The Joint Commission

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Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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The Joint Commission's Director of Enterprise Information Security, Michael DeGraff, co-led and co-authored this paper published by the Healthcare and Public Health Sector Coordinating Council.

41 **Update: Joining the Joint Commission NHSN Group**
In April acute care hospitals will begin receiving instructions for joining the Joint Commission National Healthcare Safety Network (NHSN) Group.

43 **Update: Spring 2024 E-dition® Posting and Manual Update Service Release Schedules**
The regularly scheduled spring update to all Joint Commission accreditation, certification, and verification manuals with requirements effective July 1, 2024, is expected to post on E-dition in late April.

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2023 Noncompliance Data for Joint Commission Accreditation Programs

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

The following bar charts display the most frequently cited elements of performance (EPs) from January 1 through December 31, 2023, for each of the eight accreditation programs.* 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. 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® or the appropriate* Comprehensive Accreditation Manual.
- Topic and key words associated with each standard/EP
- Availability of a Heads-Up Report on select topics
  Note: *Heads-Up Reports are published quarterly and are on accredited organizations' secure* Joint Commission Connect® *extranet site under the "Resources" tab. Each program-specific Heads-Up Report touches on topics or themes that Joint Commission surveyors have noticed and cited while conducting recent surveys*.

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

* Please note that the Assisted Living Community Accreditation Program is not represented because the data reported were not statistically significant.
† *SAFER*®, *Survey Analysis for Evaluating Risk*®.

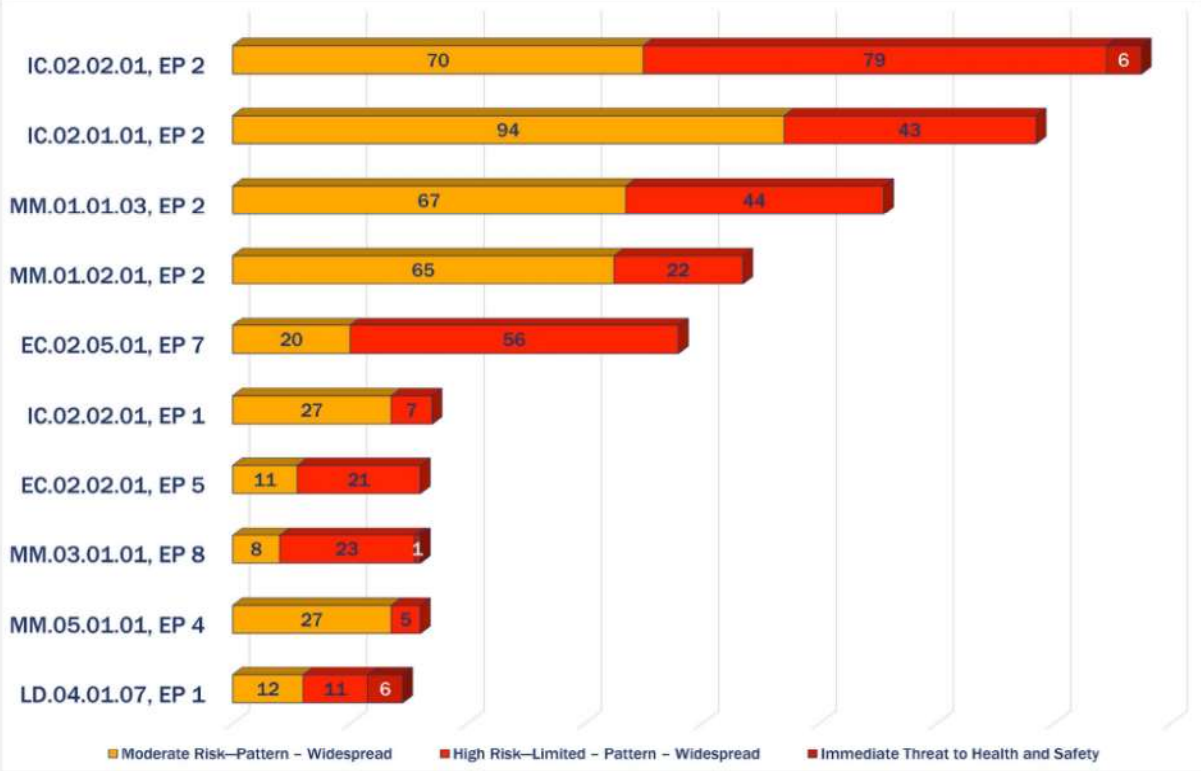
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2023 Most Frequently Cited Higher-Risk* Accreditation Requirements†

Cited from January 1 through December 31, 2023

Ambulatory Care

765 Surveys Conducted in 2023



Standard	EP	Keywords/Topics
IC.02.02.01: The organization reduces the risk of infections associated with medical equipment, devices, and supplies. *See* Q3 2021 Heads-Up Report titled *Reducing Risk Associated with Reprocessing of Medical Equipment* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The organizations implements infection prevention and control activities while doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.* R	• Intermediate and high-level disinfection and sterilization • Disinfection • Infection prevention • Instrument processing • Following manufacturers' instructions for use • Enzymatic cleaner

* Standards and EPs listed reflect those findings cited in the moderate/pattern through high/widespread categories and Immediate Threat to Health or Safety.

