

Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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NEW: Requirements for BHC Organizations That Treat Opioid Use Disorder


Consequences associated with opioid use, such as overdose, are a serious health care issue in the United States. In 2022, overdose deaths from any opioid occurred at a rate of 28.7 per 100,000 residents across 30 US jurisdictions.¹ Coupled with the current issues related to accessing care, the stigma and bias that the general public and some health care professionals associate with individuals with substance use disorder often prevent these individuals from seeking care, even when they recognize the need.²

Medications for opioid use disorder (MOUDs) describes a group of medications—which include methadone, buprenorphine, and naltrexone—with strong scientific evidence that shows the medications improve outcomes in treatment of opioid use disorder. Research demonstrated that using any of these three medications increases the duration of the individual's engagement with treatment and reduces the use of opioids outside the prescribed treatment.

Given the evidence supporting MOUDs as the first-line treatment for individuals diagnosed with opioid use disorder, and The Joint Commission's vision to improve the quality and safety of health care across all settings, The Joint Commission added four new elements of performance (EPs) for **behavioral health care and human services (BHC)** organizations that treat individuals with opioid use disorder to promote the safe use of MOUDs. The new requirements align with evidence-based research for using MOUDs. These requirements will be **effective August 1, 2024**.

The new EPs require organizations to educate individuals about MOUDs and offer MOUDs to individuals receiving treatment for opioid use disorder. If an organization is unable to prescribe MOUDs directly, it will need a process to refer individuals served for treatment. In addition, the new requirements emphasize the organization's responsibility to ensure that the individual served receives MOUDs if they choose that treatment.

The new requirements will be posted on the [Prepublication Standards](#) page of The Joint Commission's website and will publish online in the summer 2024 interim E-dition® update to the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)*. For those customers who purchase them, the fall 2024 update service and the 2025 hard-copy and PDF versions of *CAMBHC* will include these new requirements.

For more information, please contact The Joint Commission's [Standards and Survey Methods](#). 

References

1. US Centers for Disease Control and Prevention. [SUDORS Dashboard: Fatal Drug Overdose Data](#). (Updated: Feb 26, 2024.) Accessed Jun 5, 2024.
2. Abraham R, et al. [Characteristics of office-based buprenorphine prescribers for Medicare patients](#). *J Am Board Fam Med*. 2020 Jan–Feb;33(1):9–16. Accessed Jun 5, 2024.



APPROVED: Workplace Violence Prevention Requirements for Home Care Organizations

Effective January 1, 2025, The Joint Commission approved new and revised workplace violence prevention requirements for all Joint Commission–accredited **home care** organizations.

Workplace violence poses a significant occupational hazard for home care workers. However, the prevalence may be underestimated due to underreporting, as incidents are often perceived as minor. Moreover, the lack of action or the normalization of such incidents as part of the job exacerbates the issue.¹ Inadequate training also contributes to the problem. A survey of home health care workers regarding training reported that 62.5% of those interviewed indicated they received workplace violence–related training. In addition, only 48.9% indicated they received policies and procedures about workplace violence prevention. Researchers found that in the event of an incident, very few home health care workers received information for seeking medical care, and even fewer received information about psychological care.²


To address the safety concerns that affect patients, staff, and visitors, The Joint Commission implemented accreditation requirements on workplace violence prevention in its behavioral health care and human services, critical access hospital, and hospital programs (see the July 2021 and January 2024 issues of *Perspectives*). A literature review was conducted, and feedback was gathered from current customers, to assess the suitability of extending these requirements to home care settings. A technical advisory panel of representatives from various public and private organizations, as well as Joint Commission–accredited home care organizations, provided insights and expertise in evaluating the relevance of workplace violence prevention requirements for home care organizations.

The new and revised requirements provide a framework to guide home care organizations across various settings to develop effective workplace violence prevention strategies. The requirements address the following:

- Defining *workplace violence*, including a formal definition added to the Glossary
- 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

A Resource Center is being developed, which will appear on The Joint Commission’s website and will include resources focused on workplace violence prevention in home care settings. Additional information about the new and revised standards will be available in the project’s [R³ Report](#).

