

The Joint Commission Perspectives[®]

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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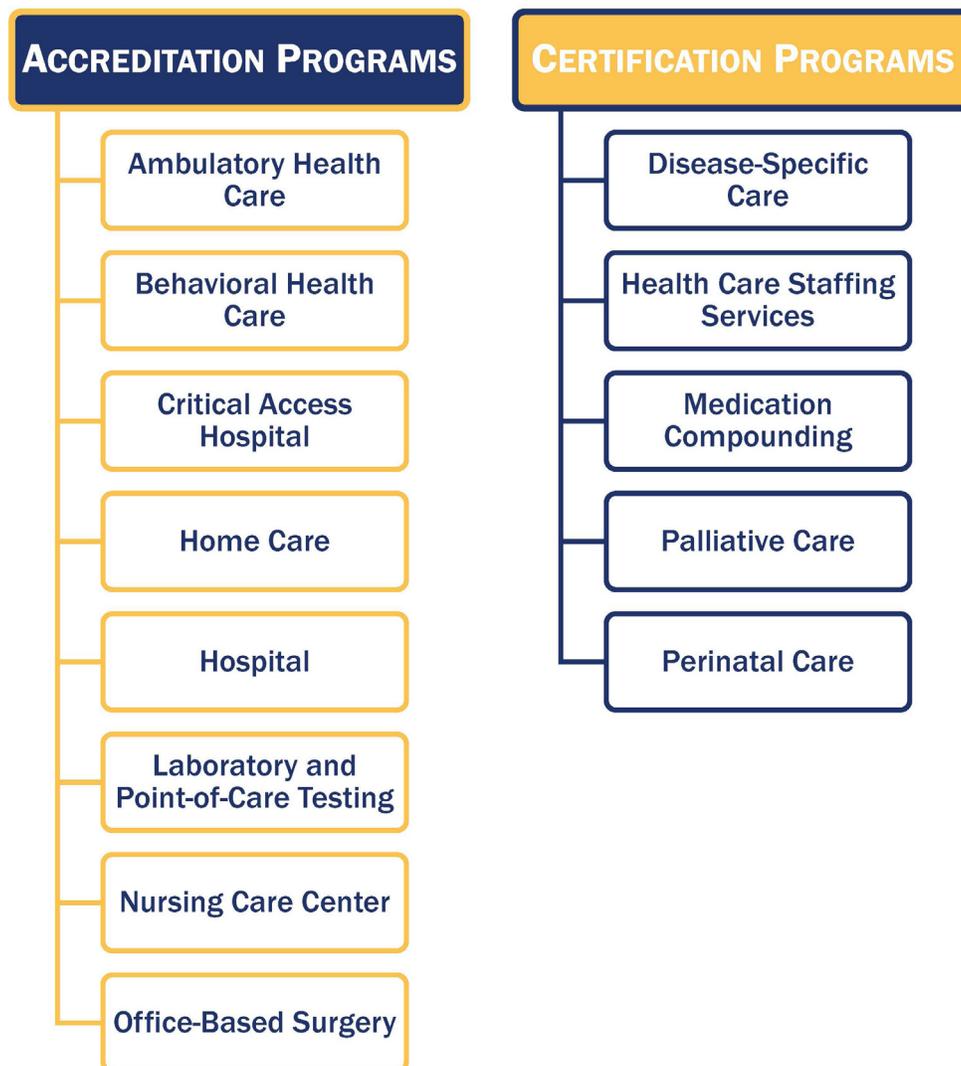
35 **In Sight**

Top Standards Noncompliance Data for First Half of 2019

The Joint Commission regularly aggregates standards compliance data to identify areas that present the highest number of Requirements for Improvement (RFIs) in accredited organizations and certified programs. These data help The Joint Commission recognize trends and tailor education around challenging standards; National Patient Safety Goals® (NPSG); the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™; and Accreditation or Certification Participation Requirements (APRs or CPRs).

Included Data

The charts on the following pages show the Joint Commission standards scored most frequently as “not compliant” during accreditation surveys and certification reviews from January 1, 2019, through June 30, 2019, thus resulting in an RFI for affected organizations and programs. (Data from for-cause surveys and for-cause reviews are not included.) Data for the following accreditation and certification programs are included:



Comprehensive Cardiac Center Certification, Integrated Care Certification, and Patient Blood Management Certification are not represented because the data captured were not statistically significant.

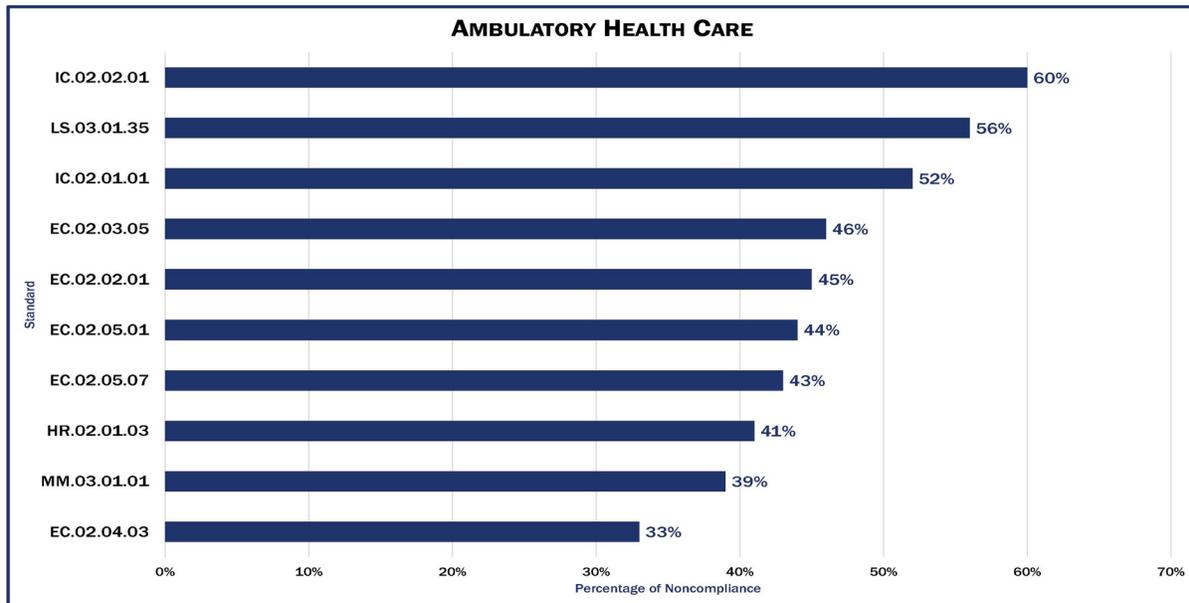
The charts display the 10 most frequently cited requirements for each of the listed accreditation and certification programs. Percentages indicate the number of organizations that received RFIs for the standards shown.

For easy reference, a summary table listing standards topics follows the accreditation charts so that you can connect standards topic to standard number. Each certification chart is accompanied by its own standards topics table. While the text in these tables captures the primary intent of the standards, the full content of each standard (including rationales, notes, and elements of performance [EPs]) is included on E-dition® and in the hard-copy accreditation and certification manuals, if available.

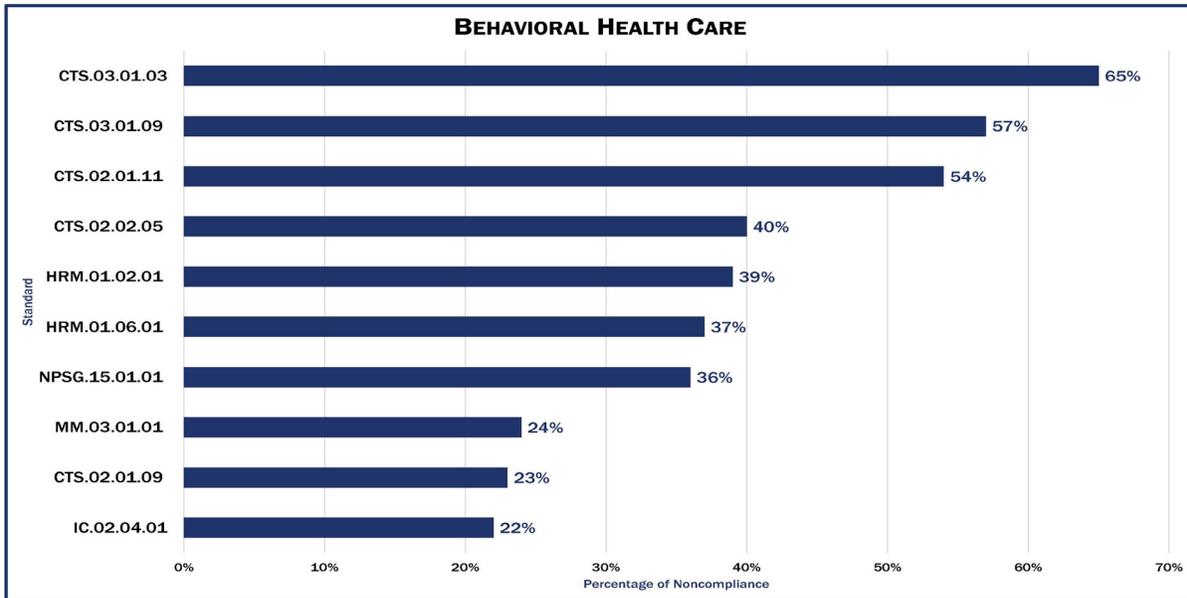
Please note that surveyors and reviewers evaluate compliance with all standards in the applicable accreditation and certification manuals. These data are provided only to help organizations recognize and address potential trouble spots.

