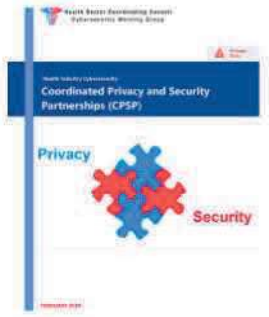
National Consensus Paper Encourages Coordinating Privacy and Cybersecurity Functions

The Joint Commission's Director of Enterprise Information Security Co-Authored Paper

The Healthcare and Public Health Sector Coordinating Council (HSCC) Cybersecurity Working Group recently published Health Industry Cybersecurity–Coordinated Privacy Security Partnership (HIC–CPSP), a national consensus paper on information technology (IT) security and privacy. Joint Commission Director of Enterprise Information Security, Michael W. DeGraff, CISSP, CCSA, co-led and co-authored the paper, which will help health care providers and companies coordinate privacy and cybersecurity functions for improved overall compliance and operational efficiencies and effectiveness.

According to the paper, collaboration challenges fall into the following five overarching themes:



1. Cross-functional alignment
2. Operational understanding
3. Team dynamics
4. Organizational culture
5. Regulatory responsibility

To address these themes, HIC–CPSP seeks to do the following:

- Identify intersections, interdependencies, and regulatory and operational distinctions between enterprise privacy and security disciplines
- Enumerate potential challenges and corresponding risks arising from gaps and/or misalignments between privacy and security functions and priorities
- Describe differing structural advantages and disadvantages for coordinating or integrating functions
- Recommend options for frameworks, practices, and measures that can assist with informing, coordinating, and integrating privacy and security compliance and operations efforts

"Mike's participation on the workgroup and selection as a co-lead on its development is really a testament to the amazing talent we have and our people's influence in the industry," says Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, President and CEO, The Joint Commission Enterprise. P

Copyright 2024 The Joint Commission

UPDATE: Joining the Joint Commission NHSN Group

In April The Joint Commission will send an e-mail to acute care hospitals with information about joining the National Healthcare Safety Network (NHSN) Group. The e-mail will be sent to the primary accreditation contact and/or the ORYX® contact listed on the organization's secure *Joint Commission Connect*® extranet site.

The January 2024 issue of *Perspectives* announced that, **beginning July 1, 2024**, **acute care hospitals** with ORYX performance measurement requirements that have to participate in the NHSN system through a US Centers for Medicare & Medicaid Services (CMS) program, must join the Joint Commission NHSN Group. Participation in the Joint Commission NHSN Group is optional for critical access hospitals where participation in CMS programs is not required.

Sign-Up Milestones and Troubleshooting

The following table provides the timeline of sign-up tasks.

April 2024	Hospitals will receive a survey via e-mail to indicate their appointed NHSN facility administrator and provide contact information for that individual. This survey should be completed **no later than April 29, 2024**.
May 2024	An e-mail with NHSN Group joining instructions will be sent to the designated NHSN facility administrator; instructions also will be posted on the hospital's *Joint Commission Connect* extranet site or the ORYX Performance Measurement Resources page.
May–June 2024	Hospitals will join the Joint Commission NHSN group and accept the Confer Rights Template.
July 1, 2024	Enrollment in the Joint Commission NHSN Group **must** be complete.

Please note that health care organizations that filter e-mails must whitelist* all e-mail from the @jointcommission.org domain to ensure that they receive all communications from The Joint Commission. Specifically, communication from the following must be accepted:

- The NHSN invitation: hcooryx@jointcommission.org
- The Joint Commission primary domain: @jointcommission.org
- The Joint Commission ORYX support: hcooryx@jointcommission.org

Organization contacts that do not receive the e-mail about joining the Joint Commission NHSN Group by the second week in April 2024 should check junk/spam/clutter folders and/or work with internal information technology staff to verify the e-mail is not blocked by a firewall. Contact the ORYX Help Line if these troubleshooting suggestions fail to locate the e-mail; please remember to provide your health care organization (HCO) identification (ID) number in the e-mail.

