The Joint Commission

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Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

Contents

APPROVED: New and Revised Laboratory Requirements Align with Updated CMS Histocompatibility and Personnel Regulations

Effective January 1, 2025, The Joint Commission has new and revised requirements for **laboratories** that align with revisions to Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations.

On December 28, 2023, the US Centers for Medicare & Medicaid Services (CMS) issued a final rule updating its regulations related to histocompatibility and personnel requirements. These regulations are effective December 28, 2024.

To maintain alignment with the updated regulations, The Joint Commission updated its histocompatibility requirements in the "Quality System Assessment for Nonwaived Testing" (QSA) chapter of the *Comprehensive Accreditation Manual for Laboratories and Point-of-Care Testing (CAMLAB)*. As a result, there are six new and revised standards and 11 new and revised elements of performance (EPs) for Standards QSA.12.01.01 through QSA.12.06.01; Standard QSA.12.07.01 has been deleted.

In addition, The Joint Commission developed 3 new EPs to address the updated personnel requirements. A complete list of all personnel qualifications is included at 42 CFR 493 Subpart M: Personnel for Nonwaived Testing.

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 *CAMLAB*. For those customers who purchase it, the hard-copy and PDF versions of the 2025 *CAMLAB* will include these new and revised requirements.

For more information, please contact The Joint Commission's Standards and Survey Methods.

UPDATED: 2025 ORYX® Performance Measure Reporting Requirements

The Joint Commission finalized the calendar year (CY) 2025 ORYX® performance measure reporting requirements **effective January 1, 2025**, for all Joint Commission–accredited **critical access hospitals** and **hospitals**.

Key 2025 updates include the following:

- For small hospitals with < 26 licensed beds and < 50,000 outpatient visits *and* critical access hospitals, the following changes apply:
  - Must submit no fewer than one electronic clinical quality measure (eCQM) for the entire calendar year.
  - Submit two additional measures applicable to the patient population/services offered (they may be chart-abstracted measures [CAMs], eCQMs, or a combination of both).
  - Reporting on the Safe Use of Opioids – Concurrent Prescribing eCQM is highly encouraged.
- Added the following *optional* eCQMs to meet reporting requirements:
  - Hospital Harm – Pressure Injury (HH-PI)
  - Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Inpatient) (IP-ExRad)
  - Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Outpatient) (OP-ExRad)
- Included the following *optional* outpatient eCQMs to meet ORYX requirements that align with the US Centers for Medicare & Medicaid Services implementation approach, which allows for data submission of less than a full year for new outpatient eCQMs:
  - ST-Segment Elevation Myocardial Infarction (STEMI) (OP-40)—submit a minimum of two self-selected quarters.
  - Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (OP-ExRad)—submit a minimum of one self-selected quarter.
- VTE-6: Hospital Acquired Potentially-Preventable Venous Thromboembolism CAM will be retired January 1, 2025.

The following CY2024 requirements remain unchanged in CY2025:

- Large hospitals with ≥ 26 licensed beds or ≥ 50,000 outpatient visits *and* that do provide obstetric services must continue reporting on the following:
  - Cesarean Birth (PC-02 eCQM)
  - Severe Obstetric Complications (PC-07 eCQM)
  - Unexpected Complications in Term Newborns (PC-06)
    Note that PC-06 submissions can be either CAM or eCQM. If submitting as an eCQM, the submission may be considered one of the three additional self-selected eCQMs.
  - Safe Use of Opioids – Concurrent Prescribing (eCQM)
  - Three additional self-selected eCQMs applicable to the patient population/services offered

- Large hospitals with ≥ 26 licensed beds or ≥ 50,000 outpatient visits *and* that do not provide obstetric services must continue reporting on the following:
  - Safe Use of Opioids – Concurrent Prescribing (eCQM)
  - Three additional self-selected eCQMs applicable to the patient population/services offered
- Psychiatric hospitals must continue reporting on the following:
  - Hospital-Based Inpatient Psychiatric Services – Hours of Physical Restraint Use (HBIPS-2)
  - Hospital-Based Inpatient Psychiatric Services – Hours of Seclusion Use (HBIPS-3)
  - One additional self-selected measure applicable to the patient population/services offered

For detailed information and a complete list of all requirements and measures for critical access hospitals and hospitals, please visit The Joint Commission's ORYX Performance Measurement Reporting page. Specifications for eCQMs are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center website.