The [Standards Interpretation FAQs](#) on The Joint Commission’s website are questions and answers regarding Joint Commission requirements; questions not addressed in the FAQs may be directed to the Standards Interpretation Group via the [Standards Online Submission Form](#). 

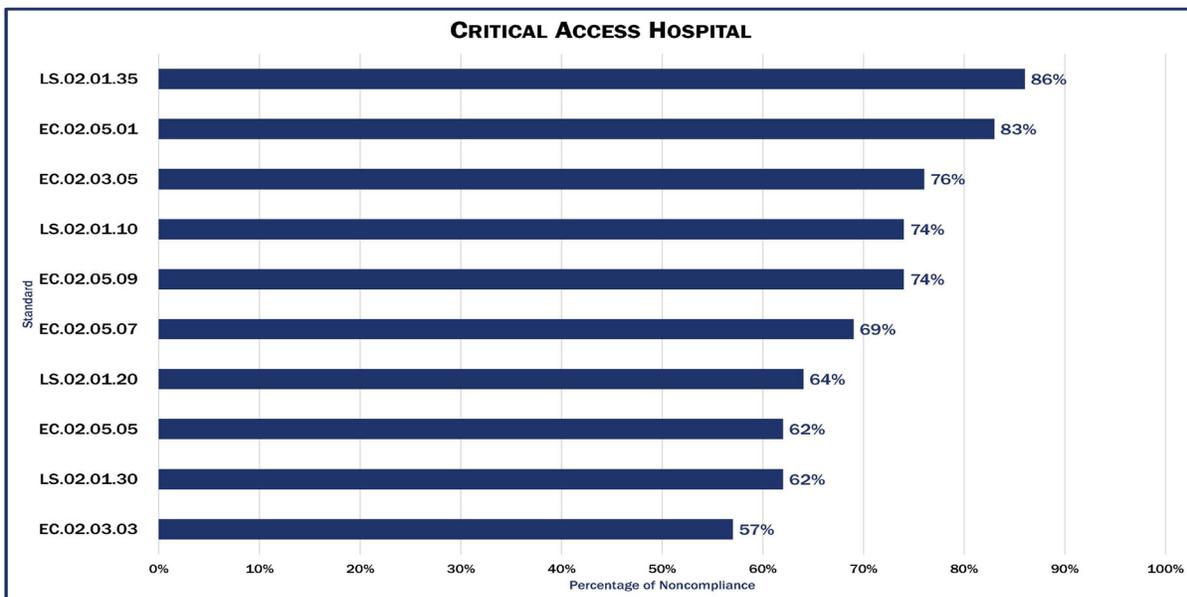
Top Noncompliance Data for Joint Commission Accreditation Programs from January 1, 2019, through June 30, 2019



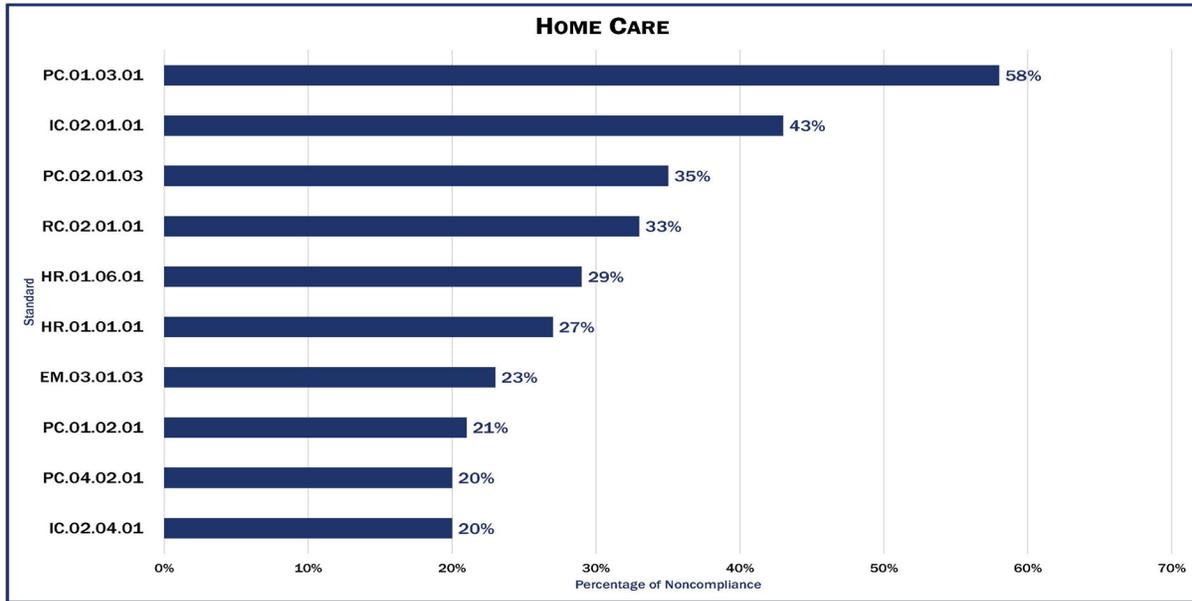
Note: The data included for the ambulatory health care program were derived from an average of 327 applicable surveys.



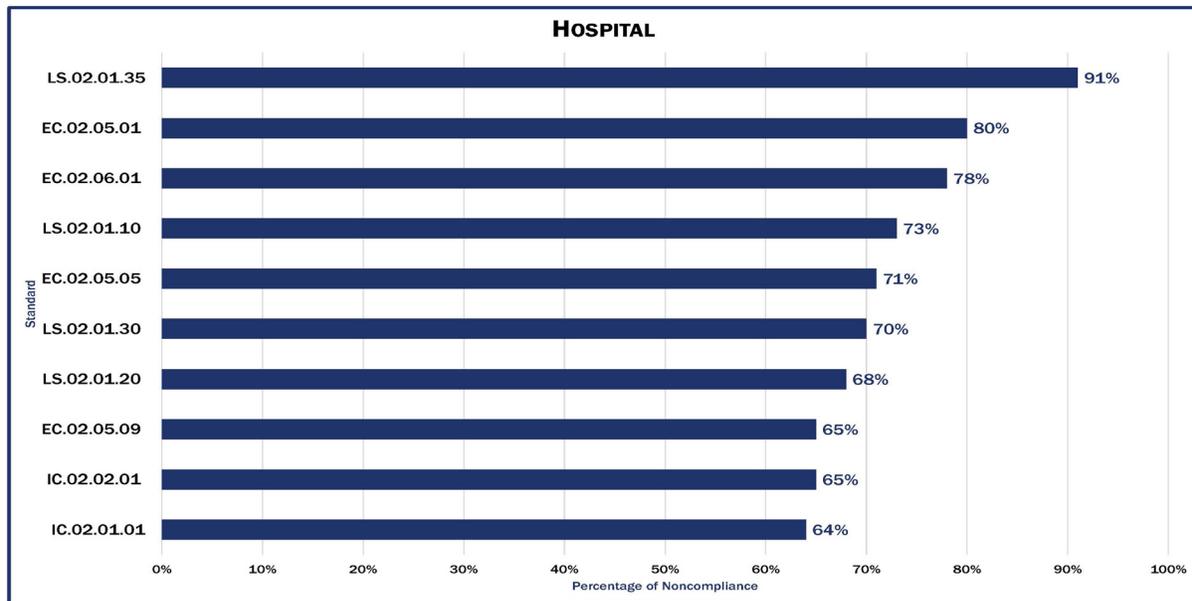
Note: The data included for the behavioral health care program were derived from 643 applicable surveys.



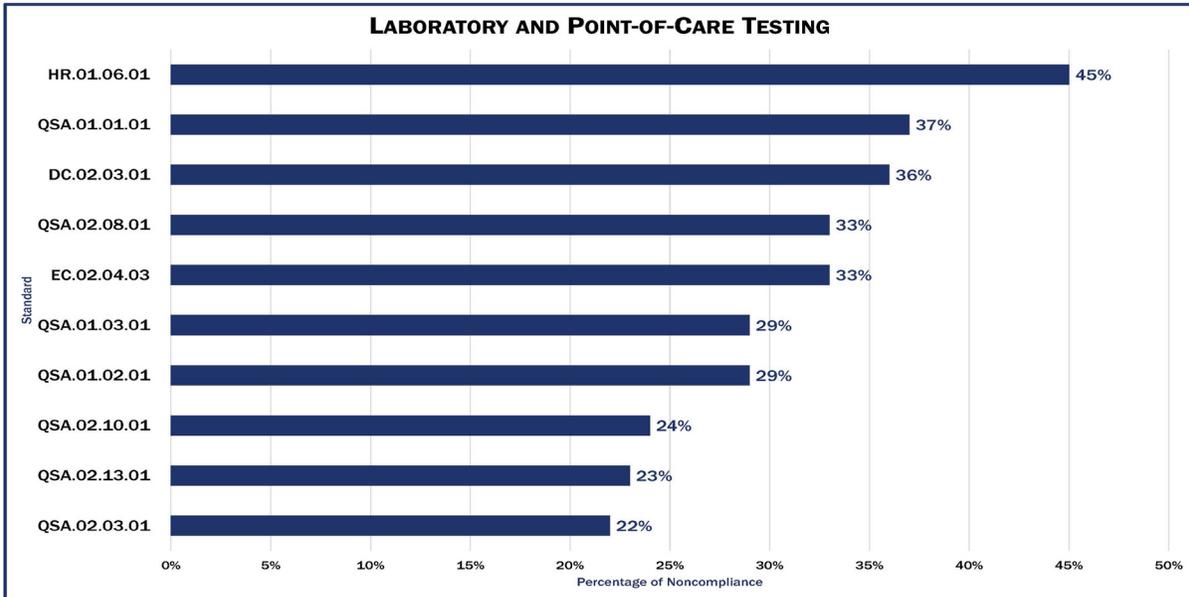
Note: The data included for the critical access hospital program were derived from 42 applicable surveys.



