


Joint Commission standards: Addressing safety for patients and workers

Engaging Stakeholders in Expanding Occupational Health
Surveillance within the National Healthcare Safety Network
November 16 2009, Cincinnati OH

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Overview

- ▶ Introduction to Joint Commission
- ▶ OSHA-related initiatives, past and present
- ▶ Current standards that address worker health and safety
 - Integrated with patient safety issues
 - Occupational illness and staff injury reporting and investigation (EC 04.01.01)

What is The Joint Commission?

- ▶ An independent, not-for-profit organization, the nation's predominant standards-setting and accrediting body in health care
 - Since 1951, The Joint Commission has maintained state-of-the-art standards that focus on improving the quality and safety of care provided by health care organizations.
- ▶ Evaluates and accredits more than 16,000 health care organizations and programs in the United States
- ▶ Comprehensive process evaluates an organization's compliance with these standards and other accreditation or certification requirements
 - To earn and maintain accreditation, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years.
- ▶ Governed by a 29-member Board of Commissioners
 - Includes physicians, administrators, nurses, employers, a labor representative, health plan leaders, quality experts, ethicists, a consumer advocate & educators
 - Corporate members are the American College of Physicians, the American College of Surgeons, the American Dental Association, the American Hospital Association, and the American Medical Association.
- ▶ Employs approximately 1,000 people in its surveyor force, at its central office in Oakbrook Terrace, Illinois, & satellite office in Washington, D.C.

Mission and accreditation programs

Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value


Accreditation Program	Established	Approx. # orgs
Ambulatory Care	1975	1,600
Behavioral Health Care	1969	1,800
Critical Access Hospital	2001	370
Home Care	1988	4,000
Hospital	1951	4,250
Laboratory Services	1979	2,000
Long Term Care	1966	1,100
Office-Based Surgery	2001	400

Standards for Hospitals 2009 (1)

Chapter	# Standards	# Elements of Performance
Environment of Care	20	142
Emergency Management	12	111
Human Resources	7	39
Infection Prevention and Control	11	59
Information Management	8	31
Leadership	32	175
Life Safety	18	196
Medication Management	20	134
Medical Staff	25	172

Standards for Hospitals 2009 (2)

Chapter	# Standards	# EPs
National Patient Safety Goals	25	142
Nursing	5	29
Provision of Care, Treatment, and Services	66	274
Performance Improvement	4	36
Record of Care, Treatment, & Services	11	54
Rights & Responsibilities of Individual	14	95
Transplant Safety	5	37
Waived Testing	5	26



Comparative Performance Measurement

- ▶ The Joint Commission supportive of external data bases that provide comparative data (e.g. NHSN)
 - “The Measurement Mandate” D.S. O’Leary MD, 1993
- ▶ Developed and tested numerous measures for standardized reporting
 - 1985 through “core measures”
 - HQA, CMS HospitalCompare and Quality Check websites
- ▶ Recognize challenges of establishing and maintaining valid, useful measurement systems
 - Enormous value of stakeholder input



OSHA-related initiatives

- ▶ Joint Commission Resources (JCR)
disseminating information and examples of effective practices
 - Newsletters addressing common domains, cross-walked standards
- ▶ JCR programs and books
- ▶ OSHA and Joint Commission collaboration
“Hammer”

Newsletters

Environment of Care



The Official Joint Commission Environment of Care® News Source

December 2004

Vol. 7, Issue 12

The Joint Commission and OSHA: The Common Ground *Shared Goals Can Mean Reduced Duplication in Health Care Safety Efforts*

The Joint Commission's mission, "to improve the safety and quality of health care delivered to the public" covers wide-ranging areas of health care, while OSHA, with its mission to "improve the workplace environment" focuses on a specific area of health care. In terms of safety, the Joint Commission standards "emphasize risk-reduction activities designed for staff, visitors, and vendors as well as patients,"¹ and OSHA requirements emphasize the safety of the staff. As of July 28, 2004, the Joint Commission has partnered with OSHA to educate the health care community on reducing exposure to biological and airborne hazards in health care and other safety concerns.