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 fall 2024 E-dition® update to the *Comprehensive Accreditation Manual for Home Care (CAMHC)*. For those customers who purchase them, the 2025 hard-copy and PDF versions of *CAMHC* will include the new and revised standards.

For more information, please contact The Joint Commission's [Standards and Survey Methods](#). 

References

1. Byon HD, et al. [Understanding reporting of Type II workplace violence among home health care nurses](#). *Workplace Health Saf.* 2020 Sep;68(9):415–421. Accessed May 29, 2024.
2. Small TF, et al. [Workplace violence prevention training, safety resources, and commitment to HHCWs' safety](#). *Workplace Health Saf.* 2022 Jul;70(7):325–331. Accessed May 29, 2024.



APPROVED: “Infection Prevention and Control” (IC) Chapter Fully Revised for Additional Accreditation Programs


Effective January 1, 2025, a fully revised “Infection Prevention and Control” (IC) chapter has been approved for all Joint Commission–accredited **assisted living communities, home care organizations, and nursing care centers**. The IC chapter rewrite continues the project that began for critical access hospitals and hospitals (see the January 2024 issue of *Perspectives*), which includes new and revised requirements that replace current IC requirements.

Effective and well-organized IC practices in nonhospital settings are needed to prevent severe illness, hospitalization, and death for patients and residents. The goal of the IC chapter rewrite was to help organizations develop a strong framework for their IC activities, while aligning requirements more closely to law and regulation and the US Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) for home health agencies, hospices, home infusion therapy, and long-term care facilities.

In keeping with the ongoing initiative to simplify standards content and structure, The Joint Commission eliminated requirements that do not add value to accreditation surveys so that organizations can focus on the structures that support IC quality and safety. Elements of performance (EPs) related to waste management and responding to an influx of potentially infectious patients also were removed from the IC chapter because they were redundant to existing Environment of Care (EC) and Emergency Management (EM) requirements.

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/EP locations for scoring. The tool was developed using regulations, the CMS Long Term Care Infection Control Worksheet, and the US Centers for Disease Control and Prevention (CDC) Core IC Practices. The new tool will be posted to Joint Commission–accredited assisted living communities’, home care organizations’, and nursing care centers’ *Joint Commission Connect*® extranet site in July 2024, and added to the *Assisted Living Community, Home Care, and Nursing Care Center Accreditation Survey Activity Guides* in mid-December 2024.

The new and revised requirements, a program-specific guide showing where concepts from the old EPs have moved in the new EPs, and service applicability information for home care organizations will be posted on the [Prepublication Standards](#) page of The Joint Commission’s website. The requirement will publish online in the fall 2024 E-dition® update to the *Comprehensive Accreditation Manual for Assisted Living Communities (CAMALC)*, *Comprehensive Accreditation Manual for Home Care (CAMHC)*, and *Comprehensive Accreditation Manual for Nursing Care Centers (CAMNCC)*. For those customers who purchase them, the 2025 hard-copy and PDF versions of CAMALC, CAMHC, and CAMNCC will include these new and revised requirements.

For more information, please contact The Joint Commission’s [Standards and Survey Methods](#). 



APPROVED: New and Revised Requirements for BHC Organizations That Use Restraint and/or Seclusion

Effective January 1, 2025, The Joint Commission approved new and revised requirements for **behavioral health care and human services** (BHC) organizations that use restraint and/or seclusion. The changes reduce redundancies, streamline processes, and remove requirements for physical holding of a child or youth, as these now will fall under the same requirements as restraint and seclusion. In addition, the definition of *restraint* has been revised.

