The Joint Commission

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Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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NEW: Survey Report Redesign

Starting in January 2025, **all Joint Commission–accredited**, **–certified**, and **–verified health care organizations** will receive an enhanced survey* report after any survey. This redesigned survey report is in a more user-friendly format, helping organizations better understand and address their survey findings. Key features of the newly redesigned survey report include the following:

- Survey findings organized by placement on the *Survey Analysis for Evaluating Risk*® (*SAFER*®) Matrix, with high-risk and/or widespread findings listed first
- Clear identification of which survey findings will be addressed during each follow-up activity (if applicable)
- Brief descriptions (short names) of standards and elements of performance (EPs) to more easily understand their intent (*see* page 4 in this issue of *Perspectives* for more information about short names)
- For organizations using The Joint Commission for deemed status purposes, clearer identification of the level of deficiency associated with Medicare requirements (Conditions of Participation [CoPs], Conditions for Coverage [CfCs], and Clinical Laboratory Improvement Amendments of 1988 [CLIA '88])
- An executive summary, which is a concise overview of survey findings and follow-up actions, all in one place (*see* the following figure for an example)

The Joint Commission
Executive Summary

Program: Hospital

Standard	EP	SAFER® Placement	CoP	EP Description	Included in the Medicare Deficiency Survey (within 45 Calendar Days of last day of survey)	Included in the Evidence of Standards Compliance (within 60 Calendar Days)
IC.04.01.01	4	High / Widespread	§482.42(a)(2)	Reusable Equip Policy/Procedure	✓	✓
MM.03.01.01	7	Moderate / Widespread	§482.25(a)	Labeling Stored Medications		✓
IM.02.02.01	2	Moderate / Pattern		Standardized Terminology		✓
LD.04.01.05	6	Moderate / Pattern	§482.55(b)(1)	Emergency Services Supervision		✓
MM.03.01.05	1	Moderate / Pattern	§482.23(c)(6)(ii)(A)	Patient Medication Policy	✓	✓
NPSG.16.01.01	3	Low / Widespread		Stratify Disparity Data		✓
RC.02.01.01	2	Low / Limited	§482.24(c)(4)(iv)	Completed Medical Records		✓

The redesigned report applies to all accreditation, certification, and verification programs for all types of surveys. Also, the survey report has been enhanced for both the preliminary report and the final accreditation and certification reports. In addition to the highlighted changes, the preliminary report will no longer be removed at midnight on the last day of survey; it will remain available to organizations until the final survey report is posted.

Organizations will continue to access their preliminary and final accreditation, certification, and verification reports via their *Joint Commission Connect*® extranet site. P

* In this article, the term *survey* refers to accreditation surveys and survey reports, as well as certification and verification reviews and review reports.

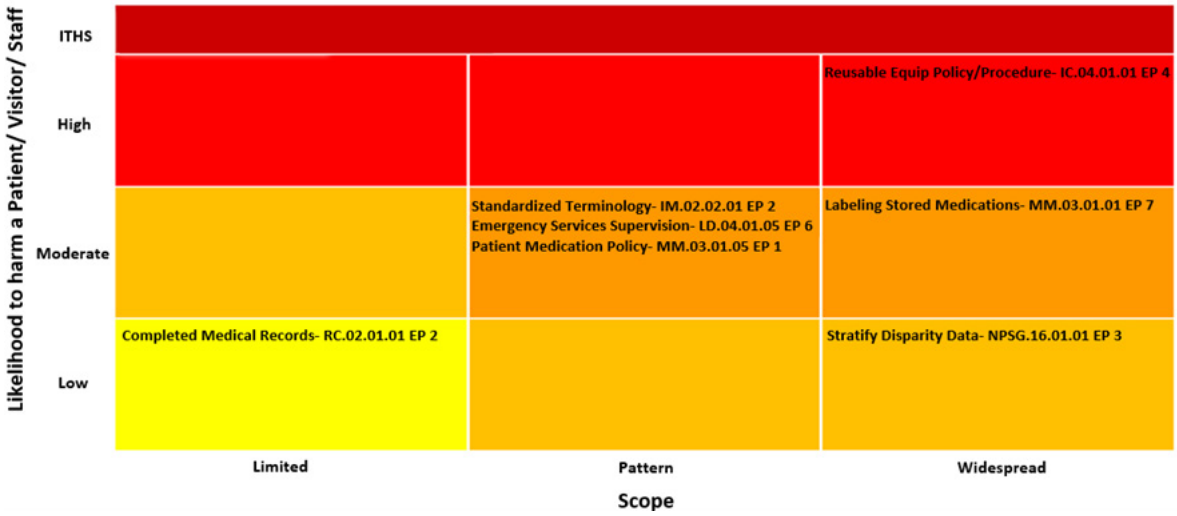
NEW: Short Names for Standards and Elements of Performance on the *SAFER*® Matrix

