The Joint Commission

The Joint Commission
Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

Key Updates to 2019 ORYX® Requirements for Hospitals

The Joint Commission made key updates to the 2019 ORYX® Performance Measure reporting requirements **effective January 1, 2019**. These updates, as communicated to accredited hospitals in September and November 2018, will affect **critical access hospitals**, **freestanding psychiatric hospitals**, and **hospitals**.

The 2019 ORYX Performance Measure reporting requirements have changed in three ways:

1. ORYX measure selection requirements
2. Utilization of the direct data submission platform
3. Simplified annual ORYX fee

2019 ORYX Measure Selection Requirements

In 2019, requirements have been reduced in two areas. In summary, affected organizations must meet the following requirements:

- **Hospitals** with an average daily census (ADC) > 10 must report on the following:
  - Two required chart-abstracted measures (which represents a reduction from five measures) applicable to the services provided and patient populations served
  - Hospitals with at least 300 live births are required to report on all chart-abstracted perinatal care (PC) measures, including PC-06, effective with January 1, 2019 discharges

Contents

○ A minimum of 4 of 13 available electronic clinical quality measures (eCQMs) for one self-selected quarter that are applicable to the services provided and patient populations served

- **Critical access hospitals**, **small hospitals** (with an ADC ≤ 10), and **ORYX-designated specialty hospitals** must report on a choice of three available measures (which represents a reduction from six measures).
- **Freestanding psychiatric hospitals** must continue to report on four required Hospital-Based Inpatient Psychiatric Services (HBIPS) measures.

Suspension of requirements continues for freestanding children's hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities.

The 2019 ORYX Measure Selection Form (which is due December 31, 2018) can be found on the Performance Measurement page of The Joint Commission website.

Direct eCQM Data Submission

For calendar year (CY) 2019 eCQM data and going forward, all hospitals with ORYX eCQM requirements will be transitioned to and utilize the direct data submission (DDS) platform; as of 2019, The Joint Commission will no longer have a contract with ORYX chart-based vendors. The DDS platform provides a process for hospitals to submit eCQM data directly to The Joint Commission without the need for a third-party vendor. Additionally, the DDS platform accepts the same Quality Reporting Document Architecture, Category I (QRDA I), documents that health care organizations submit to the US Centers for Medicare & Medicaid Services (CMS).

Key benefits of the DDS platform include 24/7 access during the submission period, easy-to-use data visuals, a cloud-based platform environment with fast file transfer, robust security and Health Insurance Portability and Accountability Act (HIPAA) compliance, a state-of-the-art rules engine, and transparency. Organizations using the platform can review their results and outcomes prior to the final step in submitting data to The Joint Commission.

The Joint Commission continues to utilize ORYX vendors for submission of hospitals' chart-based data through 2019, and the use of vendors will be evaluated annually thereafter.

Performance Measurement Billing

With the removal of the ORYX vendor requirement for CY 2019 eCQM data submission, The Joint Commission has adjusted and simplified the billing structure for ORYX reporting requirements. Historically, eCQMs and chart-based measures incurred transmission costs which were billed to ORYX vendors. In 2017, the transmission fee structure changed to a flat fee model for both eCQMs and chart-based measures submission. ORYX vendors typically passed these fees to health care organizations along with any additional fees for using their software and/or platform.

To address and simplify the billing structure for ORYX reporting requirements, The Joint Commission has moved to an annual rate directly billed to the hospital based upon organizational weighted volumes for both eCQMs and chart-based submissions. Performance measurement (ORYX) annual fees will be billed on a separate line of the January (annual) invoice.

Any data due after January 2019 is covered by the annual fee. For 2019, the annual fee includes 2018 eCQM data due March 15, 2019 and chart-abstracted data includes 3rd and 4th quarter 2018 and 1st and 2nd quarter 2019 which are due January 31, April 30, July 31 and October 31, 2019, respectively. The Joint Commission will no longer charge transmission fees to ORYX vendors for chart-based measures (accreditation or certification) or eCQMs.

Questions regarding these updated requirements may be directed to the ORYX Help Line. **P**

NEXT ▼

Ambulatory Health Care Infection Prevention and Control Resources Now Available

The Joint Commission and the US Centers for Disease Control and Prevention (CDC) have released new infection prevention and control resources tailored specifically for **ambulatory health care** settings providing podiatry, orthopedic, and pain management services. A new electronic fillable checklist for other ambulatory care settings also is available.

