The Joint Commission

May 2024 | Volume 44 | Number 5

Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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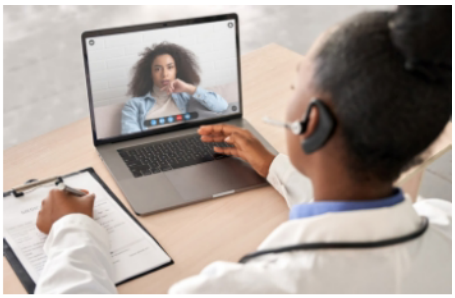
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NEW: Telehealth Accreditation Program Launching in July



On July 1, 2024, The Joint Commission will begin accepting applications for its newly developed **Telehealth Accreditation Program**. This program was developed for health care organizations that exclusively provide care, treatment, and services via telehealth. Hospitals and other health care organizations that have written agreements to provide care, treatment, and services via telehealth to another organization's patients have the option to apply for the new accreditation.

As the use of telehealth has rapidly expanded into new health care settings and specialties, The Joint Commission identified the need to create a new accreditation program to address the structures and processes necessary to provide safe, high-quality care, treatment, and services using a telehealth platform. The consensus-based requirements were developed with input from a technical advisory panel of telehealth experts and current customers, as well as feedback from internal and external stakeholders.

Many telehealth standards align with the current requirements in other Joint Commission–accredited programs (for example, credentialing and privileging, information management, leadership structure and governance, and documentation in the record of care, treatment, and services). However, the telehealth program also includes several new requirements that address quality and safety concerns specific to the care, treatment, and services provided via telehealth, such as the following:

- New requirements related to equipment, devices, and connectivity
- Streamlined emergency management requirements specific to telehealth organizations
- Expanded requirements for the written agreement or policy for telehealth organizations that provide care, treatment, or services to another organization's patients or individuals served
- New standards for telehealth provider education and patient education about the use of the telehealth platform and devices

Although most telehealth standards apply to all accredited organizations or organizations seeking telehealth accreditation, there are a subset of requirements that apply to organizations based on the telehealth modality used and the service provided.

The new telehealth program replaces the telehealth and technology-based accreditation requirements in the Ambulatory Care and Behavioral Health Care and Human Services Accreditation Programs for organizations that meet the eligibility criteria. Current customers within these programs will receive additional information about the transition process to the new program. The following are the eligibility criteria for the new program, which will be available in "The Accreditation Process" (ACC) chapter in the *Comprehensive Accreditation Manual for Telehealth (CAMTEL)* on E-dition®:

- The organization is in the United States or its territories or, if outside the United States, is owned or operated by the US government or under a charter of the US Congress.

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- The organization has a facility or license or registration to conduct its scope of services, if required by law.
- The organization is one of the following:
  - A freestanding organization that only provides care, treatment, or services via telehealth
  - An organization that provides care, treatment, or services via telehealth to another organization's patients (for example, under a written contractual agreement)
- The organization meets parameters for the minimum number of patients or volume of services required for organizations seeking Joint Commission accreditation for the first time or reaccreditation; that is, 10 patients served, with at least 2 active at the time of survey.
- Organizations providing telebehavioral health care services meet the parameters for the minimum number of individuals served or volume of services required for organizations seeking Joint Commission accreditation for the first time or reaccreditation; that is, 3 individuals served, with at least 2 active at the time of survey.

The requirements for the new program can be requested from the Prepublication Standards page of The Joint Commission's website via the Standards Online Submission Form and publish online in the spring 2024 E-dition release of *CAMTEL*.

For information on obtaining telehealth accreditation, please contact Business Development.

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2023 Noncompliance Data for Select Certification Programs

The Joint Commission regularly analyzes standards compliance data to identify areas that result in the highest number of Requirements for Improvement (RFIs) in its certified programs. These data help The Joint Commission identify trends and tailor education related to challenging standards.

The following bar charts display the most frequently cited elements of performance (EPs) from January 1 through December 31, 2023, for four categories of certification programs across two certification manuals—the *Comprehensive Disease-Specific Care Certification Manual (DSC)* and *Health Care Staffing Services Certification Manual (HCSS)*. The four categories include the following:

1. **Cardiac-Specific Programs** (*DSC*)
   - Acute Myocardial Infarction
   - Acute Heart Attack Ready (AHAR)
   - Advanced Certification in Heart Failure (HF)
   - Chest Pain
   - Comprehensive Heart Attack Center (CHAC)
   - Heart Failure
   - Primary Heart Attack Center (PHAC)
   - Ventricular Assist Device (VAD)
2. **Health Care Staffing Services** (*HCSS*)
3. **Orthopedic-Specific Programs** (*DSC*)
   - Advanced Certification in Spine Surgery (ACSS)
   - Advanced Total Hip and Total Knee Replacement (THKR)
   - Joint Replacement—Hip
   - Joint Replacement—Knee
   - Joint Replacement—Shoulder
   - Spinal Fusion
   - Spinal Surgery
4. **Stroke-Specific Programs** (*DSC*)
   - Acute Stroke Ready Hospital (ASRH)
   - Comprehensive Stroke Center (CSC)
   - Primary Stroke Center (PSC)
   - Thrombectomy-Capable Stroke Center (TSC)

The colors in the bar charts depict where findings were placed on the *SAFER*®* Matrix, and the numbers in the bars reflect the total number of surveys with findings at that standard/EP in that risk category. The findings reflect those cited in the low/limited through high/widespread categories. Immediately following each bar chart is a table with the following:

- Standard/EP text
  Note: The standards/EPs table does not include standards notes, footnotes, references, or rationales. For a comprehensive look at each standard, refer to E-dition®.

* *SAFER*®, *Survey Analysis for Evaluating Risk*®.

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- Applicable addenda for advanced disease-specific care programs
  Note: The addenda content is not included. Refer to E-dition for the complete addenda content.

The Joint Commission hopes that, by publishing these lists of frequently cited standards/EPs, organizations can proactively assess their performance and address areas of potential noncompliance. P