† Some lists include more than 10 entries due to several standards having the same number of EP–level RFIs.

* *See also* EC.02.04.03, EP 4.

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IC.02.01.01: The organization implements infection prevention and control activities. *See* Q1 2021 Heads-Up Report titled *Infection Prevention and Control Activities* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.* R	• Personal protective equipment • Standard precautions • Hand hygiene • Infection prevention and control plan • Reducing infection risk
MM.01.01.03: The organization safely manages high-alert and hazardous medications. *See* Q4 2019 Heads-Up Report titled *Safe Management and Use of Look-Alike/Sound-Alike and High-Alert Medications* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The organization follows a process for managing high-alert and hazardous medications.† R	• Medication management • High-alert medications • Hazardous medications • Labeling • Medication safety
MM.01.02.01: The organization addresses the safe use of look-alike/sound-alike medications. *See* Q4 2019 Heads-Up Report titled *Safe Management and Use of Look-Alike/Sound-Alike and High-Alert Medications* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The organization takes action to avoid errors involving the interchange of medications on its list of look-alike/sound-alike medications. R	• Look-alike, sound-alike medications • Medication errors • Medication safety
EC.02.05.01: The organization manages risks associated with its utility systems. *See* Q2 2020 Heads-Up Report titled *Management of Utility Systems* on your organization's *Joint Commission Connect* extranet site.	**EP 7:** Ⓓ In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature. For new health care facilities or altered, renovated, or modernized portions of existing ventilation systems or individual components (constructed or plans approved on or after July 5, 2016), heating, cooling, and ventilation are in accordance with NFPA 99-2012, which includes 2008 ASHRAE 170, or state design requirements if more stringent. Existing systems are in compliance with the ventilation standards that were in effect at the time the facility was constructed or last modified. R	• Utility systems • Ventilation systems • Temperature • Humidity • Airborne contaminants • Gases • Fumes • Dust • Air-exchange rates • Pressure relationships

* *See also* EC.02.02.01, EP 3.
† *See also* EC.02.02.01, EP 8; MM.03.01.01, EP 9.