Working Together

The resources were developed as part of a three-year collaboration between The Joint Commission and the CDC called ADOPT (Adaptation and Dissemination of Outpatient Infection PrevenTion) Guidance. As the name implies, the goal of the project was to adapt, enhance, and disseminate CDC guidance related to infection prevention and control in ambulatory health care settings.

Through the collaboration, The Joint Commission team worked with 12 ambulatory-focused professional associations and 11 ambulatory health care systems, as well as many infection prevention and control and ambulatory health care subject matter experts. Review of participating partners' infection prevention and control plans, policies, resources, and documents, as well as reviews of literature and existing guidance was conducted to inform the development of the new resources. In addition, in-depth interviews and site visits were conducted with podiatry, orthopedic, and pain management clinics and facilities to gather setting-specific scenarios, challenges, and examples for inclusion in the tailored guides.

## Importance of the New and Updated Resources

As health care delivery transitions from acute inpatient settings to outpatient settings, there is a growing need to address infection outbreak and patient notification events related to lapses in infection prevention and control in these settings. The newly developed and updated resources tailor existing guidance to specialty areas with the aim of driving practice improvements and protection of patients and staff across diverse outpatient settings and services.

The two new guides listed feature key recommendations—including infection prevention and control infrastructure information, education, and training, safe injection practices, medical device reprocessing, environmental cleaning—and real-life scenarios and checklists.

- Guide to Infection Prevention in Orthopedic and Pain Management Office Settings
- Guide to Infection Prevention for Outpatient Podiatry Settings

The following guide includes the updated checklist that can be filled in electronically.

- Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care
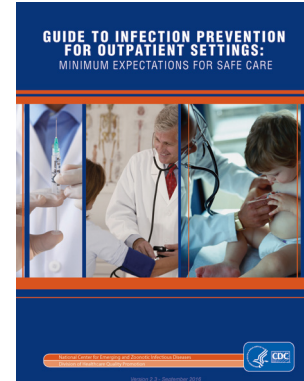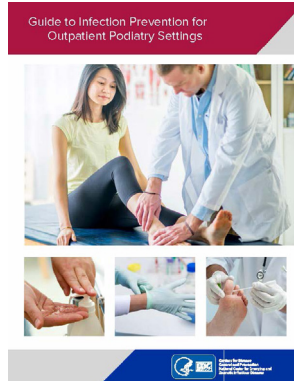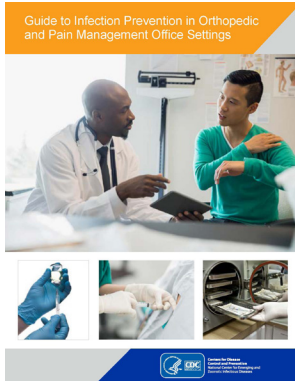
"Providing care in an environment that minimizes or eliminates the risks of health care–associated infections is critical," says David W. Baker, MD, MPH, FACP, executive vice president, Division of Healthcare Quality Evaluation. "We encourage ambulatory health care organizations to use the recommendations and activities in the guides(s) for infection prevention and control training and education, as well as to heighten awareness of the need for infection prevention in the outpatient setting."

For more information about the project and the new resources, please visit The Joint Commission website or contact Beth Ann Longo, DrPH, RN, MBA, MSN, associate director, Department of Research. P

NEXT ▼

APPROVED: New and Revised Pain Assessment and Management Standards for Behavioral Health Care, Home Care, and Nursing Care Center Programs

Effective July 1, 2019, new and revised pain assessment and management standards will be applicable to Joint Commission–accredited **behavioral health care** organizations, home health services under the **home care** program, and **nursing care centers**. This project is a continuation of the initiative that resulted in new and revised pain assessment and management requirements for ambulatory health care organizations, critical access hospitals, hospitals, and office-based surgery practices (*see* July 2017 *Perspectives* and July 2018 *Perspectives*).

