

# Staying Current with Joint Commission Standards

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Commission Resources**

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# Objectives:

- Understand the key changes to the 2009 Joint Commission standards
- Articulate the basic objective of the revised standards
- Understand how technology can support an organization's Joint Commission survey process

# 2009 Changes

- Standards Improvement Initiative (SII)
- New National Patient Safety Goals
- New Leadership and Life Safety Code Chapters

# Standards Improvement Initiative (SII)

- Input from the field
- Clarify language  
eliminate “usually”, “as appropriate”
- Deleted or consolidated standards
- Eliminated almost all bullets in elements of performance
- Renumbered
- Reorganized chapters
- Designed a new scoring system

# New Numbering System

- Affects Ambulatory and Hospital in 2009
- Standards renumbered to enable electronic enhancements and to avoid confusion from previous system
- Each standard was assigned a six-digit number for the standard's place in chapter outline:
  - First two digits refer to the Roman numeral in outline
  - Second two digits refer to the letter under Roman numeral in the outline
  - Last two digits refer to standard number

# New Numbering Example:

## Infection Prevention and Control (IC) Chapter Outline

### I. Planning

- A. Resources (revised IC.01.01.01)
- B. Risks (revised IC.01.02.01)
- C. Goals (revised IC.01.03.01)
- D. Activities (revised IC.01.04.01)

### II. Implementation

- A. Activities (revised IC.02.01.01)
- B. Medical Equipment, Devices, and Supplies (revised IC.02.02.01)
- C. Transmission of Infections (revised IC.02.03.01)
- D. Influenza Vaccinations (revised IC.02.04.01)

### III. Evaluation (revised IC.03.01.01)

# Six New Chapters

Program	Hospital	Critical Access Hospital	Ambulatory	Office Based Surgery	Home Care	Home Care (Home Health Deemed)	Home Care (Hospice Deemed)
Emergency Management	✓	✓	✓	✓	✓	-	✓
Equipment Management	-	-	-	-	✓	-	-
Life Safety	✓	✓	✓	✓	✓	-	✓
Record of Care, Treatment and Services	✓	✓	✓	✓	✓	✓	✓
Transplant Safety	✓	✓	✓	✓	-	-	-
Waived Testing	✓	-	✓	✓	✓	✓	✓

# Important Symbols for Standards



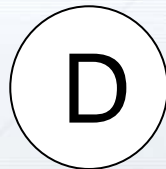
Indicates situational decision rules apply



Indicates direct impact requirements apply



Indicates measure of success is needed



Indicates documentation is needed

# 2009 Scoring/Accreditation Decision Model

**Immediacy of risk to patient care and the organization's accreditation status**

"Sharp End"

**Timeline for resolution of non-compliant findings**

Higher



Shorter

Immediate  
Threat To Life  
(PDA until resolved)

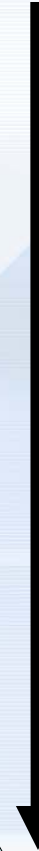
"Situational"  
Decision Rules  
(Conditional Accreditation and  
Preliminary Denial of Accreditation )

Direct Impact Requirements  
"Implementation" Based Requirements  
(Short Resolution Timeframe)

Indirect Impact Requirements  
"Planning" and "Evaluation" Based Requirements  
(Longer Resolution Timeframe)

Lower

Longer



"Blunt End"

## Challenging Hospital NPSGS

Program	Hospital	
	2007	Jan-Dec 2008
Two patient identifiers	<b>2.8%</b>	<b>4.4%</b>
Read back verbal orders	3.8%	2.2%
"Do not use" abbreviations	<b>24.8%</b>	<b>17.7%</b>
Reporting critical test results	<b>35.6%</b>	<b>37.2%</b>
Hand-off communication	<b>1.9%</b>	<b>1.6%</b>
Look-alike/sound-alike drugs	5.5%	4.1%
Label meds and solutions	<b>18.5%</b>	<b>26.6%</b>
Anticoagulation therapy	0.2%	1.1%
CDC hand hygiene guidelines	<b>9.2%</b>	<b>10.7%</b>
HC-associated infection & RCA	0.0%	0.0%

