The Joint Commission

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# Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

## Contents

# The Joint Commission Partners with ARCHANGELS to Recognize and Support Unpaid Caregivers

In late October The Joint Commission announced its partnership with ARCHANGELS to recognize and support unpaid caregivers through the Care Badge initiative. This initiative was launched just prior to National Family Caregivers Month, which is celebrated in November. It supports, honors, and creates opportunities for more than 40% of adults across the United States who serve as unpaid caregivers.*

The Joint Commission and ARCHANGELS were also joined by the following pilot collaborators:

- Alliance of Community Health Plans
- American Heart Association
- Association on Aging in New York
- Blue Cross Blue Shield of Massachusetts
- Blue Cross & Blue Shield of Rhode Island
- Blue Star Families
- Care.com
- CaringBridge
- Hilarity for Charity
- Massachusetts Caregiver Coalition
- New York State Office for the Aging
- Northwell Health

## The Care Badge

Unpaid caregivers provide often invisible support to friends, family, and neighbors, and there is increased attention on supporting this population given the vital role they play in the "care economy." Caregivers develop several key skills in this role—from hands-on care to managing finances to navigating complex systems. These skills are only not valuable in a caregiving role, they can be valuable in any role.

The Care Badge recognizes individuals and provides timely access to resources and networks of support for free. It also provides an opportunity for organizations and communities to rally around this population in ways that provide value for all. Other Care Badge benefits include the following:

- Recognizes and celebrates the individuals in this role by providing a visual mark of caregiving experience
- Provides quick and actionable tips optimized around the biggest drivers of caregiver intensity
- Links caregivers to already available and free resources tailored to those intensity drivers
- Reframes the act of caregiving as a strength-based asset invaluable in the workforce for caregivers and potential employers

* Czeisler MÉ, et al. Mental Health Among Parents of Children Aged <18 Years and Unpaid Caregivers of Adults During the COVID-19 Pandemic — United States, December 2020 and February–March 2021. *MMWR Morb Mortal Wkly Rep*. 2021 June18;70(24):879–887.

Underscoring the mission of the Care Badge initiative, ARCHANGELS Co-Founder and Chief Executive Officer (CEO) Alexandra Drane shares, "We live in a care economy, and knowing how to care matters in all aspects of life, in jobs across all industries, and, really, to the health and well-being of our entire nation. The Care Badge celebrates and supports that reality, and although the Care Badge costs nothing, recognizing the value of that care is priceless." Drane adds, "We're incredibly honored to join with The Joint Commission in bringing this movement to life."

The Care Badge initiative also features the following additional resources from both founding organizations:

- **The Joint Commission's** Speak Up™ for Unpaid Caregivers**—**This educational campaign offers tips for unpaid caregivers, such as how to communicate with health care providers to help a loved one, and guidance on how caregivers can take care of their own physical and mental health.
- **ARCHANGELS'** Caregiver Intensity Index®**—**This tool engages all caregivers, particularly those who do not see themselves in the role. It provides each caregiver with a "score" and a tailored list of what's most driving their intensity, as well as access to supportive resources available at no cost.

The Joint Commission

SpeakUp™

**Speak Up™** For Unpaid Caregivers

You may not know it, but you might be an unpaid caregiver. If you are caring for a spouse, parent, child, other relative, or for a friend or neighbor, you are an unpaid caregiver. Though many are caring for others out of love and compassion, most unpaid caregivers could really use some help. This Speak Up campaign provides ideas for strengthening your impact and getting some well-deserved support.

"Unpaid caregivers serve as the invisible backbone of our nation, and their contributions deserve acknowledgment," says Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, President and CEO, The Joint Commission and Joint Commission International. "The Joint Commission proudly collaborates with ARCHANGELS on a movement that aligns with our mission to elevate care and improve patient safety for all. The workforce, especially in the health care sector, urgently needs the skills that unpaid caregivers possess. Through the Care Badge initiative, we hope unpaid caregivers will recognize how their critical skills are transformative to significantly helping patients across the country."

The Joint Commission and ARCHANGELS encourage everyone to learn more about the Care Badge, including earning a badge, exploring the free resources, and finding opportunities to share this initiative.

## About The Joint Commission's 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:

**S**peak up
**P**ay attention
**E**ducate yourself
**A**dvocates (family members and friends) can help
**K**now about your new medicine

**U**se a quality health care organization
**P**articipate in all decisions about your care

This Speak Up campaign includes the following components:

- Infographics in three sizes (8.5"x14", 11"x17", and 24"x36") and three languages (English, French, and Spanish)
- 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.

