The Joint Commission

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The Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

Contents

APPROVED: National Patient Safety Goal on Suicide Prevention Applicable to Critical Access Hospitals in July

Effective July 1, 2020, National Patient Safety Goal (NPSG) Standard NPSG.15.01.01 will apply to Joint Commission–accredited **critical access hospitals**. The NPSG has been in effect since 2007 for the hospital and behavioral health care programs and was significantly revised during 2019 following five Technical Expert Panel meetings. Because rates of death by suicide are very high in rural communities, The Joint Commission determined that this NPSG also should apply to critical access hospitals. The Joint Commission held a critical access hospital Technical Advisory Panel in May 2019 with representatives from critical access hospitals throughout the nation. The advisory panel supported applying NPSG.15.01.01 to critical access hospitals.

NPSG.15.01.01 aligns with current research and expert panel recommendations; the following is a summary of the standard:

- Psychiatric distinct part units in critical access hospitals should conduct environmental risk assessments to be ligature resistant.
- General units in critical access hospitals are not expected to be ligature resistant; however, the organization should assess the patient room, where patients at high risk for suicide may reside, to determine the items that routinely could be removed.
- Individuals being treated or evaluated for behavioral health conditions as their primary reason for care need to be screened for suicide using a validated tool. The NPSG does not require universal screening.
- The critical access hospital develops a plan to mitigate suicide based on an individual's overall level of risk.
- The critical access hospital follows written policies and procedures for counseling and follow-up care for individuals identified as at risk for suicide.

The Joint Commission's Suicide Prevention Portal lists background information and resources that can help organizations understand and meet the intent of NPSG.15.01.01. In addition, a compendium is available of instruments and resources that may be used to meet the requirements of the revised standard.

The NPSG has been posted on the Prepublication Standards page of The Joint Commission's website and will be published online in the spring 2020 E-dition® update to the *Comprehensive Accreditation Manual for Critical Access Hospitals* (*CAMCAH*); this addition also will be included in the hard-copy 2021 *CAMCAH*.

For more information, please contact Stacey Paul, RN, MSN, APN, PMHNP-BC, project director, clinical, Department of Standards and Survey Methods. P

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Key Updates to 2020 Performance Measures for Advanced Certification Programs

The Joint Commission updated key performance measures for **advanced certification** programs. As of December 31, 2019, The Joint Commission no longer has contracts with ORYX® chart-based vendors for accreditation or certification purposes. Effective with January 1, 2020, discharges, hospitals with advanced certification programs must manually enter their aggregate data into the Certification Measure Information Process (CMIP) application on their secure *Joint Commission Connect*® extranet website.

Certification Standardized Measure Submission Requirements for 2020

- All hospitals in the following advanced certification programs that have been using an ORYX chart-based vendor, will transition from ORYX chart-based vendor submission to manually entering their aggregate data on the CMIP application:
  - Acute Stroke Ready Hospital (ASRH)
  - Advanced Comprehensive Stroke Center (CSC-A)
  - Perinatal Care (PNC)
  - Primary Stroke Center (PSC)
  - Thrombectomy-Capable Stroke Center (TSC)
- ORYX vendors must submit hospitals' 3rd and 4th quarter 2019 chart-abstracted data for certification in January and April 2020, respectively, using their current vendor data submission processes.*
- Hospitals may use the services of a vendor to assist with data collection and/or aggregation to manually report the aggregate certification data via the CMIP application.
- The Perinatal Care advanced certification performance measures PC-03 (antenatal steroids) and PC-04 (bloodstream infections) have been retired from the measure set for both advanced certification and accreditation purposes.

Aggregate Data Submission for Advanced Certification versus Accreditation

Because The Joint Commission no longer is contracting with ORYX chart-based vendors for certification purposes, aggregate data submission requirements for certification and accreditation purposes will vary. The following table clarifies the accreditation and certification aggregate data submission requirements.

Questions regarding these updated performance measure requirements may be directed to the ORYX Help Line.

* This is applicable only for health care organizations that elected to use an ORYX vendor for submission of certification data in 2019.