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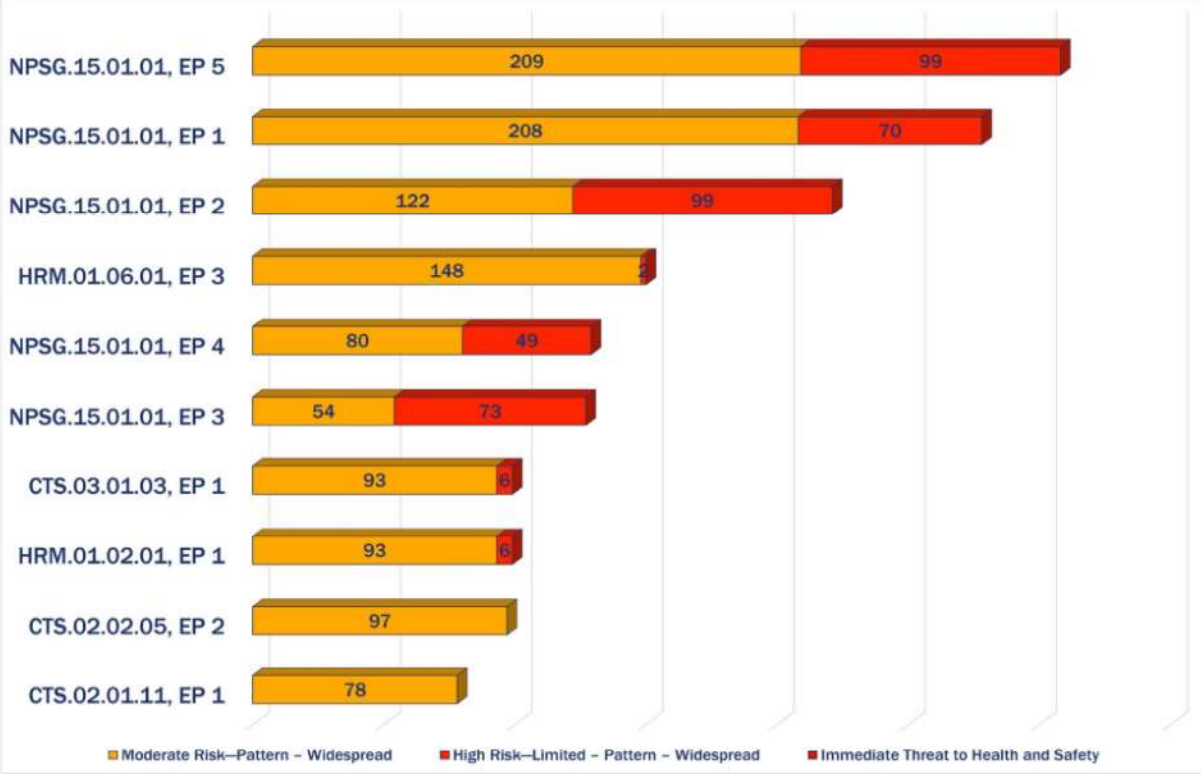
IC.02.02.01: The organization reduces the risk of infections associated with medical equipment, devices, and supplies.	**EP 1:** The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. R	• Processes for cleaning equipment • Documentation logs • Soiled equipment • No evidence of cleaning • Glucometers • Following manufacturers' instructions for use
EC.02.02.01: The organization manages risks related to hazardous materials and waste.	**EP 5:** The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.	• Hazardous materials • Hazardous waste • Chemicals • Corrosive agents • Eye wash stations
MM.03.01.01: The organization safely stores medications.	**EP 8:** The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.	• Medication storage • Expiration dates • Open medications
MM.05.01.01: The organization reviews the appropriateness of all medication orders for medications to be dispensed in the organization. *See* Q2 2021 Heads-Up Report titled *Medication Orders* on your organization's *Joint Commission Connect* extranet site.	**EP 4:** All medication orders are reviewed for the following: R • Patient allergies or potential sensitivities • Existing or potential interactions between the medication ordered and food and medications the patient is currently taking • The appropriateness of the medication, dose, frequency, and route of administration • Current or potential impact as indicated by laboratory values • Therapeutic duplication • Other contraindications	• Medication orders • Order review • Medication errors • Medication quality assurance
LD.04.01.07: The organization has policies and procedures that guide and support patient care, treatment, or services.	**EP 1:** Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, or services.	• Patient care policies • Leadership review

EP, element of performance; IC, Infection Prevention and Control; Q, quarter; MM, Medication Management; EC, Environment of Care; NFPA, National Fire Protection Association; LD, Leadership.

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Behavioral Health Care and Human Services

1,462 Surveys Conducted in 2023



Standard	EP	Keywords/Topics
NPSG.15.01.01: Reduce the risk for suicide. *See* Q1 2021 Heads-Up Report titled *Reduce the Risk of Suicide* on your organization's *Joint Commission Connect* extranet site.	**EP 5:** Ⓓ Follow written policies and procedures addressing the care of individuals served identified as at risk for suicide. At a minimum, these should include the following: R ● Training and competence assessment of staff who care for individuals served at risk for suicide ● Guidelines for reassessment ● Monitoring individuals served who are at high risk for suicide	● Suicide risk reduction ● Care of individuals at risk for suicide ● Training ● Competence assessment ● Monitoring ● Reassessment
NPSG.15.01.01: Reduce the risk for suicide. *See* Q3 2020 Heads-Up Report titled *Identifying Environmental Risks of Suicide* on your organization's *Joint Commission Connect* extranet site.	**EP 1:** Ⓓ The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). R	● Ligature risks ● Suicide risk ● Identification of items of self-harm ● Environmental risk assessment ● Suicide prevention