Note that The Joint Commission made no changes to the CY 2025 ORYX performance measures or measure requirements for assisted living communities. For comprehensive details about all assisted living communities–related requirements and measures, visit The Joint Commission's ORYX Performance Measurement Reporting for Assisted Living Communities page.

Questions regarding these updates and requirements may be directed to the ORYX Help Line. P

2025 Joint Commission ORYX® Performance Measurement Requirements for Hospitals Webinar

The Joint Commission hosted a webinar on Thursday, October 24, 2024.

During the 90-minute Pioneers in Quality webinar Joint Commission staff addressed the following topics:

- 2025 ORYX Requirements for chart-abstracted measures and eCQMs for accredited hospitals and critical access hospitals
- ORYX policy requirements and rationale for changes that are effective CY2025
- Joint Commission Measurement website resources available including measures list, high-level submission deadlines, measure specifications, FAQs, and quality measurement webinars and videos

Individuals interested in this webinar who were unable to attend can register to watch the recording and access the slides.

USB Storage Devices No Longer Accepted for Sharing Documentation

USB storage devices are highly vulnerable to malware and other security threats. As a result, many health care organizations have banned their use.

Effective immediately, Joint Commission surveyors and reviewers will not accept a USB storage device from an organization with its required data and/or documentation. Eliminating USB storage device use supports The Joint Commission's ongoing efforts to protect its systems and assets and better ensure the security of the data and documentation shared by health care organizations.

Health care organizations may continue to store data and documentation on USB storage devices. However, to submit the information on the drive during survey or review, the organization must provide its own device (for example, laptop) to Joint Commission surveyors/reviewers. After surveyors/reviewers are granted access to an organization's device, they can then input the USB device to review required data and documentation.

Cybersecurity and cyber threat awareness remain a top issue for health care organizations. While The Joint Commission protects its own technology assets and data vigilantly, it also encourages and supports its vendors, partners, and health care organizations to ensure high-level cyber awareness and protection. The Joint Commission appreciates your cooperation and is grateful for the partnership with all its accredited and certified health care organizations to prevent cyber intrusions.

Contact your Joint Commission account executive with any questions.

The Joint Commission Journal on Quality and Patient Safety Celebrates 50 Years of Publication

September 2024 marks the 50th anniversary of The Joint Commission's flagship research journal, *The Joint Commission Journal on Quality and Patient Safety*. Since the September 1974 publication of Volume 1, Issue 1 under its original title, *Quality Review Bulletin*, the *Journal* has consistently and successfully pursued its aim of providing health professionals with the information they need to promote the quality and safety of health care.

The September issue of the *Journal* featured a special editorial by Jonathan Perlin, MD, PhD, MSHA, MACP, FACMI, President and Chief Executive Officer, The Joint Commission, reflecting on the publication's history and value to the field. Also featured in this special anniversary issue is a visual timeline of the *Journal*'s history and an open access collection of the 50 most cited articles over the *Journal*'s 50-year history.

Throughout 2024, the *Journal* has published special theme issues on topics of interest to quality and safety professionals, beginning with the open access January 2024 special issue on health care equity. In addition the *Journal* provided open access to previously published topic-specific articles, including the following:

January—Health care equity
March—Preventing workplace violence
April—Antibiotic stewardship
May—Handoffs and care transitions
June—Clinician well-being and burnout
July—Maternal and perinatal care
August—John M. Eisenberg Patient Safety and Quality Awards
September—50 most cited articles
October—Quality improvement in non-hospital settings
November—Diagnostic excellence
December—Patient communication

For up-to-date announcements of new *Journal* content and news, subscribe to the electronic table of contents and follow the *Journal*'s LinkedIn page.