Short Descriptors Will Supplement Standard and EP Numbers to Improve Understanding of Accreditation Survey Findings

Starting in January 2025, the *Survey Analysis for Evaluating Risk*® (*SAFER*®) Matrix, an essential part of The Joint Commission's survey report for all accredited health care organizations, will include short descriptors or "short names" alongside the standard and element of performance (EP) numbers on the Matrix.

Using simple, short names in plain English to describe standards and EPs will help health care organizations more easily identify and understand areas for improvement. For example, in the following sample *SAFER* Matrix, "Reusable Equip Policy/Procedure" is the short name associated with Infection Prevention and Control (IC) Standard IC.04.01.01, EP 4. Another short name is "Completed Medical Records" for Record of Care, Treatment, and Services (RC) Standard RC.02.01.01, EP 2. These short names provide quick reference to the standard and EP's intent. To understand the *SAFER* Matrix going forward, one does not need to know the standards and EPs by their numbers to understand the topics of the findings because the short names provide enough description for a quick reference.

Short names will appear on the *SAFER* Matrix on the daily briefing summary, as well as in the preliminary and final accreditation survey reports starting in January 2025. Short names for certification and verification will be included in the future as part of regular reviews and updates.

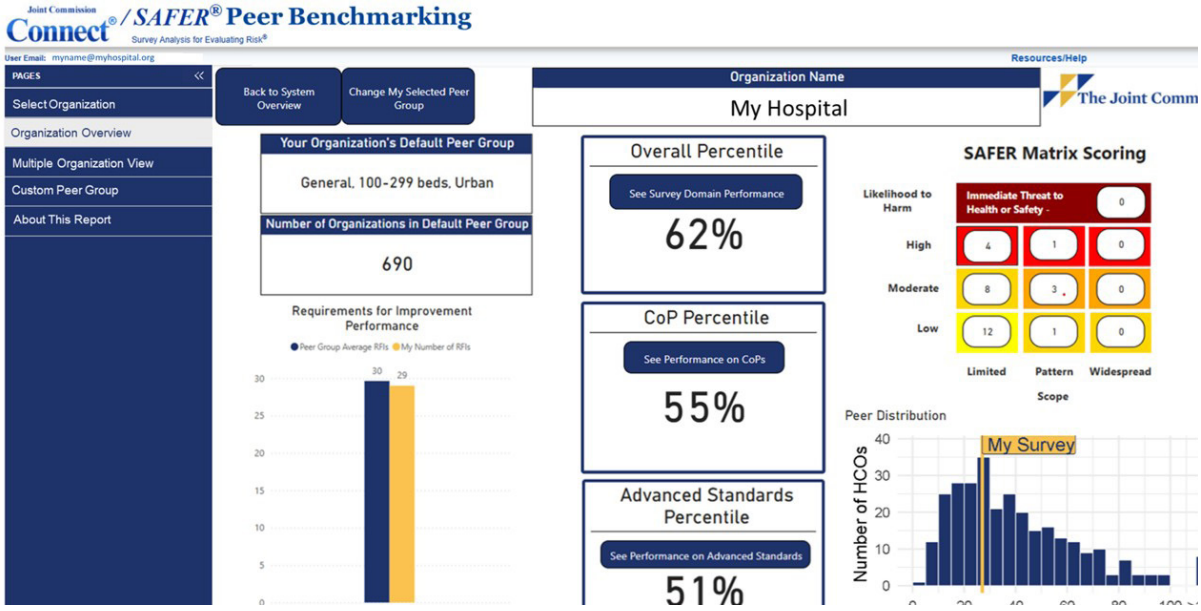


NEW: The Joint Commission Introduces *SAFER*® Peer Benchmarking Tool for Accredited Hospitals

Have you ever wondered how your hospital's survey results compare to other hospitals?