* A whitelist is a list of e-mail addresses or domain names from which an e-mail–blocking program will allow messages to be received. E-mail–blocking programs, also called spam filters, are intended to prevent most unsolicited e-mail messages (spam) from appearing in subscriber inboxes. If you are uncertain how your HCO handles whitelisting, please contact your internal information technology staff.

Copyright 2024 The Joint Commission

For previous communication about the Joint Commission NHSN requirement, *see* the articles in the November 2023 and January 2024 issues of *Perspectives* and the 2024 ORYX® Performance Measure Reporting Requirements document.

Additional information on the Joint Commission NHSN Group is available via the ORYX FAQs or the NHSN Group for The Joint Commission page.

Copyright 2024 The Joint Commission

UPDATE: Spring 2024 E-dition® Posting and Manual Update Service Release Schedules

2024 Manual Update Services for Behavioral Health Care and Human Services and Hospitals Mailing in April

Following are the E-dition® posting schedule for the regularly scheduled spring manual update for all accreditation, certification, and verification programs and the mailing dates for the hard-copy update service. Please note that these time frames are anticipated dates. For questions about content changes, contact your account executive or visit the Prepublication Standards page of The Joint Commission's website. P



2024 UPDATE 1 (SPRING) E-DITION RELEASE

This release is the regularly scheduled update of E-dition with requirements **effective July 1, 2024**, or as noted in the What's New document, for all accreditation, certification, and verification programs. This release is expected to post to E-dition in **late April** for the following programs:

Accreditation

- Ambulatory Care
- Assisted Living Community
- Behavioral Health Care and Human Services
- Critical Access Hospital
- Home Care
- Hospital
- Laboratory and Point-of-Care Testing
- Nursing Care Center
- Office-Based Surgery
- Telehealth—NEW THIS RELEASE!

Certification

- Advanced Certification in Perinatal Care
- Comprehensive Cardiac Center
- Disease-Specific Care, including advanced programs
- Health Care Equity
- Health Care Staffing Services
- Integrated Care
- Medication Compounding
- Palliative Care
- Patient Blood Management
- Responsible Use of Health Data—NEW THIS RELEASE!
- Sustainable Healthcare

Verification

- Maternal Levels of Care



2024 UPDATE 1 (SPRING) HARD-COPY UPDATE SERVICE

This release is the regularly scheduled hard-copy update with requirements **effective July 1, 2024**, or as noted in the What's New document, for select accreditation programs. The following hard-copy updates are expected to mail in **late April:**

- Behavioral Health Care and Human Services
- Hospital

The update service is available for purchase at the Joint Commission Resources webstore: https://www.jcrinc.com/products-and-services/publications/manuals/

Copyright 2024 The Joint Commission

Consistent Interpretation

Joint Commission Surveyors' Observations Related to Inspecting and Testing Emergency Power Supply Systems

The **Consistent Interpretation** column helps organizations to comply with specific Joint Commission requirements. Each installment of the column draws from a database of surveyors' de-identified observations (left column) on an element of performance (EP)—as well as guidance from the Standards Interpretation Group on interpreting the observations (right column).

The requirements in this column are not necessarily those with high rates of noncompliance. Rather, they have the potential to negatively affect care or create risk if 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 apply to hospitals; however, the guidance may be extrapolated to apply to other accreditation programs with similar services and populations served.

This month, **Consistent Interpretation** focuses on the importance of regularly testing and inspecting emergency power supply systems.

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

Environment of Care (EC) Standard EC.02.05.07: The hospital inspects, tests, and maintains emergency power systems.	
EP 4: Ⓓ Every week, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.3.7; 8.4.1)	
Compliance Rate	In 2022, the noncompliance percentage for this EP was **29.70%**—that is, **449** of **1,512** hospitals surveyed did not comply with this requirement.
Noncompliance Implications	An emergency power supply system (EPSS) is extremely complex and critically important for hospitals to maintain the ability to provide services. The EPSS is composed of many parts that are all required to constantly be at the ready. Standard EC.02.05.07, EP 4, requires hospitals to inspect all associated components and batteries of their EPSS weekly. In addition, this EP references Section 8.3.7.1 of the National Fire Protection Association's (NFPA) *Standard for Emergency and Standby Power Systems* (NFPA 110–2010), which requires batteries to be tested monthly. Inspecting the EPSS and its components weekly ensures that the general condition of the system is maintained and that there is no physical damage and/or degrading, leaking, or missing components. To comply with this EP, an itemized pass/fail checklist is typically used, which details the components. Components may include but are not limited to the following:

