The Joint Commission

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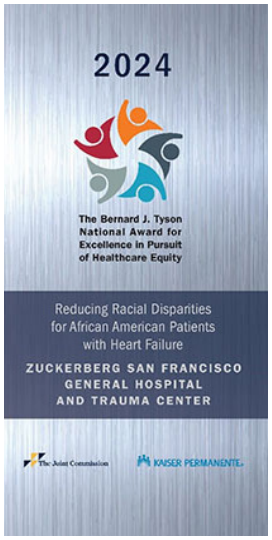
Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

Contents

2024 Tyson Award for Healthcare Equity Initiative Awarded



The Joint Commission and Kaiser Permanente recently announced Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) as the recipient of the 2024 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity. The award recognizes ZSFG—a safety net hospital and San Francisco's only Level 1 trauma center—for its initiative, Reducing Racial Disparities for African American Patients with Heart Failure. The hospital significantly improved care for all patients with heart failure at ZSFG and closed the disparity in readmission rates specifically for Black/African American patients with heart failure.

ZSFG identified heart failure as a leading cause of hospitalization for Black/African American patients. In addition, many heart failure patients who were readmitted had co-occurring substance use disorders.

ZSFG implemented two primary interventions to address these disparities:

1. **To better manage care for patients with heart failure**—ZSFG created and integrated an artificial intelligence (AI)–based decision support tool into the electronic health record at the point of care to provide patient-specific recommendations about medical and social care needs. In addition, ZSFG created AI–enabled population health management tools to proactively identify and manage the highest-risk patients.
2. **To address social and behavioral health needs**—ZSFG established an addiction medicine/cardiology co-management clinic, allowing clinicians in primary care, cardiology, social medicine, addiction medicine, and palliative care to collaborate in caring for patients with heart failure who had complex needs and the highest risk of poor outcomes.

These efforts reduced health care disparities and improved outcomes for ZSFG's patients with heart failure; specifically, ZSFG accomplished the following:

- Closed the 5.4% gap in the readmission rate between Black/African American patients with heart failure and the general heart failure population between 2018 (baseline) and 2022.
- Decreased the 30-day readmission rate for all patients with heart failure from 33% to 20%.

The Tyson Award selection panel commends ZSFG's work, affirming its approach to addressing broad, system-level structural changes, educating staff, and reducing silos among specialists.

"Congratulations to Zuckerberg San Francisco General Hospital and Trauma Center for its exceptional efforts to identify and address health care disparities," says Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, President and Chief Executive Officer, The Joint Commission Enterprise. "Health care disparities remain a critical patient safety issue, and patients need the health care industry to prioritize them to build a world in which all people always experience the safest, highest-quality, and most-equitable health care across all settings."

"The Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity honors the important work led by clinical teams at the Zuckerberg San Francisco General Hospital and Trauma Center," says Andrew Bindman, MD, Executive Vice President and Chief Medical Officer, Kaiser Permanente. "Lifting up and encouraging exemplary innovations that reduce inequities in systemic, measurable, and sustained ways are exactly what we set out to do by creating this award."

"On behalf of the team at Zuckerberg San Francisco General Hospital and Trauma Center, I am deeply honored to accept the 2024 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity," says Susan Ehrlich, MD, MPP, Chief Executive Officer, ZSFG. "This recognition highlights how innovative teamwork by our clinicians and staff can effectively address the systemic health care inequities that impact our patients. By focusing on the needs of our Black/African American patients with heart failure, we not only reduced disparities but improved outcomes for all patients. This award inspires us to continue striving for equity in every aspect of care we deliver."

The award, named for the late Kaiser Permanente Chairman and Chief Executive Officer and champion for health care equity Bernard J. Tyson, recognizes health care organizations that measurably and sustainably reduced one or more health care disparities. Visit the Tyson Award page on The Joint Commission's website to learn more about ZSFG's achievement and the other health care organizations focusing on health care equity.

Recognizing Organizations That Submitted Initiatives

The Joint Commission and Kaiser Permanente thank all health care organizations that applied in 2024. Their dedication, impressive efforts, and combined results to improve health care disparities for patients nationwide are commendable. The following table shows the 37 submissions.