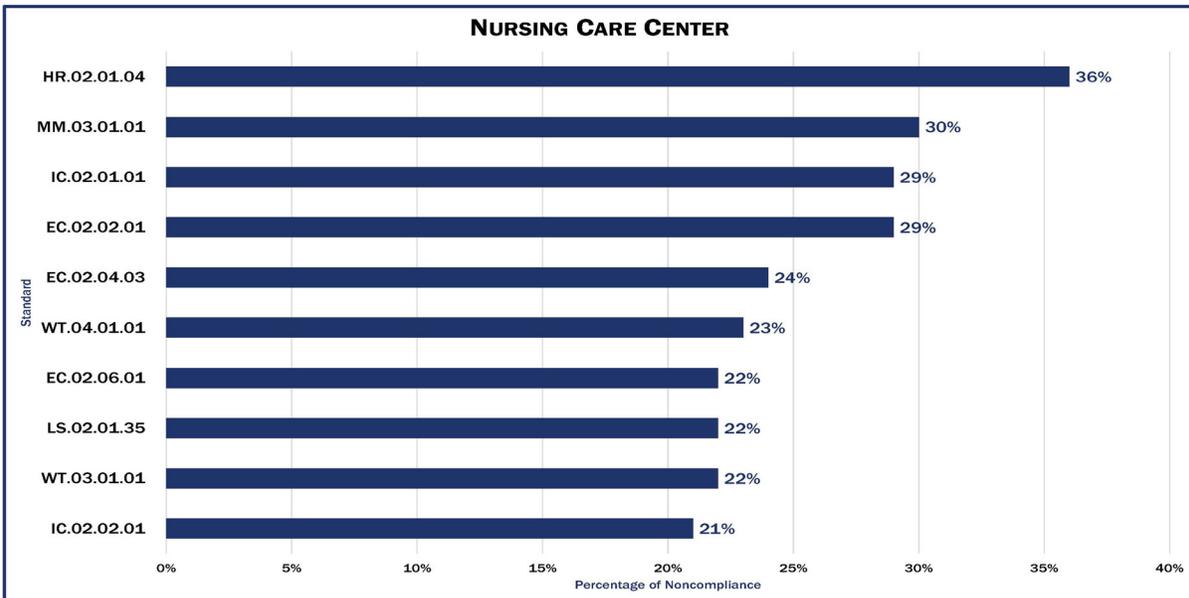
Note: The data included for the home care program were derived from an average of 996 applicable surveys.



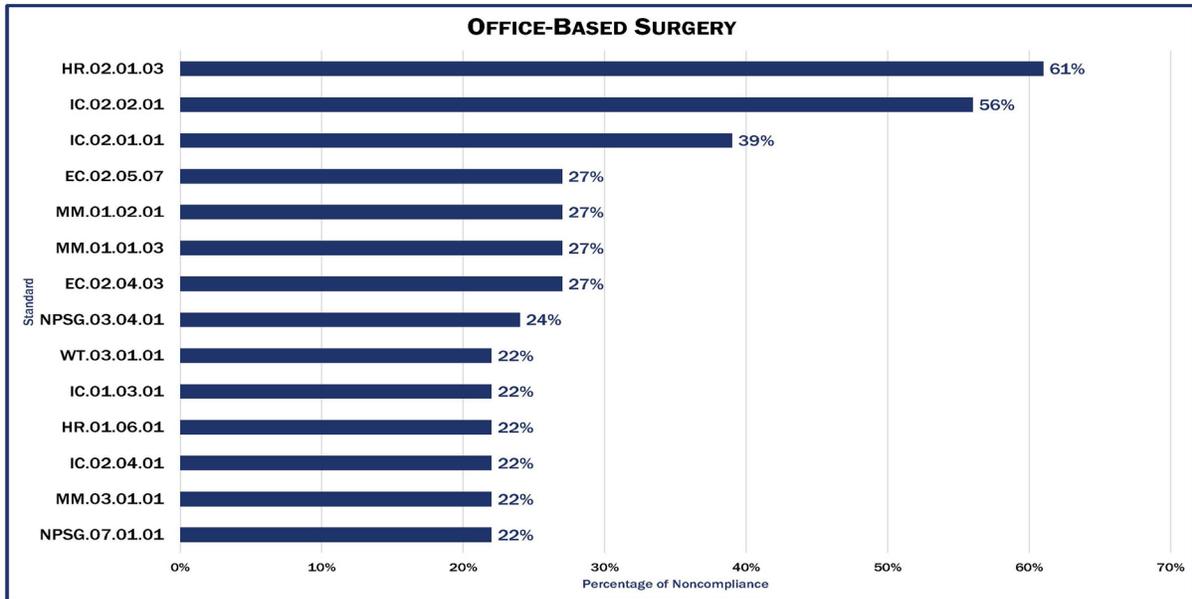
Note: The data included for the hospital program were derived from 688 applicable surveys.



Note: The data included for the laboratory and point-of-care testing program were derived from an average of 382 applicable surveys.



Note: The data included for the nursing care center program were derived from 212 applicable surveys.



Note: The data included for the office-based surgery program were derived from 41 applicable surveys.

Standards References

The following table lists every accreditation standard cited as a challenging top accreditation standard. An “x” indicates that a standard is a top challenging standard for that accreditation program.

The full content of each standard (including rationales, notes, and EPs) is included on E-dition and in hard-copy accreditation manuals, if available.

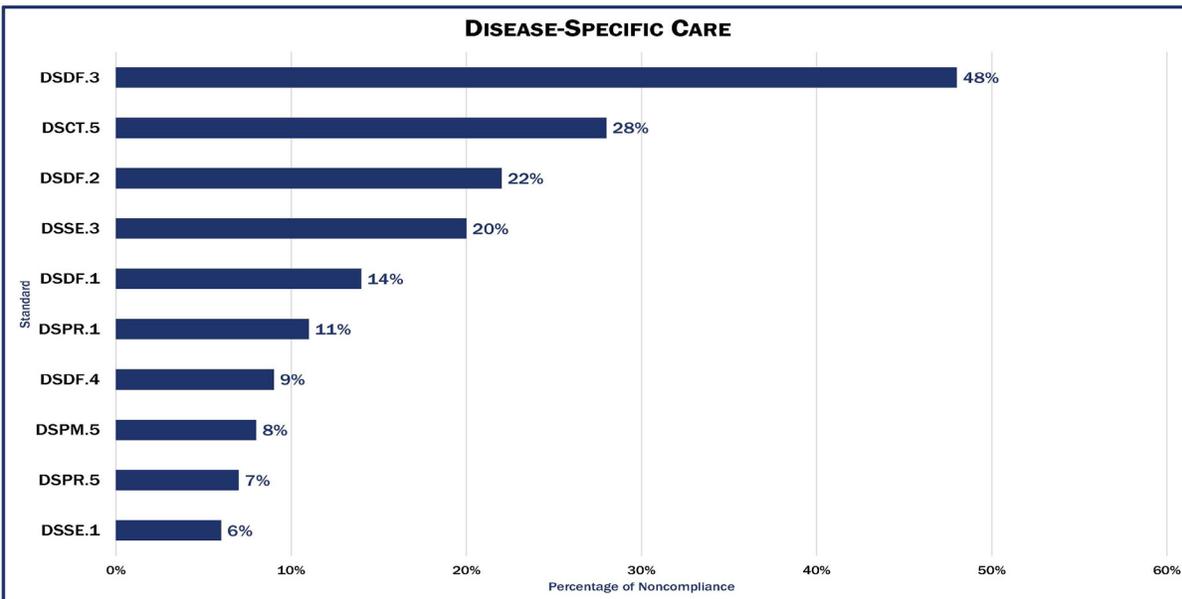
Standard	Standard Topic	Accreditation Program(s)							
		AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME
CTS.02.01.09	Screen all individuals for physical pain.		X						
CTS.02.01.11	Screen all individuals for their nutritional status.		X						
CTS.02.02.05	Identify individuals who may have experienced trauma, abuse, neglect, or exploitation.		X						
CTS.03.01.03	Develop a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual.		X						
CTS.03.01.09	Assess the outcomes of care, treatment, or services provided to the individual.		X						
DC.02.03.01	Report is complete and in the patient's clinical record.					X			
EC.02.02.01	Manage risks related to hazardous materials and waste.	X					X		
EC.02.03.03	Conduct fire drills.			X					
EC.02.03.05	Maintain fire safety equipment and fire safety building features.	X		X					
EC.02.04.03	Inspect, test, and maintain medical equipment.	X				X	X	X	
EC.02.05.01	Manage risks associated with utility systems.	X		X	X				
EC.02.05.05	Inspect, test, and maintain utility systems.			X	X				
EC.02.05.07	Inspect, test, and maintain emergency power systems.	X		X				X	
EC.02.05.09	Inspect, test, and maintain medical gas and vacuum systems.			X	X				
EC.02.06.01	Establish and maintain a safe, functional environment.				X		X		
EM.03.01.03	Evaluate the effectiveness of Emergency Management Plan/Emergency Operations Plan.								X
HR.01.01.01*	Define and verify staff qualifications.		X						X
HR.01.06.01†	Determine that staff are competent to perform their responsibilities.		X			X		X	X
HR.02.01.03	Grant initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.	X						X	
HR.02.01.04	Permit licensed independent practitioners to provide care, treatment, and services.						X		
IC.01.03.01	Identify risks for acquiring and transmitting infections.							X	
IC.02.01.01	Implement infection prevention and control activities.	X			X		X	X	X
IC.02.02.01	Reduce the risk of infections associated with medical equipment, devices, and supplies.	X			X		X	X	
IC.02.04.01	Facilitate staff receiving the influenza vaccination.		X					X	X
LS.02.01.10	Ensure that building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.			X	X				

