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Performance measurement

Top five most challenging requirements for first half of 2016
The Joint Commission collects data on organizations' compliance with standards, National Patient Safety Goals (NPSGs), the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™, and Accreditation and Certification Participation Requirements to identify trends and focus education on challenging requirements. The table below identifies the Top 5 Joint Commission requirements identified most frequently as "not compliant" during surveys and reviews from Jan. 1 through June 30. The data represents citations only from organizations due to be surveyed during this time period – that is, data from for-cause surveys and for-cause reviews are not included. For more information, see the September issue of *Perspectives* or the Standards Frequently Asked Questions. (Contact: Standards Interpretation Group, 630-792-5900 or online question form)

Non-compliance percentage	Standard/NPSG	Description
		Ambulatory Care
49%	IC.02.02.01	The organization reduces the risk of infections associated with medical equipment, devices, and supplies.
48%	HR.02.01.03	The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
39%	MM.03.01.01	The organization safely stores medications.
35%	EC.02.04.03	The organization inspects, tests, and maintains medical equipment.
34%	EC.02.03.05	The organization maintains fire safety equipment and fire safety building features.
		Behavioral Health Care
44%	CTS.03.01.03	The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.
30%	HRM.01.02.01	The organization verifies and evaluates staff qualifications.
30%	NPSG.15.01.01	Identify individuals at risk for suicide.
25%	HRM.01.06.01	Staff are competent to perform their job duties and responsibilities.
24%	IC.02.04.01	The organization facilitates staff receiving the influenza vaccination.
		Critical Access Hospitals
73%	IC.02.02.01	The critical access hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
73%	EC.02.03.05	The critical access hospital maintains fire safety equipment and fire safety building features.
73%	EC.02.05.01	The critical access hospital manages risks associated with its utility systems.
59%	EC.02.06.01	The critical access establishes and maintains a safe, functional environment.
56%	LS.02.01.30	The critical access hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
		Home Care
41%	PC.02.01.03	The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.
36%	PC.01.03.01	The organization plans the patient's care.

Non-compliance percentage	Standard/NPSG	Description
29%	IC.02.04.01	The organization offers vaccination against influenza to licensed independent practitioners and staff.
28%	IC.02.01.01	The organization implements the infection prevention and control activities it has planned.
28%	RC.02.01.01	The patient record contains information that reflects the patient's care, treatment, or services.

Hospitals

66%	EC.02.06.01	The hospital establishes and maintains a safe, functional environment.
59%	IC.02.02.01	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
56%	EC.02.05.01	The hospital manages risks associated with its utility systems.
50%	LS.02.01.20	The hospital maintains the integrity of the means of egress.
47%	LS.02.01.35	The hospital provides and maintains systems for extinguishing fires.

Laboratory and Point-of-Care Testing

42%	HR.01.06.01	Staff are competent to perform their responsibilities.
34%	QSA.02.08.01	The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.
32%	DC.02.03.01	The laboratory report is complete and is in the patient's clinical record.
31%	QSA.01.03.01	The laboratory has a process for handling and testing proficiency testing samples.
30%	LD.04.05.07	The laboratory director, technical consultant, and/or technical supervisor are responsible for maintaining laboratory performance.

Nursing Care Centers

38%	HR.02.01.04	The organization permits licensed independent practitioners to provide care, treatment, and services.
21%	MM.03.01.01	The organization safely stores medications.
19%	PC.01.02.07	The organization assesses and manages the patient's or resident's pain.
17%	WT.03.01.01	Staff and licensed independent practitioners performing waived tests are competent.
16%	PC.01.02.03	The organization assesses and reassesses the patient or resident and his or her condition according to defined time frames.

Office-Based Surgery Practices

71%	HR.02.01.03	The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
53%	IC.02.02.01	The practice reduces the risk of infections associated with medical equipment, devices, and supplies.
41%	EC.02.04.03	The practice inspects, tests, and maintains medical equipment.
27%	IC.01.03.01	The practice identifies risks for acquiring and transmitting infections.
25%	NPSG.07.01.01	Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

Palliative Care Certification

59%	PCPC.4	The interdisciplinary program team assesses and reassesses the patient's needs.
28%	PCPM.6	Program leaders are responsible for selecting, orienting, educating, and retaining staff.
19%	PCPI.2	The program collects data to monitor its performance.
19%	PCPI.3	The program analyzes and uses its data to identify opportunities for performance improvement.
16%	PCPC.3	The program tailors care, treatment, and services to meet the patient's lifestyle, needs, and values.