The two organizations share the goal of improving the safety of health care organizations. In fact, the joint



Commission's Environment of Care (EC) standards are very similar to OSHA's General Industry Standards.² For example, the following Joint Commission EC management plans are common to OSHA's Environment of Work concerns:¹

- Security
- Medical equipment
- Safety
- Hazardous materials and waste management
- Life safety
- Emergency preparedness
- Utilities management

In addition, the Joint Commission and OSHA share concerns about the strategies used to protect health care workers. Therefore, the organizations' standards and requirements both focus on ergonomics, bloodborne pathogen control, violence prevention, hazardous materials management, and life safety.¹ There is an overlap between the "environment of care" and the "environment of work," as shown in Figure 1, page 2, Figure 2, page 3, details more specifically how OSHA topics compare with Joint Commission standards.

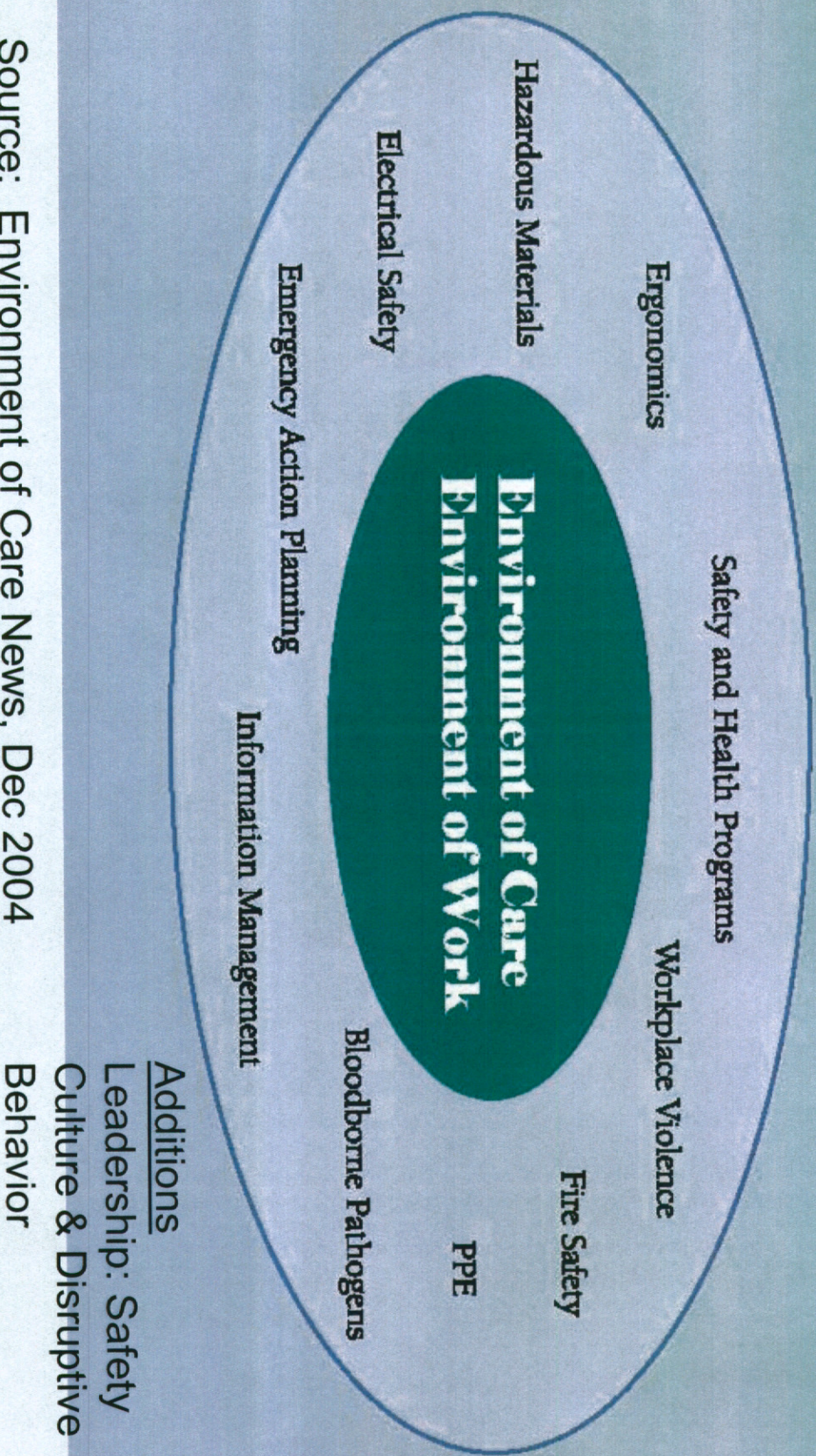
(continued on next page >)

