




Joint Commission Perspectives[®]

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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APPROVED: New APR and Decision Rules for Select Programs

Effective March 30, 2025, The Joint Commission has approved a new element of performance (EP) in the “Accreditation Participation Requirements” (APR) chapter (see the underlined content in the following box) and associated decision rules for **assisted living communities, behavioral health care and human services** organizations, and **nursing care centers**.


The new EP requires organizations to meet the minimum requirements necessary for quality and/or safety, as determined by the sole discretion of The Joint Commission. Failure to meet this requirement may trigger one of the following new decision rules, resulting in an immediate denial of accreditation (DA):


DA13—For Organizations Seeking Initial Accreditation

DA08—For Organizations Seeking Reaccreditation

Examples of situations that may result in denial of accreditation include providing care, treatment, or services in a manner unfit to meet the basic needs of patients, residents, or individuals served or pervasive patterns of patient rights violations that have not been addressed by leadership through analysis and implementation of sustainable actions.

The new EP will be posted on the [Prepublication Standards](#) page of The Joint Commission’s website. The new requirement and decision rules will publish online in the spring interim 2025 E-dition® update to the *Comprehensive Accreditation Manual for Assisted Living Communities (CAMALC)*, *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)*, and *Comprehensive Accreditation Manual for Nursing Care Centers (CAMNCC)*. For those customers who purchase it, the 2025 CAMBHC spring update service will include the new requirement and decision rules.

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

	Official Publication of Joint Commission Requirements Meeting the Minimum Requirements for Quality and/or Safety
APPLICABLE TO ASSISTED LIVING COMMUNITIES, BEHAVIORAL HEALTH CARE AND HUMAN SERVICES ORGANIZATIONS, AND NURSING CARE CENTERS	
Effective March 30, 2025	
Accreditation Participation Requirements (APR)	
Standard APR.09.04.01: The organization provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety.”	
Element of Performance for APR.09.04.01	
2 <u>As determined by the sole discretion of The Joint Commission, the organization provides care, treatment, services, and/or a safe environment that meets minimal accreditation requirements of quality and/or safety of individuals served and/or staff.</u>	



APPROVED: “Infection Prevention and Control” (IC) Chapter Fully Revised for Laboratories


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 **laboratories**. 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*); assisted living communities, home care organizations, and nursing care centers (see the July 2024 issue of *Perspectives*); and behavioral health care and human services organizations and office-based surgery practices (see the January 2025 issue of *Perspectives*).

Effective and well-organized IC practices are necessary to ensure patient safety in laboratory settings where infection risks may arise from manually handling specimens and sharps, and deliberately amplifying infectious organisms for testing purposes. 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. These changes are consistent with the ongoing Joint Commission initiative to simplify its requirements and provide more meaningful evaluations of health care organizations.

After reviewing literature on emerging infectious disease preparedness and consulting with a technical advisory panel, The Joint Commission has introduced new Standard IC.07.01.01 and two new elements of performance (EPs) to enhance laboratories’ preparedness for high-consequence infectious diseases or special pathogens. Recent infectious disease outbreaks, including severe acute respiratory syndrome (SARS), H1N1 influenza, Middle East respiratory syndrome (MERS), Ebola, and other actively ongoing global outbreaks (for example, clade I mpox, Marburg virus disease), have clearly demonstrated that emerging infectious diseases pose a real threat to human health and can significantly disrupt local, national, and global health care delivery systems. The new requirements’ standardized protocol-based approach to preparing for high-consequence infectious diseases or special pathogens is based on fundamental infection control principles and serves to protect laboratory staff and the public.

The Joint Commission also created a new IC Assessment Tool that details practices and structures to meet the IC requirements. The tool was developed using regulations and the US Centers for Disease Control and Prevention (CDC) Core IC Practices. The tool will be posted to the *Joint Commission Connect*® extranet site by March 1, 2025, and added to the *Laboratory Accreditation Survey Activity Guide* in spring 2025.

The new and revised requirements and a reference guide showing where concepts from the old EPs have moved in the new EPs have been 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 Laboratory and Point-of-Care Testing (CAMLAB)*.