## Challenging Hospital NPSGS

Program	Hospital	
	2007	Jan -Dec 2008
Medication list & reconciliation	<b>18.5%</b>	<b>19.4%</b>
Transfer/discharge reconciliation	<b>12.1%</b>	<b>11.8%</b>
Fall prevention program	<b>5.4%</b>	<b>4.2%</b>
Surgical fire prevention		
Patient involvement	0.5%	0.3%
Suicide risk assessment	<b>2.2%</b>	<b>1.5%</b>
Recognize and respond to patient's condition	0.2%	0.2%
Pre-op verification process	<b>1.1%</b>	<b>1.8%</b>
Site marking	6.5%	5.6%
"Time-out" before surgery/procedure	<b>25.8%</b>	<b>21.4%</b>

# Medication Reconciliation NPSG 8

Approved:

Surveyors Will Not Score Medication  
Reconciliation in 2009

Surveyors will continue to evaluate compliance  
to collect data for TJC PI efforts

The Joint Commission Perspectives,  
March, 2009, Vol. 29, No. 3

# Sentinel Event Alerts

Not Standards

Based on error reports

Recognized as potential risk points in the delivery of quality and safe patient care.

# Prevent Technology-Related Health Care Errors

Identifies:

- Need for clinician involvement
- Importance to consider impact of technology on work processes
- Need to keep technology updated

Sentinel Event Alert Issue 42, December 11, 2008  
Prevent Technology-Related Health Care Errors

# Technology Alert

## Identifies Contributing Factors

lack of clinician involvement

lack of recognition of impact on workflow

failure to quickly fix technology

# Technology Alert

## Suggested Actions (13)

- Clinician involvement throughout all processes
- Consideration of workflow
- Establish training program
- Consider environmental distractions
- Continue with PI processes related to technology



UNC  
HEALTH CARE

# Staying Current with Joint Commission Standards

**Tracy Parham, RN, BC, MSN**

**IT Director, Patient and Clinical Systems**

**University of North Carolina Health Care  
System**

# Influenza Vaccine

Diagnoses: (0) | MR#: 00004299921 | ACCT#: 138361597 | ER1 | Admit Date: 02/23/2009 (1) | EOC

Clinical Summary   Charting  Orders  Visit

Discharge Assmt Entered by Tracy B Parham, RN Scheduled

## Discharge Checklist

Patient Checklist

Smoking History within the last 12 months

Written Smoking Cessation counseling given  If patient refused cessation counseling or patient and family unable to provide history, select "Yes."  
Available cessation resources include 1-800-QUIT-NOW (1-800-784-8669) or Schedule an appointment with UNC Family Medicine Clinics 919-966-0211

"Important Message from Medicare" document given to patient ["Important Message From Medicare" Policy](#)

Influenza Vaccine for all patients age 50 or older discharged between Oct 1 and Mar 31:

Pneumococcal Vaccine for all patients 65 or older:

[Pneumonia and Influenza](#)

Instructions given to  Caregiver #1

Food-Drug interaction information given & reviewed

Specifically list all care notes given to patient including: instructional, medication, etc.

- RN must initiate standing order in CPOE and administer vaccine
- Vaccine given during hospitalization
- Vaccine given during current flu season, not during this hospitalization
- Not Given - Patient refused
- Not Given - Allergy/Sensitivity to vaccine incl. chicken or egg protein or gentamycin
- Not Given - Bone Marrow transplant in past 12 months
- Not Given - Hx Guillian-Barre syndrome within 6 weeks of receiving influenza vaccine
- Not Given - Patient receiving chemotherapy or radiation therapy
- Not Given - Patient on Bleeding Precautions
- Not Given - No vaccine available from manufacturer

Resources: [Micromedex Care Notes](#) [Food Drug Interactions](#) [UNC Formulary](#) [Mom-Baby.org](#)

## Follow-Up Appointments

	Appointment 1	Appointment 2	Appointment 3	Appointment 4
With	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Pneumococcal Vaccine

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Instructions given to  Caregiver #1

Food-Drug interaction information given & reviewed

Specifically list all care notes given to patient including: instructional, medication, and diagnosis based.

Resources: [Micromedex Care Notes](#) [Food Drug Interactions](#) [UNC Formulary](#) [Mom-Baby.org](#)

RN must initiate standing order in CPOE and administer vaccine

Vaccine given during hospitalization

Vaccine given in the past, not during this hospitalization

Not Given - Patient refused

Not Given - Bone Marrow transplant in past 12 months

Not Given - Allergy/Sensitivity to vaccine

Not Given - Patient on Bleeding Precautions

## Follow-Up Appointments

	Appointment 1	Appointment 2	Appointment 3	Appointment 4
With	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Lab Critical Values/Results

Diagnoses: (0) | MR#: 000003219409 | ACCT#: 138350780 | MDC | Admit Date: 02/21/2009 (3)