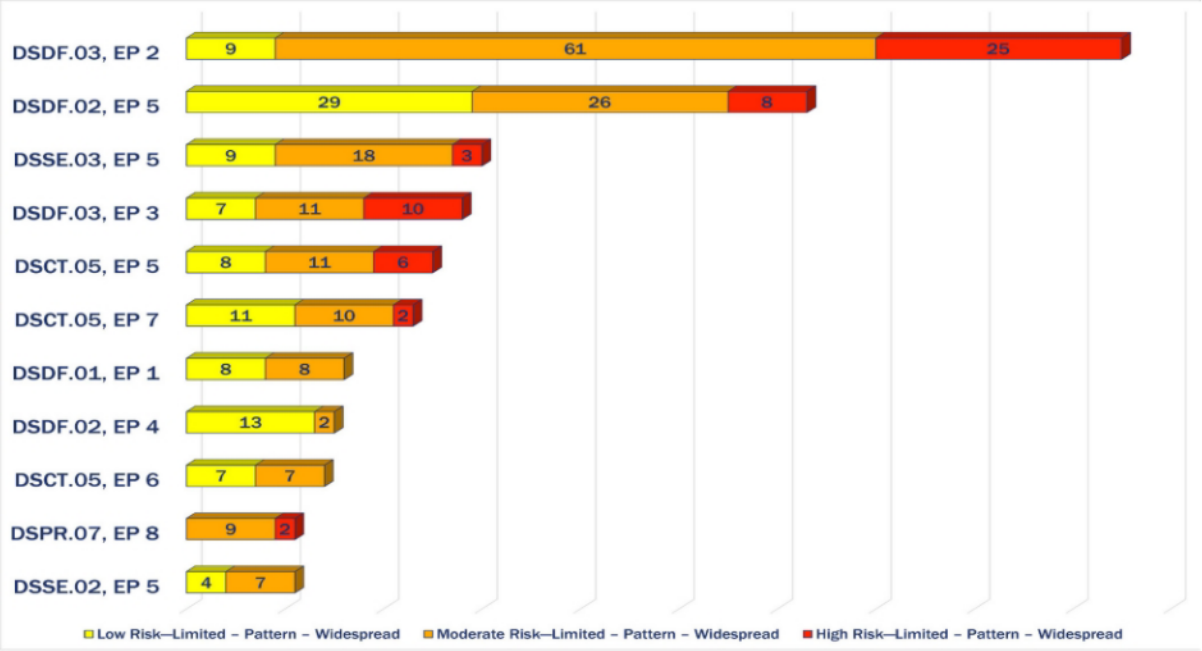
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2023 Most Frequently Cited Certification Requirements for Cardiac-Specific Programs

Cited from January 1 through December 31, 2023

174 Surveys Conducted in 2023

Acute Heart Attack Ready (AHAR): 13 Reviews Conducted
Acute Myocardial Infarction: 7 Reviews Conducted
Advanced Certification in Heart Failure (HF): 16 Reviews Conducted
Chest Pain: 35 Reviews Conducted
Comprehensive Heart Attack Center (CHAC): 2 Reviews Conducted
Heart Failure: 17 Reviews Conducted
Primary Heart Attack Center (PHAC): 24 Reviews Conducted
Ventricular Assist Device (VAD): 60 Reviews Conducted



Standard	EP	Program-Specific Addenda
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	**EP 2:** The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.	**AHAR:** No addenda **CHAC:** No addenda **HF:** Addenda a–k **PHAC:** No addenda **VAD:** Addenda a and b
DSDF.02: 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.	**EP 5:** The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.	**AHAR:** No addenda **CHAC:** No addenda **HF:** Addendum a **PHAC:** No addenda **VAD:** No addenda
DSSE.03: The program addresses the patient's education needs.	**EP 5:** The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services.	**AHAR:** No addenda **CHAC:** No addenda **HF:** Addendum a **PHAC:** No addenda **VAD:** No addenda

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DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	**EP 3:** The program implements care, treatment, and services based on the patient's assessed needs.	**AHAR:** Addenda a–c **CHAC:** Addenda a–c **HF:** Addenda a–e **PHAC:** Addenda a–c **VAD:** Addenda a and b
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 5:** The medical record contains sufficient information to document the course and results of care, treatment, and services.	**AHAR:** No addenda **CHAC:** No addenda **HF:** No addenda **PHAC:** No addenda **VAD:** No addenda
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 7:** The program reviews its medical records for completeness and accuracy.	**AHAR:** No addenda **CHAC:** No addenda **HF:** No addenda **PHAC:** No addenda **VAD:** No addenda
DSDF.01: Practitioners are qualified and competent.	**EP 1:** Ⓓ Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided.	**AHAR:** Addenda a–c* **CHAC:** Addenda a–c **HF:** Addendum a **PHAC:** Addenda a–c **VAD:** No addenda
DSDF.02: 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.	**EP 4:** Practitioners are educated about clinical practice guidelines and their use.	**AHAR:** No addenda **CHAC:** No addenda **HF:** Addendum a **PHAC:** No addenda **VAD:** No addenda
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 6:** The medical record contains sufficient information to facilitate continuity of care.	**AHAR:** No addenda **CHAC:** No addenda **HF:** Addendum a **PHAC:** No addenda **VAD:** No addenda
DSPR.07: The program's facilities are safe and accessible.	**EP 8:** The program implements activities to minimize risks associated with medical equipment used in the program. **EP 8:** The program implements its medical equipment management program. (only applicable to VAD)	**AHAR:** No addenda **CHAC:** No addenda **HF:** No addenda **PHAC:** No addenda **VAD:** No addenda
DSSE.02: The program addresses the patient's self-management plan.	**EP 5:** The program addresses the education needs of the patient regarding disease progression and health promotion.	**AHAR:** No addenda **CHAC:** No addenda **HF:** Addenda a and b **PHAC:** No addenda **VAD:** No addenda

EP, element of performance; DSDF, Delivering or Facilitating Clinical Care; DSSE, Supporting Self-Management; DSCT, Clinical Information Management; DSPR, Performance Management.

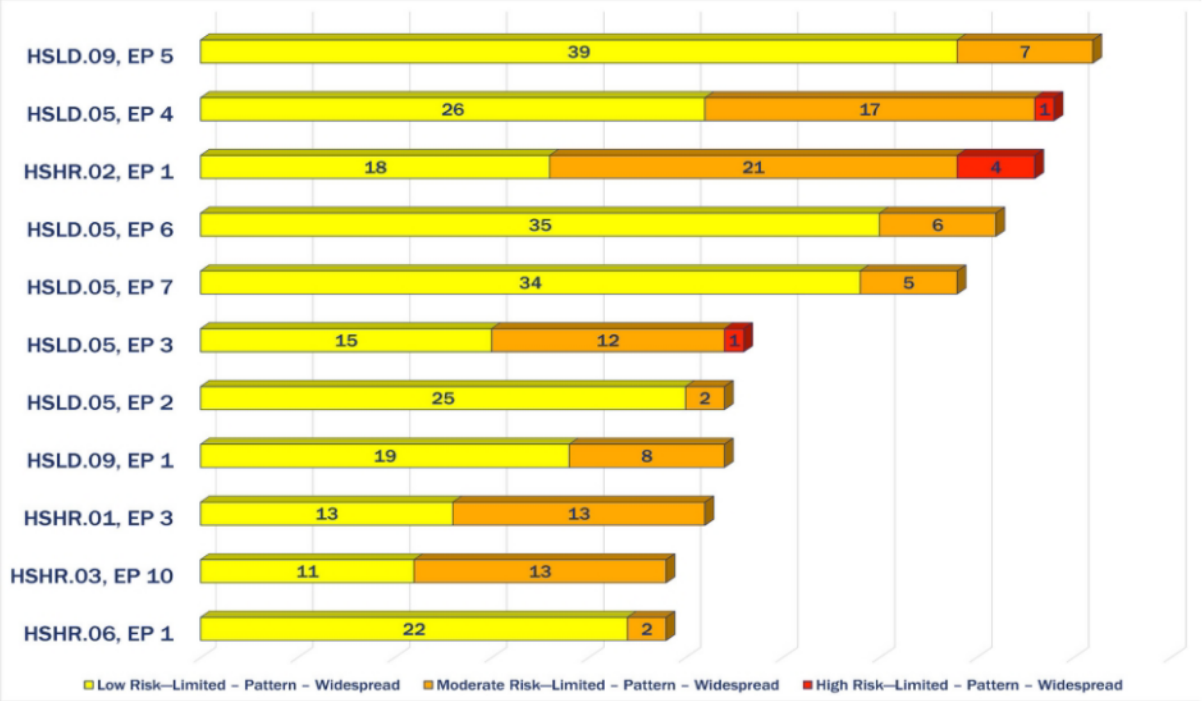
* Addendum c is applicable only to AHAR hospitals that perform percutaneous coronary interventions.