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



APPROVED: New and Revised Workplace Violence Prevention Requirements for Ambulatory Care Organizations and Laboratories


The Joint Commission has approved new and revised workplace violence prevention requirements for all Joint Commission–accredited **ambulatory care** organizations and **laboratories**. These requirements will be **effective July 1, 2025**.

Workplace violence poses a significant occupational hazard for health care workers. However, its prevalence may be underestimated due to underreporting, as incidents are often perceived as minor. To address the safety of patients, staff, and visitors, The Joint Commission is implementing accreditation requirements for workplace violence prevention. These requirements align with similar updates for critical access hospitals and hospitals (see the July 2021 issue of *Perspectives*); behavioral health care and human services organizations (see the January 2024 issue of *Perspectives*); home care organizations (see the July 2024 issue of *Perspectives*); and assisted living communities, nursing care centers, and office-based surgery practices (see the January 2025 issue of *Perspectives*).

The new and revised requirements provide a framework for organizations to develop 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 Ambulatory Care (CAMAC)* and *Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing (CAMLAB)*.


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

***Life Safety Code*® Surveyor Added to Inpatient Hospice Deemed Status Survey Team**

Effective immediately, The Joint Commission is restructuring its survey team to include a *Life Safety Code*®* surveyor for organizations that provide **inpatient hospice** care under the hospice deemed status option.

The *Life Safety Code* surveyor will conduct survey activities alongside the clinical surveyor assigned to the on-site survey. Historically, clinical surveyors surveyed the inpatient hospice setting to review the clinical care in addition to the building tour and the *Life Safety Code* requirements. Assigning *Life Safety Code* surveyors to evaluate these complex settings allows them to apply their expertise, which in turn allows clinical surveyors to focus on the quality of care, treatment, and services provided in these settings.

The [Home Care Accreditation Organization Survey Activity Guide](#) has been updated to include the agenda for the *Life Safety Code* surveyor activities; this guide is also available on your organization's *Joint Commission Connect*® extranet site.

For more information, contact your account executive. 

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

APPLICATION PERIOD OPEN: 2025 Eisenberg and Tyson Awards for Outstanding Achievements in Patient Safety and Health Care Equity

The Joint Commission, along with the National Quality Forum (NQF) and Kaiser Permanente, invite health care organizations to apply for the following 2025 awards:

- John M. Eisenberg Patient Safety and Quality Awards
- Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity

Applications will be accepted **through March 31, 2025**, and there is no cost to apply for either award. The 2025 award recipients will be announced later this year.

Eisenberg Awards

For 24 years, The Joint Commission and NQF have presented the John M. Eisenberg Patient Safety and Quality Awards to individuals and organizations that use innovative approaches to improve patient safety and health care quality. Launched in 2002, the awards honor the late John M. Eisenberg, MD, MBA, former administrator of the Agency for Healthcare Research and Quality (AHRQ), and an impassioned advocate for health care quality improvement. Previous award-winning initiatives have crossed all health care settings and contributed to better health care outcomes, smarter spending, and healthier people and communities.

Applications are accepted for awards in the following three categories:

1. **Individual Achievement**—This award recognizes individuals who have demonstrated exceptional leadership and scholarship in patient safety and health care quality through a substantive lifetime body of work.
2. **National Level Innovation in Patient Safety and Quality**—This award recognizes projects or initiatives that focus beyond local areas to across the country to achieve national impact.
3. **Local Level Innovation in Patient Safety and Quality**—This award recognizes projects or initiatives that focus on a local community, organization, or regional level (for example, statewide).

Eligible organizations will have undertaken successful quality improvement initiatives that make the environment of care safer or that advocate on the patient's behalf. Such initiatives could address new technologies, protocols and procedures, education, organizational culture, legislation, patient advocacy, systems theory, or another area. Health care organizations submitting applications must provide data showing a baseline for the start of the project or initiative and evidence of sustained improvement for no fewer than 12 months.

The 2024 Eisenberg Awards winners will be announced this spring.

Tyson Award

In 2021 The Joint Commission and Kaiser Permanente established the annual Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity to recognize health care organizations and their partners that led initiatives to achieve a measurable, sustained reduction in one or more health disparities. The award honors Tyson, the late chairman and chief executive officer of Kaiser Permanente, who worked tirelessly to address the disparities that plague the US health care system.