Clinical Summary  CFS  Charting  Orders  Visit

02/18/2009 to 02/24/2009

02/18/2009 to 02/24/2009

Last 24 Hours

Last 6 Occurrences

					
FIO2					
PH (7.35 - 7.45)	7.35	7.38	7.36	7.36	
PCO2 (35 - 45)MM HG	78 CH	71 CH	77 ▲ CH	69 CH	
PO2 (80 - 110)MM HG	90	48 L	62 L	41 L	
Bicarbonate (22.0 - 27.0)MMOL/L	41.9 H	41.0 H	41.8 H	37.4 H	
Base Balance (-2.0 - 2.0)MMOL/L	15.6 H	15.1 H	15.6 H	11.6 H	
O2 Saturation (94.0 - 100.0)%	96.9	83.8 L	90.6 L	75.3 L	

## Venous Blood Gas

Specimen Type VEN

VENOUS

FIO2 Venous				
PH Venous (7.32 - 7.43)			7.30 L	
PCO2 Venous (40 - 60)MM HG			87 ▲ CH	
PO2 Venous (30 - 55)MM HG			73 H	
Bicarbonate Venous (22.0 - 27.0)MMOL/L			40.9 H	
Base Balance Venous (-2.0 - 2.0)MMOL/L			14.0 H	
O2 Saturation Venous (40.0 - 85.0)%			93.2 H	

## Arterial Blood Gas POC

Specimen Type Art POC

FIO2 POC %	
PH POC (7.35 - 7.45)	
PCO2 POC (35 - 45)MM HG	
PO2 POC (80 - 110)MM HG	
Bicarbonate POC (22.0 - 27.0)MMOL/L	
Base Balance POC (-2.0 - 2.0)MMOL/L	
Sodium BG POC (135 - 145)MMOL/L	

# Lab Critical Values/Results

Allergies: (2) Diagnoses: (0) MR#: 000003219409

## PCO2 Venous

Details

History

Notes

### Result

Finding Name	PCO2 Venous
Value	<b>87 CH</b>
Normal Range	40 - 60 MM HG
Observation Date/Time	02/22/09 03:30
Resulted in Ancillary	
Result Saved in Soarian Date/Time	02/22/09 17:44
Specimen Source	
Ordered By/Requested By	
Performed by	
Reading Physician	
Signed By	
Order ID	
Laboratory Identifier	

### Clinical Notes

Note Entered	Note and Entered By
02/22/09 04:11	PCO2 Venous -- 02/22/2009 03:30 -- Critical result called to Dr Jackson, R&V. -- Jayne Stitzel, RN

Status: Final Result

Entered

Close

Print

Sign

# Quality Measures

- Pneumonia – Vaccine given prior to discharge
  - » < 30% to 88% (Q109)
- Heart Failure – Smoking Cessation and Tips for Healthy Living
  - » 57% (Q208) to 96% (Q109)
- Critical Value/Results – MD notified within 1 hr
  - » MD Notified – close to 100%;still tweaking data method
  - » Within 1 Hr - 58% (Feb 09)
- Patient Education/Involvement
  - » Scores close to 100% in areas of Patient Rights, Safety, and the availability of Rapid Response Teams
  - » “... improvement projects have used e-Chart data with great success” *Quality Manager*

# Upcoming Siemens Webcast Topics



## Contact Information:

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[gail.latimer@siemens.com](mailto:gail.latimer@siemens.com)

## Join us for the next webcast in this series:

**4/30/09 - 2:00 p.m.- 3:00 p.m.**

**Raising the Bar on the Clinical Documentation Process by Implementing Computerized Plans of Care**

**Faculty - Linda Geisler, RN , MNEd, NEA-BC**

Vice President Patient Care Services, CentraState Healthcare System, Freehold, NJ

**Sheri Matter, RN, BSN, MS**

Chief Nursing Officer and Vice President of Nursing, Pinnacle Health, Harrisburg, PA

**Rosemary Kennedy, RN, MBA, FAAN**

Chief Nursing Informatics Officer, Siemens Healthcare

**Gail E. Latimer, MSN, RN, FACHE**

Vice President, Chief Nursing Officer, Siemens Healthcare

**5/18/08 - 2:00 p.m.- 3:00 p.m.**

**The Journey to Magnet: The Path to Nursing Excellence**

Faculty - Gail A. Wolf, RN, DNS, FAAN, Professor, Coordinator Nursing Leadership Program, University of Pittsburgh, School of Nursing

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