Standard	Standard Topic	Accreditation Program(s)							
		AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME
LS.02.01.20	Maintain the integrity of the means of egress.			X	X				
LS.02.01.30	Provide and maintain building features to protect individuals from the hazards of fire and smoke.			X	X				
LS.02.01.35	Provide and maintain systems for extinguishing fires.			X	X		X		
LS.03.01.35	Provide and maintain equipment for extinguishing fires.	X							
MM.01.01.03	Manage high-alert and hazardous medications safely.							X	
MM.01.02.01	Address the safe use of look-alike/sound-alike medications.							X	
MM.03.01.01	Store medications safely.	X	X				X	X	
NPSG.03.04.01	Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.							X	
NPSG.07.01.01	Comply with either current US Centers for Disease Control and Prevention or World Health Organization hand hygiene guidelines.							X	
NPSG.15.01.01	Identify individuals at risk for suicide.		X						
PC.01.02.01	Assess and reassess patients.								X
PC.01.03.01	Plan the patient's care.								X
PC.02.01.03	Provide care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.								X
PC.04.02.01	Share information about the care, treatment, and services provided to a patient to other service providers during discharges and transfers.								X
QSA.01.01.01	Participate in US Centers for Medicare & Medicaid Services–approved proficiency testing programs for all regulated analytes.					X			
QSA.01.02.01	Maintain records of participation in a proficiency testing program.					X			
QSA.01.03.01	Have a process for handling and testing proficiency testing samples.					X			
QSA.02.03.01	Perform calibration verification.					X			
QSA.02.08.01	Perform correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.					X			
QSA.02.10.01	Perform quality control testing to monitor the accuracy and precision of the analytic process.					X			
QSA.02.13.01	Store, prepare, evaluate, and track reagents.					X			
RC.02.01.01	Ensure that patient records contain information that reflects the care, treatment, or services.								X
WT.03.01.01	Determine that staff and licensed independent practitioners performing waived tests are competent.						X	X	
WT.04.01.01	Perform quality control checks for waived testing on each procedure.						X		

* In the behavioral health care accreditation manual, this standard is listed in the "Human Resources Management" (HRM) chapter under Standard HRM.01.02.01.

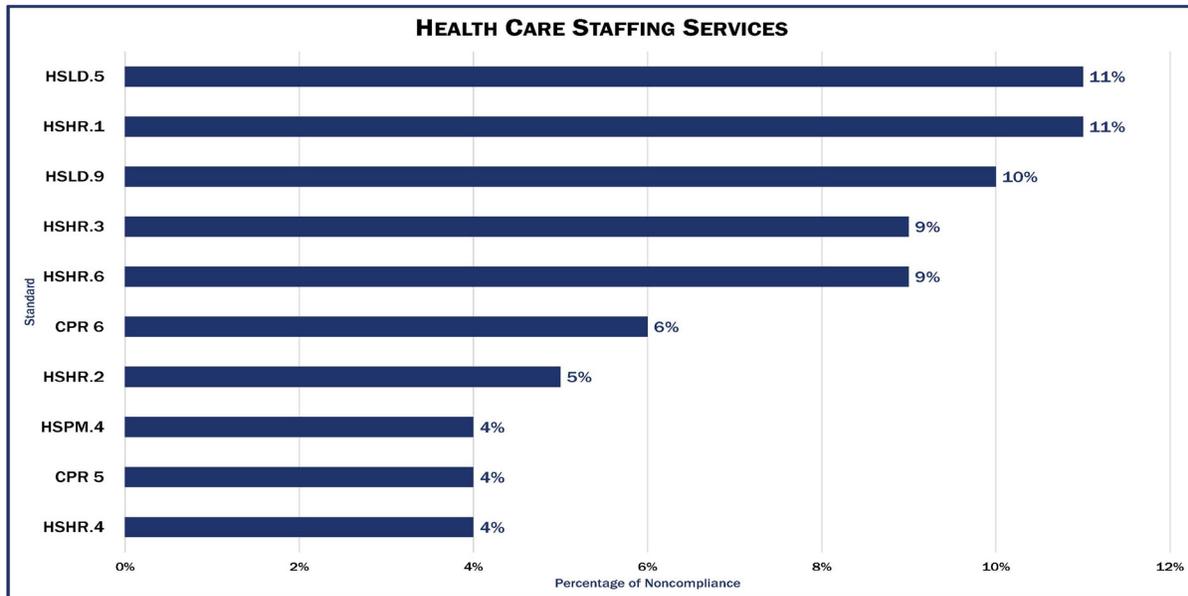
* In the behavioral health care accreditation manual, this standard is listed in the HRM chapter under Standard HRM.01.06.01.

Top Noncompliance Data for Select Joint Commission Certification Programs from January 1, 2019, through June 30, 2019



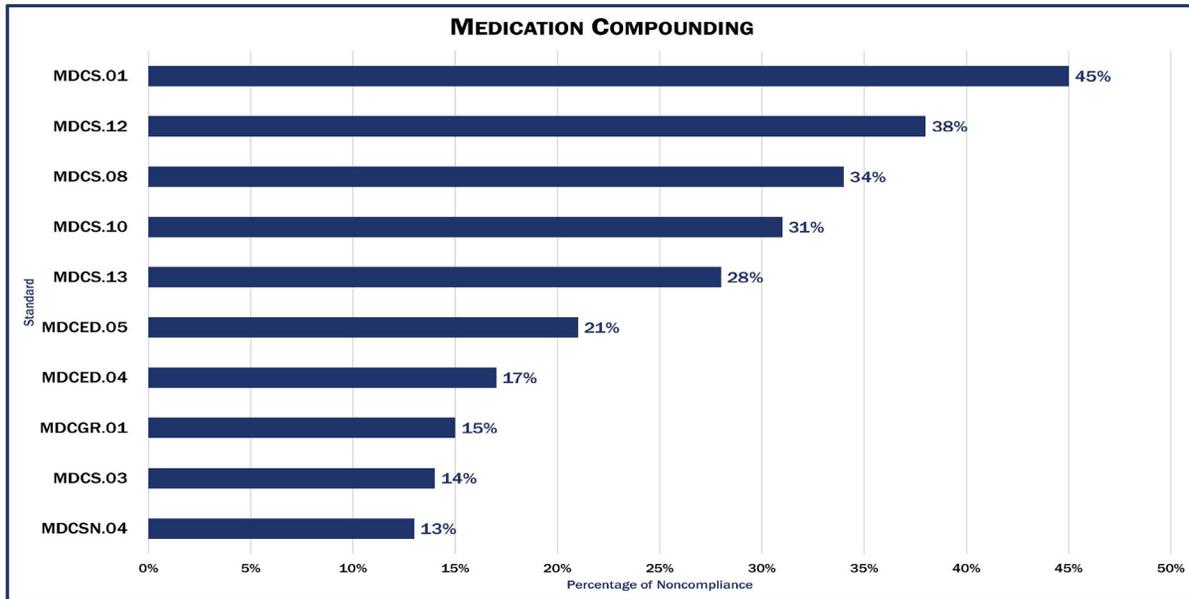
Note: The data included for the disease-specific care program were derived from 913 applicable reviews; these data do not include Advanced Certification for Lung Volume Reduction Surgery or Advanced Certification for Ventricular Assist Device Destination Therapy.

Standard	Standard Topic
DSDF.3	Implement the program using clinical practice guidelines selected to meet the patient's needs.
DSCT.5	Initiate, maintain, and make accessible a medical record for every patient.
DSDF.2	Develop a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
DSSE.3	Address the patient's education needs.
DSDF.1	Determine that practitioners are qualified and competent.
DSPR.1	Define leadership roles.
DSDF.4	Develop a plan of care that is based on the patient's assessed needs.
DSPM.5	Evaluate patient satisfaction with the quality of care.
DSPR.5	Determine the care, treatment, and services provided.
DSSE.1	Involve patients in making decisions about managing their disease or condition.



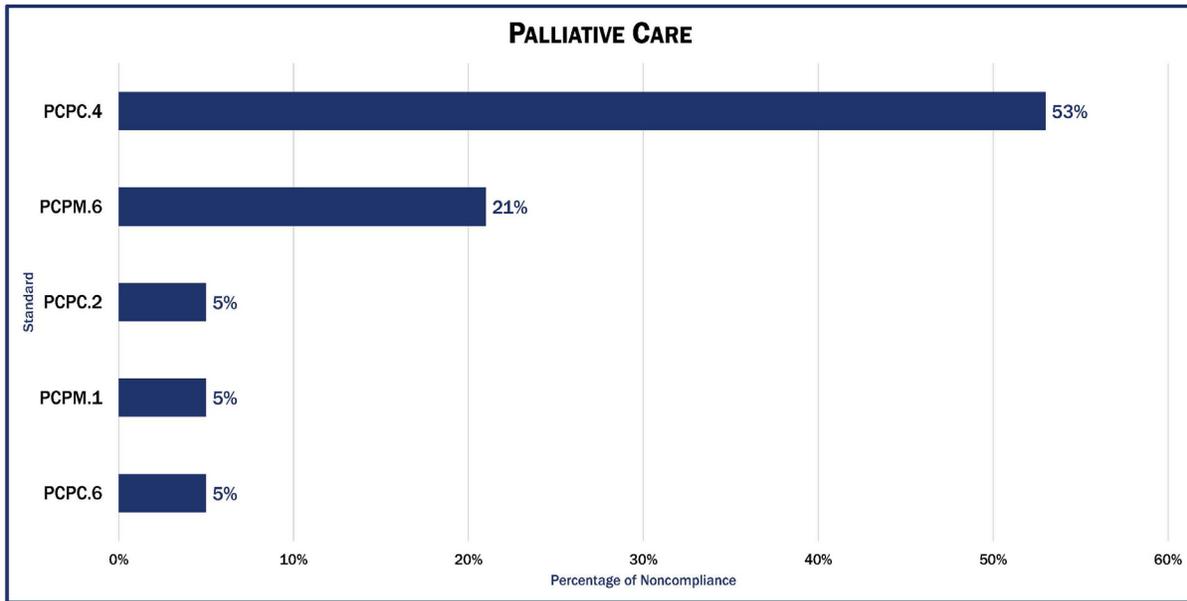
Note: The data included for the health care staffing services program were derived from 123 applicable reviews.