The project's program-specific *R³ Reports* provide the rationales for the requirements as well as references to the research articles and reports used to develop them. In addition to an extensive literature review, new and revised requirements were developed based on public field review and expert guidance from the following groups:

- A **technical advisory panel** of practicing clinicians from various health care and academic organizations, professional associations, and the payor and health technology sectors.
- **Program-specific expert panels** consisting of professionals with clinical and leadership experience relating to pain management in behavioral health care, home health, and nursing care center settings.
- **Program-specific standard review panels** composed of clinicians and administrators who provided a frontline point of view and insights into the practical application of the proposed standards. Members included those from program-specific expert panels as well as additional representatives from organizations or professional associations.

Pain management is an important aspect of patient care in behavioral health, home health, and nursing care centers organizations. Many patients or individuals receiving care in these settings are treated with opioid medications or have a history of opioid use, or have age-related, psychiatric, and other comorbidities that make the task of pain management challenging. The new program-tailored requirements outline a multi-level approach to pain management to help frontline staff and clinicians deliver safe, individualized pain care. Depending on the program and service design, the requirements reflect the following key components of quality pain management:

- Consistent pain assessment and reassessment that includes evaluation of functional ability and treatment–associated side effects and risk factors
- Involvement of patients in pain management planning to develop individualized, realistic objectives to be used for evaluation of treatment progress
- Provision of pain treatment that includes nonpharmacologic, pharmacologic, or a combination of approaches
- Availability of educational resources to guide staff and practitioners' practices for pain screening, assessment, and management

- Responsible use of opioid medications supported by the following practices:
  - Educating patients on safe use, storage, and disposal of opioids
  - Facilitating practitioner access to prescription drug monitoring programs
  - Monitoring the use of opioids

Understanding the Standard Applicability

The new requirements have limited applicability in the behavioral health care and home care programs as follows:

Behavioral Health Care Program

- The new "Care, Treatment and Services" (CTS) requirement, CTS.02.01.09, EP 3, to assess, and then treat or refer individuals for treatment of physical pain will apply to acute 24-hour settings where consistent nursing care and medical monitoring and super-vision are in place. For other organizations, at a minimum, the organization needs to screen all individuals served to identify those for whom a physical pain assessment is indicated (CTS.02.01.09, EP 1). Then if physical pain assessment is indicated, the organiza-tion either assesses and treats or refers individuals served for assessment or treatment (CTS.02.01.09, EP 2).

The following elements of performance (EPs) in the "Human Resources Management" (HRM) and "Medication Management" (MM) chapters include a lead-in statement that clarifies the setting or circumstances under which the EP is applicable to an organization.

- Standard HRM.01.05.01, EP 12
- Standard MM.01.01.01, EP 2

Home Care Services

- The new and revised pain assessment and management standards **are not** applicable to the following home care services:
  - Personal care and support services
  - Durable medical equipment
  - Respiratory equipment
  - Supplies
  - Orthotics and prosthetics
  - Clinical respiratory services
  - Rehabilitation technology
  - Pharmacy dispensing
  - Clinical/monitoring pharmacist
  - Long-term care pharmacy

For hospice programs and freestanding ambulatory infusion services, current "Provision of Care, Treatment, and Services" (PC) requirements under Standard PC.01.02.07 underwent editorial changes that can be reviewed on the Prepublication Standards page.

These new and revised standards will be posted on the Prepublication Standards page of The Joint Commission website and will be published online in the spring 2019 E-dition® update to the *Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)*,

Comprehensive Accreditation Manuals for Home Care (CAMHC), and *Comprehensive Accreditation Manual for Nursing Care Centers (CAMNCC)*. For customers who purchase it, the spring 2019 update for *CAMBHC* and *CAMHC* will include these revisions; these revisions also will be included in the hard-copy 2020 *CAMNCC*.

For more information, please contact Natalya Rosenberg, PhD, RN, clinical project director, Department of Standards and Survey Methods. **P**

Clarifications to Recently Revised Standards for Organizations Providing Fluoroscopy Services

In the July 2018 issue of *Perspectives*, The Joint Commission announced standards changes focused on safe, high-quality imaging services **effective January 1, 2019**. The standards changes are applicable to accredited **ambulatory health care** organizations, **critical access hospitals**, and **hospitals**.