Copyright 2024 The Joint Commission

	• Battery • Radiator • Hoses • Fuel levels (in both the main and day tanks) • Engine oil level • Water jacket heater • Exhaust system NFPA 110–2010, Annex A, Figures A.8.3.1(a) and A.8.3.1(b), provide an EPSS maintenance log that organizations can use or adapt to their specific system. During a power outage, the starting battery must deliver power to the starter motor. A dead or weak battery will not start the generator, and a power outage can escalate from a utility outage issue to a major crisis that can affect patient care and safety. Because the starting battery is such a key component, Section 8.3.7.1, NFPA 110–2010, requires a monthly battery test. The monthly test can be performed in one of the two following ways: 1. Measure the specific gravity of the electrolyte using a hydrometer *or* 2. Perform conductance testing using a meter specifically designed for this purpose Maintenance-free batteries are becoming more popular, and many of these batteries are sealed so using a hydrometer is no longer an option. When using a battery tester to measure conductance, closely follow the manufacturer's instructions for use to ensure that the correct setting is used, and the correct information is recorded.

Surveyor Observations	Guidance/Interpretation
• There was no documentation available of the required weekly inspection of the EPSS. • Several weekly inspections were missing. • There was no itemized inventory document of the generator's associated components. • Battery testing was not conducted. • Battery conductance testing was not completed.	• Cite here, at Standard EC.02.05.07, EP 4, for the following: ❍ Weekly generator maintenance ❍ Missing monthly battery conductance testing documentation • National Fire Protection Association's (NFPA) *Standard for Emergency and Standby Power Systems* (NFPA 110–2010) permits organizations to do one of the following: ❍ Monthly testing and recording of electrolyte-specific gravity *or* ❍ Monthly conductance testing • When citing here, at Standard EC.02.05.07, EP 4, include in the observation that the organization did not conduct either test.

Copyright 2024 The Joint Commission

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **March 2024** 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* website.

Tell your performance improvement story! Consider submitting an article to *The Joint Commission Journal on Quality and Patient Safety*. See website for author guidelines.

Did you know? Select *JQPS* articles are available free for you to read. Look for the "Open Access" sunburst and link to the article.

Editorials



163 *The Joint Commission Journal on Quality and Patient Safety* 50th Anniversary Article Collections

D.W. Baker

To celebrate our 50th anniversary, the *Journal* is launching a series of articles on key quality and safety topics for which we have published seminal articles. The articles in the collections will be open access during the month they are featured, beginning with this month's topic: Workplace Violence Prevention.



164 Measuring Health Care Workplace Violence in Real Time

J.P. Phillips

Obtaining valid workplace violence data has proven difficult, and many barriers have been identified that limit reporting and impair accuracy, particularly recall bias. In this editorial in response to an article by Iennaco and colleagues in this issue of the *Journal*, Phillips discusses the importance of having a new tool to accurately collect data, allow the evaluation of interventions, and develop an evidence base for violence mitigation and prevention plans.

Workplace Violence



166 The Aggressive Incidents in Medical Settings (AIMS) Study: Advancing Measurement to Promote Prevention of Workplace Violence

J.D. Iennaco; E. Molle; M. Allegra; D. Depukat; J. Parkosewich

Rates of aggressive events and workplace violence exposure are often represented by proxy measures in health care settings, and precise measurement is needed to promote prevention and intervention. In this prospective, multisite cohort study, Iennaco and colleagues used event counters, Aggressive Incident and Management Logs, and demographic forms to examine the incidence of patient and visitor aggressive events toward patient care staff on five inpatient medical units.