Organization(s)	Location	Initiative Topic
• **AdventHealth Fish Memorial**	Orange City, Florida	Intervention to Improve Exclusive Breast-feeding During the Hospital Stay in Women of Color
• **Alameda Health System**	Oakland, California	Providing High-Quality Pediatric Primary Care in the Safety Net
• **Ascension Sacred Heart Emerald Coast**	Miramar Beach, Florida	MyGULFCare – Population Health Management
• **Bergen New Bridge Medical Center**	Paramus, New Jersey	Reduction of Readmissions and Disparities in Behavioral Health Acute Partial Hospital (APH) Program and Outpatient Program
• **Bluford Healthcare Leadership Institute**	Kansas City, Missouri	Recruiting, Educating, Coaching: Sponsoring Generational Leadership in Eliminating Healthcare Disparities

• **Boston Medical Center**	Boston, Massachusetts	Accelerating Equity in Diabetes (AcE Diabetes) – Preliminary Results of an Interdisciplinary Intervention to Reduce Disparities in Diabetes Care
• **Bruce W. Carter Department of Veterans Affairs Medical Center**	Miami, Florida	Quality Improvement to Reduce Sex Disparities in Outpatient Statin Prescribing for Primary and Secondary Prevention at the Miami VA
• **California Correctional Health Care Services (CCHCS)** • **California Institute for Women (CIW)**	Corona, California	Cervical Cancer Screening Initiative for Incarcerated Women
• **The Center for Surgical Health**	Philadelphia, Pennsylvania	Center for Surgical Health: An Innovative Model Advancing Surgical Health Equity
• **Children's Health, Los Barrios Unidos Community Clinic**	Dallas, Texas	Quality Improvement Initiative to Enhance Access to Specialty Referral Appointments for Vulnerable Patients by Collaborating with FQHCs
• **Children's Mercy Kansas City**	Kansas City, Missouri	Social Determinants of Health Screening and Community Connection in Kansas City
• **Fort HealthCare** • **Rock River Community Clinic** • **Rock River Health Care Network**	Fort Atkinson, Wisconsin	Advancing Health Equity in Rural Communities
• **Hennepin Healthcare** • **Hennepin Health**	Minneapolis, Minnesota	Proactive Identification of Hospitalized Patients Experiencing Homelessness or Struggling with Substance Use Disorder and Connection While Inpatient to Community Resources to Reduce 30-Day Hospital Readmissions
• **Inova Health Care Services**	Fairfax, Virgina	Social Drivers of Health (SDOH) Initiative
• **James A. Haley Veterans' Hospital**	Tampa, Florida	Health Care Equity in Minority Women Veterans
• **Main Line Health**	Bryn Mawr, Pennsylvania	Patient Screening Disparities for Maternal Opioid & Substance Use, Closing the Equity Gap
• **Monument Health**	Rapid City, South Dakota	Holistic Health Integration: Reducing Inappropriate Healthcare Utilization Through Addressing Key Social Determinants of Health and a Transitional Patient-Centered Medical Home (PCMH)
• **NewYork-Presbyterian** • **Rogosin Institute** • **Columbia University Vagelos College of Physicians and Surgeons**	New York, New York	Prevention and Education in Advanced Kidney Disease (PEAK) Program
• **Northeast Valley Health Corporation**	San Fernando, California	Remote Patient-Monitoring Program