# Data Submission Guidance for Total Hip and Total Knee Replacement Performance Measure

The Joint Commission updated the advanced **Total Hip and Total Knee Replacement** (THKR) certification program's performance measure THKR-5: Postoperative Functional/Health Status Assessment to align with a similar measure adopted by the US Centers for Medicare & Medicaid Services (CMS). The updated measure that was effective January 1, 2024, requires providers to submit postoperative functional/health status assessments (FSAs) for the patient-reported outcome measures (PROMs) and/or FSAs at one year (within 300–425 days).

The Joint Commission is providing the following guidance to ensure that organizations understand what data need to be submitted to the Certification Measure Information Process (CMIP) tool and when that data are due.

Organizations are required to submit data for THKR-5 to CMIP in the month that corresponds to the procedure discharge date. Organizations can leave the THKR-5 CMIP fields blank until the 300–425 days postprocedure date range. CMIP will issue alerts when the data should be available and entered. Organizations have until the end of the next quarter to submit THKR-5 into CMIP. The data fields within CMIP remain open for the previous eight quarters. The following table provides examples of data submission time frames.

| Procedure Date | Assessment Completion Date Range (300–425 Days Postprocedure) | Deadline for CMIP Data Submission | Month Data Entered into CMIP Field |
|---|---|---|---|
| January 1, 2024 | October 27, 2024–March 1, 2025 | June 30, 2025 | January 2024 |
| February 1, 2024 | November 27, 2024–April 1, 2025 | September 30, 2025 | February 2024 |
| March 1, 2024 | December 26, 2024–April 30, 2025 | September 30, 2025 | March 2024 |

Organizations are not required to submit four months of THKR-5 data into CMIP prior to initial certification. However, submitting four months of data is still required for all other THKR measures. The collection of THKR-5 data should begin for procedures conducted four months prior to the initial certification decision.

Questions regarding performance measurement may be directed to the Question Forum on The Joint Commission's website.

# Summary of Changes to the 2024 Fall Update to Joint Commission Manuals

The regularly scheduled fall 2024 update to E-dition® for accreditation, certification, and verification manuals have posted to the *Joint Commission Connect*® extranet, with changes effective January 1, 2025, unless otherwise noted. In addition, the 2024 update services of the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services* and *Comprehensive Accreditation Manual for Hospitals* have mailed to those customers who have ordered them; they are currently available for purchase.

The following table identifies the different media in which 2024 updates are available for each accreditation, certification, and verification program. Details on key revisions that appear in the fall 2024 update for all these products follow this table.

| | E-dition | Book | | | | | E-book (PDF) |
|---|---|---|---|---|---|---|---|
| **Manual Type** | 2024 Update 2 | 2024 Update 2 | 2025 Comprehensive Manual | | 2025 Standards (abridged) | | 2025 Comprehensive Manual |
| **Publication Month** | October | October | Nov | Dec | Nov | Dec | December |
| **Accreditation Programs** | | | | | | | |
| Ambulatory Care | x | | x | | x | | x |
| Assisted Living Community | x | | | | | | x |
| Behavioral Health Care and Human Services | x | x | x | | x | | x |
| Critical Access Hospital | x | | | x | | | x |
| Home Care | x | | x | | | | x |
| Hospital | x | x | | x | | x | x |
| Laboratory and Point-of-Care Testing | x | | x | | | | x |
| Nursing Care Center | x | | | | | | x |
| Office-Based Surgery Practice | x | | | | | | |
| Rural Health Clinic | x | | | | | | x |
| Telehealth | x | | | | | | x |
| **Certification Programs** | | | | | | | |
| Advanced Certification in Perinatal Care | x | | | | | | |
| Centralized Sterilization Services | x | | | | | | |
| Comprehensive Cardiac Center | x | | | | | | |
| Disease-Specific Care, including advanced programs | x | | | | | | x |
| • Orthopedic | | | | | x | | x |
| • Stroke | | | | | x | | x |

| | E-dition | Book | | | | | E-book (PDF) |
|---|---|---|---|---|---|---|---|
| **Manual Type** | 2024 Update 2 | 2024 Update 2 | 2025 Comprehensive Manual | | 2025 Standards (abridged) | | 2025 Comprehensive Manual |
| **Publication Month** | October | October | Nov | Dec | Nov | Dec | December |
| Health Care Equity | x | | | | | | x |
| Health Care Staffing Services | x | | | | | | |
| Integrated Care | x | | | | | | |
| Medication Compounding | x | | | | | | |
| Palliative Care | x | | | | | | |
| Patient Blood Management | x | | | | | | |
| Responsible Use of Health Data | x | | | | | | |
| Sustainable Healthcare | x | | | | | | x |
| **Verification Program** | | | | | | | |
| Maternal Levels of Care | x | | | | | | |