2020 Aggregate Data Submission Requirements for Certification and Accreditation Purposes	
Advanced Certification Programs 2020 Aggregate Reporting Requirements	**Accreditation 2020 Aggregate ORYX® Reporting Requirements**
• Submit by manually entering aggregate data into the Certification Measure Information Process (CMIP) application on the *Joint Commission Connect*® extranet site.	• Submit using The Joint Commission Direct Data Submission Platform (DDSP).
• Aggregate data for a specific measure for a given month, including numerators and denominators.	• Aggregate data for a specific measure for a given month, including numerators and denominators and other data elements (for example, inpatient population, sampling information, and exclusions that were calculated overall).
• Data submission applies to advanced certification programs with standardized measures.	• Data submission applies to hospitals with an average daily census greater than 10 (for more information, *see* the ORYX 2020 requirements published in the November 2019 issue of *Perspectives*).
• Hospitals may use the services of a vendor to assist in data collection and/or aggregation to manually report their aggregate data via CMIP.	• Hospitals may use the services of a vendor to assist with data collection and/or data aggregation and other needed functionality to submit their aggregate data via the DDSP.
• Currently there are no electronic clinical quality measures (eCQMs) used for certification purposes.	• There are eCQMs for accreditation and ORYX requirements, including perinatal care and stroke.

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Clarification: Request Process for 1135 Waivers

In accordance with Emergency Management (EM) Standard EM.02.01.01, Element of Performance 14, **critical access hospitals** and **hospitals** must have in place a process to request an 1135 waiver from the US Centers for Medicare & Medicaid Services (CMS) in the event of a disaster or emergent event. In response to recent surveyor observations of a lack of a process, The Joint Commission is clarifying its 1135 waiver requirement.

Purpose of an 1135 Waiver

When a disaster or emergency is declared, Section 1135 of the Social Security Act is activated to temporarily waive or modify certain CMS requirements. These 1135 waivers ensure that sufficient health care services are available to individuals affected in the emergency area and that health care organizations providing services are reimbursed and exempted from potential sanctions. The following is a short list of possible 1135 waivers or modifications[1]:

- Conditions of Participation (CoPs) or other certification requirements
- Program participation and similar requirements
- Preapproval requirements
- State licensing requirements for physicians and other health care professionals
- Emergency Medical Treatment and Labor Act (EMTALA) sanctions
- Stark self-referral sanctions
- Performance deadlines and timetable adjustments (these may not be waived)
- Limitations on payment to permit Medicare enrollees to use out-of-network providers in an emergency

An 1135 waiver authority applies only during a current disaster or emergent event, and CMS does not issue 1135 waivers in advance of a disaster. In addition, local city, county, and state governments do not have the authority to issue 1135 waivers. All Medicare-certified providers are expected to follow Medicare guidelines for maintaining compliance with the Emergency Preparedness regulation as it relates to facility operations and evacuations during an event.

The 1135 waiver process is an additional federal authority that may be implemented, when applicable, to ensure that sufficient health care services are available to meet the needs of individuals in a community during a disaster. The waivers are event specific and time limited, and once approved, the waiver is not extended (renewable) unless there is a current Public Health Emergency (PHE) in effect for your geographic region and there is a demonstrated need to continue the PHE and 1135 waiver authority. A Medicare participating provider would not be expected to have an 1135 waiver on file from year to year.

Joint Commission Guidance

Joint Commission surveyors do not expect to review an 1135 waiver when conducting an onsite survey. However, surveyors will want to review *the process* for requesting an 1135 waiver in an organization's Emergency Operations Plan.

To initiate the process, certain criteria must be in place to request an 1135 waiver. Waivers only apply to federal regulations and two specific conditions must be met for the secretary of Health and Human Services (HHS) to be able to issue 1135 waivers:

1. HHS secretary must declare a PHE.
2. The president must declare an emergency or major disaster either through a Stafford Act Declaration or National Emergencies Act.

When these conditions are met, any entity can request an 1135 waiver from CMS, including a state, an association, a management company, or an individual provider.