Copyright 2024 The Joint Commission

Performance Improvement

177 Low Rate of Completion of Recommended Tests and Referrals in an Academic Primary Care Practice with Resident Trainees

M.J. Amat; T.S. Anderson; U. Shafiq; S.B. Sternberg; T. Salant; L. Fernandez; G.D. Schiff; M.D. Aronson; J.C. Benneyan; S.J. Singer; K.L. Graham; R.S. Phillips

A frequent, preventable cause of diagnostic errors involves failure to follow up on diagnostic tests, referrals, and symptoms, particularly in a resident practice where rates of patient loss due to resident graduation may lead to more opportunities for failure to close diagnostic loops. Amat and colleagues conducted this study to determine the prevalence of failure of loop closure in a resident primary care clinic compared to rates in the faculty practice and identify factors contributing to failure.

185 Internal Medicine Virtual Specialist Assessment Program Reduces Emergency Department Transfers from Long-Term Care

A. Mac; N. Sharfuddin; S. Chugh; A. Freeland; A. Ginzburg; T. Campbell

Transfers to emergency departments from long-term care can expose residents to care discontinuities and risks. In this study, Mac and colleagues evaluated a virtual care platform at a long-term care facility that allowed residents to speak with specialist physicians through video and receive management plans remotely to determine how it would affect the number of transfers to emergency departments.

Teamwork and Communication

193 Contextual Factors Influencing the Implementation of a Multifaceted Intervention to Improve Teamwork and Quality for Hospitalized Patients: A Multisite Qualitative Comparative Case Study

I.A. Terwilliger; J.K. Johnson; M. Manojlovich; G.J. Astik; J.S. Kim; M.V. Williams; K.J. O'Leary

Many hospitals have begun to redesign aspects of the care delivery system to improve teamwork and quality for hospitalized patients, including efforts to localize physicians to specific units while on service, nurse-physician co-leadership models, and interprofessional rounds. In this article, Terwilliger and colleagues report the use of inductive qualitative content analysis, reviewed fidelity of implementation trends, and performed cross-case analysis to identify contextual factors and their influence on implementation of the REdesigning SystEms to Improve Teamwork and Quality for Hospitalized Patients (RESET) study.

Infection Prevention

202 Creating a Statewide Assessment and Support Service to Prevent Infections in Patients Receiving Hemodialysis

C.M. Ludington; R.E. Brum; D.I. Parr

Patients who receive hemodialysis are at higher risk of developing health care–associated infections due to multiple factors, including direct and recurrent access to the bloodstream. Ludington and colleagues report the creation of an infection prevention dialysis evaluation program using Six Sigma's Define-Measure-Analyze-Design-Verify model to decrease the likelihood of these infections.

Improvement Brief

209 Improving Supervisor Confidence in Responding to Distressed Health Care Employees

G.P. Couser; A.M. Stevens; H.D. Arndt; J.L. Nation; S.A. Breitinger; D.S. Lafferty; C.N. Sawchuk

Professional distress and burnout are increasingly common among health professionals, and some workplace leaders lack tools and direction to appropriately respond to distressed employees. After conducting interviews and surveys to identify factors contributing to low supervisor confidence at their organization, Couser and colleagues developed and disseminated a six-minute, on-demand video to train supervisors to respond appropriately to employees during a mental health crisis.

Copyright 2024 The Joint Commission

Tool Tutorial

219 A Combined Assessment Tool of Teamwork, Communication, and Workload in Hospital Procedural Units

B.W. Weaver; D.J. Murphy

Teamwork and communication issues are some of the most frequently cited contributors to adverse events. In this study, Weaver and Murphy developed a diagnostic mixed methods toolkit to proactively assess teamwork, communication, and workload, enabling gap identification and mitigation to improve unit performance.

Commentary

228 Digital Stockpiling: An Innovative Strategy for Preparedness and Medical Supply Chain Resilience

B. Ripley; S.R. Kirsh; K.W. Kizer

Federal and state stockpiles of medical equipment have been created to address multiple different emergency preparedness purposes, but physical stockpiling creates significant waste. In this commentary, Ripley and colleagues propose digital stockpiling as an alternative, wherein digital blueprints for many devices and supplies are proactively created, tested, and submitted for regulatory approval far in advance of need.



The *Journal is celebrating its* 50th anniversary in 2024! Select previously published *Journal* articles will be available via open access on the 50th Anniversary Free Access Article Collections page. The April article collection will focus on antibiotic stewardship.

Copyright 2024 The Joint Commission