The Joint Commission has received feedback from accredited customers and key imaging stakeholders on the new and revised elements of performance (EPs). In response, The Joint Commission clarified the intent of two EPs—one in the "Human Resources" (HR) chapter and one in the "Provision of Care, Treatment, and Services" (PC) chapter.

Revisions to the two EPs—as shown by the underlined text is the following box—were *not* published in the 2018 fall update to E-dition® or any fall accreditation hard-copy product. These revisions will be published online in the spring 2019 E-dition update to the *Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)*, *Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH)*, and *Comprehensive Accreditation Manual for Hospitals (CAMH)*. For customers who purchase it, the spring 2019 update for *CAMAC* and *CAMH* and their 2020 hard-copy editions will include these revisions; these revisions also will be included in the hard-copy 2020 *CAMCAH*.

For more information, contact Joyce Webb, project director, Division of Healthcare Quality Evaluation. 🅟

Joint Commission Requirement

Elements of Performance Revision for Organizations Providing Fluoroscopy Services

APPLICABLE TO AMBULATORY HEALTH CARE ORGANIZATIONS, CRITICAL ACCESS HOSPITALS, AND HOSPITALS

Effective January 1, 2019

Human Resources (HR)

Standard HR.01.05.03: Staff participate in ongoing education and training.

Element of Performance for HR.01.05.03

15 Ⓓ The [organization] verifies and documents that individuals (including physicians, non-physicians, and ancillary personnel) who use fluoroscopic equipment participate in ongoing education that includes annual training on the following:

- Radiation dose optimization techniques and tools for pediatric and adult patients addressed in the Image Gently® and Image Wisely® campaign
- Safe procedures for operation of the types of fluoroscopy equipment they will use

Note 1: *Information on the Image Gently initiative can be found online at http://www.imagegently.org and www.imagewisely.org.*

Note 2: *This element of performance does not apply to fluoroscopy equipment used for therapeutic radiation treatment planning or delivery.*

Provision of Care, Treatment, and Services (PC)

Standard PC.01.02.15: The [organization] provides for diagnostic testing.

Element of Performance for DSPM.4

13   Ⓓ For [organizations] that provide fluoroscopic services: The cumulative-air kerma or kerma-area product is documented in a retrievable format. For fluoroscopy equipment that cannot display or provide cumulative-air kerma or kerma-area product, fluoroscopy time and number of images acquired are documented in a retrievable format, such as a picture archiving and communication system.

Note: *This element of performance does not apply to fluoroscopy equipment used for therapeutic radiation treatment planning or delivery or fluoroscopy equipment classified as a mini C-arm.*

Sentinel Event Alert: New *Alert* Focuses on Developing a Reporting Culture

The Joint Commission recently released *Sentinel Event Alert* Issue 60: Developing a reporting culture: Learning from close calls and hazardous conditions. In it, The Joint Commission outlines the importance of developing a reporting culture in all health care organizations, building on its previous published *Sentinel Event Alert,* Issue 57: The essential role of leadership in developing a safety culture. To demonstrate the importance of a reporting culture and the opportunity to learn from close calls and hazardous conditions, this *Alert* begins with the following example.

> *While a pharmacy technician was preparing a pediatric nutritional solution, a two-liter sterile water bag she was using ran out. She obtained another bag that she presumed also was sterile water but was instead a similar looking bag containing Travasol, a highly concentrated amino acid that should not be used on pediatric patients. She proceeded to prepare the nutritional solution with the Travasol. As the incorrect solution was being delivered to multiple locations, she realized that she hung the wrong bag.*
>
> *"For a few seconds, I couldn't move, I felt panicked," she remembered. "I went to my pharmacist right away and I told her I made a mistake, a big mistake." The deliveries were stopped, and all the bags were retrieved prior to reaching any patients. Later, using an objective accountability assessment tool to determine how the error occurred, hospital leaders determined that the error was a system error and not a blameworthy act. The system error was fixed, and rather than being punished, the pharmacy technician was consoled and thanked for reporting her mistake and saving the lives of patients. "I didn't care what happened to me; I cared about what would happen to the patients," she said.*

Other examples also are included throughout the *Alert* to demonstrate how to develop and nurture a culture of safety.