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2023 Most Frequently Cited Certification Requirements for Health Care Staffing Services

Cited from January 1 through December 31, 2023

343 Surveys Conducted in 2023



Standard	EP
HSLD.09: The HCSS firm addresses emergency management.	**EP 5:** Ⓓ The firm tests the emergency management plan at least annually documenting the test date and any opportunities to improve the plan.
HSLD.05: The HCSS firm provides services to customers according to a written agreement.	**EP 4:** Ⓓ At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: The reassignment of staff only to areas of practice within their clinical competence.
HSHR.02: As part of the hiring process, the HCSS firm determines that a person's qualifications and competencies are consistent with their job responsibilities.	**EP 1:** Ⓓ The firm defines and documents the minimum clinical competence and qualifications consistent with staff job responsibilities.
HSLD.05: The HCSS firm provides services to customers according to a written agreement.	**EP 6:** Ⓓ At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: How unexpected incidents, errors, and sentinel events that involve HCSS staff are communicated to the firm.
HSLD.05: The HCSS firm provides services to customers according to a written agreement.	**EP 7:** Ⓓ At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: How occupational safety hazards or events that involve HCSS staff are communicated to the firm.

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HSLD.05: The HCSS firm provides services to customers according to a written agreement.	**EP 3:** Ⓓ At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: Which party (the firm or the customer) determines the competencies required for the assignment.
HSLD.05: The HCSS firm provides services to customers according to a written agreement.	**EP 2:** Ⓓ At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: Whether or not it uses subcontractors.
HSLD.09: The HCSS firm addresses emergency management.	**EP 1:** The firm conducts a hazard vulnerability analysis to identify potential emergencies that could affect its ability to provide services.
HSHR.01: The HCSS firm confirms that a person's qualifications are consistent with their assignment(s).	**EP 3:** Ⓓ For clinical staff, the firm does the following: Verifies and documents compliance with applicable health screening and immunization requirements established by law, regulation, and the firm's policy or its customers' requirements.
HSHR.03: The HCSS firm provides new employee orientation to clinical staff before their first assignment start date.	**EP 10:** Ⓓ The firm documents that clinical staff orientation has been completed prior to providing care, treatment, or services.
HSHR.06: The HCSS firm evaluates the performance of clinical staff.	**EP 1:** The firm conducts performance evaluations based on the firm's job description(s) of active clinical staff (as defined by the firm) at least once every two years.

EP, element of performance; HSLD, Leadership; HCSS, Health Care Staffing Services; HSHR, Human Resources Management.

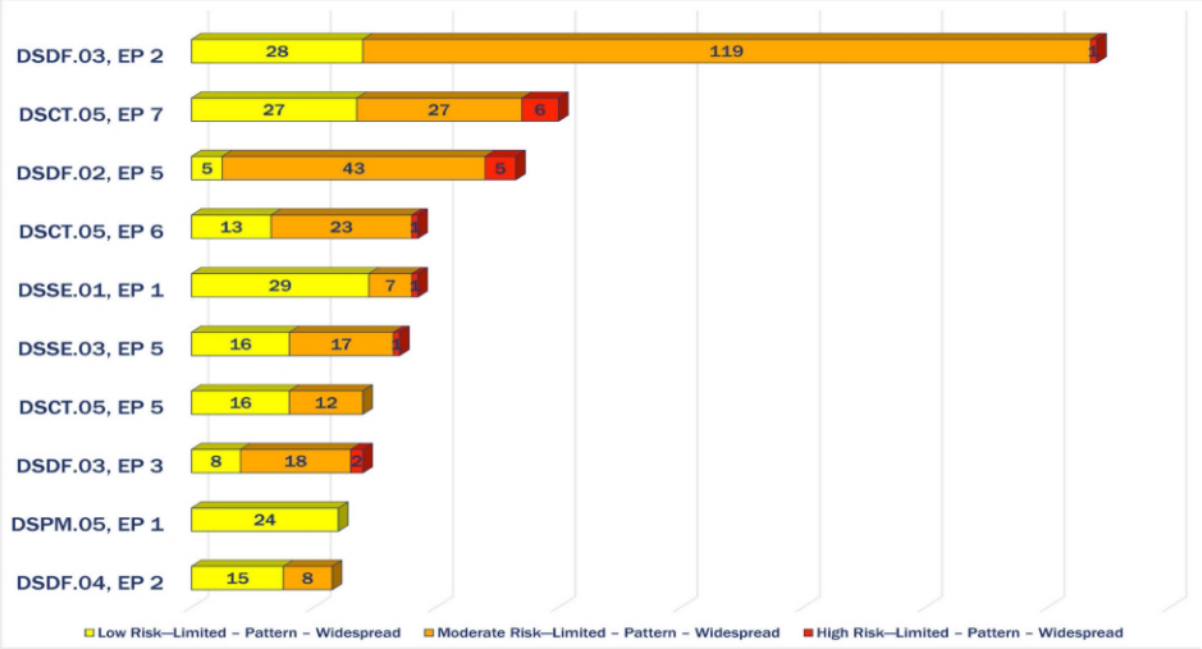
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2023 Most Frequently Cited Certification Requirements for Orthopedic-Specific Programs

Cited from January 1 through December 31, 2023

487 Surveys Conducted in 2023

Advanced Certification in Spine Surgery (ACSS): 9 Reviews Conducted
Advanced Total Hip and Total Knee Replacement (THKR): 94 Reviews Conducted
Joint Replacement—Hip: 149 Reviews Conducted
Joint Replacement—Knee: 152 Reviews Conducted
Joint Replacement—Shoulder: 27 Reviews Conducted
Spinal Fusion: 4 Reviews Conducted
Spinal Surgery: 52 Reviews Conducted



Standard	EP	Program-Specific Addenda
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	**EP 2:** The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.	**ACSS:** Addenda a–e **THKR:** Addenda a–f
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 7:** The program reviews its medical records for completeness and accuracy.	**ACSS:** No addenda **THKR:** No addenda
DSDF.02: 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.	**EP 5:** The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.	**ACSS:** Addenda a–c **THKR:** Addenda a and b
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 6:** The medical record contains sufficient information to facilitate continuity of care.	**ACSS:** No addenda **THKR:** No addenda

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DSSE.01: The program involves patients in making decisions about managing their disease or condition.	**EP 1:** The program involves patients in decisions about their care, treatment, and services.	**ACSS:** Addenda a–d **THKR:** Addenda a–f
DSSE.03: The program addresses the patient's education needs.	**EP 5:** The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services.	**ACSS:** Addenda a–d **THKR:** Addenda a–d
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 5:** The medical record contains sufficient information to document the course and results of care, treatment, and services.	**ACSS:** Addenda a–c **THKR:** Addenda a–c
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	**EP 3:** The program implements care, treatment, and services based on the patient's assessed needs.	**ACSS:** Addenda a–c **THKR:** Addenda a–c
DSPM.05: The program evaluates patient satisfaction with the quality of care.	**EP 1:** The program evaluates patient satisfaction with and perception of quality of care at the program level.	**ACSS:** No addenda **THKR:** No addenda
DSDF.04: The program develops a plan of care that is based on the patient's assessed needs.	**EP 2:** The program individualizes the plan of care for each patient.	**ACSS:** No addenda **THKR:** No addenda

EP, element of performance; DSDF, Delivering or Facilitating Care; DSCT, Clinical Information Management; DSSE, Support Self-Management; DSPM, Performance Measurement.