Any type of health care organization that directly delivers care and has addressed disparities for any vulnerable population, including but not limited to race/ethnicity, gender, sexual orientation, age, disability, or socioeconomic status, may apply.

Applicants are encouraged to submit proposals that describe the implementation of a well-defined intervention that resulted in a measurable, sustained reduction in disparities. Organizations must provide data demonstrating how they improved a health care disparity. Applications that do not report measurable improvements will not be considered.

In 2024 Zuckerberg San Francisco General Hospital and Trauma Center was awarded the Tyson Award for improving outcomes for Black patients with heart failure (see the February 2025 issue of *Perspectives*).

Additional Information and Applying for the Awards


Visit the [Eisenberg Awards](#) and [Tyson Award](#) pages on The Joint Commission's website for links to the applications. In addition, these pages provide resources, such as application criteria and tips.

Organizations applying for more than one award must complete separate applications to be considered. 

COMING SOON: Upgraded Authentication for *Joint Commission Connect*[®]

Coming in late March 2025, The Joint Commission will upgrade its authentication platform for all its applications, including the *Joint Commission Connect*[®] extranet site. This update will enhance account security by requiring users to reset their passwords and choose their preferred multifactor authentication method (for example, e-mail, text, phone call).



Further details and instructions will publish in a future issue of *Perspectives*. 

Consistent Interpretation

Joint Commission Surveyors’ Observations Related to Orienting Staff to Key Safety Content

The **Consistent Interpretation** column helps organizations to comply with specific Joint Commission requirements. Each installment of the column draws from a database of surveyors’ de-identified observations (left column) on an element of performance (EP)—as well as guidance from the Standards Interpretation Group on interpreting the observations (right column).

The requirements in this column are not necessarily those with high rates of noncompliance. Rather, they have the potential to negatively affect care or create risk if out of compliance. That is, they may appear in the upper right corner of a *Survey Analysis for Evaluating Risk*® (SAFER®) Matrix if cited on survey. Featured EPs apply to hospitals; however, the guidance may be extrapolated to apply to other accreditation programs with similar services and populations served.

This month, **Consistent Interpretation** focuses on why staff orientation related to key safety content is essential.

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

Human Resources (HR) Standard HR.01.04.01: The hospital provides orientation to staff.	
EP 1: © The hospital orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: <i>Key safety content may include specific processes and procedures related to the provision of care, treatment, or services; the environment of care; and infection control.</i>	
Compliance Rate	In 2023, the noncompliance percentage for this EP was 2.09% —that is, 29 of 1,386 hospitals surveyed did not comply with this requirement.

<p>Noncompliance Implications</p>	<p>Implementing a well-designed, robust orientation* program includes training and assessing staff† competence related to patient care policies and procedures, as well as orienting staff to key environment of care safety content. Orientation may be further described as an introductory program and/or activity to guide staff to their new surroundings, employment expectations, policies and procedures, essential job functions, and so on.</p> <p>Before staff provides care, treatment, and services, orientation to key safety content must be completed. Examples of key safety content may include but is not limited to the following:</p> <ul style="list-style-type: none"> ● Fire safety and actions to take during a physical environment incident ● Confidentiality related to protected health information ● Internal and external disasters/drills ● Emergency response (for example, code blue, rapid response) ● Active shooter ● Bomb threats ● Personal safety ● Infection prevention and control ● Interruptions in electronic medical records systems ● Interruptions in communication systems ● Inclement weather warnings <p>Organizational leaders must determine who is responsible for providing orientation and ensuring that orientation has been completed. Also, organizations should evaluate whether other individuals, such as physicians and other licensed practitioners, should be oriented to key safety content and expectations.</p> <p>Organizations determine when and how long a person is in orientation. Typically, this is the first opportunity new staff have to be introduced to the organization’s policies and procedures. Staff must understand essential job functions and policies and procedures, as well as how to address key safety content before providing care, treatment, and services to ensure patient and staff safety. Completing orientation must be documented.</p> <p>For additional information, see the Frequently Asked Questions (FAQs) for the following topics:</p> <ul style="list-style-type: none"> ● Competency Assessment vs Orientation ● Competency Assessment vs Education and Training
Surveyor Observations	Guidance/Interpretation
<ul style="list-style-type: none"> ● The organization did not provide its key safety content for new staff orientation. ● The organization did not identify key safety content to be provided to volunteers during orientation. ● Employed and contracted staff did not complete key safety content orientation as required. 	<ul style="list-style-type: none"> ● This requirement applies to contracted staff also. ● The organization determines the key safety elements, such as the following: <ul style="list-style-type: none"> ○ Fire drills ○ Confidentiality ○ Disaster response/drills ○ Emergency response ● If staff cannot demonstrate response to an environment of care incident, score at Environment of Care (EC) Standard EC.03.01.01, EP 2.† ● If the organization did not define roles and actions, score at Standard EC.02.03.01.§