The Joint Commission is providing hospitals and health systems with a new benchmarking tool to compare the results of their survey events to their peers during their last survey. The tool is based on a quantitative summary of results derived from survey findings and placement within the *Survey Analysis for Evaluating Risk*® (*SAFER*®) Matrix. The *SAFER* Peer Benchmarking tool can help hospitals determine if their performance during a survey is better, the same, or worse than other similar organizations based on size, services provided, and other demographics.

Starting in January 2025, **Joint Commission–accredited hospitals** will be able to access the *SAFER* Peer Benchmarking tool via their *Joint Commission Connect*® extranet site. Report users will be able to see data only for organizations they are authorized to access. Any other information will not be identifiable or traceable to a particular organization.



Hospitals will be compared to peer organizations based on the primary hospital type, bed size, and location of the organization (for example, academic medical center, 300+ beds, urban setting). In addition to comparing overall survey performance, the benchmarking tool provides the ability to see how an organization scored compared to their peers in key areas such as Leadership, National Patient Safety Goals, and Medication Management. Comparison of how an organization performed relative to similar organizations offers hospitals the opportunity to pinpoint where they may want to focus in the future.

Although health care organizations are encouraged to fully use the tool, the comparison data are intended for the exclusive *internal* use of Joint Commission–accredited organizations, and they may *not* include the benchmarking data externally in communications,

marketing, or other promotions. For example, a hospital may not claim it is "in the top 95th percentile" based on the tool. The Joint Commission will not publish any traceable benchmark data publicly.

For more information about *SAFER* Peer Benchmarking, contact your account executive.

DISCLAIMER

SAFER Peer Benchmarking is not intended as evidence that an organization provides better health care or services than another organization. Users are fully responsible for expert analysis and confirmation that an organization is properly following laws, rules, and regulations related to health care quality and patient safety.

NEW: Optional Survey Document Upload Process

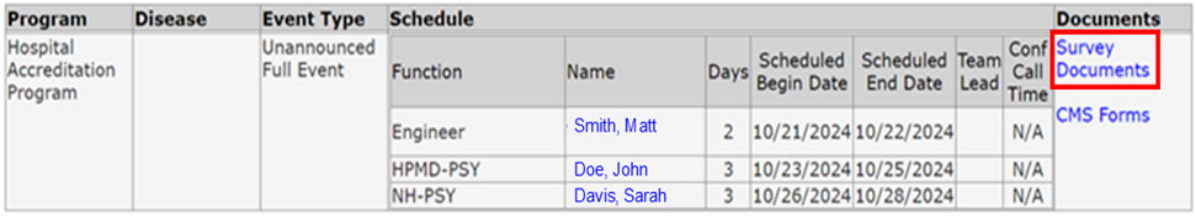
Now available: The Joint Commission has added an optional document upload process for **hospital**, **critical access hospital**, and **hospital tailored** accreditation programs. Organizations now can upload survey-related documents to their *Joint Commission Connect*® extranet site during any survey type.

The optional document upload feature will do the following:

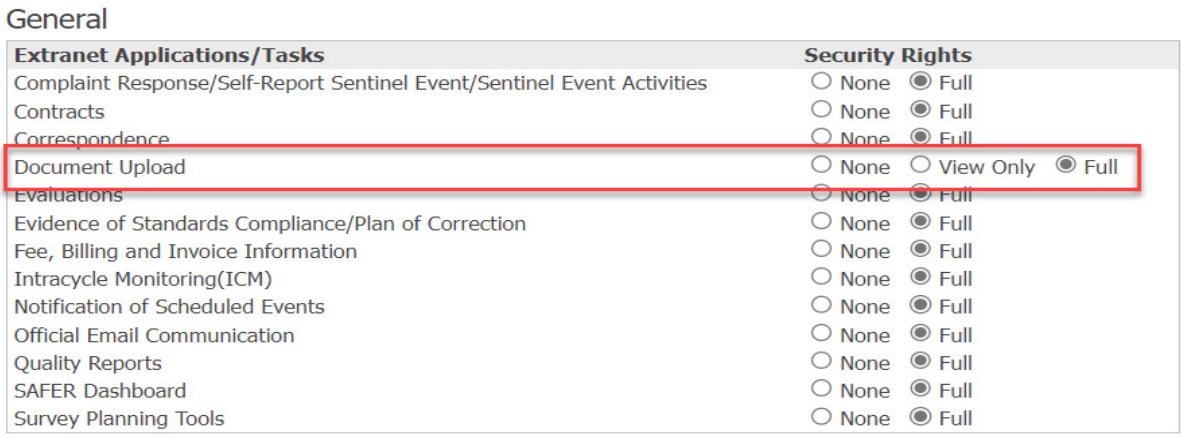
- Introduce efficiencies for document sharing during a survey
- Create a consistent location for requested documentation
- Provide seamless access to documents during survey activities
- Be a more environmentally sustainable approach to survey documentation

The Joint Commission will provide easy access to the folder(s), so a *Joint Commission Connect* user can upload documents if they have been granted security rights by their organization's security administrator (Security Admin) for document upload. If your hospital or critical access hospital has additional programs being surveyed at the same time, a document upload folder will be provided for each program. Starting now, any hospital or critical access hospital can upload survey documents to their *Joint Commission Connect* extranet site.

Document Upload is available via the *Joint Commission Connect* extranet site under the "Survey Process" tab by clicking on the Document Upload link (as shown in the first image). Document Upload is also available from the Notification of Scheduled Events section using the Survey Documents link (as shown in the second image). The Document Upload link will become available at the initiation of the survey.



To prepare for this change, The Joint Commission recommends reviewing the "Security Admin" tab on your organization's *Joint Commission Connect* extranet site. Users who will be uploading documents for any program must have their security rights changed to "Full" (as shown in the third image). The Primary Accreditation Contact and CEO roles have been granted "Full" security rights by default.



For any questions regarding this process, please contact your account executive.

Coming Soon

Required Document Upload: Behavioral Health and Human Services and Telehealth Programs
Coming soon, freestanding behavioral health care and human services organizations, as well as freestanding telehealth organizations, will upload required survey documentation to their *Joint Commission Connect*® extranet site prior to their triennial survey. Further details on this change will be provided soon to applicable organizations.

Revised: For-Cause Survey Process

Effective immediately for **all accredited**, **certified**, and **verified health care organizations**, The Joint Commission has modified its survey processes to help organizations better understand a for-cause survey. Specifically, when a complaint is submitted about an organization resulting in a for-cause survey, The Joint Commission is now providing transparency about the areas of the organization to be surveyed. Surveyors will review the plan for the day, introducing the general reason for the survey, without revealing the specific details of the allegation to the organization unless confidentiality has been waived.

At the close of the visit, surveyors will provide a verbal overview of observations, including the associated chapters from the appropriate accreditation, certification, or verification manual, allowing the organization to ask questions or clarify any information. P

NEW: The Joint Commission and NAHQ Form Strategic Alliance

On November 19, 2024, The Joint Commission and the National Association for Healthcare Quality (NAHQ) announced a strategic alliance to advance global health care quality and safety for all.

The alliance stems from a shared vision for safe, high-quality, and equitable health care between the two organizations. NAHQ is known for defining quality competencies and developing and certifying the health care quality workforce.