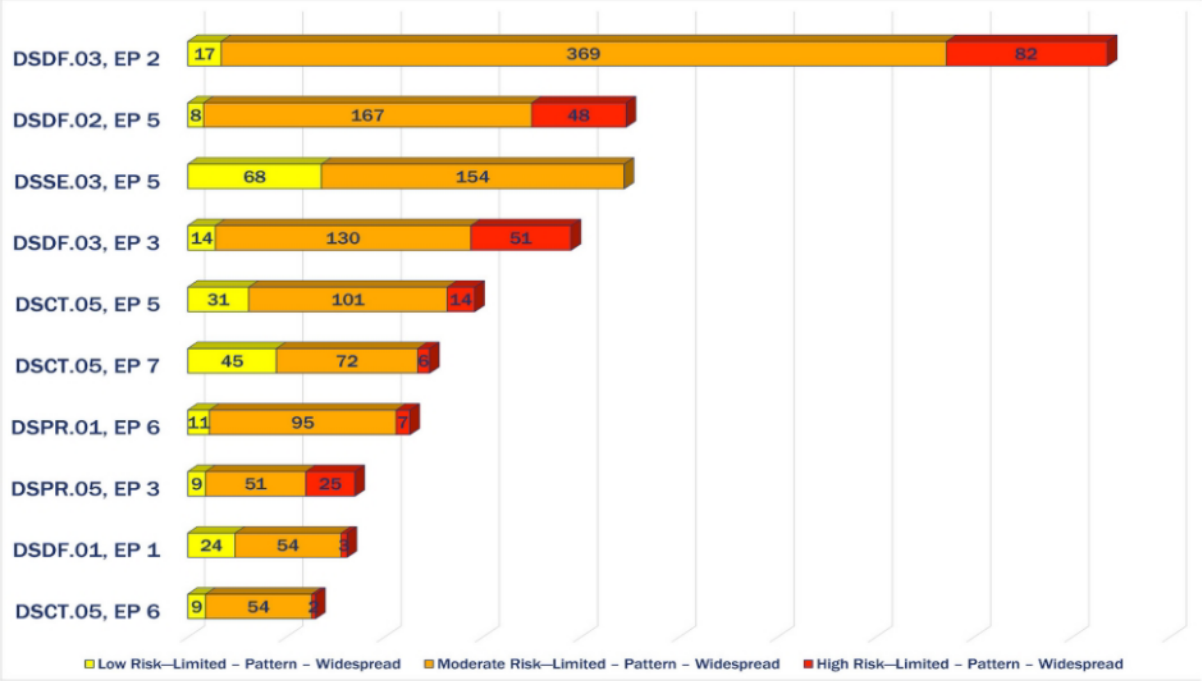
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2023 Most Frequently Cited Certification Requirements for Stroke-Specific Programs

Cited from January 1 through December 31, 2023

687 Surveys Conducted in 2023

Acute Stroke Ready Hospital (ASRH): 65 Reviews Conducted
Comprehensive Stroke Center (CSC): 90 Reviews Conducted
Primary Stroke Center (PSC): 481 Reviews Conducted
Thrombectomy-Capable Stroke Center (TSC): 51 Reviews Conducted



Standard	EP	Program-Specific Addenda
DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	**EP 2:** The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.	**ASRH:** Addenda a–h **CSC:** Addenda a–c **PSC:** Addenda a–h **TSC:** Addenda a–h
DSDF.02: 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.	**EP 5:** The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.	**ASRH:** No addenda **CSC:** Addenda a and b **PSC:** Addendum a **TSC:** Addendum a
DSSE.03: The program addresses the patient's education needs.	**EP 5:** The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services.	**ASRH:** No addenda **CSC:** Addenda a–d **PSC:** No addenda **TSC:** Addenda a–d

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DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.	**EP 3:** The program implements care, treatment, and services based on the patient's assessed needs.	**ASRH:** Addenda a–d **CSC:** Addenda a–c **PSC:** Addenda a–c **TSC:** Addenda a–c
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 5:** The medical record contains sufficient information to document the course and results of care, treatment, and services.	**ASRH:** Addendum a **CSC:** Addendum a **PSC:** Addendum a **TSC:** Addendum a
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 7:** The program reviews its medical records for completeness and accuracy.	**ASRH:** No addenda **CSC:** No addenda **PSC:** No addenda **TSC:** No addenda
DSPR.01: The program defines its leadership roles.	**EP 6:** The program leader(s) provides for the uniform performance of care, treatment, and services.	**ASRH:** No addenda **CSC:** No addenda **PSC:** No addenda **TSC:** No addenda
DSPR.05: The program determines the care, treatment, and services it provides.	**EP 3:** The program provides care, treatment, and services to patients in a planned and timely manner.	**ASRH:** Addenda a–c **CSC:** No addenda **PSC:** Addenda a and b* **TSC:** Addenda a and b
DSDF.01: Practitioners are qualified and competent.	**EP 1:** Ⓓ Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided.	**ASRH:** Addenda a and b **CSC:** Addenda a–g **PSC:** Addenda a–d **TSC:** Addenda a–d
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.	**EP 6:** The medical record contains sufficient information to facilitate continuity of care.	**ASRH:** No addenda **CSC:** No addenda **PSC:** No addenda **TSC:** No addenda

EP, element of performance; DSDF, Delivering or Facilitating Clinical Care; DSSE, Supporting Self-Management; DSCT, Clinical Information Management; DSPR, Performance Management.

* Addendum b is applicable only to PSC hospitals that perform mechanical thrombectomy.