According to CMS, there is no standardized waiver application form or template that is required. However, CMS requests that an authorized representative provide basic information about the facility, including the following:

- Provider name/type
- Full address (including county/city/town/state)
- CCN (Medicare provider number)
- Name of the provider's contact person, including contact information for follow-up questions should the region need additional clarification
- Brief summary of why the 1135 waiver is needed
  - For example, the critical access hospital is the sole community provider without reasonable transfer options at this point during the specified emergent event (such as flooding, tornado, fires, flu outbreak). The critical access hospital needs a waiver to exceed its bed limit by X number of beds for Y days/weeks (be specific).
- Consideration, such as the type of relief requested, or regulatory requirements or regulatory reference that the requester is seeking to be waived

During survey an organization should be able to provide its process for requesting 1135 waivers and demonstrate that leadership is aware of the 1135 waiver process and the requirements if an 1135 waiver is needed (such as, which representative would request through the state and regional offices). For potential waiver requests during an event, it is helpful to clearly state information that will address the scope of the issue and the operational impact of the disaster.

Additional Resources

The following websites provide additional information and resources on 1135 waivers, including examples of recently approved 1135 waivers, checklists, and action plans:

- CMS
  - Emergency Preparedness & Response Operations
  - 1135 Waivers
  - Frequently Asked Questions: Declared Public Health Emergencies
  - Emergency-Related Policies and Procedures That May Be Implemented Without Section 1135 Waivers
  - Current Emergencies
  - Disaster Response Toolkit
- HHS
  - Public Health Emergency
  - Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

Questions may be directed to Jim Kendig, MS, CHSP, CHCM, CHEM, LHRM, field director, survey management and development, Division of Healthcare Improvement, The Joint Commission.

Reference

1. US Centers for Medicare & Medicaid Services. 1135 Waiver—At a Glance. Accessed Nov 5, 2019. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf.

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New *Quick Safety* Focuses on Preventing Maternal Death from Obstetric Hemorrhage

In the United States, approximately 700 women die from pregnancy-related complications annually. The most frequent cause of severe and preventable maternal morbidity is obstetric hemorrhage or excessive blood loss from giving birth.

The Joint Commission recently issued *Quick Safety* Issue 51: Proactive prevention of maternal death from maternal hemorrhage in response to the increasing rates of maternal hemorrhage in developed countries, including the United States. The advisory reviews two new standards from The Joint Commission, effective July 1, 2020, that address complications in maternal hemorrhage and severe hypertension/preeclampsia.

The advisory also includes suggested strategies and safety actions to reduce morbidity and mortality from postpartum hemorrhage, including standardized and comprehensive obstetric safety bundles that provide structured procedures to improve care and outcomes using a set of evidence-based practices.

"Implementing evidence-based safety bundles has been shown to significantly reduce maternal morbidity," says Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission. "The Joint Commission encourages health care organizations to implement these safety measures, and in doing so, help reduce the national maternal mortality and morbidity rate. Women and children across our nation deserve the attention of health care leaders to this matter."

The consensus bundle on obstetric hemorrhage, developed by the Council on Patient Safety in Women's Health Care, is organized into the following four action domains:

1. Readiness
2. Recognition
3. Response
4. Reporting/systems learning

Actions within these domains include the following:

- Having a standardized, secured, and dedicated hemorrhage supply kit that is stocked in accordance with a hospital's defined process
- Assessing hemorrhage risk—prenatal, on admission, or other appropriate times
- Establishing a standardized, obstetric hemorrhage emergency management plan
- Establishing a culture of huddles for high-risk patients and post-event debriefs to identify successes and opportunities for improvement P

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Summary of Changes for 2019 Fall Update to Accreditation and Certification Manuals

Fall Update Mailed and Posted to E-dition®

The fall 2019 update to E-dition® for accreditation and certification manuals posted to the *Joint Commission Connect*® extranet site in early November with changes effective January 1, 2020. This E-dition release follows the hard-copy publications of the 2019 Update 2 to the *Comprehensive Accreditation Manual* and precedes the early December publication of the 2020 *Comprehensive Accreditation Manual*s and select standards books. The following table identifies the different media in which January 2020 updates are available for each accreditation and certification program.