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The Joint Commission and OSHA: The Common Ground— <i>Shared Goals Can Mean Reduced Duplication in Health Care Safety Efforts</i>	1
Compliance Power: Results of Advisory Panel on USP Chapter 797— <i>Joint Commission Survey Expectations Clarified</i>	5
National Patient Safety Goals & EC: Reducing Injuries from Patient and Resident Falls— <i>Managing the Environment of Care to Help Meet the New National Patient Safety Goal</i>	9

In This Issue

Figure 1.
Shared Strategies for a Safe and Healthy Work Environment



Source: Environment of Care News, Dec 2004

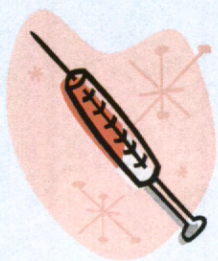
Additions
Leadership: Safety
Culture & Disruptive
Behavior

Source: Environment of Care News, Dec 2004

Figure 2. Crosswalk of OSHA Topics to Joint Commission Standards

OSHA Topic	Joint Commission Standards
BBP, TB, & Legionella	EC.1.10, EC.1.20, EC.3.10, EC.9.10, EC.9.20, EC.9.30, HR.2.10, HR.2.20, HR.2.30
Confined Space	EC.1.10, HR.2.10, HR.2.20, HR.2.30
Education/Professional Qualifications of Parties Responsible for the Safety and Health Program	EC.1.10, HR.2.10, HR.2.20, HR.2.30, LD.2.20
Electrical Safety	EC.1.10, HR.2.10, HR.2.20, HR.2.30
Emergency Action Planning	EC.1.10, EC.4.10, HR.2.10, HR.2.20, HR.2.30
ETO, H ₂ CO, & Glutaraldehyde	EC.1.10, EC.1.20, EC.3.10, EC.9.10, EC.9.20, EC.9.30, HR.2.10, HR.2.20, HR.2.30
Fire Safety	EC.1.10, EC.5.10, EC.5.20, EC.5.40, EC.5.50, EC.9.10, EC.9.20, EC.9.30
Hazard Communication	EC.1.10, EC.3.10, HR.2.10, EC.9.10, HR.2.20, HR.2.30
Information Management	IM.1.10, IM.2.10, IM.3.10, LD.4.50, LD.4.70, LD.4.80, IM.1.10, IM.2.10, IM.2.20, IM.3.10, IM.4.10, IM.5.10
Laboratory and Hazcom	EC.1.10, EC.3.10, EC.9.10, EC.9.20, EC.9.30
Machine Guarding	EC.1.10, HR.2.10, HR.2.20, HR.2.30
Patient Handling, Lifting, and Moving	EC.1.10, HR.2.10, HR.2.20, HR.2.30, EC.9.10, EC.9.20, EC.9.30
Personal Protective Equipment	EC.1.10, EC.3.10, EC.6.10, EC.7.10, HR.2.10, HR.2.20, HR.2.30
Safety & Health Programs	EC.1.10, EC.1.20, LD.3.80, EC.9.10, EC.9.20, EC.9.30
Safety & Health Statistics, OSHA Record Keeping	EC.9.10, EC.9.20, EC.9.30
Ventilation	EC.1.20, EC.7.10, EC.7.30, EC.7.50, EC.8.10, EC.8.30, EC.9.10, EC.9.20
Voluntary Protection Program	EC.1.10, EC.1.20, EC.2.10, EC.3.10, EC.8.10, EC.9.10, EC.9.20, EC.9.30
Walking and Working Surfaces	EC.1.10, EC.1.20
Workplace Violence	EC.1.10, EC.1.20, EC.2.10, EC.9.10, EC.9.20, EC.9.30

Sentinel Event Alert: Preventing Needlestick and Sharps Injuries



- ▶ High profile newsletter spotlighting important safety issues Issue 22 - August 1, 2001
- ▶ "This issue of *Sentinel Event Alert* devoted to increasing organizational understanding of needlestick and sharps injuries and presenting suggestions for preventing their occurrence, as well as advising organizations of the new requirements adopted in the Needlestick Safety and Prevention Act passed unanimously by Congress and signed into law on November 6, 2000."
- ▶ "Though most organizations believe they are doing what is necessary to prevent injuries, needlestick and sharps injuries continue to occur," says Nancy Quick, CSP, CIH, compliance assistance specialist, Occupational Safety and Health Administration (OSHA). "And, though cost is often cited as a factor for not using safer devices, it is actually a savings when you consider the cost of treating the individual once an injury occurs."