The revised requirements eliminate the separate physical holding of a child or youth requirements and incorporate this concept into the requirements for restraint and seclusion, because physical holding that restricts freedom of movement is a type of restraint. Physical holding restraints can be as dangerous as other types of restraint and should be held to the same requirements, as evidenced by a study that examined data collected over 26 years regarding restraint fatalities among children and adolescents in the United States. The study confirms deaths from physical holding restraints (that is, without any devices). In this study, 63 of 79 reported deaths were from physical holding without mechanical devices. Recommendations to improve safety when using any restraints include implementing and following robust organizational processes.¹ As part of these processes, well-established clinical practice and many federal and state regulations require the oversight of licensed practitioners who order restraints and evaluate individuals who are in restraint and seclusion.


The revised definition of *restraint* in the “Glossary” (GL) chapter of the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)* clarifies what is and is not a restraint as follows:

restraint *Restraint* is any method (chemical or physical) of restricting the freedom of movement of an individual served to manage their behavior. This includes any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual to move their arms, legs, body, or head freely. It also includes any drug or medication when it is used as a restriction to manage the individual’s behavior or to restrict their freedom of movement and is not a standard treatment or dosage for their condition.

Interventions that do not restrict movement (such as a light grasp that the individual could easily remove or escape from) do not meet the definition of *restraint*. Examples of this include the following:

- Briefly holding an individual to calm or comfort them
- Physically assisting someone to complete a task
- Escorting or guiding someone away from an area or situation
- Separating individuals to break up a fight
- Physical interventions to prevent imminent danger (stopping an individual from running into traffic, tripping, or falling)

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 fall 2024 E-edition® update to *CAMBHC*. For those customers who purchase them, the fall 2024 update service and the 2025 hard-copy and PDF versions of *CAMBHC* will include these requirements.

For more information, please contact The Joint Commission's [Standards and Survey Methods](#). 

Reference

1. Nunno MA, et al. [A 26-year study of restraint fatalities among children and adolescents in the United States: A failure of organization structures and processes](#). *Child Youth Care Forum*. 2022;51(3):661–680. Accessed Jun 5, 2024.




APPROVED: New and Revised Requirements for Ambulatory Surgical Centers

Effective August 1, 2024, The Joint Commission approved the following new and revised requirements for **ambulatory surgical centers** to align with US Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfCs):

- Revised and added new elements of performance (EPs) to ensure alignment with the National Fire Protection Association's (NFPA) *Life Safety Code*®* (NFPA 101–2012) and *Health Care Facilities Code* (NFPA 99–2012)
- Revised Rights and Responsibilities of the Individual (RI) EPs to do the following:
 - Emphasize that the organization informs the patient of their rights.
 - Clarify who may exercise a patient's rights on their behalf when a patient is unable to make decisions.

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 summer 2024 interim E-dition® update to the *Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)*. For those customers who purchase them, the 2025 hard-copy and PDF versions of CAMAC will include these new and revised requirements.

For more information, please contact The Joint Commission's [Standards and Survey Methods](#). 

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



REVISED: Data Submission Schedule for Core DSC Certification Programs

Effective January 1, 2025, The Joint Commission will require organizations certified under one or more **core disease-specific care (DSC)** certification programs to report nonstandardized measure data quarterly. Currently, these data are reported annually through the Certification Measure Information Process (CMIP).

The following table lists applicable core DSC certification programs:*


Clinical Grouping	Clinical Description
Cardiovascular	<ul style="list-style-type: none">• Acute Myocardial Infarction• Chest Pain• Heart Failure
Gastrointestinal	<ul style="list-style-type: none">• Bariatric Surgery
General Medical	<ul style="list-style-type: none">• Sepsis
Hematology/Oncology	<ul style="list-style-type: none">• Brain Tumor• Lung Cancer
Neurological	<ul style="list-style-type: none">• Brain Injury
Orthopedic	<ul style="list-style-type: none">• Hip Fracture• Joint Replacement—Hip• Joint Replacement—Knee• Joint Replacement—Shoulder• Spinal Fusion• Spine Surgery
Pediatric	<ul style="list-style-type: none">• Pediatric Asthma
Physical Medicine/Rehabilitation	<ul style="list-style-type: none">• Amputee Rehabilitation• Cardiac Rehabilitation• Hip Fracture Rehabilitation• Parkinson's Disease Rehabilitation• Pulmonary Rehabilitation• Spinal Cord Injury Rehabilitation• Stroke Rehabilitation
Pulmonary	<ul style="list-style-type: none">• Chronic Obstructive Pulmonary Disease• Pneumonia• Respiratory Failure
Wound Care	<ul style="list-style-type: none">• Wound Care