Key revisions that appear in the fall update for all these products are detailed in the following sections.

Program	E-dition	Hard Copy*			Digital PDF
	2019 Update 2	2019 Update 2	2020 Comprehensive Manual	2020 Standards (Abridged)	2020 Comprehensive Manual
Publication Month	**November**	**October**	**December**	**December**	**December**
Accreditation					
Ambulatory Health Care	x	x	x	x	x
Behavioral Health Care	x	x	x	x	x
Critical Access Hospitals	x		x		
Home Care	x	x	x		x
Hospitals	x	x	x	x	x
Laboratory and Point-of-Care Testing	x		x		
Nursing Care Centers	x		x		
Office-Based Surgery Practices	x				
Certification					
Comprehensive Cardiac Centers	x				
Disease-Specific Care	x		x		
Health Care Staffing Services	x				
Integrated Care	x				
Medication Compounding	x				
Patient Blood Management	x				
Palliative Care	x				
Perinatal Care	x				

* Hard-copy updates, manuals, and standards books are available at the Joint Commission Resources webstore.

Requirement-Related Revisions

- Added Environment of Care (EC) Standard EC.02.02.01, Element of Performance (EP) 17, applicable to **office-based surgery** practices that provide fluoroscopy services (*see* the June 2019 issue of *Perspectives*)
- Added new antimicrobial stewardship requirements applicable to **ambulatory health care** organizations that routinely prescribe antimicrobial medication (*see* the July 2019 issue of *Perspectives*)
- Added new Life Safety (LS) requirement—LS.01.01.01, EP 7—addressing Basic Building Information for **ambulatory health care** organizations, **critical access hospitals**, and **hospitals** (*see* the July 2019 issue of *Perspectives*)
- Revised several requirements for **ambulatory health care** organizations, **critical access hospitals**, and **hospitals** that elect the optional Primary Care Medical Home certification (*see* the July 2019 issue of *Perspectives*)
- Deleted Human Resources (HR) Standard HR.01.05.03, EP 15, applicable to **ambulatory health care** organizations, **critical access hospitals**, **hospitals**, and **office-based surgery** practices (*see* the August 2019 issue of *Perspectives*)
- Revised several EC requirements for **office-based surgery** practices to align with the 2012 *Life Safety Code®*,* including updating National Fire Protection Association references (*see* the October 2019 issue of *Perspectives*)
- Updated the *Guidelines for Design and Construction of Health Care Facilities* reference to the 2018 version, for the **ambulatory health care**, **critical access hospital**, **hospital**, and **laboratory** programs

Other Important Revisions to Note

- Updated the crosswalk for **critical access hospitals** to include new swing bed Condition of Participation (*see* the July 2019 issue of *Perspectives*)
- Introduced five new mandatory standardized performance measures for **Comprehensive Cardiac Center** certification (*see* the September 2019 issue of *Perspectives*)
- Updated survey process—and added a new appendix—to address duplicate requirements for the laboratories seeking Joint Commission accreditation through its **laboratory** program, which also are located inside a Joint Commission–accredited critical access hospital or hospital (*see* the October 2019 issue of *Perspectives*)
- Revised three definitions—*fire*, *hemolytic transfusion reaction*, and *invasive procedures*—in the Sentinel Event Policy that applies to **all applicable accreditation programs** (*see* the November 2019 issue of *Perspectives*)
- Added new **home care** "Standards Applicability Grid" (SAG) chapter by consolidating the grids—formerly located at the beginning of each standards chapter—that identify standards applicability to specific settings
- Added new Home Infusion Deeming Option for **home care** organizations

Review the What's New section—included in your online or print accreditation or certification resource—to identify specific changes for your program setting.