Joint Commission Resources



- ▶ Audio conferences in cooperation with NIOSH & OSHA
 - "Protecting Your Health Care Workers from Falls" led by James Collins PhD June 17, 2009
 - "Healthcare and Security: Preventing Criminal Events" led by Elise Handelman, Division Occupational Health Nursing, OSHA
 - "Best Practices in Respiratory Protection" 8/19/09 led by William Buchta MD - Mayo
- ▶ CD-ROM and Guidebook
 - "Environment of Care Crosswalk: A Comparison of 2009 Environment of Care, Emergency Management and Life Safety Standards with OSHA, NFPA, EPA and Other Regulations. November 2008
- ▶ Recent *Environment of Care*® News. Volume 12, Issue 9 September 2009: **OSHA & Worker Safety: Power and Precision Laser Safety in the Surgical Suite**

With thanks to Al Gore






National Occupational Research Agenda: Healthcare and Social Assistance Sector

Strategic Goal 1: Seven Elements of Effective Illness and Injury Prevention Program

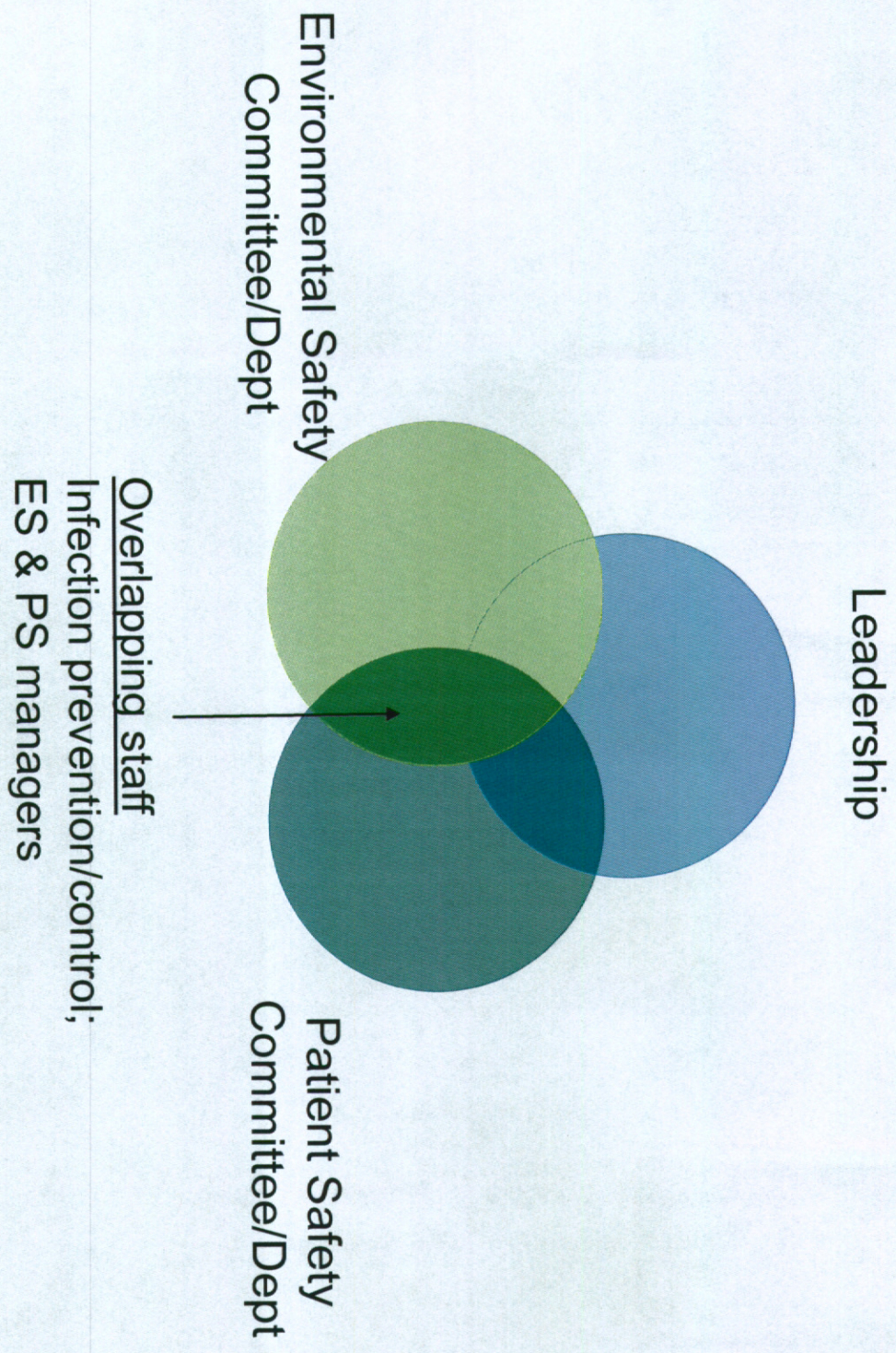
- Management commitment and worker involvement
- Data systems that track, trend and communicate hazards, illness and injuries
- Workplace assessment of risks to worker and patient safety
- Root cause analysis of work-related incidents and injuries
- Hazard elimination
- Workforce and management training
- Worker leadership training to promote full participation in HPP programs