In addition to the real-world stories of successful reporting, the *Alert* stresses the important role organizational leadership plays in creating and growing a culture of safety. Leaders need to demonstrate to peers and staff that they not only want to create this safety culture, but that they are a part of the culture as well. Leading by example builds trust in the organization and encourages staff to model safety culture behaviors.

The following is a sample of the resources and strategies listed in this *Alert* (*see also* "The 4 Es of a Reporting Culture" infographic). *See* the full *Sentinel Event Alert* for the comprehensive list of resources and strategies.

- Suggested actions leaders may take to build and sustain a culture of safety and nurture a reporting culture
- Related Joint Commission requirements
- Joint Commission Center for Transforming Healthcare Oro® 2.0 High Reliability Organizational Assessment and Resources tool
- Pennsylvania Patient Safety Authority Good Catch program

Sentinel Event Alert Issue 60 is part of a series issued by The Joint Commission. A previous *Alert* in 2018 addressed physical and verbal violence against health care workers; past *Alerts* have addressed issues that include inadequate hand-off communication, medical device alarm safety, and preventing falls. *Sentinel Event Alerts* are available on the Sentinel Event page on The Joint Commission website. **P**

The 4 Es of a Reporting Culture

1. Establish trust

- Leaders communicate their commitment to building trust and reporting through a safety culture.
- Governance supports leadership commitment to establishing trust.
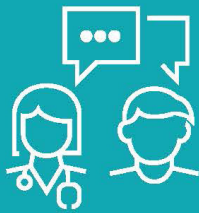
2. Encourage reporting

- The organization's incident reporting system is accessible by all staff, easy to use, enables data analysis to be done in a timely fashion, and includes reports of close calls and hazardous conditions.
- The organization's recognition program includes a feedback loop so staff know that action is being taken to address or fix safety problems they have identified.
- The organization clearly defines what types of incidents should be reported. Staff may not recognize that a daily annoyance is actually an unsafe event or unsafe condition.

3. Eliminate fear of punishment

- Those who report human errors and at-risk behaviors are NOT punished, so that the organization can learn and make improvements.
- Those responsible for at-risk behaviors are coached, and those committing reckless acts are disciplined fairly and equitably, no matter the outcome of the reckless act.
- Senior leaders, unit leaders, physicians, nurses, and all other staff are held to the same standards.

4. Examine errors, close calls and hazardous conditions

- Data is used to identify error-prone situations, the frequency at which they occur, and their potential severity.
- Data also is used to identify successes of the staff and the system.
- Learnings are used to help determine what to address, to strengthen the protective processes within the system, and to help staff identify the factors that lead up to a situation and what to look out for in similar situations in the future.

See Sentinel Event Alert Issue 60, "Developing a reporting culture: Learning from close calls and hazardous conditions," for more information, including examples of establishing trust, adopting a just culture to encourage reporting, learning from close call reporting, leadership engagement and accountability, as well as links to some videos that show leadership communicating commitment to just, reporting and learning cultures.

Additional FAQs: Suicide Risk Reduction Recommendations

The [November 2017](#), [January 2018](#), and [July 2018](#) issues of *Perspectives* published suicide risk reduction recommendations from an expert panel convened by The Joint Commission. On October 9, 2018, The Joint Commission convened the sixth expert panel to further address questions related to these recommendations. The following set of Frequently Asked Questions (FAQs) is intended to clarify the panel's recommendations to reduce the risk of suicide in health care settings.

For questions related to the FAQs or the suicide risk recommendations, please contact the Standards and Interpretation Group (SIG) via the [Standards Online Submission Form](#).

QUESTION: **Are dropped ceilings allowed in corridors and common areas on an inpatient psychiatric unit?**

ANSWER: *Yes, dropped ceilings are allowed in corridors and common areas where staff are regularly present as allowable by the facility's safety risk assessment. These areas do not need to be in constant view of staff but should be a part of the standard safety rounds conducted by staff (for example, 15-minute patient safety checks, shift-to-shift environmental rounds, and so on).*

Dropped ceilings in areas that are not fully visible to staff (for example, a right-angle curve of a corridor) should be noted on the risk assessment and have some additional steps taken to make it more difficult for a patient to attempt to access the space above the dropped ceiling (such as gluing or clipping tiles), which would allow staff to hear or see the patient's suicide attempt and prevent the attempt from occurring.