Disease-Specific Care Certification

29%	DSDF.3	The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

Non-compliance percentage	Standard/NPSG	Description
19%	DSDF.2	The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
17%	DSDF.1	Practitioners are qualified and competent.
12%	DSCT.5	The program initiates, maintains, and makes accessible a medical record for every patient.
10%	DSSE.3	The program addresses the patient's education needs.
		Health Care Staffing Services Certification
8%	HSHR.1	The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).
7%	HSHR.6	The HCSS firm evaluates the performance of clinical staff.
4%	HSLD.5	The services contracted for by the HCSS firm are provided to customers.
4%	HSPM.3	The HCSS firm collects data to evaluate processes and outcomes.
3%	CPR 5	The staffing firm submits performance measurement data to The Joint Commission on a routine basis.
3%	HSPM.4	The HCSS firm analyzes its data.

Patient safety

***JQPS* article details how model differentiates hospitals' high reliability maturity levels**
Joint Commission Resources' September 2016 issue of *The Joint Commission Journal on Quality and Patient Safety* features an article — "Applying the High Reliability Health Care Maturity Model to Assess Hospital Performance: A VA Case Study," by Jennifer L. Sullivan, PhD, and co-authors, Center for Healthcare Organization and Implementation Research (CHOIR), VA Boston Healthcare System — on the presence of components of the High Reliability Health Care Maturity (HRHCM) model at six U.S. Department of Veterans Affairs (VA) hospitals.

The HRHCM model — developed by Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer of The Joint Commission, and the late Jerod M. Loeb, PhD, former executive vice president, Division of Healthcare Quality Evaluation at The Joint Commission — incorporates three major domains critical for promoting high reliability organizations (HROs): Leadership, Safety Culture, and Robust Process Improvement® (RPI®).

The authors interviewed 138 employees, such as patient safety leaders, senior leaders and staff. Twelve of the 14 components were detected in the data, and two additional characteristics emerged that are present in HRO literature but are not represented in the model — teamwork culture and system-focused tools for learning and improvement. Each hospital's level of organizational maturity was characterized along the "beginning" to "approaching" continuum for nine of the 14 components. The findings suggest the HRHCM model has good content validity and that hospitals could be differentiated in terms of their components. Access *JQPS*.

New *Quick Safety* focuses on transitions of care, managing medications
The latest issue of *Quick Safety* focuses on how safe, quality transitions of care can serve as safety nets for accurate medication management and good quality outcomes for patients.

The issue asserts that each transition of care is an opportunity to ensure better patient safety across the continuum of care, starting at admission to a health care facility, throughout the visit or stay, at discharge, and following through to the next care setting.

Medication management is one of the seven foundations identified by The Joint Commission to support safe, quality transitions of care from one setting to another. Read more.

People

Joint Commission president named to Top 100 Most Influential People in Healthcare list
Modern Healthcare recently unveiled its "100 Most Influential People in Healthcare" list, and Joint Commission President and CEO Mark R. Chassin, MD, FACP, MPP, MPH, was No. 65.

This is the 15th year that *Modern Healthcare* has published the [list](#).

Resources

New module on Fire Protection standard EC.02.03.05 available on PEP
A new module — [LS.02.01.30 – Leadership Awareness](#) — is available on the Physical Environment Portal (PEP). The Joint Commission identified 25 Life Safety and Environment of Care elements of performance (EPs) from eight standards that have been frequently cited during survey activities over the past four years. The PEP, in partnership with the American Society for Healthcare Engineering (ASHE), aims to provide helpful information to improve compliance.

Trending on jointcommission.org
Webinar replay: [SOC™ process changes effective Aug. 1](#) — For those who were unable to attend the Aug. 1 webinar, there is still an opportunity to understand the new Statement of Conditions™ process that will affect the survey of Life Safety chapter requirements.

Learn more about [Joint Commission Resources'](#) offerings online or call 877-223-6866.