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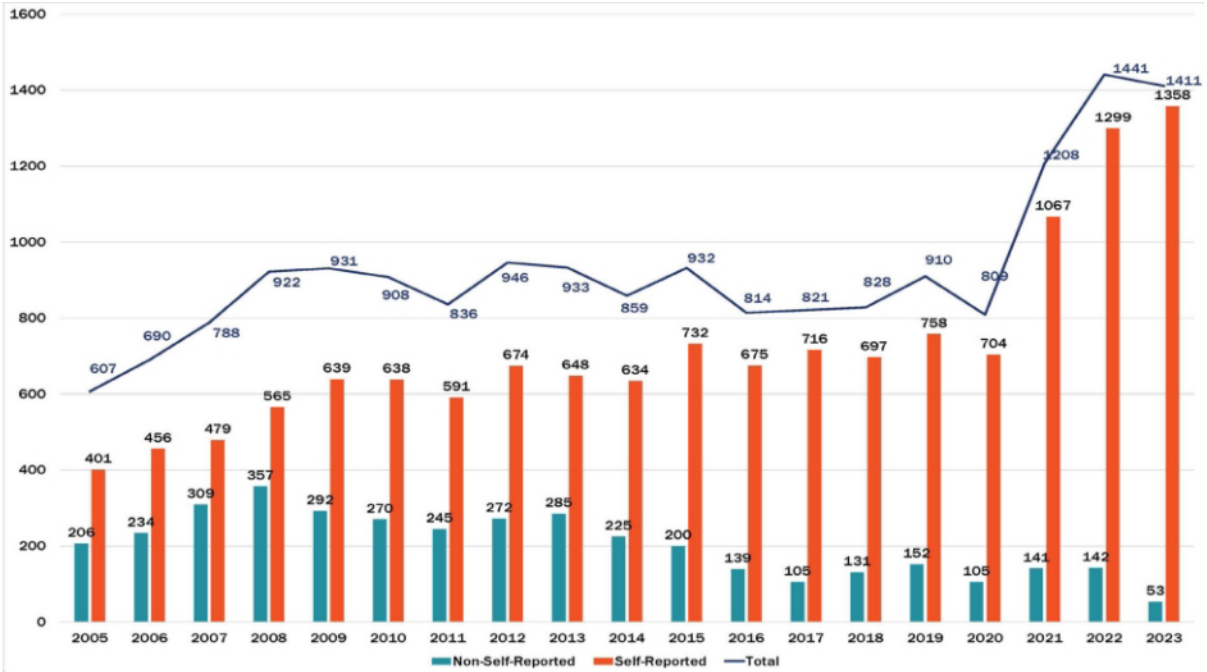
2023 Sentinel Event Data Now Available

The Joint Commission's Sentinel Event Database includes de-identified data collected and analyzed from the review of sentinel events and subsequent comprehensive systematic analyses, such as root cause analyses, voluntarily submitted by health care organizations to The Joint Commission's Office of Quality and Patient Safety (OQPS). Upon receiving notice of a sentinel event, patient safety specialists within OQPS help the organization conduct a credible and thorough analysis to identify causative factors and implement relevant system solutions to prevent harm to patients. By partnering with OQPS, the organization receives an independent review of the event, insights from reviews of similar events, and suggestions for improvement strategies that have been successfully employed in other health care organizations.

In accordance with the Sentinel Event Policy and as required by Leadership (LD) Standard LD.03.09.01, accredited organizations must do the following as soon as they are aware of the sentinel event:

1. Review all sentinel events, as defined by the Sentinel Event Policy detailed in the *Comprehensive Accreditation Manual* or its counterpart on E-dition®.
2. Implement risk reduction strategies to help prevent recurrence.

The Joint Commission reviewed 1,411 sentinel events from January 1 through December 31, 2023; the majority of these—96% (1,358)—were voluntarily self-reported to The Joint Commission by an accredited or certified entity. The remaining 53 sentinel events were reported either by anonymous sources, patients (or their families), or employees (current or former) of the organization. *See* the figure for the trend of reported sentinel events by source from 2005 through 2023.



Reported Sentinel Events by Year and Source, 2005 through 2023.

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The most prevalent event types identified in 2023 include the following:

- Falls (48%)
- Wrong surgery (8%)
- Unintended retention of foreign object (8%)
- Assault/rape/sexual assault/homicide (8%)
- Delay in treatment (6%)
- Suicide (5%)

These event types comprised 83% of all reported sentinel events in 2023.

Reporting sentinel events to The Joint Commission is a voluntary process, and, as such, epidemiological inferences are not reliable. No conclusions should be drawn about the actual relative frequency of events or trends in events over time.

The comprehensive 2023 Sentinel Event Data Annual Report will be available soon on The Joint Commission's Sentinel Event page.

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Update: Resubmission Function Added to Direct Data Submission Platform

The Joint Commission has implemented a resubmission capability on its Direct Data Submission Platform (DDSP) for **assisted living communities**, **critical access hospitals**, and **hospitals** that are required or elect to submit chart-abstracted measures.

The resubmission function allows organizations to correct data that were previously entered (beginning with calendar year [CY] 2023 data) and/or add data that were inadvertently omitted so that the data accurately reflect performance on these metrics. Resubmitted data allow The Joint Commission to evaluate the most complete and accurate data possible to provide feedback and for public reporting.

Upcoming DDSP Submission Dates

The DDSP chart-abstracted measure module is open now for CY2024 data. Refer to the CY2024 ORYX® timeline on The Joint Commission's ORYX FAQs page for opening dates and submission deadlines.

The CY2024 DDSP electronic clinical quality measures (eCQMs) module is expected to open July 2024 for uploading and reviewing files. The eCQM data submission period opens January 1, 2025, and data must be submitted by March 17, 2025. The DDSP eCQM data submission is a three-step process:

1. Upload Quality Reporting Document Architecture (QRDA) files in a zip format, and review the results.
2. Select the measures to be submitted for each quarter, and submit the data.
3. Download and retain the Proof of Submission report, and verify that the report reflects the data submitted.

For more information on the resubmission function and/or data submission CY2024 timeline, visit the ORYX FAQs page. Questions about the new DDSP function and/or data submission timeline may be directed to the ORYX Help Line; please include your health care organization (HCO) identification number (ID) in the e-mail subject line.

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NEW: The Joint Commission Establishes President's Fellowship for Healthcare Quality and Safety

The Joint Commission recently announced its establishment of the President's Fellowship for Healthcare Quality and Safety. The fellowship provides an opportunity for distinguished professionals ascending in a career dedicated to advancing health care performance to collaborate with The Joint Commission enterprise—including its affiliate, the National Quality Forum—to advance health care outcomes globally.

The fellowship strives to align a health care professional's specific background and achievements with key Joint Commission initiatives. In addition, the fellow will have opportunities to gain new skills in support of their career development. Fellows will report directly to Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, Joint Commission Enterprise President and Chief Executive Officer.

2024 Inaugural Fellow



Carla Pugh, MD, PhD, Professor of Surgery at the Stanford University School of Medicine and Director of the Technology Enabled Clinical Improvement (TECI) Center at Stanford Medicine, was awarded the inaugural fellowship. Her term began March 4, 2024, and will continue through the end of 2024.

A general surgeon by training, Pugh provides a clinician's perspective to use data to close the gap between processes and outcomes. Her research involves using simulation and advanced engineering technologies to develop innovative approaches to assess and define competency in clinical procedural skills.

"Establishing the President's Fellowship for Healthcare Quality and Safety is an exciting way to introduce fresh perspectives to The Joint Commission's efforts to support health care organizations' delivery of safe, high-quality, equitable, and compassionate care," says Perlin. "We are delighted Dr. Pugh has joined us as our inaugural fellow and look forward to working with her to advance quantitative methods of performance assessment and improvement."

Pugh obtained her undergraduate degree at the University of California, Berkeley, in neurobiology and her medical degree at Howard University College of Medicine, Washington DC. After completing her surgical training at Howard University Hospital, she attended Stanford University to obtain her PhD in education.

"I am excited to embark on this exceptional opportunity to contribute to advancing quality health care globally as the first Joint Commission Presidential fellow. I look forward to working with colleagues in implementing new approaches to surgical performance improvement," says Pugh.