Standard	Standard Topic
HSLD.5	Provide services to customers according to a written agreement.
HSHR.1	Confirm that a person's qualifications are consistent with his or her assignment(s).
HSLD.9	Address emergency management.
HSHR.3	Provide orientation to clinical staff regarding initial job training and information.
HSHR.6	Evaluate the performance of clinical staff.
CPR 6	Notify the public served about how to contact the firm's management and The Joint Commission to report concerns about the quality and safety of patient care..
HSHR.2	Determine that a person's qualifications and competencies are consistent with his or her job responsibilities as part of the hiring process.
HSPM.4	Analyze data.
CPR 5	Submit performance measurement data to The Joint Commission on a routine basis.
HSHR.4	Assess and reassess the competence of clinical staff and clinical staff supervisors.



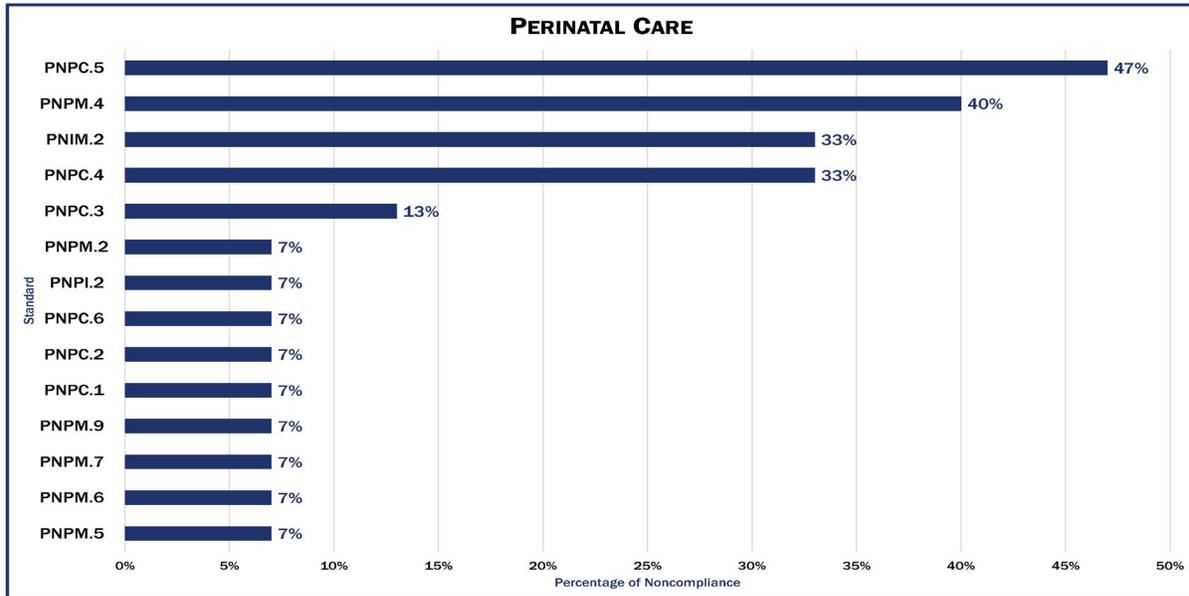
Note: The data included for the medication compounding program were derived from an average of 71 applicable reviews.

Standard	Standard Topic
MDCS.01	Maintain work practices and an environment consistent with low-, medium-, and high-risk compounding in accordance with USP chapter <797>.
MDCS.12	Implement policies and procedures for hand and forearm cleansing prior to sterile compounding.
MDCS.08	Develop written policies and procedures for environmental quality control for compounded sterile preparations.
MDCS.10	Implement policies and procedures addressing the integrity of the compounding area, the handling of compounded sterile preparations, and staff use of protective equipment and practices.
MDCS.13	Follow evidence-based cleaning and disinfecting practices in sterile compounding areas.
MDCED.05	Educate and train in aseptic manipulation skills for sterile compounding
MDCED.04	Educate and train in sterile compounding procedures.
MDCGR.01	Ensure the safety and quality of care provided through the organization's medication compounding services.
MDCS.03	Follow safe practices with single-dose and multiple-dose containers as defined in USP chapter <797>.
MDCSN.04	Implement policies and procedures addressing hazardous sterile and nonsterile compounding training and competency assessments.



Note: The data included for the palliative care program were derived from 19 applicable reviews.

Standard	Standard Topic
PCPC.4	Assess and reassess the patient's needs.
PCPM.6	Select, orient, educate, and retain staff.
PCPC.2	Communicate with patients and families and involve them in decision making.
PCPM.1	Secure support from the organization.
PCPC.6	Coordinate patient care.



Note: The data included for the perinatal care program were derived from an average of 15 applicable reviews.

Standard	Standard Topic
PNPC.5	Provide care, treatment, and services according to the plan of care.
PNPM.4	Use clinical practices to deliver or facilitate the delivery of clinical care, treatment, and services.
PNIM.2	Maintain complete and accurate medical records.
PNPC.4	Use an interdisciplinary program team to assess and reassess the mother's and newborn's needs.
PNPC.3	Tailor care, treatment, and services to meet the lifestyle, needs, and values of the mother and, as appropriate, family.
PNPM.2	Define leadership roles.
PNPI.2	Collect data to monitor performance.
PNPC.6	Coordinate the mother's and newborn's care across the continuum of care.
PNPC.2	Communicate with and involve mothers and, as appropriate, families in decision making.
PNPC.1	Ensure that mothers and, as appropriate, families know how to access and use the program's care, treatment, and services.
PNPM.9	Stock and maintain availability of essential obstetric and newborn emergency equipment, supplies, and medications.
PNPM.7	Have an interdisciplinary team that includes individuals with program-specific expertise.
PNPM.6	Select, orient, educate, and train perinatal staff.
PNPM.5	Identify and minimize risks to the mother and newborn.





New Perinatal Safety Standards Developed for Maternal Hemorrhage and Severe Hypertension/Preeclampsia

The Joint Commission has developed two new Provision of Care, Treatment, and Services (PC) standards to improve the quality and safety of perinatal care in Joint Commission–accredited **hospitals** that will be **effective July 1, 2020**. Maternal morbidity and mortality have been on the rise since 2009, ranking the United States 65th among other developed countries for outcomes surrounding perinatal care. Cases involving hemorrhage or severe hypertension/preeclampsia are among the leading causes of maternal mortality and morbidity; however, they also are preventable.

The two new standards (PC.06.01.01 and PC.06.03.01) were created using current evidence-based research and feedback from a technical advisory panel comprised of key stakeholders in obstetrics. The new standards require organizations to look at their processes and procedures surrounding the care of women experiencing hemorrhage and severe hypertension/preeclampsia. The elements of performance (EPs) will require organizations to develop written procedures using current evidence-based guidelines for early recognition and timely treatment to prevent serious complications or death resulting from hemorrhage or severe hypertension/preeclampsia; provide education to providers, staff, patients, and their families; participate in drills; and review their identified cases for successes or opportunities for improvement. The literature has shown that when these elements are in place, organizations are better equipped to recognize and treat an emergency in a timely manner and prevent further morbidity or even mortality.

The project's [R³ Report](#) provides the rationales for the new requirements as well as references to the research articles used to develop them. A compendium of instruments and resources that may be used to meet the requirements of the new standards will be available early 2020.

The new standards will be posted on the [Prepublication Standards](#) page of The Joint Commission website and will be published in the spring 2020 E-dition® update to the *Comprehensive Accreditation Manual for Hospitals (CAMH)*. For customers who purchase it, the spring 2020 update for *CAMH* will include these new requirements.

For more information, please contact [Jennifer Hurlburt](#), MSN, RN, APN/CNS, associate director, Department of Standards and Survey Methods. 

NEXT ▼



New Performance Measures Introduced for Comprehensive Cardiac Centers

Effective January 1, 2020, data collection for five new mandatory standardized performance measures will be required for **Comprehensive Cardiac Center (CCC)** certification. In addition, a second set of optional measures is available. Organizations are strongly encouraged to also collect data for these optional measures. These measures are outlined in the following table.

MANDATORY COMPREHENSIVE CARDIAC CENTER CERTIFICATION PERFORMANCE MEASURES
<ol style="list-style-type: none">1. High-Intensity Statin Prescribed at Discharge2. Aldosterone Antagonist Prescribed at Discharge3. Beta-Blocker Therapy (for example, Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) Prescribed for LVSD at Discharge4. Post-Discharge Appointment for Heart Failure Patients5. Post-Discharge Evaluation for Heart Failure Patients
OPTIONAL INPATIENT COMPREHENSIVE CARDIAC CENTER CERTIFICATION PERFORMANCE MEASURES
<ul style="list-style-type: none">• Cardiac Rehabilitation Referral from an Inpatient Setting• Cardiac Rehabilitation Referral for Heart Failure Patients with Reduced Ejection Fraction from an Inpatient Setting• Cardiac Rehabilitation Enrollment—Inpatient
OPTIONAL OUTPATIENT COMPREHENSIVE CARDIAC CENTER CERTIFICATION PERFORMANCE MEASURES
<ul style="list-style-type: none">• Cardiac Rehabilitation Referral from an Outpatient Setting• Cardiac Rehabilitation Referral for Heart Failure Patients with Reduced Ejection Fraction from an Outpatient Setting• Cardiac Rehabilitation Enrollment—Outpatient• Hospital Outpatient Aldosterone Receptor Antagonists Prescribed for LVSD• Hospital Outpatient Discussion of Advance Directives/Advance Care Planning

LVSD, left ventricular systolic dysfunction.