With the strategic alliance, The Joint Commission and NAHQ will transform health care by doing the following:

- **Uniting to a universal set of quality competencies.** The Joint Commission endorses and encourages health care organizations to adopt NAHQ's Healthcare Quality Competency Framework™, which defines the full spectrum of work required for a high-functioning quality program. This framework **is not** a requirement for Joint Commission–accredited, –certified, and/or –verified health care organizations. Use of the framework will not be scored or determinative of survey or review outcome.
- **Skilling health care professionals.** NAHQ offers the only accredited certification in health care quality through its Certified Professional in Healthcare Quality® (CPHQ®) certification. To support the importance of competency development, Joint Commission and Joint Commission International (JCI) surveyors and reviewers will obtain and maintain this certification. Furthermore, The Joint Commission and NAHQ will jointly offer 25 annual scholarships to fund CPHQ attainment in underfunded organizations.
- **Co-developing best-in-class training and education.** The alliance will create training and education on the most critical topics in health care, along with other global products and services. NAHQ will develop a series of micro-credentials aligned with each of the eight domains of its Healthcare Quality Competency Framework, including a micro-credential in Regulatory & Accreditation in collaboration with The Joint Commission.
- **Aligning critical missions and approaches.** NAHQ recognizes and endorses Joint Commission and JCI accreditation, certification, and verification approaches and products as best practices for assessing quality and safety in health care organizations around the world.

"Our shared missions to improve health care safety, quality, and equity for all create a powerful synergy, enabling and affirming the highest standards of health care delivery," says Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, President and Chief Executive Officer, The Joint Commission Enterprise. "The alliance creates something greater than the sum of its parts, and we are excited to begin this important work."

"This alliance is a massive step toward our mission of adoption of a universal quality competency framework and standardized education and certification of the workforce," adds Stephanie Mercado, CAE, CPHQ, President and Chief Executive Officer, NAHQ. "It's a huge win for achieving our two organizations' shared vision of better health care quality and safety—and better health care—for everyone."

The organizations will remain completely independent. However, to further collaboration and establish a long-term relationship, Perlin will join NAHQ's Board of Directors, and Mercado will join Joint Commission Resources' (JCR) Board of Directors, effective January 1, 2025.

To learn more, visit the Our Partnerships page on The Joint Commission's website or The Joint Commission Alliance page on NAHQ's website.

APPROVED: New and Revised Workplace Violence Prevention Requirements for Additional Accreditation Programs

Effective July 1, 2025, The Joint Commission has approved new and revised workplace violence prevention requirements for all Joint Commission–accredited **assisted living communities**, **nursing care centers**, and **office-based surgery practices**.

Workplace violence poses a significant occupational hazard for health care workers. However, the prevalence may be underestimated due to underreporting, as incidents are often perceived as minor. To address the safety concerns that affect patients, staff, and visitors, The Joint Commission is implementing accreditation requirements for workplace violence prevention. These requirements align with similar updates for behavioral health care and human services organizations, critical access hospitals, home care organizations, and hospitals (*see* the July 2021, January 2024, and July 2024 issues of *Perspectives*).

The new and revised requirements provide a framework to guide organizations in developing effective workplace violence prevention strategies. The requirements address the following:

- Defining *workplace violence*, including a formal definition added to the Glossary
- Developing worksite analysis processes
- Outlining leadership oversight
- Developing policies and procedures to prevent workplace violence
- Reporting systems, data collection, and analysis
- Implementing post-incident strategies
- Providing training and education to decrease workplace violence

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 *Comprehensive Accreditation Manual for Assisted Living Communities (CAMALC)*, *Comprehensive Accreditation Manual for Nursing Care Centers (CAMNCC)*, and *Comprehensive Accreditation Manual for Office-Based Surgery Practices (CAMOBS)*.

For more information, please contact The Joint Commission's Global Accreditation and Certification Product Development. P

APPROVED: "Emergency Management" (EM) Chapter Fully Revised for ALCs and BHC Organizations

Effective July 1, 2025, a fully revised "Emergency Management" (EM) chapter, including new and revised EM standards, has been approved for all Joint Commission–accredited **assisted living communities** (ALCs) and **behavioral health care and human services** (BHC) organizations. The Joint Commission thoroughly analyzed and rewrote the EM chapter, which resulted in the following:

- Reorganized requirements
- Renumbered standards
- Reduced elements of performance (EPs) by more than 28% for ALCs and 31% for BHC organizations

The goal of the rewrite was to help health care organizations to develop more comprehensive EM programs and to better prepare for the health, safety, and security needs of their facilities, staff, patients, residents, and individuals served during emergencies or disasters (such as the COVID-19 pandemic). The new and revised EM requirements clarify and emphasize the following:

- Assessment, applicability, and incorporation of the hazard vulnerability analysis throughout the EM chapter
- Leadership involvement and oversight in all aspects of the EM program
- Staff education and training, with specific guidance for initial and ongoing EM training

The project's program-specific *R³ Report* provides rationales for the requirements as well as references to the research articles and reports used to develop them. In addition to an extensive literature review, the new and revised requirements were developed based on feedback resulting from the pandemic, public field review, and expert guidance from the standards review panel and an internal Joint Commission EM workgroup.