Standards related to NORA seven elements of prevention program

Chapter	Number of standards
Environment of care	7
Leadership	6
Infection Prevention and Control & related NPSG	5
Human Resources	1

Worker vs patient safety? Typical hospital safety committee structures






Focus of Joint Commission Environment of Care Standards

- ▶ Worker issues and patient issues are often addressed in same standard
 - EC chapter addresses reducing and managing risks to workers, patients and visitors associated with:
 - Safety and security
 - Fire
 - Hazardous materials and waste
 - Medical equipment
 - Utility systems

- ▶ General structure for standards within a chapter
 - Plan
 - Implement
 - Staff demonstrate competence
 - Monitor, Analyze and Improve

- ▶ To meet the intent of the EC standards, hospitals must include OSHA's General Industry standards in their safety program



EC 01.01.01: The hospital plans activities to minimize risks in the environment of care

1 Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results.

Note: Deficiencies include injuries, problems, or use errors

- 2 Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.
- 3 The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities.
- 4 The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities.
- 5 The hospital has a written plan for managing the following: Hazardous materials and waste.
- 6 The hospital has a written plan for managing the following: Fire safety.
- 7 The hospital has a written plan for managing the following: Medical equipment.
- 8 The hospital has a written plan for managing the following: Utility systems.

EC 02.01.01: The hospital manages safety and security risks

- 1 The hospital identifies safety and security risks associated with the environment of care.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, and results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.


- 3 The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.
- 5 The hospital maintains all grounds and equipment.
- 7 The hospital identifies individuals entering its facilities.

Note: The hospital determines which of those individuals require identification and how to do so.

- 8 The hospital controls access to and from areas it identifies as security sensitive.
- 9 The hospital has written procedures to follow in the event of a security incident, including an infant or pediatric abduction.
- 10 When a security incident occurs, the hospital follows its identified procedures.
- 11 The hospital responds to product notices and recalls.


EC 02.02.01: The hospital manages risks related to hazardous materials and waste

- 1 The hospital maintains a written, current inventory of hazardous materials & waste that it uses, stores, or generates.** The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law & regulation
- 3 The hospital has written procedures, including use of precautions and personal protective equipment, to follow in response to hazardous material & waste spills or exposures.**
- 4 The hospital implements its procedures in response to hazardous material & waste spills or exposures.**
- 5 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.**
- 6 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.**
- 7 The hospital minimizes risks associated with selecting and using hazardous energy sources.** *Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).*
- 8 The hospital minimizes risks associated with disposing of hazardous medications.**
- 9 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors.** *Note: Hazardous gases & vapors include... glutaraldehyde, ethylene oxide, vapors generated while using cauterizing equipment and lasers, & gases e.g. nitrous oxide*
- 10 The hospital monitors levels of hazardous gases and vapors to determine that they are in safe range.** *Note: Law & regulation determine frequency of monitoring hazardous gases & vapors, acceptable ranges.*
- 11 For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and material safety data sheets required by law and regulation.**
- 12 The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings.** *Footnote: OSHA's Bloodborne Pathogens and Hazard Communications Standards and the NFPA provide details on labeling requirements.*



EC 03.01.01: Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care

- 1 Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care.
- 2 Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident.
- 3 Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks.