The Joint Commission, in partnership with the American Heart Association and a Joint Commission technical advisory panel (TAP), selected the cardiac performance measures for implementation. All currently certified CCC organizations, as well as those seeking initial certification, are required to collect data on the five mandatory standardized measures effective with discharges on and after January 1, 2020. Hospitals are required to collect monthly data points (numerator and denominator values) for the measures and report data quarterly to The Joint Commission via the Certification Measure Information Process (CMIP) available on the hospital's secure *Joint Commission Connect*[™] extranet site.

Measure specifications are detailed in the implementation guide that is accessible via The Joint Commission's [Measure Development Initiatives](#) website; click on the "Comprehensive Cardiac Care Certification" link to access the applicable performance measurements. For further details regarding the program, please see the Performance Improvement and Performance Measurement (PI) chapter on E-dition[®].

Questions about the measures may be sent via the [Performance Measurement Network Q&A Forum](#). 



Sentinel Event Alert: New Alert Focuses on Managing the Risks Associated with Direct Oral Anticoagulant Medications

Anticoagulant medications, used to prevent blood clots, have been named the No. 2 top medication involved in error incidents causing death or serious harm. Direct oral anticoagulants (DOACs) offer ease of use to patients but require more complicated strategies to stop bleeding events in patients on DOACs. In response to an increase in adverse events related to this type of widely used medication, The Joint Commission issued its newest *Sentinel Event Alert: [Issue 61: Managing the risks of direct oral anticoagulants](#)*.

The *Alert* provides guidance on the safe use and management of DOACs to all health care organization leaders. In addition, it stresses the importance of understanding the risks, benefits, side effects, and potential antidotes or reversal agents for all types of anticoagulants. The *Alert* clarifies that to avoid wrong interventions for patients on DOACs, clinicians should be aware of the following:

- DOACs present different risks than warfarin and heparin and have different reversal mechanisms.
- A reversal mechanism that works for one DOAC may not work for another.
- Perioperative assessment and communication are critical to assess bleeding risks.

Safety actions and related Joint Commission requirements, including its revised National Patient Safety Goal® (NPSG) on anticoagulants—effective July 1, 2019, and listed in the following table—also are included in the *Alert*. The following infographic titled “[10 ways to be prepared to treat patients on direct oral anticoagulants \(DOACs\)](#)” also is available for health care organizations.

Sentinel Event Alert Issue 61 is part of a series issued by The Joint Commission. Past *Alerts* have addressed issues that include inadequate hand-off communication, medical device alarm safety, and preventing falls. *Sentinel Event Alerts* are available on the [Sentinel Event](#) page on The Joint Commission website. 

Standard NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.*

EP	EP TEXT	APPLICABLE PROGRAMS			
		AHC	CAH	HAP	NCC
1	The [organization] uses approved protocols and evidence-based practice guidelines for the initiation and maintenance of anticoagulant therapy that address medication selection; dosing, including adjustments for age and renal or liver function; drug–drug and drug–food interactions; and other risk factors as applicable.	X	X	X	X
2	The [organization] uses approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication.	X	X	X	X
3	The [organization] uses approved protocols and evidence-based practice guidelines for perioperative management of all patients on oral anticoagulants.*		X	X	
4	The [organization] has a written policy addressing the need for baseline and ongoing laboratory tests to monitor and adjust anticoagulant therapy.	X	X	X	X
5	The [organization] addresses anticoagulation safety practices through the following: <ul style="list-style-type: none"> ● Establishing a process to identify, respond to, and report adverse drug events, including adverse drug event outcomes ● Evaluating anticoagulation safety practices, taking actions to improve safety practices, and measuring the effectiveness of those actions in a time frame determined by the [organization] 	X	X	X	X
6	The [organization] provides education to patients and families specific to the anticoagulant medication prescribed, including the following: <ul style="list-style-type: none"> ● Adherence to medication dose and schedule ● Importance of follow-up appointments and laboratory testing (if applicable) ● Potential drug–drug and drug–food interactions ● The potential for adverse drug reactions 	X	X	X	X
7	The [organization] uses only oral unit-dose products, prefilled syringes, or pre-mixed infusion bags when these types of products are available.*		X	X	X
8	When heparin is administered intravenously and continuously, the [organization] uses programmable pumps in order to provide consistent and accurate dosing.		X	X	X

NPSG, National Patient Safety Goals; EP, element of performance; AHC, ambulatory health care; CAH, critical access hospitals; HAP, hospitals; NCC, nursing care centers.

* Visit E-dition® or refer to your Comprehensive Accreditation Manual for supporting Notes.

10 ways to be prepared to treat patients on direct oral anticoagulants (DOACs)

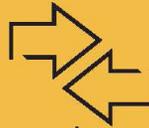


Anticoagulants are the **No. 2 top medications** involved in error incidents causing death or serious harm.



Risks for patients on DOACs can be avoided with **appropriate and timely treatment**.

- 1 **Learn the names of DOACs.**
- 2 You **CANNOT** stop bleeding in patients on DOACs the same way you can for patients on warfarin (Coumadin®) and heparin.
- 3 **Reversal agents** for DOACs are not as well-known as those for warfarin and heparin — and they may not be available in all care settings.
- 4 Some DOACs have **NO** FDA-approved reversal agent at this time, so patients on these DOACs need to be assessed according to guidelines on the management of DOACs.
- 5 **Avoid therapeutic duplication.** Because not all providers are familiar with all DOACs, they may accidentally prescribe a second anticoagulant. Also, patients may not recognize these drugs as anticoagulants and may not be able to identify them when questioned.
- 6 **Assess bleeding risk** before surgery and outpatient procedures.
- 7 Communicate the specifics of a patient's DOAC at **transitions of care.**
- 8 Follow **evidence-based practice guidelines** for baseline and ongoing laboratory tests to ensure that patients on a DOAC are monitored and dosed appropriately.
- 9 Include the DOAC's **indications for use** on the patient's prescription, in the instructions for the patient, and in the electronic medical record (EMR).



DOACs include:

- Apixaban (Eliquis®)
- Betrixaban (Bevyxxa®)
- Dabigatran (Pradaxa®)
- Edoxaban (Savaysa®)
- Rivaroxaban (Xarelto®)



- 10 **Educate patients and families about DOACs.** Patients may not fully understand the risks of the specific DOAC prescribed for them. Patients on DOACs should know:
 - Their medication dose and schedule.
 - Importance of follow-up appointments and laboratory testing, if needed.
 - Potential drug-drug, drug-herb/supplement and drug-food interactions.
 - Potential for adverse drug reactions and how adverse reactions present.
 - When to contact the doctor or visit the emergency department.

NEXT ▼

Driving a Decade of Transformation

On June 19, 2019, [The Joint Commission Center for Transforming Healthcare](#) (the Center) commemorated its 10th anniversary with a Joint Commission–wide celebration and the program “Stories of Transformation.” The program featured six guests from four organizations who shared personal stories of organizational and cultural transformation, and how they achieved major reductions in harm through the collaborative work, training engagements, and strong partnership with the Center.

Celebrations began with Rob Curry, president and chief executive officer of Emanate Health,* speaking about his organization’s experiences with leadership and organizational transformation. Following Curry, was a panel on “Caregivers as Agents of Change.” The panel included five members who shared their process improvement stories:

- Kristie Gray, associate director of home and community-based services, Great Circle
- Jessie Luster, director of residential treatment services, Great Circle
- Kerchalyn Mayhorn, Parent Advisory Council NICU, Children’s Memorial Hermann Hospital
- Rebekah Wilkinson, RNC, nursing shift coordinator, neonatal intensive care unit (NICU), Children’s Memorial Hermann Hospital
- Anna ten Napel, PhD, RN, NP, vice president of care management and performance improvement, Catholic Health Services of Long Island

The overarching theme of the program was how process improvement tools and methods lead to cultural transformation and sustainable change by focusing an organization to pursue and achieve zero harm. An outdoor lunch was provided following the “Stories of Transformation” program.



Members of the Center for Transforming Healthcare’s (the Center) management team gather with the guest speakers to commemorate the event. From left to right: Dawn Allbee—the Center; Anne Marie Benedicto—the Center; Kristie Gray—Great Circle; Jessica Luster—Great Circle; Rob Curry—Emanate Health; Rebekah Wilkinson—Children’s Memorial Hermann Hospital; Kerchalyn Mayhorn—Parent Advisory Council NICU, Children’s Memorial Hermann Hospital; Anna ten Napel—Catholic Health Services of Long Island; Mark Chassin—The Joint Commission.

* Emanate Health was formerly Citrus Valley Health Partners.

Focusing on Health Care Safety and Quality

Founded in 2008, the Center is a nonprofit affiliate of The Joint Commission. In the last decade, the Center has partnered with more than 100 health care organizations to uncover—and overcome—safety and quality barriers by implementing data-focused, high reliability initiatives that drive transformational change. Its mission is “to transform health care into a high reliability industry by developing highly effective, durable solutions to health care’s most critical safety and quality problems.”