* Glossary term **orientation**: A process used to provide initial training and information while assessing the competence of staff relative to job responsibilities and the organization’s mission and goals.

† Glossary term **staff**: All people who provide care, treatment, or services in the organization, including licensed practitioners; permanent, temporary, part-time personnel; contract employees; volunteers; and health profession students.

‡ Standard **EC.03.01.01, EP 2**: Staff can describe or demonstrate actions to take in the event of an environment of care incident. **R**

§ Standard **EC.02.03.01**: The hospital manages fire risks.

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **February 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](https://www.jointcommission-jqps.com) website.

Tell your performance improvement story! Consider submitting an article to *The Joint Commission Journal on Quality and Patient Safety*. See website for [author guidelines](#).

Did you know? Select JQPS articles are available free for you to read. Look for the “Open Access” sunburst and link to the article.

Editorial

83 We Count Our Successes in Lives

B.C. James

While current care delivery is arguably the best the world has ever seen, it still falls short of its theoretic potential. In this editorial on an article by Fakih and colleagues in this issue of the *Journal*, James highlights the importance of choosing improvement targets based on quality gaps between the current state of care and the care we could have to achieve meaningful results.

Process Improvement

86 [Optimizing and Sustaining Clinical Outcomes in 88 US Hospitals Post-Pandemic: A Quality Improvement Initiative](#)

M.G. Fakih; F. Daragjati; L.K. Sturm; C. Miller; B. McKenzie; K. Randall; F.A. Masoudi; J. Moxham; S. Ghosh; J.K. Raja; A. Bollinger; S. Garrett-Ray; M. Chadwick; T. Aloia; R. Fogel

The COVID-19 pandemic disrupted established quality and safety processes and was associated with sharp increases in adverse in-hospital outcomes. In this retrospective evaluation, Fakih and colleagues describe a multidisciplinary, multipronged initiative to improve mortality and avoid potentially preventable adverse events, with the ultimate goal of reducing risk-adjusted mortality, during and following the pandemic period in a large health care system.

95 [Implementation of the Revised American Academy of Pediatrics Clinical Practice Guidelines for Hyperbilirubinemia Decreases Necessity for Serum Bilirubin and Phototherapy](#)

M.R. Michienzi; D.K. Tomasini; C.C. Fisher; A.P. Ponnappakkam

The initial hyperbilirubinemia management recommendations published by the American Academy of Pediatrics (AAP) led to wide variations in clinical practice, with variable results. Updated guidelines in 2022 called for total serum bilirubin to be the standard test to guide phototherapy and escalation of care



management but acknowledge that transcutaneous bilirubin can be used in low-risk infants. Michienzi and colleagues evaluated 2,301 infants to determine the effect of adaptation of the AAP clinical practice guidelines on laboratory testing, readmission rates, and phototherapy.



101 [The Scholarly Upside to MOC4](#)

G. Seela; D. Satin; C. Centola; S. Gupta; P. Hodges; J. Louie; T.E. Melnik; D. Pelletier; C. Russell; A. Thompson; J. Marmet

The American Board of Medical Specialties allows health care organizations that can demonstrate sufficient quality improvement (QI) standards to become Portfolio Sponsor programs, which enables internal review and approval of QI projects, granting Maintenance of Certification-Part IV (MOC4) credits to all sufficiently contributing physicians. Seela and colleagues surveyed MOC4 principal investigators to examine the impact of a Portfolio Sponsor program on scholarship, sustainability, and spread of QI projects.