UPDATE: Fall 2024 E-dition® Posting and Manual Release Schedules

2024 Manual Update Services for Behavioral Health Care and Human Services and Hospitals Mailing in Late October

Following are the E-dition® posting schedule for the fall interim and regularly scheduled fall manual update for all accreditation, certification, and verification programs; the mailing dates for the 2024 update service; and availability of all 2025 accreditation, certification, and verification products. Please note that these time frames are anticipated dates. For questions about content changes, contact your account executive or visit the Prepublication Standards page of The Joint Commission's website. P

AUGUST 2024 (FALL) INTERIM E-DITION® RELEASE

The following programs were updated on E-dition® in early August:

- **Accreditation**
  - Ambulatory Care
  - Behavioral Health Care and Human Services
  - Critical Access Hospital
  - Hospital
  - Laboratory and Point-of-Care Testing
  - Office-Based Surgery Practice
  - Rural Health Clinic
  - Telehealth
- **Certification**
  - Health Care Equity
  - Responsible Use of Health Data
  - Sustainable Healthcare

This interim release was effective **August 1, 2024**, or as noted in the What's New document. Review the What's New document on E-dition for each affected program or in the applicable fall manual for more information.

2024 Update 2 (Fall) E-dition® Release

This release is the regularly scheduled update of E-dition® with requirements **effective January 1, 2025**, or as noted in the What's New document, for all accreditation, certification, and verification programs. It is expected to post on E-dition in **late October** for the following programs:

Accreditation

- Ambulatory Care
- Assisted Living Community
- Behavioral Health Care and Human Services
- Critical Access Hospital
- Home Care
- Hospital
- Laboratory and Point-of-Care Testing
- Nursing Care Center
- Office-Based Surgery Practice
- Rural Health Clinic
- Telehealth

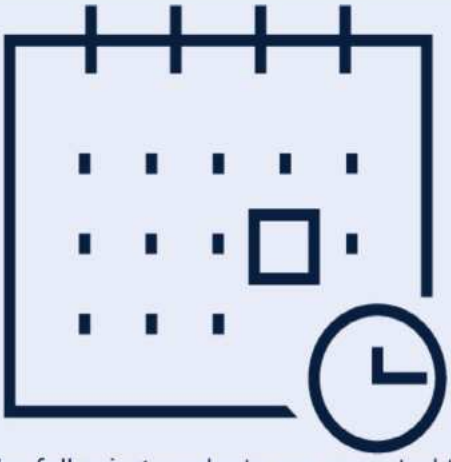
Certification

- Advanced Certification in Perinatal Care
- Centralized Sterilization Services—**New This Release!**
- Comprehensive Cardiac Center
- Disease-Specific Care, including advanced programs
- Health Care Equity
- Health Care Staffing Services
- Integrated Care
- Medication Compounding
- Palliative Care
- Patient Blood Management
- Responsible Use of Health Data
- Sustainable Healthcare

Verification

- Maternal Levels of Care

2024/2025 For-Sale Manual Products



The following products include all requirements **effective January 1, 2025**, or as noted in the What's New document for select accreditation and certification programs. These for-sale products, which include the manual update service and 2025 manuals, are available for purchase at the Joint Commission Resources webstore: **https://www.jcrinc.com/what-we-offer/publications#t=_Manuals.**

The following products are expected to be available for download in **November**:

- **2025 Comprehensive Accreditation PDF Manuals**
  - Ambulatory Care
  - Assisted Living Community
  - Behavioral Health Care and Human Services
  - Home Care
  - Laboratory and Point-of-Care Testing
  - Nursing Care Center
  - Rural Health Clinic
  - Telehealth
- **2025 Certification Products**
  - *Comprehensive Certification Manual for Disease-Specific Care*
  - *Health Care Equity Certification Manual*
  - *Orthopedic Certification Standards*
  - *Stroke Certification Standards*
  - *Sustainable Healthcare Certification Manual*

The following products are expected to be available for download in **December**:

- **2025 Comprehensive Accreditation PDF Manuals**
  - Critical Access Hospital
  - Hospital

The following products are expected to mail in **late October**:

- **2024 Update Service**
  - Behavioral Health Care and Human Services
  - Hospital

The following products are expected to mail in **November**:

- **2025 Comprehensive Accreditation Manuals**
  - Ambulatory Care
  - Behavioral Health Care and Human Services
  - Home Care
  - Laboratory and Point-of-Care Testing
- **2025 Certification Standards Books**
  - *Orthopedic Certification Standards*
  - *Stroke Certification Standards*
- **2025 Standards Books**
  - *Standards for Ambulatory Care*
  - *Standards for Behavioral Health Care and Human Services*

The following products are expected to mail in **December**:

- **2025 Comprehensive Accreditation Manuals**
  - Critical Access Hospital
  - Hospital
- **2025 Standards Books**
  - *Hospital Accreditation Standards*

Consistent Interpretation

Joint Commission Surveyors' Observations Related to Policies and Procedures for Ordering and Administering Blood and Blood Products

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 requirements that ensure health care organizations have comprehensive policies and procedures for ordering and administering blood and blood products.

