

# Understanding Joint Commission Standards and Developing a Plan for Success

## Featured Speaker



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# Understanding Joint Commission Standards and Developing a Plan for Success

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# Objectives

- Articulate two of the most challenging JC standards facing acute care organizations
- Understand the JC requirements for updated patient safety goals
- Discuss the JC Sentinel Event Alert on the impact of technology (Issue 42)

# The Joint Commission 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

# The Joint Commission Vision

- All people always experience the safest, highest quality, best-value health care across all settings

# 2010 NPSG Changes

- Extensive Review 2009
- NPSGs are based on:
  - Negatively impact patient safety
  - Are wide-spread in a specific program
  - Have solutions developed to address the issue
- Resulted in:
  - Deletion/Integration
  - Defined detail
  - Wording changes
  - **No new requirements for 2010**



# Process Utilized

- Relies on extensive field engagement
  - Focus groups
  - Professional and Technical Advisory Groups (PTACs)
  - Web-based surveys
  - Conference calls with key stakeholders
- Only addresses current requirements – no new requirements are added

# Process Utilized

## JC Teams Reviewed Data

- Baseline survey from December 2008
- NPSG compliance
- Literature
- Feedback received from the field by Standards Interpretation Group
- Surveyor experience

# Process Utilized

## Recommendations:

- Delete goal when no longer a concern (surgical fires in AHC)
- Delete goal when it is not significant in a specific program (critical results in BHC)
- Integrate goal with existing standards when important to quality and safety
- Not so pervasive in the program that it warranted the NPSG “spotlight”
- Closely associated with existing standards

# NPSGs Changes

2009 goals:	20
2010 goals:	11
Integrated with standards:	7
Delete	1
Medication Reconciliation	TBD

# Retained as NPSGs Goals

- 01.01.01 Two Identifiers
- 01.03.01 Transfusion ID
- 02.03.01 Critical Results
- 03.04.01 Label Meds
- 03.05.01 Anticoagulant
- 07.01.01 Hand Hygiene

# Retained as NPSGs

- 07.03.01 MDRO
- 07.04.01 Central Line Infection
- 07.05.01 Surgical Site Infection
- 15.01.01 Suicide Prevention
- 01.01.01 Preprocedure Verification
- 01.02.01 Site Marking
- 01.03.01 Time Out

# Standards Integration

- 02.02.01 Abbreviations
  - *moved to IM 02.02.01*
- 02.02.01 Read Back
  - *moved to PC 02.01.03*
- 02.05.01 Hand-off Communication
  - *moved to PC.02.02.01*
- 03.03.01 Look Alike/Sound Alike
  - *moved to MM 01.02.01*

# Standards Integration

- 09.02.01 Falls
  - moved to PC 01.02.08, Hr 01.05.03, PI 01.01.01
- 13.01.01 Patient Involvement
  - moved to IC 01.05.01,02.01.01
- 16.01.01 Early Response
  - moved to PC 02.01.09, HR 01.05.03, PI .01.01.01
  
- Fully Deleted 07.02.01
  - HAI as a Sentinel Event

# Challenging NPSGs--Hospitals

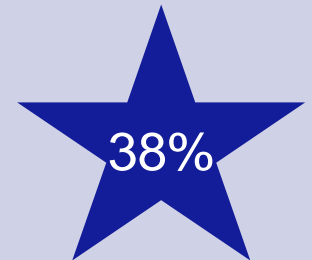
2009 NPSG	Goal Text	% Not Compliant 2008	% Not Compliant 2009
NPSG.02.03.01	Timeliness of critical tests and results	38	38
UP.01.03.01	Timeout performed		34
NPSG.03.04.01	Labeling of medications	24.8	29
NPSG.02.02.01	Do not use abbreviations	15.5	25
NPSG.07.01.01	Hand hygiene	10.5	11

N= 664

# NPSG.02.03.01

## Timely Reporting of Critical Test Results

- Confusing and burdensome to the field
- Revised to focus on critical test results (as defined by the HCO)
- Data collection requirements removed
- Applies only to Hospital and Lab programs
  - Infrastructure not available in Ambulatory
  - Not a major safety concern in BHC, OME, and LTC
- 7 EP's down to 3 EP's

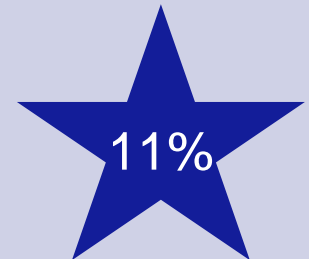


# NPSG.07.01.01

## Hand Hygiene

### Language changes

- Intended to reflect a more realistic approach
  - Existence of a program
  - Establish goals for improving
  - Improve based on established goals