Applications are currently being accepted from midcareer health care professionals for the 2025 President's Fellowship for Healthcare Quality and Safety (which spans the calendar year). Contact Michael Kaba, MS, MBA, Executive Vice President and Chief Human Resources Officer, for more information. P

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Redesigned E-dition® Launching Soon

In late April The Joint Commission enterprise will launch a fully redesigned E-dition®, the Web-based tool that provides health care organizations access to all accreditation, certification, and verification requirements, including survey process content. The redesign is in response to user feedback.

The redesign improves navigation and usability, as well as modernizing the look and feel of the tool. Although E-dition will look different, users will still have access to all its current features. Users can still adjust their service profile to tailor their experience and, as applicable, have access to an interactive crosswalk showing how Joint Commission elements of performance relate to US Centers for Medicare & Medicaid Services (CMS) requirements.

Current E-dition users can register for E-dition Modernization Training—a 30-minute presentation of the new features and functions—on Friday, April 26, 2024, at 12:00 P.M. central time. P

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Clarification: Evaluating Multiple Tenant Health Care Occupancies

As an accrediting organization, The Joint Commission evaluates the physical environment of health care facilities that provide care, treatment, and services to patients. This evaluation is conducted in accordance with the National Fire Protection Association's (NFPA) requirements of NFPA 99–2012, *Healthcare Facilities Code*, and NFPA 101–2012, *Life Safety Code*®*. When evaluating health care occupancies, Joint Commission surveyors must ensure that all structure and systems within the facility are compliant.

Surveyors are increasingly evaluating health care organizations located in buildings that they do not own and are subdivided between two or more tenants. In addition, it is not uncommon for one of the tenants to be nonaccredited and, therefore, not required to be surveyed by an accrediting organization.

Occasionally, organizations are hesitant to allow surveyors to evaluate the space(s) outside their lease agreement regardless of whether the space is considered part of the health care occupancy. However, organizations should be aware that The Joint Commission must evaluate the entire health care occupancy for compliance as part of the survey and to maintain its integrity as an accrediting organization. Potentially high-risk deficiencies in the physical environment could go unidentified if the entire health care occupancy is not evaluated.

When a health care organization occupies space in a building that it does not own, The Joint Commission will assess that space, and all exits from that space to the outside at grade level; this includes shared spaces where a patient from the entity undergoing accreditation will likely travel.

In an analogous scenario, if a homeowner rents out a room to another individual, the homeowner may refrain from entering the rented room to respect their tenant's privacy. However, any unsafe occurrence in the room may affect the entire home. Accordingly, any unsafe condition that exists in another part of the home will affect the room being rented.

Assuming that the organization being surveyed will remain in its current portion of the health care occupancy and the building will continue to be subdivided by different tenants, the *Life Safety Code* has a provision to ensure that the organization is considered separate from the adjacent occupancy. In accordance with the *Life Safety Code*, a health care occupancy can be considered separate and apart from an adjacent occupancy when the two are separated by a 2-hour fire barrier equipped with the proper opening protective, which would be a 90-minute fire-rated door.

During survey Joint Commission surveyors evaluate an organization's life safety drawing; with this configuration they would know that the accredited entity's space terminates at the proper occupancy separation. This concept of occupancy separation also applies to ambulatory occupancies that adjoin business occupancies; however, these cases require a 1-hour fire barrier and the appropriate opening protective. P

* *Life Safety Code*® is a registered trademark of the National Fire Protection Association, Quincy, MA.

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Summary of Changes for the Spring 2024 Update to Joint Commission Manuals

The spring 2024 update to E-dition® for accreditation, certification, and verification manuals will post to the *Joint Commission Connect*® extranet site by late April, with changes effective July 1, 2024, unless otherwise noted. In addition, the hard-copy 2024 Update 1 of the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services* and *Comprehensive Accreditation Manual for Hospitals* has mailed to those customers who purchased them (they are currently available for purchase).

The following table identifies the different media in which the update is available for each accreditation, certification, and verification program. Key revisions that appear in the spring update for all these products are detailed in the section following this table.

Program	E-dition	Hard Copy
Publication Month	**April 2023**	**April 2023**
Accreditation Programs		
Ambulatory Care	x	
Assisted Living Community	x	
Behavioral Health Care and Human Services	x	x
Critical Access Hospital	x	
Home Care	x	
Hospital	x	x
Laboratory and Point-of-Care Testing	x	
Nursing Care Center	x	
Office-Based Surgery	x	
Telehealth	x	
Certification Programs		
Advanced Certification in Perinatal Care	x	
Comprehensive Cardiac Center	x	
Disease-Specific Care, including advanced programs	x	
Health Care Equity	x	
Health Care Staffing Services	x	
Integrated Care	x	
Medication Compounding	x	
Palliative Care	x	
Patient Blood Management	x	
Responsible Use of Health Data	x	
Sustainable Healthcare	x	
Verification Program		
Maternal Levels of Care	x	

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Significant Spring Revisions

- Launched a new **Telehealth** Accreditation Program, **effective July 1, 2024** (*see* page 2 in this issue of *Perspectives*)
- Announced that The Joint Commission's deeming authority for **home infusion therapy** was renewed by the US Centers for Medicare & Medicaid Services (CMS), **effective December 15, 2023**, through December 15, 2029 (*see* the February 2024 issue of *Perspectives*)
- Fully revised the "Emergency Management" (EM) chapter, including new and revised EM standards and elements of performance (EPs) for **ambulatory care** organizations and **office-based surgery practices**, **effective July 1, 2024** (*see* the January 2024 issue of *Perspectives*)
- Fully revised the "Infection Prevention and Control" (IC) chapter, including new and revised requirements, for **critical access hospitals** and **hospitals**, **effective July 1, 2024** (*see* the January 2024 issue of *Perspectives*)
- Revised the definition of *designated equivalent source* for **ambulatory care** organizations, **behavioral health care and human services** organizations, **critical access hospitals**, **hospitals**, and **office-based surgery practices**, **effective July 1, 2024** (*see* the March 2024 issue of *Perspectives*)
- Revised requirements for Memory Care Certification for **assisted living communities** to improve safety and quality, **effective July 1, 2024** (*see* the March 2024 issue of *Perspectives*)
- Added new and revised workplace violence prevention requirements to guide **behavioral health care and human services** organizations in developing effective prevention strategies, **effective July 1, 2024** (*see* the January 2024 issue of *Perspectives*)
- Revised requirements for **behavioral health care and human services** organizations that select the Certified Community Behavioral Health Clinic (CCBHC) service on their electronic application (E-App) to reflect updated CCBHC criteria released by the Substance Abuse and Mental Health Services Administration, **effective July 1, 2024** (*see* the January 2024 issue of *Perspectives*)
- Revised **critical access hospital** and **hospital** requirements to maintain consistency between the critical access hospital and hospital accreditation programs and align requirements more closely to the CMS Conditions of Participation, **effective July 1, 2024** (*see* the March 2024 issue of *Perspectives*)
- Revised post–acute care certification requirements for **nursing care centers** to improve the safety and quality of care for patients and residents, **effective July 1, 2024** (*see* the January 2024 issue of *Perspectives*)
- Announced that **acute care hospitals** with ORYX® performance measurement requirements and that are required through a CMS program to participate in the US Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) system will be required to join the Joint Commission NHSN group, **effective July 1, 2024** (*see* the January 2024 issue of *Perspectives*)
- Implemented a resubmission function on the Direct Data Submission Platform (DDSP) for **assisted living communities**, **critical access hospitals**, and **hospitals** required to or electing to submit chart-abstracted measures (*see* page 16 in this issue of *Perspectives*)