The Center activates excellence by helping organizations build and strengthen the systems and structures, skills, and practices that support transformation to high reliability and achievement of zero harm. The Center partners with health care organization to reach unprecedented levels of safety and quality. The Center has developed high reliability partnerships with health care organizations of all sizes across the health care continuum—including hospitals, ambulatory health care organizations, and behavioral health care centers. These organizations are part of the solution and have experienced firsthand the impact of a high reliability approach.

The Center is seeing positive outcomes from these partnerships every day. Major improvement initiatives have addressed serious health care safety and quality concerns. The following table shows the results of the collaborative efforts between the Center and its partners.

Hand hygiene compliance	71% increase
Wrong-site surgery risks	
● Pre-op	63% decrease
● Operating room	51% decrease
● Scheduling	46% decrease
Falls with injury	62% decrease
Hand-off communication failures	56% decrease
Colorectal SSIs	32% decrease
Extreme hyperglycemia	30% decrease
Sepsis mortality	23% decrease

SSI, surgical site infection.

Note: The data represented in this chart are the aggregate results of each project working with different organizations. Contact the [Center](#) with any questions about the data from these collaborative projects.



Center for Transforming Healthcare staff pose for a 10-year anniversary picture during the June 19, 2019, celebration.

Looking Ahead

Individuals can be powerful agents of change helping transform their organization. The Center recognizes this extraordinary human quality and will continue to help organizations bridge the gap between people and process, and to foster and sustain cultures rooted in process improvement and change management methodology.

With strong, committed leadership and a robust partnership with the Center, organizations that implement high reliability principles can reach safety goals they once believed were unattainable, as well as address issues long considered unsolvable.

For additional information about the Center and its initiatives or to talk to an expert about your organization's high reliability journey, please complete the [contact form](#). 

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Sharing Lessons Learned

The upcoming [Pioneers in Quality 2019 Proven Practices](#) webinar series* hosted by The Joint Commission provides Expert Contributors a platform to share their eCQM practices, tips, and successes with other hospitals and health care systems across the country. This year's webinars include the following:

- August 27, 11:00 AM: “[Improving eCQM Accuracy to Drive Quality Improvement](#)”
- September 12, 1:00 PM: “[Moving from Retrospective to Concurrent eCQM Review to Streamline eCQM Accuracy Activities and Improve Results](#)”
- September 24, 11:00 AM: “[Proactive Hospital/Health System Engagement to Undertake eCQM Development and Testing](#)”

The Expert Contributors also will be featured in the *Pioneers in Quality 2019 Proven Practices Collection*, which will be published in November. The collection will detail the organizations' Proven Practices, offering innovative ideas to help accredited hospitals overcome eCQM and health information technology barriers and challenges by learning from the experiences of their peers. All initiatives in the collection are replicable, and hospitals/health care systems are encouraged to tailor them to their individual organization's performance measurement and quality improvement efforts.

Pioneers in Quality is a Joint Commission program to assist hospitals on their eCQM journey to improve eCQM data use for quality improvement. For more information, visit the [Pioneers in Quality](#) website. 

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* All webinars are scheduled for Central Time.

- Work with internal teams to assess if current electronic health record systems may be customized to support nursing workflow optimally.
- Conduct regular staff meetings that include discussions about new organizational policies, processes, and outcomes from leadership meetings—making sure to engage nursing input in these staff meetings. **P**



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Application Period Now Open for 2019 John M. Eisenberg Patient Safety and Quality Awards

The Joint Commission is pleased to announce that applications and nominations for the 2019 John M. Eisenberg Patient Safety and Quality Award are being accepted from August 19, 2019, to October 1, 2019.

Established in 2002 by The Joint Commission and the National Quality Forum, the Eisenberg Awards recognize major achievements by individuals and organizations that use innovative approaches as well as consistently sustain improvement to patient safety and health care quality. People may apply for themselves or nominate others for one of the following three award categories:

- **Individual Achievement**—This award recognizes individuals who have demonstrated exceptional leadership and scholarship in patient safety and health care quality through a substantive lifetime body of work.
- **Local Level Innovation in Patient Safety and Quality**—This award recognizes projects or initiatives that focus on effecting impact at the local community, organization, or regional level (for example, statewide).
- **National Level Innovation in Patient Safety and Quality**—This award recognizes projects or initiatives whose focus extends beyond local areas to being implemented across the country and thus achieve national impact.

The 2019 Eisenberg Awards will be presented during the National Quality Forum's annual conference, which will be held March 23–25, 2020, in Washington, DC. Profiles of Eisenberg Award winners will be featured in a 2020 issue of *The Joint Commission Journal on Quality and Patient Safety*.

Additional information on the [John M. Eisenberg Patient Safety and Quality Awards](#), including submitting an application or a nomination, is available on The Joint Commission website. 

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The Joint Commission Releases New Speak Up Campaign to Prevent Falls

Recently, The Joint Commission released its newest Speak Up™ campaign—[Speak Up to Prevent Falls](#)—which features free, [downloadable educational materials](#) in English and Spanish to teach patients and health care providers how to avoid falls.

Speak Up to Prevent Falls addresses the thousands of patients who fall—often sustaining injuries—in hospitals, nursing care centers, and other health care settings, including a patient’s home. This new Speak Up outlines four primary areas that patients, caregivers, and health care providers can follow to help prevent the risk of falls:

1. Take care of your health.
2. Take extra precautions.
3. Make small changes to your home.
4. Ask for help in the hospital or nursing care center.

About the Speak Up Program

The Joint Commission’s award-winning [Speak Up](#) patient safety program has been used in more than 70 countries with the goal of helping patients and their advocates become active in their care by undertaking the following:

- S**peak up
- P**ay attention
- E**ducate yourself
- A**dvocates (family members and friends) can help
- K**now about your new medicine
- U**se a quality health care organization
- P**articipate in all decisions about your care

Each Speak Up campaign includes three components:

1. Infographics in three sizes and two languages
2. Animated video in two languages
3. User’s guide on how and to whom organizations can distribute materials

Speak Up materials are intended for the public and health care providers and have been put into a simplified (easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up materials. Speak Up materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission. 

Speak Up™ To Prevent Falls



Take care of your health

- Exercise regularly. It builds strength and some exercises can improve your balance.
- Prevent dehydration. It can affect your balance.
- Have your vision checked.
- If your medicine leaves you drowsy, dizzy, weak or confused, tell your doctor. Ask how to reduce these side effects or if you can take another medicine.



Take extra precautions

- Turn on the lights when you enter a room. Do not walk in the dark.
- Make sure your pathway is clear.
- Use the handrails on staircases.
- Sit in chairs that do not move and have arm rests to help you sit down and stand up.
- Wear shoes that have firm, flat, non-slip soles.
- Do not wear shoes that do not have backs on them.
- Replace the rubber tips on canes and walkers when they become worn.



Make small changes to your home

- Install timers, “clap-on” or motion sensors on your lights.
- Declutter regular pathways, such as to the bathroom and in poorly lit areas.
- Use night lights in your bedroom, bathroom and the hallway.
- Remove rugs that can slip. Rubber mats are a good replacement.
- Put frequently used items in easy-to-reach places that do not require using a step stool.
- Make sure it is easy to get in and out of your bed.
- Apply non-slip treads on stairs.
- Apply decals or waterproof, non-slip mats in the bathtub and shower.
- Install grab bars near the toilet and the bathtub or shower.
- A home care agency, personal care and support agency, or community program may be able to help make changes to your home if you live alone and need help.



Ask for help in the hospital or nursing home

- Always use your call button to ask for help getting out of bed. It’s for your safety. You may be weaker than you realize.
- Pay attention to what your doctors or nurses tell you about your risk of falling. A fall can mean a longer hospital stay. Also, injuries from a fall can affect your health for the rest of your life.
- Tell your doctor or nurse if your medicine makes you sleepy, light-headed, dizzy, sluggish, unbalanced or confused.
- Do not feel embarrassed asking for help going to the toilet. You will need extra help until you get stronger.
- Wear non-slip socks or footwear.
- Lower the height of the bed and the side rails.

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Consistent Interpretation

Joint Commission Surveyors' Observations Related to Storing Medication

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 containing 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 how to interpret the observations (in the column to the right).

The requirements highlighted in this column are not necessarily those with high rates of noncompliance. Rather, they are EPs that have the potential to negatively impact the delivery of high-quality care or create risk from a safety perspective if found 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 are applicable to the hospital program; however, the guidance in this column may be extrapolated to apply to other accreditation programs that offer similar services and populations served.

This month, **Consistent Interpretation** highlights Medication Management (MM) Standard MM.03.01.01, EPs 7 and 8, which require the proper storage of medications and the removal of expired medications, respectively.

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

Standard MM.03.01.01: The hospital safely stores medications.	
EP 7: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings. R	
Note: <i>This element of performance is also applicable to sample medications.</i>	
Compliance Rate	In the first half of 2019, the noncompliance percentage for this EP was 15.70% —that is, 108 of 688 hospitals surveyed were out of compliance with this requirement.
Noncompliance Implications	Failure to properly label medication may result in the administration of a medication whose efficacy has been altered or may no longer be considered safe from an infection prevention perspective. Failure to include applicable warnings may result in harm to both the patient and individual administering the medication. This is particularly important for those identified as high-risk or hazardous medications. For example, failure to adhere to precautions when administering concentrated electrolytes can result in patient death. Chemotherapeutic agents that are vesicants can cause permanent harm or loss of a limb if not administered with extreme caution.