EC 04.01.03: The hospital analyzes identified environment of care issues


- 1 Representatives from clinical, administrative, and support services participate in the analysis of environment of care data.**
- 2 The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.**
- 3 Annually, representatives from clinical, administrative, and support services recommend one or more priorities for improving the environment of care.**

EC 04.01.01 The hospital collects information to monitor conditions in the environment (1)

- 1 The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
 - Injuries to patients or others within the hospital's facilities
 - Occupational illnesses and staff injuries
 - Incidents of damage to its property or the property of others
 - Security incidents involving patients, staff, or others within its facilities
 - Hazardous materials and waste spills and exposures
 - Fire safety management problems, deficiencies, and failures
 - Medical or laboratory equipment management problems, failures, and use errors
 - Utility systems management problems, failures, or use errors
- 3 Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital's facilities.
- 4 Based on its process(es), the hospital reports and investigates the following: Occupational illnesses and staff injuries.
- 5 Based on its process(es), the hospital reports and investigates the following: Incidents of damage to its property or property of others.
- 6 Based on its process(es), the hospital reports and investigates the following: Security incidents involving patients, staff, or others within its facilities.


EC 04.01.01 The hospital collections information to monitor conditions in the environment (2)

- 8 Based on its process(es), the hospital reports and investigates the following: **Hazardous materials and waste spills and exposures.**
- 9 Based on its process(es), the hospital reports and investigates the following: Fire safety management problems, deficiencies, and failures.
- 10 Based on its process(es), the hospital reports and investigates the following: Medical/laboratory equipment management problems, failures, and use errors.
- 11 Based on its process(es), the hospital reports and investigates the following: Utility systems management problems, failures, or use errors.
- 12 The hospital conducts environmental tours every six months in patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks.
- 13 The hospital conducts annual environmental tours in non-patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment.
- 14 The hospital uses its tours to identify environmental deficiencies, hazards, and unsafe practices.
- 15 Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness.




EC 04.01.05: The hospital improves its environment of care

- 1 The hospital takes action on the identified opportunities to resolve environmental safety issues.
- 2 The hospital evaluates changes to determine if they resolved environmental safety issues.
- 3 The hospital reports performance improvement results to those responsible for analyzing environment of care issues.




IC 02.03.01: The hospital works to prevent the transmission of infectious disease among patients, licensed independent practitioners, and staff

- 1 The hospital makes screening for exposure and/or immunity to infectious disease available to licensed independent practitioners and staff who may come in contact with infections at the workplace.
- 2 When licensed independent practitioners or staff have, or are suspected of having, an infectious disease that puts others at risk, the hospital provides them with or refers them for assessment and potential testing, prophylaxis/treatment, or counseling.
- 3 When licensed independent practitioners or staff have been occupationally exposed to an infectious disease, the hospital provides them with or refers them for assessment and potential testing, prophylaxis/treatment, or counseling.
- 4 When patients have been exposed to an infectious disease, the hospital provides them with or refers them for assessment and potential testing, prophylaxis/treatment, or counseling.



IC 02.04.01: The hospital offers vaccination against influenza to licensed independent practitioners and staff

- 1 The hospital establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
- 2 The hospital educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.
- 3 The hospital provides influenza vaccination at sites accessible to licensed independent practitioners & staff.
- 4 The hospital annually evaluates vaccination rates & reasons given for declining the influenza vaccination.
- 5 The hospital takes steps to increase influenza vaccination rates.




Summary

- ▶ **Several standards relate to worker health and safety**
 - One EP on reporting and investigation of occupational illnesses and staff injuries
 - One EP on monitoring and evaluating influenza vaccination rates
- ▶ **Joint Commission strongly supportive of comparative performance measurement**
- ▶ **Participation in new, existing NHSN modules is a mechanism for enhancing compliance with standards**
- ▶ **Ultimately improving safety for patients and staff**

Thank you for your attention


LD 03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital

- 1 Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
- 2 Leaders prioritize and implement changes identified by the evaluation.
- 3 Leaders provide opportunities for all individuals who work in the hospital to participate in safety and quality initiatives.
- 4 The leaders develop a code of conduct that defines acceptable, disruptive, and inappropriate behaviors.
- 5 Leaders create and implement a process for managing disruptive and inappropriate behaviors.
- 6 Leaders provide education that focuses on safety and quality for all individuals.
- 7 Leaders establish a team approach among all staff at all levels.
- 8 All individuals who work in the hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality.
- 9 Literature and advisories relevant to patient safety are available to all individuals who work in the hospital.
- 10 Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.