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- Made the following changes to the advanced disease-specific care certification program:
  - Revised requirements for **total hip and total knee replacement** (THKR) to align with updated American Academy of Orthopaedic Surgeons (AAOS) clinical practice guidelines, **effective July 1, 2024** (*see* the January 2024 issue of *Perspectives*)
  - Finalized the process to automatically transfer data from the American Heart Association's Get With The Guidelines®—Stroke registry tool directly into The Joint Commission's Certification Measure Information Process (CMIP) tool for **acute stroke ready hospital** (ASRH), **comprehensive stroke center** (CSC), **primary stroke center** (PSC), and **thrombectomy-capable stroke center** (TSC) programs (*see* the April 2024 issue of *Perspectives*)
- Updated the System Tracers—Data, Infection Control, and Medication Management session that occurs during **critical access hospital** and **hospital** surveys, in response to organization and surveyor feedback and the CMS March 2023 release of QSO-23-09-Hospital, **effective May 1, 2024** (*see* the April 2024 issue of *Perspectives*)
- Added two product categories to The Joint Commission's E-App for organizations that have identified they provide **home care** services—more specifically that supply durable medical equipment, prosthetics, orthotics, and supplies, **effective immediately** (*see* the March 2024 issue of *Perspectives*) P

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Consistent Interpretation

Joint Commission Surveyors' Observations Related to Assessing Fall-Related Risk Factors

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 assessing all patients for fall risk factors and ensuring that all staff know and comply with the organization's requirements to identify and reduce falls.

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

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Provision of Care, Treatment, and Services (PC) Standard PC.01.02.08: The hospital assesses and manages the patient's risks for falls.

EP 1: The hospital implements fall risk reduction interventions based on the patient population, setting, and individual patient's assessed risks. R

Compliance Rate	In 2022, the noncompliance percentage for this EP was **3.77%**—that is, **57** of **1,512** hospitals surveyed did not comply with this requirement.
Noncompliance Implications	Falls resulting in injury continue to be a prevalent patient safety problem. Elderly and frail patients are commonly considered more vulnerable to falling in health care facilities. However, any patient at any age with any physical ability can be at risk to fall. Physiological changes due to a medical condition, medications, surgery, procedures, or diagnostic testing are only a few reasons why any patient can be weakened or confused, which may lead to a fall. Falls have been the leading sentinel event type reviewed since 2019. In 2022 there were 611 sentinel events classified as patient falls—a 27% increase from 2021. Of these patient falls, 5% resulted in death and 70% in severe harm to the patient. Leading injuries included head injury/bleed and hip/leg fracture. Patient falls while ambulating was the leading mechanism for falling followed by falling from bed and falling while toileting. Falls result in significant physical and economic burdens to patients (increased injury and mortality rates, decreased quality of life, and so on) as well as to medical organizations (increased lengths of stay, medical care costs, and litigation). The most common contributors to falls include the following: ● Policies not being followed (for example, completing fall risk assessments, consistently implementing fall risk reduction strategies) ● Inadequate staff-to-staff communication during handoffs or transitions of care ● Lack of shared understanding or mental model regarding plan of care Standard PC.01.02.08 is applicable to all areas in a health care facility—not just inpatient areas. Therefore, a key strategy to reduce fall-related injuries is ensuring that all staff—in all areas—can identify an at-risk patient and can take immediate action when warranted. Identifying an at-risk patient is not just a clinician's responsibility; it should be owned by all staff. For example, a staff member observes a patient using an assistive device (for example, cane, crutches, walker) entering the organization. That staff member can take immediate action by ensuring that the patient makes it safely to their destination within the facility. Ensuring that all staff are educated and trained on organizational requirements for identifying fall-related risk factors will reduce the number of falls and fall-related injuries. Additional resources on this topic include the following: ● *Sentinel Event Alert*, Issue 55: Preventing Falls and Fall-Related Injuries in Health Care Facilities ● Agency for Healthcare Research and Quality ● Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons. *J Am Geriatr Soc*. 2011 Jan;59(1):148–157

Surveyor Observations	**Guidance/Interpretation**
● A fall risk assessment was not documented daily as required by the organization's policy. ● Patients in ambulatory or outpatient areas were not assessed for falls. According to staff, only inpatients are assessed for falls. ● There was no evidence that fall risk assessments were completed or risk reduction strategies implemented on all pediatric patients. The organization's policy states that all pediatric patients must be assessed for falls and the assessment documented. ● A falls prevention assessment identified a patient to be at risk for falls. However, staff did not implement all required risk reduction strategies. Particularly, the organization's policy required patients to have an orange band on their wrist; there was no orange band observed on the patient's wrist.	● Fall assessment applies to both inpatient and outpatient settings. ● Interview staff in various settings to determine how patients are identified to be at risk for falls and what actions to take to reduce risk. ● The intent is that any staff member can identify patients at risk for falls in any setting, then take action to reduce/eliminate the risk. ● This EP does not require a policy. ● When a patient has been assessed to be at risk for falls, determine the organization's requirement for documenting this assessment. ● Evaluate compliance by determining staff knowledge of and compliance with the organization's specific requirements

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The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **April 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.

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Editorial

233 Implementing Multiple Digital Technologies in Health Care: Seeing the Unintended Consequences for Patient Safety

J. Shaw; P. Agarwal; O. Bhattacharyya

Health care organizations seek individual digital solutions to meet specific needs at specific times, and coherence and coordination are needed across these individual initiatives. In this editorial in response to an article by Kuznetsova and colleagues in this issue of the *Journal*, Shaw and colleagues discuss three insights as important touchstones for understanding the cumulative effects of digital technology on health care quality and patient safety.

Process Improvement

235 Implementation of a Continuous Patient Monitoring System in the Hospital Setting: A Qualitative Study

M. Kuznetsova; A.Y. Kim; D.A. Scully; P. Wolski; A. Syrowatka; D.W. Bates; P.C. Dykes

Technology can improve care delivery, patient outcomes, and staff satisfaction, but integration into the clinical workflow remains challenging. In this study, Kuznetsova and colleagues examined the implementation continuum of a contact-free, continuous monitoring system (CFCM) in an inpatient setting and explored in depth how a CFCM might contribute to workflow changes.

247 Standardizing Patient Safety Event Reporting Between Care Delivered or Purchased by the Veterans Health Administration (VHA)

A.K. Rosen; E. Beilstein-Wedel; J. Chan; A. Borzecki; E.J. Miech; D.C. Mohr; E.E. Yackel; J. Flynn; M. Shwartz

Increasing community care use by veterans has introduced new challenges in providing integrated care across the Veterans Health Administration (VHA) and community care. To standardize safety practices across both settings, VHA implemented the *Patient Safety Guidebook* in 2018. Rosen and colleagues compared national- and facility-level trends in VHA and community care safety event reporting post-guidebook implementation.