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

Provision of Care, Treatment, and Services (PC) Standard PC.02.01.01: The hospital provides care, treatment, and services for each patient.	
EP 15: For hospitals that use Joint Commission accreditation for deemed status purposes: Blood transfusions and intravenous medications are administered in accordance with state law and approved medical staff policies and procedures.	
Compliance Rate	In 2023, the noncompliance percentage for this EP was **11.57%**—that is, **154** of **1,331** hospitals surveyed did not comply with this requirement.

Noncompliance Implications	Not complying with robust policies and procedures related to ordering and administering blood and blood products* can result in serious adverse reactions and negative patient outcomes. To ensure patient safety, organizations must have policies and procedures that align with accepted standards of practice, law, and regulation that guide safe ordering and administering practices. Such policies and procedures need to address the critical steps in the ordering and administering process. Examples of these steps may include but are not limited to the following: ● Listing all the required elements of a complete order (for example, product to administer, rate or time frame to administer) ● Complying with any informed consent requirements ● Outlining the patient identification process ● Addressing special considerations that may place patients at higher risk for transfusion reactions ● Defining the patient monitoring and assessment needs before, during, and after the administering process ● Identifying and responding to adverse reactions ● Educating and training staff about the ordering and administering process and assessing their competency ● Defining all required documentation ● Defining how blood and blood products are procured and administered in emergent situations (for example, mass trauma, postpartum hemorrhage, gastrointestinal bleed) Administering blood and blood products requires an order from a licensed practitioner who is permitted to do so by scope of practice (law/regulation). Staff involved in transfusion administering must recognize, monitor, and promptly respond to any complications/adverse events that occur during and after administering. Therefore, comprehensive staff education, training, and competency assessment are critical to ensure that safe administering practices are followed, which lead to positive patient outcomes. In addition, health care organizations must collect data related to blood and blood component usage and all reported and confirmed transfusion reactions. Organization leaders use the results of such data to identify and prioritize performance improvement activities related to administering blood and blood products. Medical staff are also required to actively participate in these activities. For additional information, *see* the Frequently Asked Question (FAQ) for Transfusion Administration – Qualified Transfusionist/Second Individual.

* Blood products include but are not limited to the following examples:
- Packed red blood cells
- Fresh frozen plasma
- Cryoprecipitate

Surveyor Observations	Guidance/Interpretation
• The order to administer blood infusion/blood products did not include the rate of administration, as required by the organization's policy. • The organization did not assess vital signs at 15 minutes after beginning a blood transfusion as required by organization's policy. • There was no blood administering order noted in the patient's record. • There was no evidence that the medical staff approved the blood administration policy. • An order written to "administer 2 units of packed red blood cells today," was not actually given until early the next morning.	• The Joint Commission does not require blood/blood product orders to include the rate of infusion. Score here, at Standard PC.02.01.01, EP 15, only if the infusion rate is missing from the blood/blood product order because the health care organization policy requires that blood/blood product orders include the rate of infusion. • *See* Standard PC.05.01.09* for requirements related to potentially infectious blood. • *See* Standard PI.01.01.01, EP 7, (on page 13) for performance improvement data collection related to using blood and blood components. • The Medical Executive Committee may approve the blood administration policy if so delegated by the medical staff bylaws. • Note that blood derivatives are included in the definition of *medication*. Therefore, such findings should be scored in the "Medication Management" (MM) chapter. Examples of derivatives include but are not limited to albumin, coagulation factors, and immunoglobulins. • Score at Standard PC.01.02.01, EP 1,† for failure to complete assessments or reassessments *not* related to blood transfusions. • Score at Standard RC.02.01.01, EP 2,‡ for incomplete blood/blood product administering orders for non-deemed surveys.