The revised data submission schedule will align with advanced DSC certification programs as well as ORYX® data for Joint Commission–accredited assisted living communities, critical access hospitals, and hospitals. A consistent data submission schedule for all performance measure data simplifies reporting requirements, particularly for organizations accredited and/or certified for multiple Joint Commission programs.

* This table is from "The Joint Commission Certification Process" (CERT) chapter of the *2024 Comprehensive Certification Manual for Disease-Specific Care*.

Core DSC certification programs must collect and analyze data on four self-selected, nonstandardized performance measures. At minimum, two of the four should be clinical measures related to or identified in clinical practice guidelines* for that program or service. The Joint Commission must receive performance measure data no later than 3 months following the end of the calendar quarter (see the following table for submission dates).

Quarter (Q)	Submission Date
Q1	June 30
Q2	September 30
Q3	December 31
Q4	March 31

Contact your account executive for more information. 

* See Table 2., "Approved Clinical Practice Guidelines," in the CERT chapter of the DSC manual.



UPDATED: Performance Measures for Advanced Certification in Heart Failure

Effective January 1, 2025, The Joint Commission and the American Heart Association (AHA) added new and removed performance measures for the **Advanced Certification in Heart Failure (ACHF)** program. These changes resulted from feedback from The Joint Commission's public comment period, a technical advisory panel, and the AHA, the American College of Cardiology (ACC), and the Heart Failure Society of America (HFSA)—[2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines](#).

ACHF-certified organizations will be required to report on the following new performance measures from the AHA's *Get With The Guidelines®—Heart Failure (GWTG-HF)* registry:


- AHAHF106: Defect-Free Care for Quadruple Therapy Medication for Patients with Heart Failure with Reduced Ejection Fraction (HFrEF)
- AHAHF94: Sodium-Glucose Co-Transporters (SGLT)-2 Inhibitor at Discharge for Patients with HFpEF/HFmrEF (Heart Failure with Preserved Ejection Fraction/Heart Failure with Mid-Range Ejection Fraction)

These new measures will be added to the ACHF bundle in the GWTG-HF registry and The Joint Commission's Certification Measure Information Process (CMIP) tool.

In addition, ACHF-certified organizations will not be required to report on ACHF-01: Beta-Blocker Therapy, and all optional outpatient measures will be removed for ACHF only. Performance measures that overlap with the Comprehensive Cardiac Care certification program are still included in that program.

These revisions will publish online in the fall 2024 E-dition® update to the *Comprehensive Certification Manual for Disease-Specific Care (DSC)*. For those customers who choose to purchase it, the 2025 DSC PDF manual will include these revisions.

For questions related to GWTG measure specifications, contact the [AHA](#) or a site's local GWTG Program Consultant. Contact [The Joint Commission](#) with any other questions related to ACHF performance measures.

These updates will be implemented in the [v2025A Specifications Manual](#) and will affect discharges starting January 1, 2025. 




APPROVED: CMS Renews The Joint Commission's Deeming Authority for Laboratories

In the May 24, 2024, [Federal Register](#), the US Centers for Medicare & Medicaid Services (CMS) announced that it renewed The Joint Commission's deeming authority for its **Laboratory and Point-of-Care Testing** Accreditation Program effective May 24, 2024, through May 24, 2030.

In response to CMS's review of the deeming renewal application, The Joint Commission made changes to its elements of performance (EPs), **effective August 1, 2024**, that include the following:

- Added calibration verification to the list of required written procedures.
- Clarified proficiency testing related to secondary analyzers, test systems, assays, and examinations.
- Clarified the difference between proficiency testing participation and proficiency testing performance.
- Clarified the required actions for follow-up on proficiency testing failures.