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Performance Improvement

260 National Survey of Patient Safety Experiences in Hospital Medicine During the COVID-19 Pandemic

D. Carter; A. Rosen; J.R. Applebaum; W.N. Southern; D.J. Crossman; R.C. Shelton; A. Auerbach; J.L. Schnipper; J.S. Adelman

During the COVID-19 pandemic, the need to provide care for overwhelming numbers of critically ill patients forced hospitals to rely on emergency protocols and restructure care delivery. To understand the impact of these adaptations on patient safety in hospital medicine, Carter and colleagues conducted a nationwide survey of hospital medicine clinicians.

Patient Engagement



269 Opinions of Nurses and Physicians on a Patient-, Family-, and Visitor-Activated Rapid Response System in Use Across Two Hospital Settings

L. King; S. Minyaev; H. Grantham; R.A. Clark

Patients, family members, and visitors (consumers) at the patient's bedside who are familiar with the patient's condition may play a critical role in detecting early patient deterioration. King and colleagues conducted a survey of new graduate-level to senior-level nurses and physicians from two hospitals to understand clinicians' views on consumer reporting of patient deterioration through an established hospital consumer-initiated escalation-of-care system.

Improvement Brief

279 Harnessing In Situ Simulation to Identify Human Errors and Latent Safety Threats in Adult Tracheostomy Care

B. Hassan; M.M. Tawfik; E. Schiff; R. Mosavian; Z. Kelly; D. Li; A. Petti; M. Bangar; B.A. Schiff; C.J. Yang

Safe tracheostomy management requires highly functioning teams and systems, but health care providers are poorly equipped with tracheostomy knowledge and resources. In this study, Hassan and colleagues conducted in situ simulations of a tracheostomy emergency scenario to identify human errors and latent safety threats.

Research Letter

285 Evaluation of Objective Appropriateness Criteria for Daily Labs in General Medicine Inpatients

C.J. Murphy; J.S. Bauzon; W. Chan; V. Ravikumar; S. Wahi-Gururaj

Complete blood counts and serum electrolyte panels are often ordered on a daily, recurring basis in the hospital setting. Measures of inappropriate utilization of daily labs are often detached from clinical context, such as defining labs as inappropriate if ordered for a certain number of consecutive days. In this study, Murphy and colleagues aimed to translate an existing tool to evaluate clinical appropriateness criteria performance for identifying inappropriate labs compared to physician reviewers.

Commentary

289 Leveraging Health Systems to Expand and Enhance Antibiotic Stewardship in Outpatient Settings

R.H. Rodzik; W.R. Buckel; A.L. Hersh; L.A. Hicks; M.M. Neuhauser; E.A. Stenehjem; D.Y. Hyun; R.M. Zetts

Successful outpatient antibiotic stewardship implementation requires a coordinated effort between a diverse group of health care stakeholders to ensure that individual practices and clinicians have the resources and support they need to improve their prescribing practices. In this commentary reporting a convening of health system stewardship leaders to discuss approaches for health system–led outpatient stewardship activities, Rodzik and colleagues describe key takeaways and identify next steps for leveraging health systems to enhance outpatient antibiotic stewardship efforts.

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Interviews

296 Advancing Antibiotic Stewardship: Interviews with Dr. Arjun Srinivasan and Dr. Payal Patel

D.W. Baker

Dr. David W. Baker, Editor-in-Chief of the *Journal*, interviewed Dr. Arjun Srinivasan, Deputy Director for Program Improvement in the Division of Healthcare Quality Promotion at the US Centers for Disease Control and Prevention, and Dr. Payal Patel, Systemwide Director of Antimicrobial Stewardship for Intermountain Health and Associate Professor in the Division of Infectious Diseases at Intermountain Health and the University of Utah, on the current state of and future challenges related to antibiotic stewardship.

Article Collection

302 *The Joint Commission Journal on Quality and Patient Safety* 50th Anniversary Article Collections: Antibiotic Stewardship

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

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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

- Requirements for a new **Telehealth** Accreditation Program (*see* page 2 in this issue for the full article)
- Updated Direct Data Submission Platform for **assisted living communities**, **critical access hospitals**, and **hospitals** (*see* page 16 in this issue for the full article)

CURRENTLY IN FIELD REVIEW

- No standards currently in field review

Note: *Please visit the Standard Field Reviews pages on The Joint Commission's website for more information. Field reviews usually span six weeks; dates are subject to change.*

CURRENTLY BEING RESEARCHED OR IN DEVELOPMENT

- Revised restraint and physical hold requirements for **behavioral health care and human services** organizations
- New and revised Emergency Management (EM) requirements for **nursing care centers**
- New and revised Infection Prevention and Control (IC) requirements for **assisted living communities**, **home care** organizations, and **nursing care centers**
- New and revised Emergency Management (EM) requirements for **laboratories**
- New workplace violence prevention requirements for **home care** organizations
- Safe staffing requirements for **critical access hospitals** and **hospitals**
- Revised core requirements for all **disease-specific care** programs

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Individual online license—$419
Online site license—$1113
Online system license—Contact jcrcustomerservice@jcrinc.com or 877-223-6866, option 1, for pricing.

Perspectives (ISSN 1044-4017) is published monthly by Joint Commission Resources, One Renaissance Boulevard, Suite 401, Oakbrook Terrace, IL 60181.

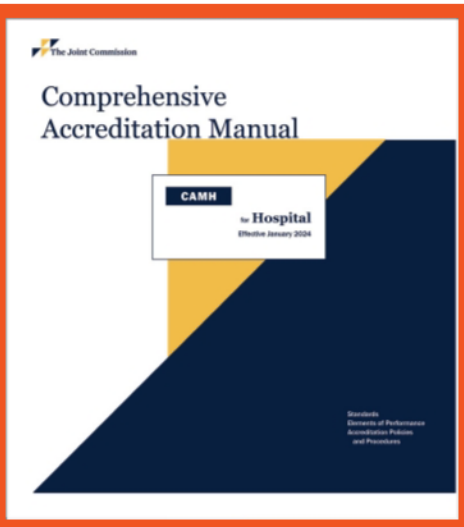
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2024 Conferences and Seminars



Take a look at our upcoming education events

August 6-8, 2024
Hospital Accreditation Essentials with Tracers and Data Analysis - In-person

August 20-21, 2024
Environment of Care Base Camp - In-person or Live webcast

August 22-23, 2024
Exploring the Life Safety Chapter- In-person or Live webcast

September 10, 2024
Hospital Executive Briefing- In-person or Live webcast

September 11, 2024
Hospital CMS Update In-person or Live webcast

October 8-10, 2024
Hospital Accreditation Essentials - Live webcast

October 24-25, 2024
Behavioral Health Care and Human Services Conference - In-person

November 6, 2024
Primary Care Medical Home Certification Conference - In-person

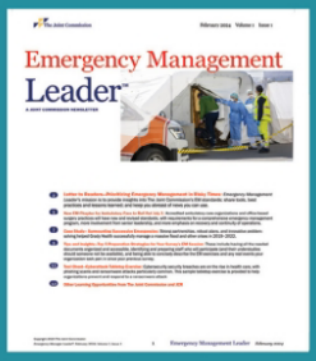
November 7-8, 2024
Ambulatory Care Conference - In-person

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