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Accreditation

Survey change: Surveyors temporarily stop scoring one requirement of SSI NPSG 07.05.01, EP 5
Effective immediately, Joint Commission organizations will not be cited on a specific requirement in element of performance (EP) 5 of the National Patient Safety Goal on surgical site infection (SSI) prevention, NPSG.07.05.01. The requirement that will **not** be cited is to measure surgical site infection rates for the first year following procedures involving implantable devices. However, organizations will still be required to measure surgical site infection rates for the first 30 days following procedures that do not involve inserting implantable devices. NPSG 7 is applicable to hospitals, critical access hospitals, and ambulatory and office-based surgery facilities.

This moratorium was put in place because the Centers for Disease Control and Prevention (CDC) recently revised its long-standing requirement for organizations to conduct SSI surveillance for one year after a device is surgically implanted in a patient. This requirement was included in NPSG.07.05.01, EP 5 which states: *Measure surgical site infection rates for the first 30 days following procedures that do not involve inserting implantable devices **and for the first year following procedures involving implantable devices.** The hospital's measurement strategies follow evidence-based guidelines. Note: Surveillance may be targeted to certain procedures based on the hospital's risk assessment.*

The CDC no longer requires one-year surveillance for all procedures in which devices/materials have been implanted during a surgery. Instead, surveillance is now required for 90 days after certain National Healthcare Safety Network (NHSN) operative procedures. The Joint Commission is considering revising its EP to align with the CDC's revision. Analysis of NHSN SSI data revealed that the majority (greater than 85 percent for most procedure types) of SSIs are detected within either 30 or 90 days post-procedure, depending on the type of surgery. Furthermore, the 30-day surveillance period limit being used for most surgical procedures is consistent with current federal reporting mandates. (Contact: Kelly Podgorny, kpodgorny@jointcommission.org)

Certification

Joint Commission to offer PCMH certification option for hospitals and critical access hospitals
On February 20, The Joint Commission announced it is now offering a new Primary Care Medical Home (PCMH) option for accredited hospitals and critical access hospitals. Surveys for this add-on certification option can be conducted in coordination with the regular on-site accreditation survey or separately. Surveys are expected to begin this month and applications are now being accepted for this voluntary certification. The PCMH certification option is designed for hospitals and critical access hospitals that have ambulatory care services that include the provision of primary care services offered by a primary care clinician. Patients benefit from this model because they have increased access to the services of the clinician and an interdisciplinary team; the care provided by other clinicians and facilities is tracked and coordinated; and evidence based treatment protocols guide their care. This model of care also focuses more on increased education and self-management by the patient. The PCMH certification option will help support accredited organizations in their efforts to: provide their patients with timely and appropriate treatment, increase patient satisfaction, improve patient outcomes and reduce the overall costs to the health care system.

The PCMH requirements address operational characteristics related to patient-centered care, comprehensive care, coordinated care, access to care and a systems-based approach to quality and safety. Hospitals that seek the PCMH option must comply with existing accreditation requirements as well as additional PCMH-specific standards that address human resources, leadership, medication management, provision of care, performance improvement, record of care, and patient rights and responsibilities. Organizations that are interested in pursuing the new certification award must currently be accredited by or pursuing accreditation with The Joint Commission. Surveys for the PCMH certification option will add at least one additional day to the survey and will be a fee-based option. This certification option complements hospital accreditation and is consistent with the new federal health care reform efforts to improve health outcomes and the coordination, quality and efficiency of health care services. It is designed to combine the improvements in quality of care and patient safety achieved through accreditation with the opportunity for increased reimbursement from third party payers when the additional requirements of a PCMH are met and the certification is awarded. The Joint Commission model for PCMH is based on the Agency for Healthcare Research and Quality's definition of a medical home. Read the [news release](#). (Contact: Sharon Hibbe, qualityhospitals@jointcommission.org)

Performance measurement

Revised 2012 accountability measure list

In response to comments from the field, The Joint Commission has decided not to use data derived from HBIPS-4a/HBIPS-5a in the inpatient psychiatric services (HBIPS) composite rate calculation, beginning with calendar year (CY) 2013. Instead, only HBIPS-5a measure data will be used in the composite rate calculation beginning with CY 2013 data. HBIPS-5a (multiple antipsychotic medications at discharge with appropriate justification) incorporates the findings of HBIPS-4a (multiple antipsychotic medications at discharge) into the calculation of the HBIPS-5a measure rate.