## Significant 2024 Fall Revisions

- Launched a new **Centralized Sterilization Services** Certification Program, **effective January 1, 2025** (*see* the August 2024 issue of *Perspectives*)
- Announced that the US Centers for Medicare & Medicaid Services (CMS) renewed The Joint Commission's deeming approval for the following programs:
  - **Ambulatory surgical centers** accredited under the Ambulatory Care Accreditation Program, **effective September 1, 2024**, through September 1, 2030 (*see* the September 2024 issue of *Perspectives*)
  - **Laboratory and Point-of-Care Testing** Accreditation Program, **effective May 24, 2024**, through May 24, 2030 (*see* the July 2024 issue of *Perspectives*)
- Fully revised the "Emergency Management" (EM) chapter, including new and revised EM standards, for **laboratories** (*see* the October 2024 issue of *Perspectives*) and **nursing care centers** (*see* the September 2024 issue of *Perspectives*), **effective January 1, 2025**
- Fully revised the "Infection Prevention and Control" (IC) chapter, including new and revised requirements, for **assisted living communities**, **home care** organizations, and **nursing care centers**, **effective January 1, 2025** (*see* the July 2024 issue of *Perspectives*)
- Added new and revised requirements for **ambulatory surgical centers** to align with CMS Conditions for Coverage (CfCs), **effective August 1, 2024** (*see* the July 2024 issue of *Perspectives*)
- Made the following changes for **behavioral health care and human services** organizations:
  - Added new requirements to guide organizations that treat opioid use disorder to promote the safe use of medications for opioid use disorder (MOUDs), **effective August 1, 2024** (*see* the July 2024 issue of *Perspectives*)
  - Added new and revised requirements for organizations that use restraint and/or seclusion, **effective January 1, 2025** (*see* the July 2024 issue of *Perspectives*)
- Added new and revised workplace violence prevention requirements to provide a framework to guide **home care** organizations across various settings to develop effective workplace prevention strategies, **effective January 1, 2025** (*see* the July 2024 issue of *Perspectives*)

- Added new and revised requirements for **laboratories** in response to revisions to the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) regulations and to align with updated CMS proficiency testing, histocompatibility, and personnel regulations, **effective January 1, 2025** (*see* the October and November 2024 issues of *Perspectives*)
- Removed the "Glossary" (GL) term *designated equivalent source* for **all accreditation programs**, **effective immediately** (*see* the August 2024 issue of *Perspectives*)
- Made the following changes to the **disease-specific care** certification program:
  - Approved new and revised requirements for most disease-specific care certification programs, **effective January 1, 2025** (*see* the September 2024 issue of *Perspectives*)
  - Revised the data submission schedule for core disease-specific care certification programs, **effective January 1, 2025** (*see* the July 2024 issue of *Perspectives*)
- Added new and removed performance measures for the **Advanced Certification in Heart Failure** (HF) program, **effective January 1, 2025** (*see* the July 2024 issue of *Perspectives*)
- Updated ORYX® reporting requirements for Joint Commission–accredited **critical access hospitals** and **hospitals**, **effective January 1, 2025** (*see* the November 2024 issue of *Perspectives*)
- Made the following changes to the survey process:
  - Updated survey process related to informed consent for Joint Commission–accredited **hospitals** to align with revised guidance for hospitals from CMS, **effective immediately** (*see* the August 2024 issue of *Perspectives*)
  - Revised the survey process for **deemed home health** agencies to align with updated CMS guidance, **effective immediately** (*see* the October 2024 issue of *Perspectives*)
- Approved a new off-site review option for select programs reviewed under the ***Comprehensive Certification Manual for Disease-Specific Care***, as well as programs certified under the ***Palliative Care Certification Manual***, with recertification due dates on or after **January 1, 2025** (*see* the October 2024 issue of *Perspectives*) P

# Reminder: Gift Policy

Occasionally, and particularly during the holiday season, staff at accredited, certified, and verified health care organizations want to provide Joint Commission surveyors and reviewers with gifts. Although appreciative of these kind thoughts, The Joint Commission has a gift policy that prohibits the acceptance of any gifts. This policy is designed to ensure the integrity of The Joint Commission's accreditation, certification, and verification decision process, as well as to ensure independence in business judgment. The Joint Commission's official policy regarding what can be accepted from health care organizations seeking accreditation, certification, and/or verification with respect to gifts* is summarized as follows:

- Joint Commission employees involved with the accreditation, certification, and verification decision process (specifically, surveyors and reviewers) cannot accept any gift of value from a surveyed/reviewed or accredited/certified/verified organization. A modest on-site meal is acceptable for efficiency purposes and is not considered a gift.
- Very few exceptions are allowable for accepting gifts. To avoid any potential conflicts of interest, it is in the best interest of organizations—as well as surveyors and reviewers—if no gifts are offered.
- Cash, cash equivalents, or entertainment cannot be accepted.
- If an organization feels it necessary to provide something, then promotional mementos and souvenirs of nominal value† are not considered gifts and can be accepted if given after the survey or review and when there is no apparent attempt to influence a business decision. Good judgment and caution are necessary in these situations.

Questions related to this policy may be directed to Matt Selander, JD, MHA, Corporate Compliance and Privacy Officer and Senior Assistant General Counsel.

* Gifts can include anything of value given to or by Joint Commission employees, including cash; gratuities; meals (except for modest on-site meals); gift certificates; tickets to sporting events, cultural or community events, or invitations to performances or other events; favors (specially arranged for the recipient and not commonly offered to everyone); discounts; free services; space; equipment; loans; education; lodging; or transportation. Gifts do not include emergency health care, security, or safety provisions to protect staff while on site for consultation or survey/review.

† A gift of "nominal value" is an item of little value, such as a promotional item (for example, a pen, coffee mug, cap, T-shirt) that carries an organization name or logo.

# REMINDERS: *Joint Commission Connect*® Extranet Security and Site Access

The *Joint Commission Connect*® extranet site is a secure, safeguarded portal for the direct and confidential exchange of information between The Joint Commission and its accredited, certified, and/or verified health care organizations. It is a platform for communicating sensitive information, including accreditation reports, notifications, and other correspondence with The Joint Commission. Each health care organization designates a primary contact and additional security administrator(s) to receive unlimited access to the extranet site. The primary accreditation/certification/verification contact and designated security administrator(s) in turn are responsible for registering and deactivating any other users of the site from their own organization.

## Ensuring *Joint Commission Connect* Security

Giving *Joint Commission Connect* access to designated staff members—and immediately removing access for those who no longer need it—is the best way to protect private information and prevent its inadvertent disclosure. To fully protect the site's information, each user must be provided their own unique user identification (ID), password, and specific site permission. *Joint Commission Connect* users should never share the same user ID and password.

## Role of the Consultant (if Applicable)

The appropriately designated primary contact must be an individual who is employed by the accredited, certified, and/or verified health care organization and is the primary point of on-site contact between the health care organization and The Joint Commission. In addition, The Joint Commission requires accurate contact information for an alternative staff member(s) should the primary contact be unavailable.

The Joint Commission has become aware that some health care organizations are designating contracted consultants as the primary contact. The Joint Commission is reminding organizations to ensure that the primary contact(s) is directly employed by the organization.

The Joint Commission also would like to remind organizations the goal of the survey/review process is to evaluate each health care organization's ability to comply with the standards and engage with organization employees to discover areas for performance improvement. Although consultants may be present during a survey/review, their role is observers only.* Consultants are not permitted to interact with surveyors/reviewers or respond to questions during the on-site survey/review process on behalf of the organization. This practice will ensure a high-quality assessment of an organization's ability to provide safe, high-quality care on an ongoing basis. (For additional information about the accreditation survey process, *see* "The Accreditation Process" [ACC] chapter on E-dition® or its counterpart,

* **Note:** Joint Commission Resources consultants are not permitted to be on site during a Joint Commission survey/review.

the *Comprehensive Accreditation Manual*. For additional information about the certification and/or verification review process, *see* "The Joint Commission Certification Process" [CERT] chapter and/or "The Joint Commission Verification Process" [VER] chapter, respectively, on E-dition.)