QUESTION: **Has The Joint Commission identified any specific items that should not be allowed to be brought on an inpatient psychiatric unit?**

ANSWER: *No, The Joint Commission does not determine the items to be prohibited from an inpatient psychiatric unit. Items that are prohibited to be brought into organizations, due to the risk of harm to self or others, should be determined by the organization. Compliance with such safety measures is based upon organizational policies/procedures, individual care plans, and applicable state rules or regulations.*

QUESTION: **Does The Joint Commission recommend specific ligature-resistant products?**

ANSWER: *No, The Joint Commission does not recommend products. Organizations are required to do the following:*

- *Comply with the Recommendations for Suicide Prevention in Healthcare Settings (see the previously listed* Perspectives *articles)*
- *Conduct a risk assessment of the environment*
- *Determine which products to appropriately install (based on manufacturers' instructions)*
- *Ensure that the products are functioning properly to maintain ligature resistance* **P**

Consistent Interpretation

Joint Commission Surveyors' Observations Related to Equipment Maintenance

The monthly **Consistent Interpretation** column is designed to support organizations in their efforts to comply with specific Joint Commission requirements. Each installment of the column draws from a de-identified database containing surveyors' observations (in the column to the left) on an element of performance (EP)—as well as guidance from the Standards Interpretation Group on how to interpret the observations (in the column to the right). Featured EPs are from standards applicable to the hospital program; however, the guidance in this column may be extrapolated to apply to other accreditation programs that offer similar services and populations served.

This month, **Consistent Interpretation** focuses on Joint Commission requirement that may be cited for observations related to equipment maintenance issues. This month's column highlights an Environment of Care (EC) requirement that surveyors have cited for noncompliance related to various types of non-high-risk medical equipment. *See* the following page for the standard, observations, and guidance.

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

Standard EC.02.04.03: The hospital inspects, tests, and maintains medical equipment.

EP 3: The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.

Note: *Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.*

Compliance Rate	In the first half of 2018, the noncompliance percentage for this EP was 22.83%—that is, 155 of 679 hospitals surveyed were out of compliance with this requirement.

Surveyor Observations	Guidance/Interpretation
- No preventative maintenance done on hospital beds. - A laminar flow hood, which was listed on the health care organization's medical equipment inventory, was not inspected according to its regularly scheduled maintenance program - No evidence was observed that a blanket warmer temperature was corrected as the log noted it exceeded the organization's requirement of maximum temperature. - A specimen storage refrigerator temperature monitoring log had several dates when the temperatures were not maintained or corrected when out of range. - Hydrocollator water changes and cleaning were not performed in accordance with manufacturer's recommendations. - No evidence the electronic thermometer used to monitor the temperature of the breast milk storage refrigerator had been calibrated as required.	- This is preventative maintenance only on non-resuscitation/non-high-risk equipment. Score at Standard EC.02.04.03, EP 2* for resuscitation equipment. - Score at Standard MM.05.01.07, EP 4† for laminar flow hoods used for medication preparation that are not listed on the medical equipment inventory. - Score at Standard EC.02.06.01, EP 26‡ when a lack of temperature monitoring only for medical equipment is observed. - Score here, at Standard EC.02.04.03, EP 3, if a health care organization has a policy for monitoring medical equipment and follow-up corrections are needed and not completed. - Score here, at Standard EC.02.04.03, EP 3, if the hydrocollator manufacturer's instructions, water changes, and cleaning is specific to maintaining proper operation of the unit and not an infection prevention and control activity. - If the hydrocollator manufacturer's instructions are not prescriptive on frequency of water changes and cleaning, ask what the organization's process is for these tasks and what evidence was used to reach that conclusion.

* Standard **EC.02.04.03, EP 2**: Ⓓ The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (*See also* PC.02.01.11, EP 2) Ⓡ
Note 1: *High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.*
Note 2: *Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment completed in accordance with manufacturers' recommendations must have a 100% completion rate.*
Note 3: *Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital's AEM program.*
† Standard **MM.05.01.07, EP 4**: The hospital uses a laminar airflow hood or other ISO Class 5 environment in the pharmacy for preparing intravenous (IV) admixture or any sterile product that will not be used within 24 hours.
Note: *The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.*
‡ Standard **EC.02.06.01, EP 26**: The hospital keeps furnishings and equipment safe and in good repair.