Teamwork

108 [The Impact of a Cohort Structure on Grantee Experiences Developing Clinical Quality Measures for Diagnostic Excellence](#)

A.T. Evans; M. Eastman; M. Khan; J.J. Geppert; L. Stewart-Artz

The Diagnostic Excellence Initiative supports the development of clinical quality measures needed to inform quality improvement efforts in medical diagnosis using a unique cohort structure that combines technical assistance and cohort activities to foster innovation in groups of grantees. Evans and colleagues interviewed 16 Initiative grantees to understand how the cohort structure affected their measure development process.

115 [Effect of Interprofessional Crisis Simulation Training in a Non-Operating Room Anesthesia Setting on Team Coordination: A Mixed Methods Study](#)

H. Schroeck; B. Hatton; P. Martinez-Camblor; M.A. Whitty; L. Wen, Andreas H. Taenzer

Crisis resource management in non-operating room anesthesia (NORA) locations is challenging but can be improved through interprofessional crisis simulation training. In this mixed methods study, Schroeck and colleagues evaluated the effect of a one-time training on team coordination in diagnostic and interventional magnetic resonance imaging locations.

Infection Prevention

126 [Prevention of Central Line–Associated Bloodstream Infections by Leadership Focus on Process Measures](#)

K. McMullen; F. Hixson; M. Peters; K. Nelson; W. Sistrunk; J. Reames; C. Standlee; D. Tannehill; K. Starke

After observing an increase in central line–associated bloodstream infection (CLABSI) standardized infection ratios, a health care system, including 12 acute care hospitals, in the midwestern United States focused on processes and process measures for CLABSI prevention. Each hospital identified a CLABSI triad (a medical provider, nursing, and infection prevention lead) to emphasize best practice expectations, standardize technology and products, and implement reporting and trending of compliance. McMullen and colleagues report the improvement project in this article.

Adverse Events

135 [Examining Patient Safety Events Using the Behaviour Change Wheel: A Cross-Sectional Analysis](#)

M. Somerville; C. Cassidy; S. MacPhee; D. Sinclair; J. Palmer; D. Keefe; S. Best; J. Curran

Despite their potential for harm, the underlying determinants associated with precursor-level safety events (PSEs) are poorly understood. Somerville and colleagues studied the use of a behavior change framework to understand the underlying determinants of PSEs.

Tool Tutorial

144 [Simulation-Debriefing Enhanced Needs Assessment to Address Quality Markers in Health Care: An Innovation for Prospective Hazard Analysis](#)

L.T. Barker; W.F. Bond; A.M. Willemsen-Dunlap; K.L. Cooley; J.S. McGarvey; R.L. Ruger; A. Kohlrus; M.J. Kremer; M. Sergel; J.A. Vozenilek



Simulation-Debriefing Enhanced Needs Assessment (SDENA) is a simulation-based approach to prospective hazard analysis that uses simulation and debriefing as a unit-level diagnostic tool. In this article, Barker and colleagues describe the development and dissemination of the SDENA method at several Illinois Hospital Association member sites to enhance prospective hazard analysis through the experiential lens of simulation.

Commentary

159 How Do We Know When We Have Done Enough? Ensuring Sufficient Patient Notification Efforts After a Large-Scale Adverse Event

D. Alfandre; M.B. Foglia; M. Holodniy; A.R. Elwy

Hospitals use large-scale adverse event disclosure (LSAED) to formally notify multiple patients who may have been injured or have an increased risk of harm from a health care systems event. In this commentary, Alfandre and colleagues explore the ethical challenges of practical and effective implementation of an LSAED program and how to ensure that a disclosure constitutes adequate and sufficient patient notification to honor their obligations to patients.

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

- New Accreditation Participation Requirements (APR) element of performance and associated decision rules for **assisted living communities, behavioral health care and human services** organizations, and **nursing care centers** (see [page 2](#) in this issue for the full article)
- New and revised Infection Prevention and Control (IC) requirements for **laboratories** (see [page 3](#) in this issue for the full article)
- New and revised workplace violence prevention requirements for **ambulatory care** organizations and **laboratories** (see [page 4](#) in this issue for the full article)

CURRENTLY IN FIELD REVIEW

- No standards currently in field review

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

CURRENTLY BEING RESEARCHED OR IN DEVELOPMENT

- Safe staffing requirements for **critical access hospitals** and **hospitals**

Joint Commission Perspectives®

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