LD 03.06.01: Those who work in the hospital are focused on improving safety and quality

- 1 Leaders design work processes to focus individuals on safety and quality issues.
- 2 Leaders are able to describe how those who work in the hospital support a culture of safety and quality.
- 3 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. *Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.*
- 4 Those who work in the hospital are competent to complete their assigned responsibilities.
- 5 Those who work in the hospital adapt to changes in the environment.
- 6 Leaders evaluate the effectiveness of those who work in the hospital to promote safety and quality.



LD 04.01.01: The hospital complies with law and regulation

- 1 The hospital is licensed, certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission. *Note: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law.*
- 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
- 3 Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.



LD 04.04.03: New or modified services or processes are well-designed

- 1 The hospital's design of new or modified services or processes incorporates the needs of patients, staff, and others.
- 2 The hospital's design of new or modified services or processes incorporates: The results of performance improvement activities.
- 3 The hospital's design of new or modified services or processes incorporates: Information about potential risks to patients.
- 4 The hospital's design of new or modified services or processes incorporates: Evidence-based information in the decision-making process. *Note: For example, evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards.*
- 5 The hospital's design of new or modified services or processes incorporates: Information about sentinel events.
- 6 The hospital tests and analyzes its design of new or modified services or processes to determine whether the proposed design or modification is an improvement.
- 7 The leaders involve staff and patients in the design of new or modified services or processes.


LD 04.04.05: The hospital has an organization-wide, integrated patient safety program (1)

- 1 The hospital implements a hospital-wide patient safety program.
- 2 One or more qualified individuals or an interdisciplinary group manages the safety program.
- 3 The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions & sentinel events.
- 4 All departments, programs, and services within the hospital participate in the safety program.
- 5 As part of the safety program, the hospital creates procedures for responding to system or process failures. *Note: Responses might include continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.*
- 6 The hospital provides and encourages the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment.
- 7 The hospital defines “sentinel event” and communicates this definition throughout the organization. *Note: At a minimum, the organization’s definition includes those events subject to review in the Sentinel Events (SE) chapter of this manual. The definition may include any process variation that does not affect the outcome or result in an adverse event, but for which a recurrence carries significant chance of a serious adverse outcome or result in an adverse event, often referred to as a near miss.*

LD 04.04.05: The hospital has an organization-wide, integrated patient safety program (2)

- 8 The hospital conducts thorough and credible root cause analyses in response to sentinel events as described in the Sentinel Events (SE) chapter.
- 9 The hospital makes support systems available for staff who have been involved in an adverse or sentinel event. *Note: Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event & require support. Support systems provide staff with additional help and support & additional resources through human resources function or an employee assistance program. Support systems also focus on the process rather than blaming involved individuals.*
- 10 At least every 18 months, the hospital selects one high risk process and conducts a proactive risk assessment. *Note: See the Introduction to this standard for suggested components of a proactive risk assessment.*
- 11 To improve safety & reduce the risk of medical errors, the hospital analyzes & uses information about system or process failures & the results of proactive risk assessments.
- 12 The hospital disseminates lessons learned from root cause analyses, system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation.
- 13 At least once a year, the hospital provides governance with written reports on... :
 - All system or process failures
 - The number and type of sentinel events
 - Whether the patients and the families were informed of the event
 - All actions taken to improve safety, both proactively and in response to actual occurrences
- 14 The hospital encourages external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs.

Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the Food and Drug Administration (FDA) Med Watch. Mandatory programs are often state-initiated.




HR 01.06.01: Staff are competent to perform their responsibilities

- 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.
- 2 The hospital uses assessment methods to determine the individual's competence in the skills being assessed. *Note: Methods may include test taking, return demonstration, or use of simulation.*
- 3 An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. *Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.*
- 5 Staff competence is initially assessed and documented as part of orientation.
- 6 Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.
- 15 The hospital takes action when a staff member's competence does not meet expectations.