• **Northwestern Memorial Hospital**	Chicago, Illinois	Improving Access to Transplant for Marginalized Groups – The Northwestern Medicine Transplant Equity Programs
• **NYC Health + Hospitals | Elmhurst**	Elmhurst, New York	Reducing Non-Acute Utilization Trends in Emergency Departments by Addressing Social Determinants of Health: A Pilot Program at NYC Health + Hospitals | Elmhurst
		Empowering Communities: Strategies for Achieving Equitable Flu Vaccine Delivery
		Ensuring Fairness: Advancing Equity in Lung Cancer Screening Services
		NYC Health + Hospitals | Elmhurst: Simplifying Colorectal Screening for a Vulnerable Population
• **NYU Langone Health**	New York, New York	Closing Hypertension Equity Gaps Through a Digitally Inclusive Model of Remote Patient Monitoring
• **Penn Medicine Department of Obstetrics and Gynecology**	Philadelphia, Pennsylvania	Reducing Severe Maternal Morbidity and Mortality and Eliminating Disparities
• **Premier Health – Miami Valley Hospital**	Dayton, Ohio	Promise to Hope Program
• **Robert Wood Johnson University Hospital**	New Brunswick, New Jersey	Access to Care
• **Rockcastle Regional Hospital**	Mount Vernon, Kentucky	Racers: Rockcastle Adverse Childhood Events Response System
• **Roper St. Francis Healthcare**	Charleston, South Carolina	Disparities in Cesarean Births: An Organization's Efforts to Reduce Them
• **UConn Health** • **UConn Health Leaders**	Farmington, Connecticut	UConn Health Leaders: Developing Future Physician Leaders Who Identify and Address Our Patients' Unmet Social Needs
• **University Health System (The University of Tennessee Medical Center)**	Knoxville, Tennessee	The Bridge to Recovery Program
• **University of Arkansas for Medical Sciences Transplant Center**	Little Rock, Arkansas	Reducing Disparities in Solid Organ Transplant Through Implementation of Satellite Clinics in Vulnerable Communities
• **University of North Carolina Physicians Network**	Morrisville, North Carolina	Increasing Access to Weight-Management Care in North Carolina Through a Primary Care–Based Model
• **Veterans Health Care System of the Ozarks**	Fayetteville, Arkansas	Making Comprehensive Food Security Care Accessible to Rural Veteran Patients
• **West Oaks Hospital**	Houston, Texas	Reduce Serious Patient Incidents (Incident Levels 3 and 4)
• **Zuckerberg San Francisco General Hospital and Trauma Center**	San Francisco, California	Reducing Racial Disparities for African American Patients with Heart Failure

Revised: Optional ORYX® Measure Removed for 2025

The Joint Commission removed one optional inpatient electronic clinical quality measure (eCQM) previously listed for its 2025 ORYX® program: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Inpatient) (IP-ExRad). This change applies to Joint Commission–accredited **critical access hospitals** and **hospitals**.

Previously, The Joint Commission had designated the IP-ExRad measure as optional to meet the ORYX requirement to report self-selected eCQMs for calendar year (CY) 2025 (*see* the November 2024 issue of *Perspectives*). However, the measure has now been removed because of a specification issue in the 2025 measure specifications (IP-ExRad version CMS1074v2).

Joint Commission staff identified that the measure specification does not match the measure intent and creates significant burden for implementers, including hospitals, vendors, and The Joint Commission. The Joint Commission may consider implementing the measure after it has worked with the measure developer and stakeholders to correct the measure specification.

Organizations that considered or selected this measure can contact the ORXY Help Line for additional assistance or with any questions.

Questions related to the ExRad eCQM specifications, logic, data elements, standards, or resources can be submitted to the ONC JIRA CQM Issue Tracker.

The following optional eCQMs that were added for 2025 are *not* affected and remain available to critical access hospitals and hospitals as an optional measure to meet their CY2025 ORYX Requirements:

- Hospital Harm – Pressure Injury (HH-PI)
- Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Outpatient) (OP-ExRad)

For the complete list of available ORYX Performance measures for CY2025, visit The Joint Commission's ORYX Performance Measurement Reporting page.

The Joint Commission Recognizes Organizations for Contributing to 2024 Performance Measure Initiatives and Projects

In 2024 many accredited health care organizations assisted The Joint Commission in further strengthening performance measurement and quality improvement. This article shares information on these activities and thanks these organizations for their support and participation.

Joint Commission Accelerate PI™ (Performance Improvement) Webinar

This Joint Commission webinar allowed accredited hospitals to learn from high-performing peers about safely reducing cesarean birth rates.

During the May 15, 2024, webinar titled Clinical Transformation: Equitable Reduction of Cesarean Birth Rates, **Mount Sinai Health System**, New York City, New York, presented its accomplishment in implementing a robust equity dashboard and answered questions during a live question-and-answer segment.

Additional information (for example, recordings, presentation slides) about Accelerate PI and other quality measurement education can be found on The Joint Commission's Quality Measurement Webinars & Videos page.

Joint Commission Quality Measure Testing

In 2024 The Joint Commission engaged organizations to pilot test a potential new measure, Timely Treatment of Hypertension. Eleven organizations in six states volunteered with important measure-related initiatives, including data collection, feasibility, reliability, and/or validity testing. The Joint Commission thanks these organizations for their valuable participation.