As previously communicated in the [January 2, 2013 issue of Joint Commission Online](#), HBIPS-4a and HBIPS-5a data will not be included in The Joint Commission's calculation of composite rates for CY 2012. For those hospitals submitting data to The Joint Commission on the HBIPS measure, The Joint Commission will continue to report data on both measures on Quality Check and the hospitals ORYX[®] Performance Measure Report. See the [revised 2012 accountability measure list](#). For information on the accountability measures that will be used in the *Top Performers on Key Quality Measures™* program for CY 2012 (for recognition in 2013), visit The Joint Commission [website](#). (Contact: ORYX Help Line, HCOOryx@jointcommission.org or 630-792-5085)

Patient safety

Joint Commission's new 'Hot Topics in Health Care' urges teamwork in transitions of care

On February 19, The Joint Commission released a new "Hot Topics in Health Care" that urges greater collaboration among health care providers in order to improve care as patients move from one health care setting to another. The recommendations in the new report, "[The need for collaboration across entire care continuum](#)," are based on published research; the insights of health care leaders, discharge nurses, physicians, care coordinators, case managers and social workers who participated in focus groups; and on-site visits to a diverse group of health care organizations. The paper is the second in a series of reports planned over a three-year period on developments from The Joint Commission enterprise (The Joint Commission, Joint Commission Resources, and Joint Commission Center for Transforming Healthcare) about work underway to address the challenges related to transitions of care.

The report provides details on common approaches the providers and organizations use in successful transitions of care, common challenges, variables of successful transitions and measuring the effectiveness of transitions. Scientific literature and the knowledge gained through the focus groups and on-site visits to several health care organizations make it clear that organizations in all settings must establish seven foundations to assure safe transitions from one health care setting to another: leadership support, multidisciplinary collaboration, early identification of patients/clients at risk, transitional planning, medication management, patient and family action/engagement, and transfer of information. Although the

interviews with leaders and staff from focus groups, and the on-site visits at the health care organizations produced general agreement on what comprises a positive transition, they also uncovered many variables on how to make a successful transition from one organization to another. These variables point to the need to have better tools and more in-depth standardized processes. For example, the many tasks involved in a transition – from the exchange of information from one setting to another to calling patient after discharge – are done differently from organization to organization, and the person responsible for a successful transition and when their responsibility ends often varies. Read the [news release](#). For more information on transitions of care or to read the first paper in the series, “The need for a more effective approach to continuing patient care,” visit The Joint Commission’s [Transitions of Care Portal](#). (Contact: Kathy Clark, kclark@jointcommission.org)

Center for Transforming Healthcare

Join the Center for Transforming Healthcare’s Healing Healthcare Partnership™ campaign

All Joint Commission accredited organizations are invited to join the Joint Commission Center for Transforming Healthcare’s Healing Healthcare Partnership™. This campaign brings together accredited health care organizations and industry to improve patient safety and lower the cost of health care. The Joint Commission knows that health care organizations are seeking specific guidance on how to solve health care’s most critical safety and quality problems. To help solve these persistent problems, Joint Commission accredited organizations are encouraged to join the Healing Healthcare Partnership campaign and to use the resources of the Center, including the Targeted Solutions Tool™. These resources were developed and tested in collaboration with leading health care organizations to help understand the specific underlying causes of these problems, and to allow other health care organizations to customize solutions targeted to those causes at their organizations. With the support of the Center’s funding partners, the Center solutions are provided at no added cost to health care organizations. Joint Commission accredited health care organizations can [join the campaign](#) by visiting the Center website or accessing their Joint Commission Connect extranet. By joining the campaign, they also are publicly recognized on the Center’s website. There is no cost or requirement to join the Healing Healthcare Partnership. (Contact: Department of Communications and Corporate Marketing, (630) 792-5631)

Resources

New on the web

- [Primary Care Medical Home certification teleconference for hospitals and critical access hospitals](#) – March 8, 1-2 p.m. CT. Learn about the new voluntary certification option available to hospitals and critical access hospitals that are accredited or about to be accredited by The Joint Commission.
- [What’s New and Improved for 2013](#) – April 23, 1-2:30 p.m. CT. Join the Lab accreditation team to learn new and important information to help with standards compliance, quality goals and day-to-day activities.
- Ambulatory Buzz blog post - [Straight from the surveyor](#) - how to get the most value from your Joint Commission ambulatory survey!
- [2013 National Patient Safety Goals slide presentation](#) - View the 2013 National Patient Safety Goals (NPSG) in this slide presentation file (PPT format).

Learn more about Joint Commission Resources’ education programs and publications at <http://www.jcrinc.com/?> or call 877-223-6866