* Standard **PC.05.01.09**: **For hospitals that use Joint Commission accreditation for deemed status purposes:** The hospital safely provides blood and blood components.

† Standard **PC.01.02.01, EP 1**: Ⓓ The hospital defines, in writing, the scope and content of screening, assessment, and reassessment. Patient information is collected according to these requirements. R

Note 1: *In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry.*

Note 2: *Assessment and reassessment information includes the patient's perception of the effectiveness of, and any side effects related to, their medication(s).*

(*See also* RC.02.01.01, EP 2)

‡ Standard **RC.02.01.01, EP 2**: The medical record contains the following clinical information:

- The reason(s) for admission for care, treatment, and services
- The patient's initial diagnosis, diagnostic impression(s), or condition(s)
- Any findings of assessments and reassessments
- Any allergies to food
- Any allergies to medications
- Any conclusions or impressions drawn from the patient's medical history and physical examination
- Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). **For psychiatric hospitals using Joint Commission accreditation for deemed status purposes:** The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses.
- Any consultation reports
- Any observations relevant to care, treatment, and services
- The patient's response to care, treatment, and services
- Any emergency care, treatment, and services provided to the patient before their arrival
- Any progress notes
- All orders
- Any medications ordered or prescribed
- Any medications administered, including the strength, dose, route, date and time of administration

Note 1: *When rapid titration of a medication is necessary, the hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation.*

Note 2: *For the definition and a further explanation of block charting, refer to the Glossary.*

- Any access site for medication, administration devices used, and rate of administration
- Any adverse drug reactions
- Treatment goals, plan of care, and revisions to the plan of care
- Results of diagnostic and therapeutic tests and procedures
- Any medications dispensed or prescribed on discharge
- Discharge diagnosis
- Discharge plan and discharge planning evaluation

(*See also* PC.01.02.01, EP 1; PC.01.02.03, EP 6; PC.01.03.01, EP 23; PC.03.01.03, EPs 1, 8; PC.06.01.01, EP 1)

Medical Staff (MS) Standard MS.05.01.01: The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.	
EP 5: The medical staff is actively involved in the measurement, assessment, and improvement of the following: Use of blood and blood components. (*See also* PI.04.01.01, EPs 2, 5)	
Compliance Rate	In 2023, all surveyed hospitals complied with this requirement.
Noncompliance Implications	*See* page 11 for noncompliance implication statement.

Surveyor Observations	**Guidance/Interpretation**
• The medical staff could not show that it regularly reviews blood use by its members.	• The organization's process for evaluating the use of blood and blood components must be able to demonstrate active involvement of the medical staff.

Performance Improvement (PI) Standard PI.01.01.01: The hospital collects data to monitor its performance.	
EP 6: Ⓓ The hospital collects data on the following: The use of blood and blood components. (*See also* LD.03.07.01, EP 2)	
Compliance Rate	In 2023, all surveyed hospitals complied with this requirement.
Noncompliance Implications	*See* page 11 for noncompliance implication statement.

Surveyor Observations	**Guidance/Interpretation**
• There was no evidence that the organization collected data on blood and blood component usage.	• The organization must have a process to collect data on all blood and blood component usage. • Note that Standard PI.01.01.01, EP 6, is specific to the "use" of blood and blood components. Therefore, lack of data would not be acceptable, unless the health care organization does not provide this service. • For "events" related to reported and confirmed transfusion reactions, *see* Standard PI.01.01.01, EP 7. • Health care organizations must determine how data will be collected, documented, tracked, and reported.

EP 7: Ⓓ The hospital collects data on the following: All reported and confirmed transfusion reactions. (*See also* LD.03.07.01, EP 2; LD.03.09.01, EP 3)	
Compliance Rate	In 2023, all surveyed hospitals complied with this requirement.
Noncompliance Implications	*See* page 11 for noncompliance implication statement.

Surveyor Observations	**Guidance/Interpretation**
• There was no evidence that the organization collected or analyzed transfusion reactions data. • Information related to a patient with an identified transfusion reaction could not be located in the organization's transfusion data.	• The organization must have a process to collect data on all reported and confirmed transfusion reactions. • Health care organizations determine how data will be collected, documented, tracked, and reported.