2024 Measure Pilot Testing Contributors

- **Cedars-Sinai Medical Center** – Los Angeles, California
- **Centerpoint Medical Center** – Independence, Missouri
- **Community Medical Center** – Billings, Montana
- **Ascension All Saints Hospital** – Racine, Wisconsin
- **Edward-Elmhurst Health Northshore** – Naperville, Illinois
- **Doylestown Hospital** – Doylestown, Pennsylvania
- **Ascension Columbia St. Mary's Milwaukee** – Milwaukee, Wisconsin
- **Ascension Columbia St. Mary's Ozaukee** – Mequon, Wisconsin
- **Ascension St. Elizabeth** – Appleton, Wisconsin
- **Ascension Elmbrook** – Brookfield, Wisconsin
- **Ascension St. Joseph** – Milwaukee, Wisconsin

Joint Commission Comparison of PC-06 Performance Measure Data

To better understand performance rate gaps between chart-abstracted measures (CAMs) and electronic clinical quality measures (eCQMs), The Joint Commission compared Reporting Year 2022 data for health care organizations that submitted both CAM and eCQM data for Unexpected Complications in Term Newborns (PC-06). The following organizations shared data and insights that assisted The Joint Commission to understand differences between CAM and eCQM performance rates and determine how to improve the PC-06 measure.

2024 PC-06 Data Comparison Contributors

- **Defense Health Agency (DHA)** – Falls Church, Virginia
  - **Martin Army Community Hospital**
  - **Bayne-Jones Army Community Hospital**
  - **99th Medical Group**
- **Bayhealth Hospital Sussex Campus** – Milford, Delaware

Joint Commission Early Access of CY2024 DDSP eCQM Module

The Joint Commission recognizes the following organizations that participated in early access and testing of the calendar year (CY) 2024 Direct Data Submission Platform (DDSP) eCQM module prior to its launch. These organizations provided valuable feedback, which assisted with successfully launching DDSP updates.

2024 Early Access and Testing of DDSP eCQM Module Contributors

- **Nebraska Medical Center** – Omaha, Nebraska
- **DLP Harris Regional Hospital, LLC** – Sylva, North Carolina
- **Truman Medical Center, Inc.** – Kansas City, Missouri
- **Southwestern Vermont Medical Center** – Bennington, Vermont
- **South County Healthcare System** – Wakefield, Rhode Island
- **John Dempsey Hospital** – Farmington, Connecticut
- **Flushing Hospital Medical Center** – Flushing, New York
- **SHC Owner, LLC** – Dorado, Puerto Rico
- **Knox Community Hospital** – Mount Vernon, Ohio
- **Henry County Medical Center** – Paris, Tennessee
- **Russell Medical Center** – Alexander City, Alabama
- **Pella Regional Health Center** – Pella, Iowa
- **Comanche County Hospital Authority** – Lawton, Oklahoma
- **Valley View Hospital Association** – Glenwood Springs, Colorado P

The Joint Commission Announces New Executive Officers

Recently, The Joint Commission enterprise announced the following two appointments to its executive leadership team:

1. Marleina T. Davis, ESQ, has been named Executive Vice President and Chief Legal Officer.
2. William Walders has been named Vice President and Chief Digital and Information Officer.

Davis's appointment was effective January 6, 2025, and Walders's appointment was effective December 2, 2024.

Marleina T. Davis, ESQ, Executive Vice President and Chief Legal Officer

Davis will direct all legal, compliance, and corporate governance issues for The Joint Commission enterprise, and serve as the Secretary of the Board of Commissioners.

Davis joins The Joint Commission enterprise from The Cleveland Clinic Foundation, where she spent two decades navigating complex legal and operational challenges, counseling the board and executive leadership, and negotiating both domestic and global strategic acquisitions and partnerships. For the past 13 years, she served as the Cleveland Clinic's Deputy Chief Legal Officer and Assistant Secretary. Earlier in her career, she advised health care organizations and physician practices in private practice.

Davis earned her bachelor of arts from the University of Michigan and her law degree from Case Western Reserve University School of Law. She is a member of the American Health Lawyers Association and the Ohio State Bar Association. She is also a Board member of the Cleveland Rape Crisis Center.

"We are excited to welcome Marleina Davis as our new Executive Vice President and Chief Legal Officer," says Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, President and Chief Executive Officer, The Joint Commission Enterprise. "Her leadership and extensive expertise in health care will be instrumental in implementing our growth and mission strategies, allowing us to further enable the highest standards of health care quality and patient safety for all."