## Accessing *Perspectives* Through *Joint Commission Connect* Guest Access

Joint Commission–accredited, –certified, and –verified health care organizations are permitted to post full issues or articles from *Perspectives* to their own secure intranet sites. In addition, staff members without access to their organization's secure *Joint Commission Connect* extranet site may view *Perspectives* by signing up for "guest access" on The Joint Commission's website using the following instructions:

- **Step 1.** Go to the Self-Registration for Guest Access page; click "Request guest access." **Note:** Have your organization's health care organization (HCO) ID number, found on your organization's listing on the Find Accredited Organizations page of The Joint Commission's website, to help speed up the registration process.
- **Step 2.** Enter the city and state or zip code to search for your organization or input your HCO ID to find your organization quickly; click "Search" after you have entered the relevant information; select your organization from the search result(s) provided; click "Continue" to progress.
- **Step 3.** Fill in the required fields and respond to the security challenge; click "Submit."

After clicking "Submit," one of the following three responses will be sent to the e-mail address used during registration:

1. For requesters who sign up with a work e-mail address in a location that uses the same domain as the HCO ID domain on file with The Joint Commission, access will be granted immediately.
2. For requesters using a computer or an e-mail address without the HCO's domain, an e-mail will be sent to the HCO's security administrator requesting guest access for the user; access must be approved by the security administrator before The Joint Commission will grant access.
3. A requester who is already currently registered as a *Joint Commission Connect* extranet user is encouraged to return to the "Login" page and reset their password if necessary.

Follow the login instructions in the e-mail for guest access. After login, click on "*Perspectives*," which will go to the *Perspectives* opening page and current and previous issues of *Perspectives*.

Questions may be directed to Matt Selander, JD, MHA, Corporate Compliance and Privacy Officer and Senior Assistant General Counsel; or Jeff Conway, MPH, Director of Service Teams and Scheduling Operations. P

# Consistent Interpretation

## Joint Commission Surveyors' Observations Related to the Importance of a Comprehensive Water Management Plan

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 having a comprehensive water management program is important.

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

| | |
|---|---|
| **Environment of Care (EC) Standard EC.02.05.02:** The hospital has a water management program that addresses Legionella and other waterborne pathogens.<br>**Note:** *The water management program is in accordance with law and regulation.* | |
| **EP 2:** Ⓓ The individual or team responsible for the water management program develops the following:<br>● A basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points<br>**Note:** *An example would be a flow chart with symbols showing sinks, showers, water fountains, ice machines, and so forth.*<br>● A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water)<br>**Note:** *Refer to the Centers for Disease Control and Prevention's "Water Infection Control Risk Assessment (WICRA) for Healthcare Settings" tool as an example for conducting a water-related risk assessment.*<br>● A plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time (for example, unoccupied or temporarily closed areas)<br>● An evaluation of the patient populations served to identify patients who are immunocompromised<br>● Monitoring protocols and acceptable ranges for control measures<br>**Note:** *Hospitals should consider incorporating basic practices for water monitoring within their water management programs that include monitoring of water temperature, residual disinfectant, and pH. In addition, protocols should include specificity around the parameters measured, locations where measurements are made, and appropriate corrective actions taken when parameters are out of range.* | |
| **Compliance Rate** | In 2023, the noncompliance percentage for this EP was **8.95%**—that is, **124** of **1,386** hospitals surveyed did not comply with this requirement. |
| **Noncompliance Implications** | Developing a comprehensive water management plan is crucial to ensure patient safety. Because water can carry pathogens that cause health care–associated infections (HAIs), a health care organization's water management program must identify both hazardous conditions and corrective actions that can minimize the growth and spread of waterborne pathogens in the facility's water supply. Without a plan, the risk of spreading waterborne diseases increases significantly. |

| Surveyor Observations | Guidance/Interpretation |
|---|---|
| • The organization did not have a diagram depicting water sources, treatment systems, and/or plumbing fixtures. | • Although each individual plumbing fixture does not need to be identified on the diagram, a block grouping representing equipment/fixtures is acceptable.<br>• Block groupings may include the following fixtures connected to the main distribution system:<br>❍ Hot and cold water<br>❍ Various devices (for example, water heater; heating, ventilating, and air-conditioning humidifier)<br>❍ Fixtures (for example, showers, faucets)<br>❍ Drains (for example, sinks, toilets) |
| • The organization did not have a plan to address areas of stagnant water. | • An organization's water management plan must address dead-end legs in the plumbing—the sections of pipework that are no longer in use and may create stagnant water conditions.<br>• In addition, the plan must identify a process to flush any dead-end legs.<br>• When construction and renovation involve water shutdown in the project location, the water management plan must address flushing the plumbing to ensure that all stagnant water has been cleared. The diagram of water sources will help determine the duration of flushing and plumbing fixtures that have been affected. |
| • The organization's water management plan did not identify monitoring protocols.<br>• The organization's water management plan did not address potentially hazardous conditions and/or the corrective action plans for resolving monitoring activities that are out of range. | • Monitoring protocols must include appropriate parameters, such as high and low limits, how to monitor them, and what interventions to employ when control limits are not met. |
| • The organization did not assess areas where immunocompromised patients are housed. | • Water management plans must identify the areas or locations where immunocompromised patients are housed. These patients are vulnerable to opportunistic pathogens of premise plumbing (OPPP), which are microorganisms in building water systems. |

