry place away from sunlight—such as in a cabinet or drawer.
- Make sure the child safety cap works and store medicine where children can't get to it.
- Discard unused medication in an environmentally friendly way. Not all medication can be flushed down a toilet or thrown in the trash.

"Medication errors that result from unsafe medication practices can lead to significant adverse events and harm. By encouraging patients and their caregivers to become more knowledgeable and aware of their medications, they can help improve medication safety," says Robert Campbell, PharmD, BCSCP, Senior Director, Standards Interpretation, Accreditation Decision Management and Medication Safety, The Joint Commission. "Improving medication safety perpetuates a collaborative health care culture where a patient along with their caregiver and pharmacist all work together to make sure the right medication and correct dosage are taken."

About the Speak Up Program

The Joint Commission's award-winning Speak Up patient safety program has been used in more than 70 countries, with the goal of helping patients and their advocates become active in their care by undertaking the following:

Speak up
Pay attention
Educate yourself
Advocates (family members and friends) can help
Know about your new medicine
Use a quality health care organization
Participate in all decisions about your care

Each Speak Up campaign includes the following three components:

1. Infographics in three sizes and two languages
2. Animated video in two languages
3. User's guide on how and to whom organizations can distribute materials

Speak Up materials are intended for the public and health care providers and have been put into a simplified (easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up materials. Speak Up materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission. P

Consistent Interpretation

Joint Commission Surveyors' Observations Related to Maintaining Current and Accurate Life Safety Drawings

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 why organizations must keep their life safety drawings accurate and include all components listed in the requirements.

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

Life Safety (LS) Standard LS.01.01.01: The hospital designs and manages the physical environment to comply with the *Life Safety Code*.	
EP 3: Ⓓ The hospital maintains current and accurate drawings denoting features of fire safety and related square footage. Fire safety features include the following: ● Areas of the building that are fully sprinklered (if the building is partially sprinklered) ● Locations of all hazardous storage areas ● Locations of all fire-rated barriers ● Locations of all smoke-rated barriers ● Sleeping and non-sleeping suite boundaries, including the size of the identified suites ● Locations of designated smoke compartments ● Locations of chutes and shafts ● Any approved equivalencies or waivers	
Compliance Rate	In 2023, the noncompliance percentage for this EP was **20.06%**—that is, **278** of **1,386** hospitals surveyed did not comply with this requirement.
Noncompliance Implications	Life safety drawings are a graphic illustration of a health care facility. Accurate drawings illustrate critical *Life Safety Code*®* fire protection features, including where fire-rated walls and smoke barriers and partitions are located and fire safety equipment inventory. Conversely, inaccurate life safety drawings may hinder necessary maintenance or construction if hospital facility managers and staff, engineers, contractors, and architects do not have the current design and layout of a building's fire protection systems. In addition to illustrating fire protection features, life safety drawings can confirm fire alarm device inventory, which ensures compliance with code-directed inspections, testing, and maintenance activities. Also, when planning changes in or renovating an area, the life safety drawings can be used to preserve the integrity of rated barriers, partitions, and opening protectives. To maintain accurate life safety drawings, conduct regular reviews to ensure their accuracy, and promptly update drawings when changes occur in the physical environment. Up-to-date life safety drawings are essential for effective facilities management and to maintain compliance with applicable National Fire Protection Association code and any applicable state or local code requirements.

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

Surveyor Observations	Guidance/Interpretation
● The hospital did not have life safety drawings. ● The hospital did not maintain current and accurate life safety drawings. The life safety drawings provided did not indicate the following: ❍ Whether the building was fully or partially sprinklered ❍ Sleeping and nonsleeping suite boundaries ❍ Size of suites identified on the drawings ❍ Any approved equivalencies or waivers ❍ Locations of the following: ● All hazardous storage areas ● All fire-rated barriers ● All smoke-rated barriers ● Designated smoke compartments ● Chutes and shafts	● Ensure that life safety drawings contain all the required elements as noted in the standard. ● Confirm that recent building changes, renovations, and additions are included in the life safety drawings.

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **July 2024** 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.

Editorials

Diagnostic Safety

Adverse Events

Maternal and Perinatal Care

Process Improvement

Improvement Brief

Innovation Report

Research Letter

Article Collection

The *Journal* is celebrating its 50th anniversary in 2024! Select previously published *Journal* articles will be available via open access on the 50th Anniversary Open Access Article Collections page. The August article collection will focus on previous Eisenberg Award winners.

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

- New **Centralized Sterilization Services Certification** program (*see* page 2 in this issue for the full article)
- Updated the survey process related to informed consent for Joint Commission–accredited **hospitals** (*see* page 3 in this issue for the full article)
- Removed the term *designated equivalent source* from the "Glossary" (GL) for **all accreditation programs** (*see* page 4 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 and revised Emergency Management (EM) requirements for **nursing care centers**
- New and revised Emergency Management (EM) requirements for **laboratories**
- Safe staffing requirements for **critical access hospitals** and **hospitals**
- Revised core requirements for all **disease-specific care** programs
- Revised requirements for **health care staffing services** certification
- New and revised Infection Prevention and Control (IC) requirements for **ambulatory care** organizations, **behavioral health care and human services** organizations, **laboratories**, and **office-based surgery practices**

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