The revised standards will be posted on the [Prepublication Standards](#) page of The Joint Commission's website and will publish online in the summer 2024 interim E-dition® update to the *Comprehensive Accreditation Manual for Laboratories and Point-of-Care Testing (CAMLAB)*. For those customers who purchase them, the 2025 hard-copy and PDF versions of CAMLAB will include the revised standards.

For more information, please contact The Joint Commission's [Standards and Survey Methods](#). 

Consistent Interpretation

Joint Commission Surveyors’ Observations Related to Analyzing and Assessing Staffing Adequacy Data

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 analyzing staffing adequacy data as they relate to patient safety incidents.

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

Noncompliance Implications	<p>When evaluating the contributing factors of a patient safety incident, it is imperative to assess staff effectiveness. Assessing staffing effectiveness must go beyond simply how many staff were on duty when the incident occurred; it also needs to include the skill mix and competency of all staff. Additional metrics that may contribute to staffing adequacy issues include but are not limited to staff turnover, vacancy, overtime, and absentee rates; and using temporary or contracted staff, as well as the services provided and patient population (for example, acuity) cared for on the unit(s) where the incident occurred.</p> <p>After the evaluation is complete, the data analysis, contributing factors, and identified trends must be communicated to any leadership responsible for the organizationwide patient safety program. This allows leadership to determine if similar potential contributing factors are present in other patient care areas, which may lead to actions to mitigate such factors. Leaders are expected to review a written report annually related to the adequacy of staffing and actions taken to reduce/eliminate contributing factors to patient safety incidents.</p>
Performance Improvement (PI) Standard PI.03.01.01: The hospital compiles and analyzes data.	
<p>EP 12: When the hospital identifies undesirable patterns, trends, or variations in its performance related to the safety or quality of care (for example, as identified in the analysis of data or a single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its analysis of possible causes.</p> <p>Note 1: Adequacy of staffing includes the number, skill mix, and competency of all staff. In their analysis, hospitals may also wish to examine issues such as processes related to work flow; competency assessment; credentialing; supervision of staff; and orientation, training, and education.</p> <p>Note 2: Hospitals may find value in using the staffing effectiveness indicators (which include National Quality Forum Nursing Sensitive Measures) to help identify potential staffing issues.</p>	
Compliance Rate	In 2023, the noncompliance percentage for this EP was 0.43% —that is, 6 of 1,386 hospitals surveyed did not comply with this requirement.

Surveyor Observations	Guidance/Interpretation
<ul style="list-style-type: none"> • The organization did not address staffing adequacy as a potential contributing factor during its review and analysis of patient safety incidents. • The analysis of restraint and seclusion use data was discussed during review, but there were no data indicating whether staffing was a factor for the increased use of restraints and seclusion. 	<ul style="list-style-type: none"> • Organizations are required to evaluate staffing adequacy when analyzing undesired patterns, trends, and variation in performance. • Examples of patient safety incidents or quality of care issues may include but are not limited to the following: <ul style="list-style-type: none"> ○ Upward trend of hospital-acquired infections and central line infections ○ Increased patient falls and decubitus ulcers ○ Increased use of restraints ○ Decreased patient satisfaction scores ○ Upward trend of late or missed medication doses

EP 13: When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the hospitalwide patient safety program (as addressed at LD.03.09.01, EP 1) are informed, in a manner determined by the safety program, of the results of this analysis and actions taken to resolve the identified problem(s).

(See *also* LD.03.05.01, EP 3)

Compliance Rate	In 2023, all surveyed hospitals complied with this requirement.
Surveyor Observations	Guidance/Interpretation
<ul style="list-style-type: none"> • There was no evidence leadership had been informed that inadequate staffing was identified as a contributing factor to a patient safety incident. • Although leadership was informed of a patient safety incident that involved staff, there was no evidence that actions were taken to resolve the identified problem(s). 	<ul style="list-style-type: none"> • Organizations must ensure that leadership is informed when staffing is identified as a contributing factor in a patient safety incident and is informed of any actions implemented to resolve the problem(s).