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **December 2018** 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.

Performance Improvement

Adverse Events

Teamwork and Communication

719 **Developing Standardized "Receiver-Driven" Handoffs Between Referring Providers and the Emergency Department: Results of a Multidisciplinary Needs Assessment**

K. Huth; A.M. Stack; G. Chi; R. Shields; M. Jorina; D.C. West; C.P. Landrigan; N.D. Spector; A.J. Starmer

Little is known about best practices for handoffs from referring providers to the emergency department (ED). At a tertiary care children's hospital with a communication center that receives verbal handoff via telephone from referring providers and provides written summaries to the ED, this study surveyed primary care providers, ED, and communication center staff to understand perceptions of handoff processes and ideal handoff elements. A minority of providers perceived handoff quality between outpatient practices and the ED as "very good" or "excellent"; almost half perceived regular miscommunication. This study identified 10 key elements that should be included in structured outpatient-ED handoffs.

Information Technology

731 **Using Health IT to Coordinate Care and Improve Quality in Safety-Net Clinics**

A.M. Kranz; S. Dalton; C. Damberg; J.W. Timbie

A study was conducted to examine factors associated with the use of health information technology (HIT) capabilities to improve care coordination and quality of care in health centers in the United States. Cross-sectional secondary data from the 2015 Health Resources and Services Administration's Uniform Data System was used to examine 6 measures of HIT capability related to care coordination and clinical decision support and 16 measures of quality. Many health centers reported using HIT for care coordination activities, and health center size and medical home recognition were associated with significantly greater odds of using HIT for enabling services and engaging patients. These capabilities were associated with higher overall quality and higher rates of 6 process measures and HbA1c control. There may be opportunities to further improve quality of care for vulnerable patients by promoting health centers' use of these HIT capabilities.

INNOVATION REPORT

741 **Adaptation and Implementation of a Transitional Care Protocol for Patients Undergoing Complex Abdominal Surgery**

A.V. Fisher; S.A. Campbell-Flohr; L. Sell; E. Osterhaus; A.W. Acher; K. Leahy-Gross; M. Brenny-Fitzpatrick; A.J.H. Kind; P. Carayon; D.E. Abbott; E.R. Winslow; C.C. Greenberg; S. Fernandes-Taylor; S.M. Weber

A transitional care protocol was developed to meet the needs of patients discharged to home after major abdominal surgery using an adaptation of the Coordinated-Transitional Care (C-TraC) protocol. The protocol addressed nutrition, fever, ostomy output, dehydration, drain character/output, and wound appearance. Starting in June 2016, a random sample of five patients each month was selected to complete a phone sur vey. Sur vey responders reported 100% overall satisfaction with the transitional care program. The adaptable nature of the protocol may allow for low-resource hospitals to use the methodology provided in this study to implement local phone-based transitional care protocols.

IMPROVEMENT BRIEF

751 **An Initiative to Reduce Routine Viral Diagnostic Testing in Pediatric Patients Admitted with Bronchiolitis**

B.L. Emerson; C. Tenore; M. Grossman

Current guidelines suggest that routine use of viral diagnostic testing (VDT) for bronchiolitis in pediatric patients is not advisable. A quality improvement project was conducted to reduce the use of routine VDT for patients admitted to a children's hospital from the pediatric emergency department. Key drivers were identified, and interventions, which included staff education about the cost and use of VDT and dissemination of a simplified cohorting policy aimed to eliminate VDT without medical necessity, were implemented. Between January 2017 and April 2017, VDT use in all non-ICU patients admitted from the PED with bronchiolitis decreased from 63% to 12%. In the same period, patients with VDT sent from the PED fell from 53% to 14%. Further directions for this project include the reduction of routine testing for patients with bronchiolitis who are admitted to the ICU or discharged for outpatient 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

- Updated 2019 ORYX requirements for **critical access hospitals**, **freestanding psychiatric hospitals**, and **hospitals** (*see* page 1 in this issue for the full article)
- Clarified recently revised standards for **ambulatory health care** organizations, **critical access hospitals**, and **hospitals** that provide fluoroscopy services (*see* page 4 in this issue for the full article)
- Approved new and revised pain assessment and management requirements for the **behavioral health care**, **home care** (home health services), and **nursing care center** programs (*see* page 6 in this issue for the full article)