# The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **November 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.**

## Infection Control



## Workplace Violence



## Process Improvement

racial and ethnic minorities, with a widening in the mortality disparity gap. Jafri and colleagues leveraged an amended tool from the Institute for Healthcare Improvement Model for Improvement that included remote patient monitoring, clinical telepharmacy, remote therapeutic monitoring, and community paramedicine to address these disparities.

**784 Implementing an Oral Health Educator Contributes to Reduced MBI-CLABSI Rates for Pediatric Hematopoietic Stem Cell Transplant Patients**

K. Bledsaw; Z.D. Prudowsky; M.C. Zobeck; J. Robins; S. Staton; J. DeJean; E. Yang; C.X. Harriehausen; J.R. Campbell; A.L. Davis; A. George; D. Steffin; G. Llaurador; A.M. Stevens

Mucosal barrier injury central line–associated bloodstream infections (MBI-CLABSIs), a persistent challenge among the pediatric cancer population, commonly occur by oral or gastrointestinal (GI) bacteria translocating through impaired gut or oral mucosa. Although strategies to prevent gut MBI-CLABSIs are well characterized, oral pathogen prevention strategies are lacking. In this article, Bledsaw and colleagues describe an oncodental collaboration quality improvement project aimed to improve MBI-CLABSI rates and oral care adherence on a pediatric hematopoietic stem cell transplant unit.


**791 A Mixed Methods Study Exploring Patient Safety Culture at Four VHA Hospitals**

J.L. Sullivan; M.H. Shin; A. Ranusch; D.C. Mohr; C. Chen; L.J. Damschroder

Patient safety culture (PSC) fosters an environment of trust where people are encouraged to share information to promote psychological safety. In this article, Sullivan and colleagues report the results of a PSC survey developed by the Veterans Health Administration (VHA) and compare them to existing qualitative data regarding high reliability organization implementation from four purposively selected VHA hospitals to assess how it manifests and converges from the first cohort of hospitals to participate in VHA's rollout of HRO implementation.

**801 Using a Built-in Clinical Decision Support to Improve Phosphate Repletion Practice: A Quasi-Experimental Study**

P. Alarcon Manchego; M. Krouss; D. Alaiev; J. Talledo; S. Tsega; K. Chandra; M. Zaurova; D. Shin; V. Cohen; H.J. Cho

Intravenous serum phosphate replacement in patients with hypophosphatemia is associated with more adverse events and is more resource-intensive and more expensive than enteral phosphate repletion, which is equally effective. In this study, Alarcon Manchego and colleagues performed an electronic health record intervention with clinical decision support (CDS) to reduce overuse of intravenous phosphate corrections at a large safety-net health care system.

## Improvement Brief

**809 Toward Standardization and High Reliability: Improved Sepsis Screening in Emergency Department Triage Across an Academic Health System**

S. Biederman; A. Batheja; S. Bednar; C. Orange; A. Hicks; S. Miller; P. Forsen; A. Stark; G. Bearman

Early recognition and treatment of sepsis in the emergency department is critical to improving outcomes. Biederman and colleagues used iterative Plan-Do-Study-Act (PDSA) cycles in an interdisciplinary quality improvement project to standardize sepsis screening workflow across an academic health system.


## Article Collection

**817 *The Joint Commission Journal on Quality and Patient Safety* 50th Anniversary Article Collections: Diagnostic Excellence**

**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 December article collection will focus on patient communication.**

# 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

- No approved requirements at the time of publication

## 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 **assisted living communities** and **behavioral health care and human services** organizations
- Safe staffing requirements for **critical access hospitals** and **hospitals**
- New and revised Infection Prevention and Control (IC) requirements for **behavioral health care and human services** organizations, **laboratories**, and **office-based surgery practices**
- New and revised workplace violence prevention requirements for **ambulatory care** organizations, **assisted living communities**, **behavioral health care and human services** organizations, **laboratories**, **nursing care centers**, and **office-based surgery practices**


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