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

Managing Your Manuals

Please contact Customer Technical Support for any challenges in accessing updated standards in the E-dition release accessible from your *Joint Commission Connect* extranet site. If you are missing a purchased hard-copy accreditation manual product, please contact Customer Service or call 877-223-6866 with your order number and organization name. Hard-copy and online manuals, as well as other accreditation resources, are also available for purchase on the Joint Commission Resources website. P

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The Joint Commission to Launch Newly Redesigned Websites

New Websites Will Feature Single-User Sign-On

This month The Joint Commission enterprise will launch two redesigned websites—for The Joint Commission and Joint Commission Resources (JCR). These websites include an important new feature—single-user sign-on for multiple sites, including *Joint Commission Connect*®, Targeted Solutions Tool®, and the JCR webstore. (In December 2018 The Joint Commission launched its first redesigned website with the Center for Transforming Healthcare [the Center].)

This simpler access option provides users with a more convenient way to navigate the various pages and resources offered by The Joint Commission, JCR, and the Center, by requiring only one password. When the new websites launch, customers who have a webstore account will be prompted to reset their password upon their first login to *Joint Commission Connect*; this step will sync the user's password across the aforementioned sites.

The newly redesigned websites are an example of The Joint Commission's commitment to process improvement, and the enhancements were made based on user feedback. Other key features of the new websites include the following:

- A faster, more comprehensive search experience
- Improved mobile viewing and navigation
- A consistent look and feel across the websites, making them easier to navigate across different pages, sections, and sites
- Dynamic content organized for health care providers based on care setting, needs, and where an organization is in the accreditation and certification process
- Access to performance improvement tools and resources

Users who will be affected by this improvement will receive more information this month. If you have questions about your *Joint Commission Connect* account, please contact your account executive or call 630-792-3007. All other questions may be directed to the Web Redesign Team.

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Call for Abstracts for Emergency Preparedness Poster Presentations

The Joint Commission and Joint Commission Resources, in collaboration with the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response (YNHHS-CEPDR), request that interested participants submit one or more abstracts for exhibit in the poster presentation track of the conference. YNHHS-CEPDR will coordinate this track on behalf of the conference. Abstract submission must be received by January 10, 2020, and include the following:

- **Title.** Description of your poster
- **Poster abstract authors.** List the authors of the poster as you wish them to appear in the conference program
- **Abstract.** Provide a description of the topic(s) selected.
- **Standard(s).** Indicate the Joint Commission Emergency Management Standard(s) and critical element(s) of performance your poster addresses.
- **Lessons learned.** Describe how this information can help other organizations.

The Emergency Management Standards Base Camp will be held in Lake Buena Vista, Florida, on April 21, 2020, with the 2020 Emergency Preparedness Conference following on April 22 and 23, 2020.

Authors will be notified of acceptance by January 31, 2020. If your poster is accepted for the conference, at least one of the authors of the poster must attend. For more information about abstract submission or the poster presentation, e-mail YNHHS-CEPDR or call 203-688-3437. P