CURRENTLY IN FIELD REVIEW

- No standards currently in field review

Note: *Please visit the Standards Field Reviews pages on the Joint Commission website for more information. Field reviews usually span six weeks; dates are subject to change.*

CURRENTLY BEING RESEARCHED OR IN DEVELOPMENT

- Proposed new antimicrobial stewardship requirement for the **ambulatory health care** and **office-based surgery** practice programs
- Proposed requirements to address Conditions for Coverage for **ambulatory health care** organizations that provide treatment for end-stage renal disease
- Proposed deletions in the **laboratory** program to reduce redundancies between the hospital and laboratory survey processes
- Evaluating current National Patient Safety Goal NPSG.02.03.01 on follow-up of all test results (**program applicability to be determined**)
- Proposed **behavioral health care** requirements related to substance use disorders
- Proposed new and revised requirements to incorporate updated American Heart Association/American Stroke Association Acute Ischemic Stroke Guidelines in all **disease-specific care** advanced stroke programs
- Researching issues related to dental and vision care for the **behavioral health care** program
- Researching potential perinatal care standards for the **critical access hospital** and **hospital** programs
- Researching issues related to management of biosafety threats (**program applicability to be determined**)
- Evaluating current requirements related to credentialing and privileging practitioners providing contract services for the **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, and **office-based surgery**

Joint Commission Resources

2019 Conference Calendar

March

Oakbrook Terrace, IL
Home Care Accreditation Essentials | March 12-13 | EDU1901

Las Vegas, NV
Accreditation for Beginners | March 26 | EDU1904
Environment of Care Base Camp | March 26-27 | EDU1902
Exploring the Life Safety Chapter | March 28-29 | EDU1903
Hospital Accreditation Essentials | March 27-28 | EDU1905
Ambulatory Accreditation Essentials | March 27-28 | EDU1906
Advanced Hospital Tracers & Data Collection | March 29 | EDU1907

April

Oakbrook Terrace, IL
Analyzing the Spectrum of Patient Safety Incidents | April 23-24 | EDU1908
Advanced Hospital Tracers & Data Collection | April 25 |
Hospital CMS Basics | April 30 | EDU1914

Washington D.C.
Emergency Preparedness Conference | April 23-24 | EDU1910

May

Oakbrook Terrace, IL
CMS Basics for Ambulatory Surgical Centers | May 6 | EDU1911
Ambulatory Care Accreditation Essentials | May 7-8 | EDU1912
Environment of Care & Life Safety Chapter for Ambulatory Care | May 9-10 | EDU1913
Hospital Accreditation Essentials | May 14-15 | EDU1915
Environment of Care & Infection Control | May 16-17 | EDU1916

June

Oak Brook, IL
Stroke Certification Conference | June 20 | EDU1917

August

Oak Brook, IL
Environment of Care Base Camp | August 6-7 | EDU1918
Exploring the Life Safety Chapter | August 8-9 | EDU1919
Home Care Executive Briefing | August 21-22 | EDU1920

September

Los Angeles, CA
Hospital CMS Update | September 4 | EDU1921
Hospital Executive Briefing | September 5 | EDU1922

New York, NY
Hospital Executive Briefing | September 12 | EDU1924
Hospital CMS Update | September 13 | EDU1923

Rosemont, IL
Hospital Executive Briefing | September 25 | EDU1926
Hospital CMS Update | September 26 | EDU1925
CJCP Essentials Prep | September 12 | EDU1933

October

Oakbrook Terrace, IL
Orthopedic Certification Conference | October 3 | EDU1928

Rosemont, IL
Behavioral Health Care Conference | October 23-24 | EDU1927

November

Lake Buena Vista, FL
Environment of Care Base Camp | November 5-6 | EDU1931
Exploring the Life Safety Chapter | November 7-8 | EDU1932

Rosemont, IL
Primary Care Medical Home | November 13 | EDU1929
Ambulatory Care Conference | November 14-15 | EDU1930
Ambulatory Care Conference | November 14-15 | EDU1930

Visit us at https://www.jcrinc.com/find-event/ starting in late fall to learn more about these events