The new and revised requirements will be posted on the Prepublication Standards page of The Joint Commission website and will publish online in the spring 2025 E-dition® update to the *Comprehensive Accreditation Manual for Assisted Living Communities (CAMALC)* and the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)*. For those customers who purchase it, the 2025 *CAMBHC* spring update service will include these new and revised requirements.

For more information, please contact The Joint Commission's Global Accreditation and Certification Product Development. P

APPROVED: "Infection Prevention and Control" (IC) Chapter Fully Revised for BHC Organizations and OBS Practices

Effective July 1, 2025, a fully revised "Infection Prevention and Control" (IC) chapter, including new and revised requirements, has been approved for all Joint Commission–accredited **behavioral health care and human services** (BHC) organizations and **office-based surgery** (OBS) **practices**. The IC chapter rewrite continues the project that includes new and revised requirements that replaced current IC requirements for critical access hospitals and hospitals (*see* the January 2024 issue of *Perspectives*) and assisted living communities, home care organizations, and nursing care centers (*see* the July 2024 issue of *Perspectives*).

Effective and well-organized IC practices are needed to ensure patient safety in BHC settings and OBS practices where infection risks may arise from invasive procedures, preexisting infections, close physical proximity in residential and group settings, and other situations. The goal of the IC chapter rewrite is to help organizations develop a strong framework for their IC activities and remove requirements that do not add value to accreditation surveys. The changes are consistent with The Joint Commission's ongoing initiative to simplify its requirements and provide more meaningful evaluations of health care organizations.

The Joint Commission also created a new IC Assessment Tool that details the IC practices, structures, and documentation needed to meet the IC requirements. The tool includes components that may be evaluated during survey and standard/element of performance (EP) locations for scoring. The tool was developed using the US Centers for Disease Control and Prevention's (CDC) Core IC Practices and relevant regulations. The new tool will be posted to Joint Commission–accredited organizations' *Joint Commission Connect*® extranet site by January 1, 2025, and added to the *Behavioral Health Care and Human Services* and *Office-Based Surgery Survey Activity Guide*s in spring 2025.

The new and revised requirements, a program-specific guide showing where concepts from the old EPs have moved in the new EPs, and behavioral health care and human services applicability information will be posted on the Prepublication Standards page of The Joint Commission's website. The new and revised requirements will publish online in the spring 2025 E-dition® update to the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)* and *Comprehensive Accreditation Manual for Office-Based Surgery Practices (CAMOBS)*. For those customers who purchase it, the 2025 *CAMBHC* spring update service will include these new and revised requirements.

For more information, please contact The Joint Commission's Global Accreditation and Certification Product Development. P

NEW: *Sentinel Event Alert* Helps Health Care Organizations Prepare for Environmental Disasters

Climate change has exponentially increased the number of weather- and climate-related disasters since 1980. In that time frame, the United States has experienced 396 weather and climate disasters, with losses exceeding $1 billion each, for a total cost of more than $2.78 trillion. Increasing disasters also have caused more deaths due to natural disasters, with 2,370 fatalities occurring in the United States since January 2020.[1]

Whenever a disaster occurs, health care organizations must rapidly evacuate or shelter in place everyone on site—patients, residents, individuals served, health care workers, and others. To support health care organizations in implementing proactive risk management strategies, The Joint Commission recently issued *Sentinel Event Alert* Issue 69: Environmental disasters: Preparing to safely evacuate or shelter in place.

This *Alert* outlines steps that health care organizations may consider as they prepare for weather- and climate-related disasters such as hurricanes, tornadoes, wildfires, floods, and extreme heat.