EP 14: © At least once a year, the leaders responsible for the hospitalwide patient safety program review a written report on the results of any analyses related to the adequacy of staffing and any actions taken to resolve identified problems.

(See *also* LD.03.09.01, EP 10)

Compliance Rate	In 2023, the noncompliance percentage for this EP was 0.79% —that is, 11 of 1,386 hospitals surveyed did not comply with this requirement.
Surveyor Observations	Guidance/Interpretation
<ul style="list-style-type: none"> • Discussion with safety leadership revealed that there were no written staffing adequacy reports in the past 13 months. • There was no evidence that the organization responded to staffing adequacy issues identified in the report by safety leadership. • The organization did not assess staffing adequacy or prepare a written report analyzing results related to staffing adequacy or actions taken to resolve identified problem(s). 	<ul style="list-style-type: none"> • Organization leadership is required annually to review a written report on the results of any analysis related to staffing adequacy and actions taken to resolve identified problem(s). • See <i>also</i> Leadership (LD) Standard LD.03.09.01, EP 10,* which requires annual written reports to the governing body regarding system/process failures, sentinel events, patient/family notification and actions taken to resolve identified problem(s).

* Standard **LD.03.09.01, EP 10:** © At least once a year, the leaders provide governance with written reports on the following:

- All system or process failures
- The number and type of sentinel events
- Whether the patients and the families were informed of the event
- All actions taken to improve safety, both proactively and in response to actual occurrences
- **For hospitals that use Joint Commission accreditation for deemed status purposes:** The determined number of distinct improvement projects to be conducted annually
- All results of the analyses related to the adequacy of staffing

(See *also* PI.03.01.01, EP 14)

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

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

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Editorial

391 Implementation of Suicide Prevention Activities at Acute Care Discharge: Time for Change?

C. Larkin

Suicide rates and suicide-related presentations to acute care in the United States have increased in comparison to most other high-income countries. In this editorial in response to an article by Chitavi and colleagues in this issue of the *Journal*, Larkin considers the barriers hospitals face in routinely delivering recommended suicide prevention activities.

Adverse Events

393 [Evaluating the Prevalence of Four Recommended Practices for Suicide Prevention Following Hospital Discharge](#)

S.O. Chitavi; J. Patrianakos; S.C. Williams; S.P. Schmaltz; B.K. Ahmedani; K. Roaten; E.D. Boudreaux; G.K. Brown

Joint Commission–accredited hospitals are required to maintain policies/procedures for follow-up care at discharge for patients identified as at risk for suicide, but the proportion of hospitals meeting these requirements is unknown. Chitavi and colleagues used a questionnaire sent to 1,148 accredited hospitals to calculate the percentage of hospitals reporting implementation of four recommended discharge practices for suicide prevention.

Process Improvement

404 Improvements in Quality, Safety and Costs Associated with Use of Implant Registries Within a Health System

H.A. Prentice; J.E. Harris; K. Sucher; B.H. Fasig; R.A. Navarro; K.M. Okike; G.B. Maletis; K.H. Guppy; R.W. Chang; M.P. Kelly; A.D. Hinman; E.W. Paxton



Starting in 2001, Kaiser Permanente established eight medical device clinical quality registries (CQRs) as a quality improvement initiative. In this study, Prentice and colleagues examined the contributions of these CQRs to improvement in health outcomes, changes in clinical practice, and cost-effectiveness over the past 20 years.

Healthcare Equity

416 Differences in the Receipt of Regional Anesthesia Based on Race and Ethnicity in Colorectal Surgery

B.N. Burton; J.O. Adeola; V.M. Do; A.J. Milam; M. Cannesson; K.C. Norris; N.E. Lopez; R.A. Gabriel

Racial and ethnic differences have been observed in the delivery of regional anesthesia, with Black and Hispanic patients having lower odds of receiving regional anesthesia for different types of surgery. Burton and colleagues evaluated the association of race and ethnicity with regional anesthesia in patients who underwent colorectal surgery and characterized trends in the administration of regional anesthesia.