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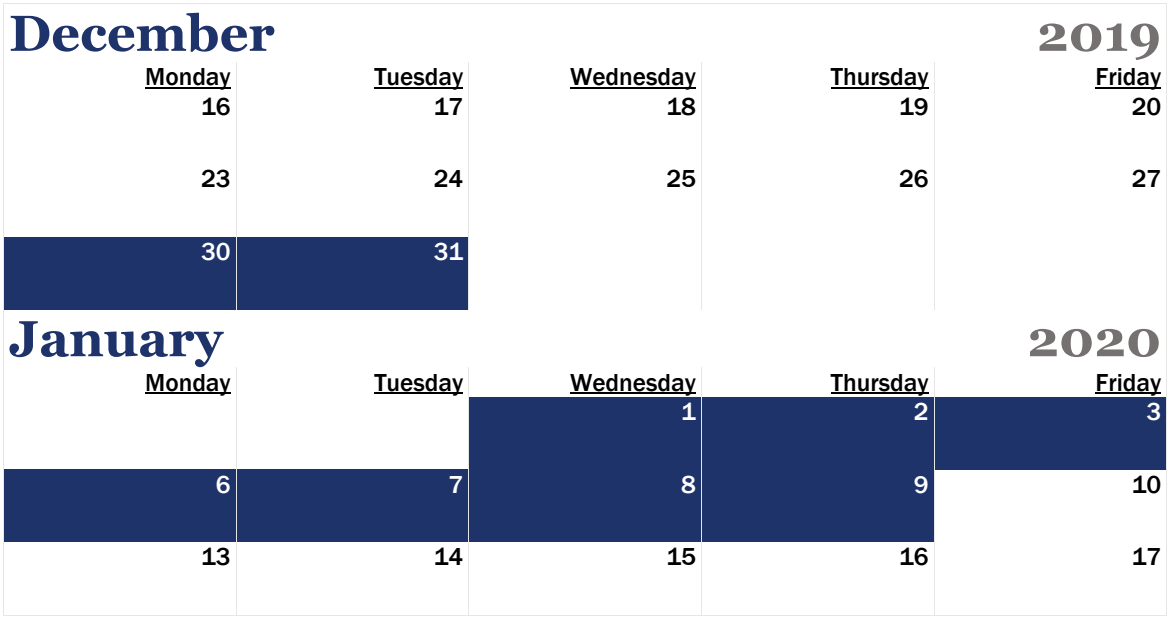
FSA Tool Temporarily Offline for January 2020 Standards Update

Starting December 30, 2019, at 7:00 P.M. central standard time (CST), the Focused Standards Assessment (FSA) tool in the Intracycle Monitoring (ICM) Profile on the *Joint Commission Connect*® extranet site will be offline for the January 2020 standards update. The tool will come back online January 9, 2020, at 9:00 P.M. CST.

Questions may be directed to your organization's designated account executive at 630-792-3007. P



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Reminder: Gift Policy

Occasionally, and particularly during the holiday season, staff at accredited and certified health care organizations want to provide Joint Commission surveyors and reviewers with gifts. Although appreciative of these kind thoughts, The Joint Commission has a gift policy that prohibits the acceptance of any gifts related to accreditation. This policy is designed to ensure the integrity of The Joint Commission's accreditation and certification decision process, as well as to ensure independence in business judgment. The Joint Commission's official policy regarding what can be accepted from health care organizations seeking accreditation with respect to gifts* is summarized as follows:

- Joint Commission employees involved with the accreditation and certification decision process (specifically, surveyors and reviewers) cannot accept any gift of value from a surveyed/reviewed or accredited/certified organization. A modest on-site meal is acceptable for efficiency purposes and is not considered a gift.
- Very few exceptions are allowable for accepting gifts. In order to avoid any potential conflicts of interest, it is in the best interest of organizations—as well as surveyors and reviewers—if no gifts are offered.
- Cash, cash equivalents, or entertainment cannot be accepted.
- If an organization feels it necessary to provide something, then promotional mementos and souvenirs of nominal value† are not considered gifts and can be accepted if given after the survey or review and when there is no apparent attempt to influence a business decision. Good judgment and caution are necessary in these situations.

Questions may be directed to Fran Carroll, corporate compliance and privacy officer and senior assistant general counsel, The Joint Commission.

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* Gifts can include anything of value given to or by Joint Commission employees, including cash; gratuities; meals; gift certificates; tickets to sporting events, cultural or community events, or invitations to performances or other events; favors (specially arranged for the recipient and not commonly offered to everyone); discounts; free services; space; equipment; loans; education; lodging; or transportation. Gifts do not include emergency health care, security, or safety provisions to protect staff while on site for consultation or survey/review.

† A gift of "nominal value" is an item of little value, such as a promotional item (for example, a pen, coffee mug, cap, T-shirt) that carries an organization name or logo.

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Consistent Interpretation

Joint Commission Surveyors' Observations Related to Egress Door Access

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 database of surveyors' de-identified observations (in the column to the left) on an element of performance (EP)—as well as guidance from the Standards Interpretation Group on interpreting the observations (in the column to the right).