William Walders, Vice President and Chief Digital and Information Officer (CDIO)

Walders brings extensive expertise in information technology (IT) strategy and execution, data management, and digital transformation. As CDIO, he leads The Joint Commission enterprise's IT and digital strategy operations, including expanding its digital product offerings. In addition, Walders will enhance the organization's data analytics and capabilities by designing a modern infrastructure to streamline data collection. Walders reports to James Merlino, MD, Executive Vice President and Chief Innovation Officer, The Joint Commission Enterprise.

Most recently, Walders served as Senior Vice President and Chief Information Officer at BayCare, a $6 billion nonprofit health system in Clearwater, Florida. He provided operational leadership and shaped the system's strategic technology vision across all digital, cybersecurity, and IT initiatives. Prior to BayCare, he served in a similar role at Health First, Melbourne, Florida, and was the Federal Health Chief Technology Officer at VMware, Palo Alto, California.

Beginning his career with the US Navy, Walders worked with naval and military hospitals and health systems worldwide. After 22 years of distinguished service, he concluded his tenure as Global Vice President and Chief Information Officer.

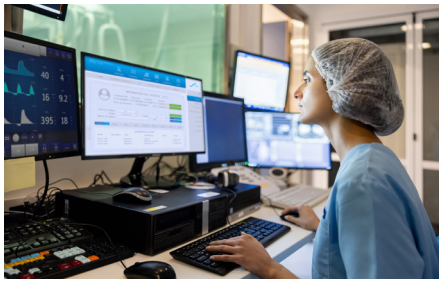
Walders earned a bachelor's degree in information systems from the University of Maryland and a master's degree in health and business administration from the University of Florida.

"As The Joint Commission enterprise continues its digital and technology transformation, we are pleased to welcome William to our organization," says Merlino. "William's proven track record of implementing effective IT growth strategies will create meaningful change for our accredited health care organizations and certified programs around the world. By enhancing data analytics and capabilities, The Joint Commission enterprise will further drive patient safety and quality improvement for all."

For more information about the executive team, visit the Joint Commission Officers page on The Joint Commission's website. P

First Organization Achieves Responsible Use of Health Data Certification

Inova Health System, Fairfax, Virginia, is the first health care organization in the United States to attain The Joint Commission's Responsible Use of Health Data (RUHD) Certification. Launched January 1, 2024, this voluntary certification program guides Joint Commission–accredited hospitals and non-Joint Commission–accredited hospitals in responsibly using secondary data or data used for purposes beyond clinical care (*see* the February 2024 issue of *Perspectives*). The certification process helps health care organizations in navigating the complexities and risks of the secondary use of patient data.



RUHD certification provides a framework for organizations to use and transfer patient data in ways that protect patient privacy, promote transparency, and safeguard against misuse. It validates that organizations have robust policies and procedures to protect, govern, and account for the use of secondary data necessary for learning, safety, quality, and operations improvement.

"Certification strengthens trust with our patients who can be confident that Inova has appropriate safeguards on the responsible use of health data, while providing data-driven insights to doctors and nurses so we can continue to provide world-class care to the communities we serve," says Matt Kull, MBA, CHCIO, Chief Information and Digital Strategy Officer, Inova.

Inova demonstrated strong stewardship of health data to achieve RUHD certification, including the following actions:

- De-identifying health data
- Accessing and ensuring security controls
- Defining and authorizing permitted use of data
- Validating the safety, effectiveness, privacy, and fairness of algorithms
- Providing transparency in data uses for patients
- Establishing robust governance structures to oversee compliance with regulations

"We are honored to be the first health system in the nation to achieve The Joint Commission's Responsible Use of Health Data Certification," says J. Stephen Jones, MD, FACS, President and Chief Executive Officer, Inova. "As health care evolves, protecting patient privacy and using patient data responsibly are essential to improving care, driving innovation, and maintaining the trust of the communities we serve. This certification affirms our commitment to setting the standard for ethical data practices in health care."