# Significant changes...

- NPSG.07.02.01 related to HAIs as a sentinel event
  - Deleted due to redundancy with sentinel event policy
- Explore solutions at Joint Commission Center for Transforming Health Care at [www.centerfortransforminghealthcare.org](http://www.centerfortransforminghealthcare.org)

# Medication Reconciliation

# Let's Talk..... Universal Protocol

# History

## Key Points

- Related to Culture Change
  - There is a general misperception that time pressures hinder compliance
  - Inter-disciplinary team performance with mutual accountability should be encouraged
  - Confirmation bias and “automatic” use of checklists can be barriers to improvement processes

# Revised Universal Protocol

- Focuses on the
  - goals of UP
  - Minimizes specifics
- Retains focus on safety
- Makes requirements more achievable across various types of situations
- Addresses main goals
  - Correct patient
  - Correct site
  - Correct procedure

# Revised Universal Protocol

## The Final Word...

- Applies to all invasive procedures
- Reference to “patients at more than minimal risk” deleted (too vague)
- Three components of UP can readily be incorporated into any invasive procedure

# Revised Universal Protocol

- Three activities
  - Pre-Procedure Verification
  - Marking the Procedure Site
  - Performing a Time-Out
- All focus on
  - Correct procedure
  - Correct Patient
  - Correct Site

# Revised Universal Protocol

- All focus on
  - Correct Procedure
  - Correct Patient
  - Correct Site

# Standards

- Fewer changes in the standards
- Increased focus on sustainability and maintenance
- Improve spread of best practices within the organization

# Hospitals Receiving an RFI January – June 2009

<b>2009 Standard</b>	<b>Standard Text</b>	<b>% Not Compliant</b>
MM.03.01.01	Medication storage	33
MM.04.01.01	Medication orders	33
EC.02.05.07	Emergency power systems	26
HR.01.02.05	Verification of qualifications	25
PC.01.02.07	Pain management	23
PC.01.03.01	Planning patient's care	22

# Strategies to Meet Challenges

- Use tracer methodology to identify opportunities and best practices
- Use the Periodic Performance Review (PPR) process to identify opportunities and best practices
- Engage front line providers in continuous readiness
- Invite informal leaders to participate and lead
- Increase transparency

# Sentinel Event Alert: Issue 42

- Safely Implement Health Information and Converging Technologies
  - Released December 11, 2008
    - Available at [www.jointcommission.org](http://www.jointcommission.org)
  - Goal to reduce patient harm
  - Requires planning
  - Requires work process review
  - Rarely decreases manpower needs
  - Related to Information Management standards and Leadership standards

# HIT Implementation

- Planning
  - Examine workflow processes
  - Improve workflow before design
  - Involve all disciplines
    - Clinicians
    - IT staff
    - Support staff
  - Assess resources
    - Staff readiness
    - IT staff
    - Competing projects

# HIT Implementation

- Training of staff
  - Consider HR standards
  - Across all disciplines
  - Timely
- Communicate
  - Details
  - Changes
  - Timelines
  - Safety alerts

# HIT Implementation

- Standardized order sets
  - Correct disciplines involved
  - Review prior to implementation
  - Approved by appropriate groups
- Build safety catches into the system
  - Triggers
  - Hard stops
  - Checks and balances
  - Collect data

# HIT Implementation

- On Survey
  - During tracers
    - How did you learn to use the new system?
    - Have there been any changes in the programs?
    - How do you inform the need for corrections?
    - How long does it take to see the correction implemented?
    - What has been the greatest challenge?
    - Can you show me the history and physical? The mar? the PACU information?

# HIT Implementation

- On Survey
  - At the leadership conference
    - How are you rolling out the emr?
    - Who was involved in the decision making about the emr roll out/
    - What was the role of physicians? How were they trained?
    - What has been the greatest challenge? How did you address that?
    - Are there electronic software packages that you use that are not compatible with the emr? What are you doing about that?
    - How do you ensure confidentiality and privacy?

# HIT Implementation

- Growing importance
- Increased interest
- Creates new risk points
- Requires all disciplines to participate
- Not a solution for all issues
- Dynamic tools
- Responsible use

# Thank You



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*Lynn Brookshire, CIO, and Ron Moore, MSN, RN, CNA-BC, Vice President, CNO, Charleston Area Medical Center*

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*Joanne T. Clavelle, MS, RN, NE-BC, FACHE, Vice President, Patient Care Services, CNO and Paddy Yancy, RN, Nursing Supervisor, St. Luke's Regional Medical Center*

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