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **October 2024** Table of Contents for *The Joint Commission Journal on Quality and Patient Safety* (*JQPS*). The Joint Commission works closely with *JQPS* (published by Elsevier) to make it a key component in helping health care organizations improve patient safety and quality of care.

To purchase a subscription or site license to *JQPS*, please visit *The Joint Commission Journal on Quality and Patient Safety* website.

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

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

Editorial

Diagnostic Excellence

Health Care Equity

Lack of language access in health care contributes to equity gaps. Compared to the majority population, culturally and linguistically diverse (CALD) patients are more likely to visit the emergency department and be readmitted to the hospital in the last 30 days of life, and more likely to die in the hospital. Slade and colleagues surveyed representatives from 10 professional roles to investigate provider perceptions of barriers and solutions to interpreter services in a safety-net hospital to inform quality improvement initiatives.

Adverse Events

711 A Review of Modifiable Health Care Factors Contributing to Inpatient Suicide: An Analysis of Coroners' Reports Using the Human Factors Analysis and Classification System for Healthcare

P. Sweeting; M. Finlayson; D. Hartz

Although many studies have identified patient risk factors for inpatient suicide, the modifiable factors are less understood. To rectify this, Sweeting and colleagues used the Human Factors Analysis and Classification System to classify and analyze modifiable health care factors that contributed directly or indirectly to inpatient suicides in Australian hospitals and compared the results from general and psychiatric hospital units to identify context-specific recommendations.

Improvement Brief

719 Reducing Inappropriate Stat Echocardiograms: A Quality Improvement Initiative (RISE-QI)

C. Scoma; N. Patel

The complexity and time requirement of completing transthoracic echocardiograms can lead to backlogs at high-volume institutions. Noting that ordering providers were inappropriately designating studies as "stat" to get their patients to the front of the bottleneck, Scoma and Patel located a flaw in the electronic health record interface that encouraged overuse of the "stat" designation. In response, they designed and implemented a hard stop requiring the selection of predetermined indications for any stat order.

Tool Tutorials

724 Developing, Implementing, Evaluating Electronic Apparent Cause Analysis Across a Health Care System

C.A. Oster; E. Woods; J. Mumma; D.J. Murphy

Apparent cause analysis (ACA) is a preemptive structured investigation of a safety event resulting in no harm, minimal harm, or near miss to identify actions to address the immediate problem, collect information, and identify organizational trends. In this article, Oster and colleagues describe their work in developing an electronic ACA to improve on their organization's paper-based version.

737 Multi-Team Shared Expectations Tool (MT-SET): An Exercise to Improve Teamwork Across Health Care Teams

J.A. Marsteller; M.A. Rosen; R. Wyskiel; B.H. Chang; Y.J. Hsu; D.A. Thompson; G. Kim; K. Speck; M. Ijagbemi; S. Huang; A.P. Gurses

Effective teamwork, communication, and coordination among inpatient units are vital to ensure patient safety during care transitions. To improve handoffs, Marsteller and colleagues developed the Multi-Team Shared Expectations Tool (MT-SET), which engages health care teams in eliciting needs and establishing agreed-upon expectations that teams and individuals within a multi-team system have of each another.

Research Letter

745 Artificial Intelligence and the Practice of Patient Safety: GPT-4 Performance on a Standardized Test of Safety Knowledge

N. Cordella; J. Moses

Large language models (LLMs) have demonstrated expert-level domain knowledge in several areas of health care, but their capabilities in relation to quality improvement and patient safety are not well understood. Cordella and Moses explored the performance of a generalist, publicly available LLM, GPT-4, on questions representative of a standardized test of patient safety knowledge.

Letter to the Editor

Article Collection

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 November article collection will focus on diagnostic excellence.

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

- Revised **laboratory** requirements to align with US Centers for Medicare & Medicaid Services histocompatibility and personnel regulations (*see* page 2 in this issue for the full article)
- Updated 2025 ORYX® performance measure requirements for **critical access hospitals** and **hospitals** (*see* page 3 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

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

Joint Commission Perspectives®

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