IC 02.01.01: The hospital implements its infection prevention and control plan

- 1 The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.
- 2 The hospital uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.
- 3 The hospital implements transmission-based precautions in response to pathogens that are suspected or identified within the hospital's service setting and community
- 5 The hospital investigates outbreaks of infectious disease.
- 6 The hospital minimizes the risk of infection when storing and disposing of infectious waste.
- 7 The hospital implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families.
- 8 The hospital reports infection surveillance, prevention, and control information to the appropriate staff within the hospital.
- 9 The hospital reports infection surveillance, prevention, and control information to local, state, & federal public health authorities in accordance with law & regulation.
- 10 When the hospital becomes aware that it transferred a patient who has an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization.
- 11 When the hospital becomes aware that it received a patient from another organization who has an infection requiring action, and the infection was not communicated by the referring organization, it informs the referring organization.



IC 02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies


- 1 The hospital implements infection prevention and control activities when doing the following: Cleaning and disinfecting medical equipment, devices, and supplies.
- 2 The hospital implements infection prevention and control activities when doing the following: Sterilizing medical equipment, devices, and supplies.
- 3 The hospital implements infection prevention and control activities when doing the following: Disposing of medical equipment, devices, and supplies.
- 4 The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.
- 5 When reprocessing single-use devices, the hospital implements infection prevention and control activities that are consistent with regulatory and professional standards.



NPSG.07.01.01 : Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines

1 The hospital complies with current World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.


Note: Hospitals are required to comply with 1A, 1B, and 1C of the WHO or CDC guidelines.



Why seek voluntary accreditation?


Hospitals seek Joint Commission accreditation because it:

- ▶ Strengthens community confidence in the quality and safety of care, treatment and services
- ▶ Provides a competitive edge in the marketplace
- ▶ Improves risk management and risk reduction
- ▶ Helps organize and strengthen patient safety efforts
- ▶ Provides education on good practices to improve business operations
- ▶ Provides professional advice and counsel, enhancing staff education
- ▶ Provides a customized, intensive process of review grounded in the unique mission and values of the organization
- ▶ Enhances staff recruitment and development
- ▶ **Provides deeming authority for Medicare certification**
- ▶ Recognized by insurers and other third parties
- ▶ May reduce liability insurance costs
- ▶ **Provides a framework for organizational structure and management**
- ▶ May fulfill regulatory requirements in select states



Survey process

- ▶ Data-driven, patient-centered and focused on evaluating actual care processes
 - Annual periodic performance review
 - Performance measurement requirements (core measures)
- ▶ Objective not only to evaluate the organization, but to provide education and “good practice” guidance that will help staff continually improve the organization’s performance.
 - designed to be organization-specific, consistent and to support the organization’s efforts to improve performance
- ▶ Unannounced surveys
 - receive no notice of the survey date prior to the start of the survey (with rare exceptions such as DoD, Bureau of Prisons facilities)
- ▶ Between 18 and 39 months after its previous full survey
 - 24 months for labs
 - date varies based on pre-established criteria generated from Priority Focus Process data, as well as other factors
- ▶ Survey length and surveyor complement varies by hospital size, complexity




Sample on-site survey agenda

- ▶ Survey planning session
- ▶ Opening conference and orientation to the organization
- ▶ Leadership session
- ▶ Tracer methodology
 - Individual tracers follow the experience of care for individuals through the entire health care process
 - System tracers evaluate the integration of related processes and the coordination and communication among disciplines and departments in those processes
 - specific time slots devoted to in-depth discussion and education regarding the use of data in performance improvement (as in core measure performance and the analysis of staffing), medication management, infection control, and other current topics of interest to the organization
- ▶ Human resources review
- ▶ Credentials review
- ▶ Exit conference
 - CEO and organization exit conferences are held to discuss survey findings with leadership and staff

The Hammer Award





Additional collaborations

- ▶ In June 2000, The Joint Commission and OSHA extended an educational partnership agreement, established in 1996, that renews a commitment to help health care organizations efficiently meet both entities' requirements.
- ▶ “Defending Your Front Lines: National Conference for Hospital-based First Receivers” October 6-7, 2005; George Washington University
 - Co-convened by OSHA, The Joint Commission and Joint Commission Resources
 - Leaders Don Wright MD PHD (OSHA) and Robert Wise MD Joint Commission
 - Promoted January 2005 OSHA document titled “Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances”
- ▶ New efforts for collaboration between NIOSH Personal Protective Technology Lab and The Joint Commission