Surveyor Observations	Guidance/Interpretation
<ul style="list-style-type: none"> ● Medications observed stored without expiration dates. The medication opening date was the only one noted. ● IV fluid/dialysis fluid expirations dates were not revised when placed into fluid warmer. ● An IV bag had been removed from its protective outer wrap, but there was no expiration date written on the bag. ● Succinylcholine was being stored at room temperature without a new expiration date based on discontinuing refrigerated storage. ● An opened sterile 2% lidocaine topical ointment had no revised expiration date. The manufacturer's instructions for use states the ointment expires 30 days after opening. 	<ul style="list-style-type: none"> ● Score here, at MM.03.01.01, EP 7, for labeling issues related to storage. ● For labeling issues during preparation not related to a procedure, score at MM.05.01.09.* ● For labeling issues during preparation related to procedures, regardless of procedure location, score at NPSG.03.04.01.† ● After they have been opened, sterile eye drops must have a “revised expiration date” in accordance with the health care organization’s policy or the manufacturer’s instructions for use. ● The Joint Commission recognizes only the original product manufacturer’s instructions for safe storage. Determine compliance based on these instructions. ● The 28-day revised expiration date applies only to multidose vials of sterile, injectable medication. ● Multidose vials of vaccines are exempt from the 28-day expiration date requirement. Follow manufacturer’s recommendations for safe storage. ● The 28-day expiration requirement does not apply to TB skin test PPD vials. Refer to the manufacturer’s instructions for use—most state 30 days. ● For insulin and insulin pens, defer to manufacturers’ guidelines for revised expiration date. ● Allergen multidose vials are not considered vaccines and, therefore, after they are opened are not exempt from the 28-day beyond use requirement date. ● Patient-specific compounded allergens are exempt from the 28-day requirement. Health care organizations may use nationally accepted standards, such as one year by American Academy of Allergy, Asthma & Immunology. ● For all other products, refer to the manufacturer’s instructions for use as to whether or not the expiration date changes (shortens) after the product is opened. If the expiration date does not change from the date printed on the label, a revised expiration date is not required. ● Determine if the product was intended for single-patient use or multi-patient use. If single-patient use products are observed used on multiple patients, see IC.02.01.01, EP 2.‡

EP 8: The hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration. Note: <i>This element of performance is also applicable to sample medications.</i>	
Compliance Rate	In the first half of 2019, the noncompliance percentage for this EP was 11.34% —that is, 78 of 688 hospitals surveyed were out of compliance with this requirement.
Noncompliance Implications	Administration of expired medications can result in a delay or failure to achieve the intended therapeutic response. Contaminated medications can result in local or systemic infections detrimental to a patient’s recovery.
Surveyor Observations	Guidance/Interpretation
<ul style="list-style-type: none"> ● Medications and/or vaccines were observed to be outdated but stored with non-expired medications and available for use. ● An airway box contained numerous expired medications. ● An open, expired single-use vial of medication was stored in an anesthesia cart and, therefore, was available for use. 	<ul style="list-style-type: none"> ● For labeling of stored medication, see MM.03.01.01, EP 7 ● For emergency medications, see MM.03.01.03.[§] ● For observations specific to opened, single-use vials used on multiple patients, see IC.02.01.01, EP 2.[‡]

IV, intravenous; NPSG, National Patient Safety Goals; TB, tuberculosis; PPD, purified protein derivative; IC, infection prevention and control.

* Standard **MM.05.01.09:** Medications are labeled. (Applicable EPs will vary depending on what is scored.)

† Standard **NPSG.03.04.01:** Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. (Applicable EPs will vary depending on what is scored.)

Note: *Medication containers include syringes, medicine cups, and basins.*

‡ Standard **IC.02.01.01, EP 2:** The hospital uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4)

Note: *Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients.*

§ Standard **MM.03.01.03:** The hospital safely manages emergency medications. (Applicable EPs will vary depending on what is scored.)



The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **August 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](http://www.jointcommission.org/jqps) website.

EDITORIALS

531 The Challenges of Medication Reconciliation for the Medical Home

A.S. Mixon; S. Kripalani

Medication reconciliation has been widely implemented since its establishment as a National Patient Safety Goal nearly 15 years ago, but achieving high quality in this arena remains challenging. In this editorial, Mixon and Kripalani discuss a retrospective study on medication reconciliation in an academic pediatric medical home by Condren and colleagues in this issue of the *Journal*, remarking on the must-haves for development of high-quality medication reconciliation given limited health system resources.

534 Learning by Doing: Improving and Adapting in Quality Improvement Education

J.S. Myers; K.J. O'Leary

Professional organizations have called for the integration of quality improvement (QI) education into health professions training, and a number of successful curricula have been published. However, little information is available on evolving and sustaining QI curricula in the face of organizational change. In this editorial, Myers and O'Leary reflect on an article by Cohen and colleagues in this issue of the *Journal* describing implementation of a QI curriculum and the challenges that arose as a result of changes to staffing and a reduction in resources, emphasizing the necessity of planning for change when developing a QI education program.

Coordination of Care

536 Medication Reconciliation Across Care Transitions in the Pediatric Medical Home

M. Condren; S. Bowling; B. Hall; M. Woslager; A. Shipman; H. McIntosh

Medication reconciliation for children with special health care needs is complex, but maintaining an accurate medication list can minimize potential adverse drug events, particularly during transitions of care. In this retrospective study, Condren and colleagues evaluated a program for medication reconciliation across care transitions at an academic pediatric primary care home to determine the types and frequency of medication discrepancies.

Performance Improvement

543 Prompting Rounding Teams to Address a Daily Best Practice Checklist in a Pediatric Intensive Care Unit

C.L. Cifra; M. Houston; A. Otto; S.S. Kamath

Constant vigilance is needed to deliver high-quality and safe medical care in a pediatric ICU, but consistent implementation of best practices is challenging. In this prospective cohort study, Cifra and colleagues describe the institution of a rounding checklist and the practice of prompting for checklist use by a dedicated

quality champion and compare process of care outcomes and clinical outcomes before and after the checklist was implemented and after prompting was instituted.

552 Ambulatory Safety Nets to Reduce Missed and Delayed Diagnoses of Cancer

S. Emani; T.D. Sequist; R. Lacson; R. Khorasani; K. Jajoo; L. Holtz; S. Desai

Ambulatory safety nets consist of tools, reports, registries, and workflows intended to function as a high-reliability system to prevent missed and delayed diagnoses of abnormal test results. Emani and colleagues describe the implementation of two ambulatory safety nets, for colon cancer and for lung cancer, and report on their effectiveness in closing the loop from the point of test ordering to the completion of recommended follow-up care.

AHRQ Series on Improving Translation of Evidence

558 AHRQ EPC Series on Improving Translation of Evidence into Practice for the Learning Health System: Introduction

C. Fiordalisi; A. Borsky; S. Chang; J. Guise

The Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Center (EPC) program produces scientifically rigorous and comprehensive evidence reviews that synthesize research to inform evidence-based care to improve the quality of health care in the United States. In this article, Fiordalisi and colleagues provide an overview of the EPCs' pilot projects to improve uptake and use of study findings by health systems, introducing a series of articles in the *Journal* focusing on selected pilot projects from this initiative.

566 Implementing Evidence-Based Screening and Counseling for Unhealthy Alcohol Use with Epic-Based Electronic Health Record Tools

C. Barclay; M. Viswanathan; S. Ratner; J. Tompkins; D.E. Jonas

Unhealthy alcohol use is one of the leading causes of preventable death in the United States, and the US Preventive Services Task Force recommends that clinicians screen adults for unhealthy alcohol use and provide brief counseling interventions for persons engaged in risky drinking. In this first article in the AHRQ Series on Improving Translation of Evidence, Barclay and colleagues describe an evidence-based approach to screening and counseling adults for unhealthy alcohol use with electronic health record tools.

COMMENTARY

575 Evolution of a Resident Quality Improvement Curriculum: Lessons Learned on the Path from Innovation Through Stability to Contraction

E. Cohen; J. Bradley; R. van Aalst; G. Ogrinc

Quality improvement (QI) teaching is often set in ambulatory sites, but the hospital setting also provides a powerful platform for teaching QI. Cohen and colleagues describe the development of an integrated QI curriculum for internal medicine residents on their inpatient medicine rotation, offer practical tips for integrating teaching and QI work during routine patient care activities, and outline the potential limitations of this model.

INNOVATION REPORT

580 Measuring Patient Preferences and Clinic Follow-Up Utilizing an Embedded Discharge Appointment Scheduler: A Pilot Study

R.E. Berger; S. Yang; J. Weiner; D. Gace; K. Finn

Scheduling follow-up appointments prior to discharge is a common intervention to reduce the risks inherent to this transition. Few studies have looked at patient involvement in the scheduling process. Berger and colleagues conducted a needs assessment to quantify clinician time spent scheduling and identify barriers to successful scheduling, followed by a pilot intervention to incorporate patients' preferences when scheduling follow-up appointments, improve appointment attendance, and reduce the administrative burden on residents.

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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

- Perinatal safety standards developed for **hospitals** (see [page 15](#) in this issue for the full article)
- Performance measures announced for **comprehensive cardiac centers** (see [page 16](#) in this issue for the full article)

CURRENTLY IN FIELD REVIEW

- Proposed **behavioral health care** requirements related to substance use disorders (field review ends September 10, 2019)
- Proposed revisions for the **palliative care** certification program (tentative start date for field review is August 26, 2019)

Note: Please visit the [Standards Field Reviews](#) pages on The Joint Commission 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
- Identifying redundant standards between the **laboratory** program and the **hospital** and **critical access hospital** programs to reduce unnecessary, duplicative assessment in the survey processes
- 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 current **advanced total hip and total knee replacement** certification standards for contemporary updates related to clinical practice guidelines
- Researching quality and safety gaps in the **nursing care center** program
- Evaluating Medication Compounding Certification requirements in the **home care** and **hospital** programs

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