Performance Improvement

425 Infection Control Measure Performance in Long-Term Care Hospitals and Their Relationship to Joint Commission Accreditation

S.P. Schmaltz; B.A. Longo; S.C. Williams

Patients in the long-term care hospital (LTCH) setting are subject to prolonged exposure to drug-resistant pathogens and have high rates of health care–associated infections (HAIs). Schmaltz and colleagues used US Centers for Medicare & Medicaid Services LTCH data to evaluate the relationship between Joint Commission accreditation and HAIs in LTCHs.

Antibiotic Stewardship

435 Lessons Learned from a National Hospital Antibiotic Stewardship Implementation Project

S.E. Cosgrove; R. Ahn; P. Dullabh; J. Gordon; M.A. Miller; P.D. Tamma

To overcome barriers commonly faced in implementing successful antibiotic stewardship programs, the Agency for Healthcare Research and Quality (AHRQ) established a multifaceted, nationwide Safety Program for Improving Antibiotic Use in 2018. In this article, Cosgrove and colleagues summarize the lessons learned from the implementation of this initiative based on structured interviews of personnel from participating sites.

Improvement Brief

442 Department of Anesthesiology Skilled Peer Support Program Outcomes: Second Victim Perceptions

B. Bursch; K. Ziv; S. Marchese; H. Aralis; T. Bufford; P. Lester

Limited evidence suggests skilled peer support programs (SPSPs) reduce initial distress and support adaptive functioning and coping for anesthesia providers who have experienced an adverse event. To evaluate second victim perceptions of a voluntary SPSP, Bursch and colleagues surveyed clinicians in three hospitals and six outpatient surgery centers prior to implementation of the SPSP and again 18 months after implementation.

Innovation Report

449 Real-Time Reporting of Complications in Hospitalized Surgical Patients by Surgical Team Members Using a Smartphone Application

K.W. Blackburn; L.S. Brubaker; G. Van Buren II; E. Feng; S. Mohamed; U. Ramamurthy; V. Ramanathan; A.L. Wood; M.E. Navarro Cagigas; W.E. Fisher

The surgical morbidity and mortality (M & M) conference is a vital part of a resident's surgical education, but methods to collect and store M & M data are often rudimentary and unreliable. In this Innovation Report, Blackburn and colleagues propose a Health Insurance Portability and Accountability Act–compliant, electronic health record–connected application and database to report and store complicated data.



Research Letters

456 Reusing Single-Use Intermittent Pneumatic Compression Devices to Promote Greenhouse Gas Reduction in Hospitals: A Pilot Study

I. Hammana; M.C. Bernier; S. Sahmi; A. Pomp

Single-use medical devices are intended to guarantee sterility, but sterility is less of a concern with devices that are not used in sterile areas of the body. To divert medical devices from landfill waste, Hammana and colleagues studied the feasibility of collecting, reconditioning, and reusing single-use intermittent pneumatic compression devices.



458 [Teamwork Climate, Safety Climate, and Physician Burnout: A National, Cross-Sectional Study](#)

L. Rotenstein; H. Wang; C.P. West; L.N. Dyrbye; M. Trockel; C. Sinsky; T. Shanafelt

Substantial advancement has been made over the last two decades in the practice of team-based, safe care delivery, but burnout has come to be recognized as prevalent among US physicians and influenced by workplace structure and experiences. In this study, Rotenstein and colleagues assessed US physicians' perceptions of team-based care delivery and safety climate within their institutions, and the associations of these domains with burnout.

Commentary

463 The Urgent Need for the Age-Friendly Health Systems Movement

K.S. Mate; L. Pelton

Improvements in care have contributed to a significant increase in longevity over the past century, but this landmark demographic shift, and the needs of older adults, may not be well aligned with the capabilities of our current health care systems. In this commentary, Mate and Pelton discuss the potential of Age-Friendly Health Systems to improve care for older adults as the population ages.