The Joint Commission's Emergency Management (EM) standards require health care organizations to have a comprehensive EM program that provides a systematic analysis for planning and decision-making. The EM program structure can respond to any type of emergency through an all-hazards approach.

To assist in safe evacuation or sheltering in place during an environmental disaster, the *Alert* suggests the following actions for health care organizations to consider:

- Revisit and update emergency plans.
- Establish and build collaborative relationships.
- Develop a resilient communications infrastructure.
- Plan how to meet essential needs and provide care to staff, patients, residents, individuals served, and others.
- Plan and practice how to evacuate and shelter in place.

"As we witnessed the devastating impact of recent hurricanes in the southeastern United States, we remember the critical importance of emergency preparedness," says Elizabeth Mort, MD, MPH, Vice President and Chief Medical Officer, The Joint Commission. "Disasters of this magnitude can compromise patient safety and disrupt essential care if health care organizations do not have the necessary resources and strategies to respond to these emergencies effectively. The recommendations provided in the *Sentinel Event Alert*, as well as The Joint Commission's related EM requirements, can help health care organizations protect patients and health care workers during an environmental disaster." P

Reference

1. National Oceanic and Atmospheric Administration, National Centers for Environmental Information. Billion-Dollar Weather and Climate Disasters. (Updated: Nov 1, 2024) Accessed Dec 16, 2024.

Reminder: 2025 Performance Measure Reporting Timeline

The Joint Commission is reminding organizations with ORYX® performance measure reporting requirements to submit their data well in advance of deadline to resolve any unexpected issues. The Direct Data Submission Platform (DDSP) will open for submission of calendar year (CY) 2024 electronic clinical quality measures (eCQMs) the first week of January 2025.

As a reminder, *uploading* eCQM data is not the same as *submitting* eCQM data. It is important for organizations to verify that their data are submitted accurately and on time. Organizations using consultants or vendors to assist with data submission on the DDSP should have their own staff log into the platform to verify that data have been submitted as expected. In addition, organizations should download and retain for their record the Submission Report from the home page on the DDSP. This report provides a summary/proof that your organization submitted data.

Upcoming Deadlines

- Deadline to submit CY2024 eCQM data via the DDSP is March 17, 2025, by 11:59 P.M. central time
- Deadline to enter fourth quarter (4Q) 2024 chart-abstracted data via the DDSP is March 31, 2025, by 11:59 P.M. central time
- Deadline to resubmit 1Q 2024 chart-abstracted data via the DDSP is March 31, 2025, by 11:59 P.M. central time

Additional Information

For additional information or to ask questions, please note the following:

- Visit the Need Help? section of the DDSP for the following information:
  - How to verify your organization's ORYX requirements and data submission
  - ORYX performance measurement CY2024 and CY2025 timeline
  - Submit a support ticket for any additional need assistance or questions about the DDSP
- For additional assistance or questions regarding ORYX performance measurement, please contact the ORYX Help Line. P

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

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

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Editorial

Leadership

Commentaries

Article Collection

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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

- Redesigned preliminary and final survey reports for **all Joint Commission–accredited**, **–certified**, and **–verified health care organizations** (*see* page 3 in this issue for the full article)
- Implemented short names for standard and element of performance numbers on the *Survey Analysis for Evaluating Risk*® (*SAFER*®) Matrix for **all Joint Commission–accredited health care organizations** (*see* page 4 in this issue for the full article)
- New optional survey document upload process for **critical access hospitals**, **hospitals**, and **hospital tailored** accreditation programs (*see* page 7 in this issue for the full article)
- Revised for-cause survey process for **all Joint Commission–accredited**, **–certified**, and **–verified health care organizations** (*see* page 9 in this issue for the full article)
- New workplace violence prevention requirements for **assisted living communities**, **nursing care centers**, and **office-based surgery practices** (*see* page 12 in this issue for the full article)
- New and fully revised "Emergency Management" (EM) chapter for **assisted living communities** and **behavioral health care and human services** organizations (*see* page 13 in this issue for the full article)
- New and fully revised "Infection Prevention and Control" (IC) chapter for **behavioral health care and human services** organizations and **office-based surgery practices** (*see* page 14 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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