The requirements in this column are not necessarily those with high rates of noncompliance. Rather, they are EPs with 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 the hospital program; however, the guidance in this column may be extrapolated to apply to other accreditation programs with similar services and populations served.

This month, **Consistent Interpretation** focuses on improper door locking arrangements.

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

<table>
<tr><td colspan="3">Life Safety (LS) Standard LS.02.01.20: The hospital maintains the integrity of the means of egress.</td></tr>
<tr><td colspan="3">EP 1: Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) R

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code* Tentative Interim Amendment (TIA) 12-4.</td></tr>
<tr><td>Compliance Rate</td><td colspan="2">In the first half of 2019, the noncompliance percentage for this EP was 17.44%—that is, 120 of 688 hospitals surveyed did not comply with this requirement.</td></tr>
<tr><td>Noncompliance Implications</td><td colspan="2">Improperly installed door hardware increases the risk of injury to individuals when they are prevented or delayed from the exiting building.</td></tr>
<tr><td>Surveyor Observations</td><td colspan="2">Guidance/Interpretation</td></tr>
<tr><td>• During a tour of a locked, geri-psych behavioral health unit, multiple staff were identified as not having a key to open a locked magnetic exit door.
• An exit door had a delayed-egress device installed, but the required sign was not present.
• The exit door was equipped with a thumb latch that required more than one action to release.
• An exit door with a delayed-egress device was tested during the building tour. The following was observed:
❍ The door device did not allow the door to open.
❍ The door device released to open the door, but not within the time required by the organization.</td><td colspan="2">• Locking egress doors for clinical need or security is permitted provided staff can readily unlock the doors at all times (they cannot go to a central location to get a key).
• Delayed egress or access-controlled egress doors must have the required signage in addition to all the features required in National Fire Protection Association (NFPA) 101–2012, Section 7.2.1.6.1(4).
• Multiple delayed-egress locks are permitted in the same path of egress.
• In accordance with NFPA 101–2012, Section 7.2.1.5.10.2: The releasing mechanism shall open the door leaf with not more than one releasing operation, unless otherwise specified in 7.2.1.5.10.3, 7.2.1.5.10.4, or 7.2.1.5.10.6.</td></tr>
</table>

* *Life Safety Code*® (NFPA 101) is a registered trademark of the National Fire Protection Association, Quincy, MA.

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The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **November 2019** 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.

EDITORIALS

Care Processes

Medication Safety

Teamwork and Communications

AHRQ Series on Improving Translation of Evidence

RESEARCH LETTER

IMPROVEMENT BRIEF

781 Who You Gonna Call? Outcomes of a Team-Based Approach to Respond to Disruptive Behavioral Issues in Hospitalized Patients

C. Moore, N. Damari, E.A. Liles, B. Bramson

Rapid response teams have become common in hospital systems, but behavioral response teams have been less widely implemented, and documentation of their use is limited. In this article, Moore and colleagues describe the patient population, inciting events, and outcomes of the behavioral response system at a single institution.

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

- Approved National Patient Safety Goal requirements on suicide prevention for **critical access hospitals** (*see* page 2 in this issue for the full article)
- Updated 2020 performance measure requirements for advanced certification programs, including **acute stroke ready hospital**, **primary stroke center**, **thrombectomy-capable stroke center**, **advanced comprehensive stroke center**, and **perinatal care** (*see* page 3 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's website for more information. Field reviews usually span six weeks; dates are subject to change.*

CURRENTLY BEING RESEARCHED OR IN DEVELOPMENT

- Evaluating current child welfare standards in the **behavioral health care** program
- Evaluating current National Patient Safety Goal (NPSG) Standard NPSG.02.03.01 on follow-up of all test results (**program applicability to be determined**)
- Developing 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 management of biosafety threats (**program applicability to be determined**)
- Evaluating Medication Compounding Certification requirements, including those in the **home care** program
- Evaluating current **ambulatory health care** program requirements for freestanding emergency departments
- Researching proposed requirements for a new Assisted Living accreditation program
- Evaluating **laboratory** program expansion related to embryology, pathology, and molecular diagnostics

The Joint Commission Perspectives®

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