Conversations on Quality and Safety

467 Clinician Well-Being and Burnout: Panel Interview with Tait Shanafelt, Lisa Rotenstein, and Christine Sinsky

D.W. Baker

Dr. David W. Baker, former Editor-in-Chief of the *Journal*, interviewed Dr. Lisa Rotenstein, Health Director of the Center for Physician Experience and Practice Excellence at Brigham and Women's Hospital; Dr. Tait Shanafelt, Jeanie & Stewart Ritchie Professor of Medicine, Chief Wellness Officer, and Associate Dean at Stanford School of Medicine; and Dr. Christine Sinsky, Vice President, Professional Satisfaction, at the American Medical Association, on approaches organizations can take in the short term that will lead directly to improved well-being for physicians and advanced practice providers.

Article Collection

472 *The Joint Commission Journal on Quality and Patient Safety* [50th Anniversary Article Collections](#): Clinician Well-Being and Burnout



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 July article collection will focus on maternal and perinatal care.



In Sight

This column lists developments and potential revisions that can affect accreditation and certification and tracks proposed changes before they are implemented. Items may drop off this list before the approval stage if they are rejected at some point in the process.

APPROVED

- New requirements for medications for opioid use disorder for **behavioral health care and human services** organizations (see [page 2](#) in this issue for the full article)
- New workplace violence prevention requirements for **home care** organizations (see [page 3](#) in this issue for the full article)
- New and revised Infection Prevention and Control (IC) requirements for **assisted living communities, home care** organizations, and **nursing care centers** (see [page 5](#) in this issue for the full article)
- New and revised restraint and seclusion requirements for **behavioral health care and human services** organizations (see [page 6](#) in this issue for the full article)
- New and revised requirements for **ambulatory surgical centers** to align with US Centers for Medicare & Medicaid Services Conditions for Coverage (see [page 8](#) in this issue for the full article)
- Updated data submission schedule for **core disease-specific care** certification programs (see [page 9](#) in this issue for the full article)
- Updated performance measures for **advanced certification in heart failure** (see [page 11](#) in this issue for the full article)
- Revised requirements for **laboratories** related to deeming renewal application (see [page 12](#) in this issue for the full article)

CURRENTLY IN FIELD REVIEW

- New and revised Infection Prevention and Control (IC) requirements for **ambulatory care** organizations, **behavioral health care and human services** organizations, **laboratories**, and **office-based surgery practices** (field review ends July 16)

Note: Please visit the [Standard Field Reviews](#) pages on The Joint Commission's website for more information. Field reviews usually span six weeks; dates are subject to change.

CURRENTLY BEING RESEARCHED OR IN DEVELOPMENT

- New and revised Emergency Management (EM) requirements for **nursing care centers**
- New and revised Emergency Management (EM) requirements for **laboratories**
- Safe staffing requirements for **critical access hospitals** and **hospitals**
- Revised core requirements for all **disease-specific care** programs
- Revised requirements for **health care staffing services** certification

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Perspectives (ISSN 1044-4017) is published monthly by Joint Commission Resources, One Renaissance Boulevard, Suite 401, Oakbrook Terrace, IL 60181.

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August 20-21, 2024

Environment of Care Base Camp - In-person or Live webcast

August 22-23, 2024

Exploring the Life Safety Chapter- In-person or Live webcast

September 10, 2024

Hospital Executive Briefing- In-person or Live webcast

September 11, 2024

Hospital CMS Update In-person or Live webcast

October 8-10, 2024

Hospital Accreditation Essentials - Live webcast

October 24-25, 2024

Behavioral Health Care and Human Services Conference - In-person

November 6, 2024

Primary Care Medical Home Certification Conference - In-person

November 7-8, 2024

Ambulatory Care Conference - In-person



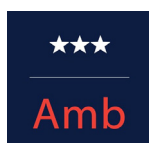
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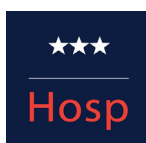


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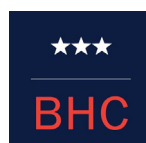
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