"The responsible use of secondary data for learning and improving care provides a foundation for the responsible use of artificial intelligence, which will allow unprecedented advances in patient safety and quality of care for all," says Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, President and Chief Executive Officer, The Joint Commission Enterprise. "We commend Inova for achieving The Joint Commission's Responsible Use of Health Data Certification to use its health care data for the greater good." P

Available Now: Infection Prevention and Control & Antibiotic Stewardship Resource Center

The Joint Commission launched a new Infection Prevention and Control & Antibiotic Stewardship Resource Center that supports health care organizations in developing comprehensive infection prevention and control (IC) and antibiotic stewardship programs to protect the health and safety of patients and staff.

Effective IC practices, along with antibiotic stewardship, are essential for preventing disease spread, safeguarding vulnerable populations, and maintaining a safe environment.

The resource center provides curated collections of resources with actionable strategies and tools for IC professionals, from novice to expert, to support their efforts to comply with Joint Commission accreditation requirements for IC and antibiotic stewardship.

The resource center features the following:

- Ability to search by the following:
  - Health care setting
  - Topic
  - Joint Commission standard
  - Pathogen
  - Health care–associated infection (HAI) type
- Answers to Frequently Asked Questions
- Actionable Strategies and Practices

Sign up for E-Alerts or update your alert subscription preferences to be notified when resources are added. P

Consistent Interpretation

Joint Commission Surveyors' Observations Related to Properly Sealing Penetrations in Fire-Rated Barriers

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 using the appropriate fire-rated products to seal penetrations in fire-rated barriers.

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

Life Safety (LS) Standard LS.02.01.10: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	
EP 14: The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material. **Note:** *Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)*	
Compliance Rate	In 2023, the noncompliance percentage for this EP was **45.45%**—that is, **630** of **1,386** hospitals surveyed did not comply with this requirement.
Noncompliance Implications	Fire-rated barriers contain fire and smoke in specific areas to prevent their spread to other parts of a building. This is a critical component of the "defend in place" safety strategy for protecting occupants in a specific area. However, unsealed penetrations in these barriers compromise the protection and can allow fire and smoke to spread. To ensure that penetrations are properly sealed, they must be sealed with fire-rated materials. When selecting fire-rated products, choose those explicitly listed as fire rated by reputable organizations or testing laboratories. Ensure that the materials meet relevant standards such as the following: • ASTM (formerly known as American Society for Testing and Materials): ASTM E119, Standard Test Methods for Fire Tests of Building Construction Materials • Underwriters Laboratories (UL): UL 263, Standard for Fire Tests of Building Construction and Materials • National Fire Protection Association's (NFPA): NFPA 251, Standard Methods of Tests of Fire Resistance of Building Construction and Materials In addition, review the manufacturer's specifications and certifications to verify that the materials have been tested and approved for fire resistance. One example of an unacceptable sealer is expanding foam, which lacks necessary fire-resistant properties. Many types of expanding foam are combustible thus contributing to the spread of fire, and degrade when exposed to heat, moisture, or other environmental factors. Using approved fire-rated materials, properly applied to seal penetrations, is essential to contain fires and smoke in areas designated as protected by fire-rated barriers.

Surveyor Observations	Guidance/Interpretation
• The surveyor observed several unsealed conduit and pipe penetrations in the fire wall (fire-rated ceiling or floor). • The surveyor observed several unsealed, low-voltage cables penetrated the fire-rated barrier.	• Unsealed penetrations in a fire-rated barrier can delay the fire alarm and sprinkler system activation, allowing the spread of fire and smoke to other areas of the building.
• Expanding polyurethane foam was used to seal penetrations around the heating, ventilating, and air-conditioning (HVAC) duct work. • There was no evidence that the material used to seal fire-rated barrier penetrations was an approved fire-rated material.	• Products used to seal penetrations must meet the requirements of NFPA 101-2012, 8.3.5.1. Expanding foam does not meet these requirements. • Materials used to seal penetrations for fire resistance must meet the requirements of standards such as ASTM E119, UL 263, or NFPA 251.

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

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

Note: The January 2025 *JQPS* articles are available free for you to read. Click on the link to access articles.

Healthcare Equity

Leadership

Process Improvement

Review Article

Tool Tutorial

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

- Removed an optional ORYX® performance measure reporting requirement for **critical access hospitals** and **hospitals** (*see* page 6 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

- Safe staffing requirements for **critical access hospitals** and **hospitals**
- New and revised Infection Prevention and Control (IC) requirements for **laboratories**
- New and revised workplace violence prevention requirements for **ambulatory care** organizations and **laboratories**

Joint Commission Perspectives®

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