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NPSG.15.01.01: Reduce the risk for suicide. *See* Q1 2021 Heads-Up Report titled *Reduce the Risk of Suicide* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** Screen all individuals served for suicidal ideation using a validated screening tool. R	• Suicidal ideation screening • Suicide risk reduction • Validated screening tools • Suicide risk assessment • Suicide risk reduction
HRM.01.06.01: Staff are competent to perform their job duties and responsibilities. *See* Q2 2020 Heads-Up Report titled *Credentialing and Competency Assessments* on your organization's *Joint Commission Connect* extranet site.	**EP 3:** Ⓓ The organization conducts an initial assessment of staff competence. This assessment is documented.	• Staff competency • Initial assessment • Documentation of staff competency
NPSG.15.01.01: Reduce the risk for suicide.	**EP 4:** Document individuals' overall level of risk for suicide and the plan to mitigate the risk for suicide. R	• Suicide risk reduction • Documentation of suicide risk level • Mitigation plans
NPSG.15.01.01: Reduce the risk for suicide.	**EP 3:** Use an evidence-based process to conduct a suicide assessment of individuals served who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors. R	• Suicide screening • Evidence-based process • Suicide assessment • Validated screening tools • Suicidal ideation screening • Suicide reduction
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.	**EP 1:** The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served. R	• Individual care, treatment, and service planning • Individual goals • Steps to achieve goals • Progress goals • Indices of progress
HRM.01.02.01: The organization verifies and evaluates staff qualifications. *See* Q2 2020 Heads-Up Report titled *Credentialing and Competency Assessments* on your organization's *Joint Commission Connect* extranet site.	**EP 1:** Ⓓ The organization performs primary source verification of staff licensure, certification, or registration in accordance with law and regulation and organization policy at the time of hire and the time of renewal.	• Staff licensure • Staff credentials • Primary source verification
CTS.02.02.05: The organization identifies individuals who may have experienced trauma, abuse, neglect, or exploitation. *See* Q1 2020 Heads-Up Report titled *Identification of Individuals Who May Have Experienced Trauma, Abuse, Neglect, or Exploitation* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The organization identifies individuals who may have experienced trauma, abuse, neglect, or exploitation during initial screening and assessment and on an ongoing basis. R	• Trauma • Abuse • Neglect • Exploitation • Screening • Assessment • Identification

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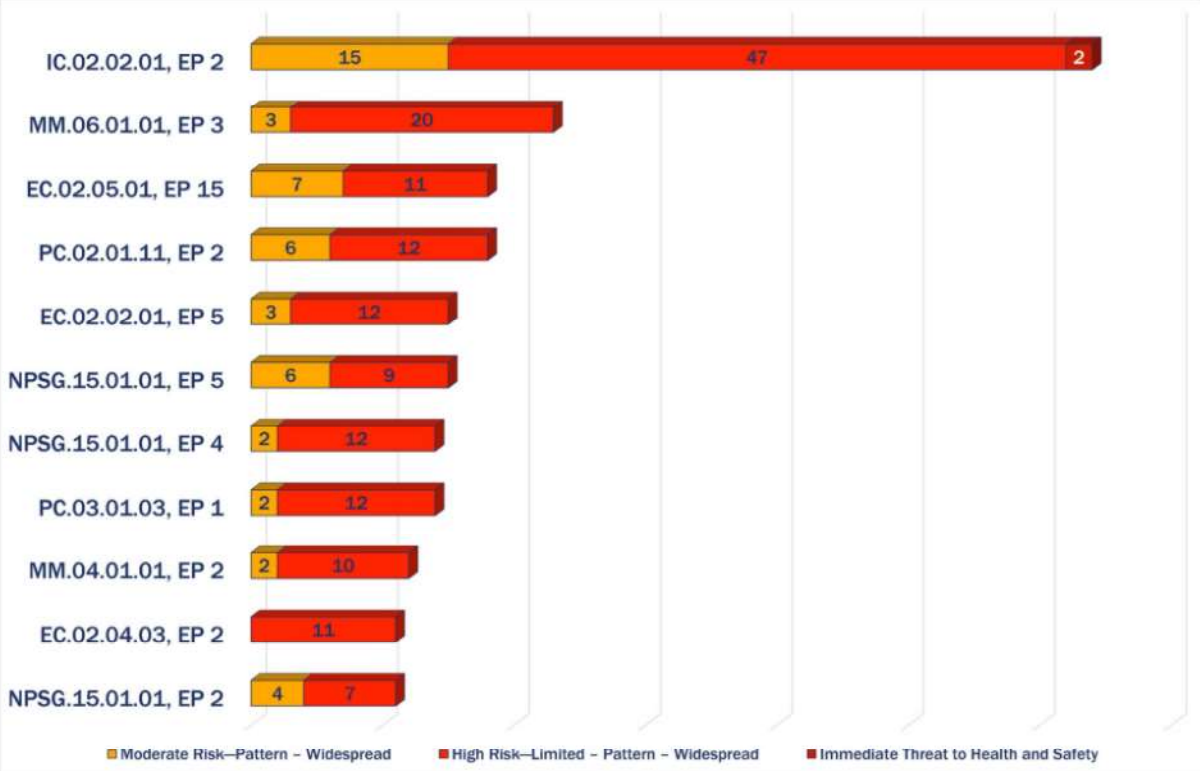
CTS.02.01.11: The organization screens all individuals served for their nutritional status. *See* Q1 2019 Heads-Up Report titled *Nutritional Screening* on your organization's *Joint Commission Connect* extranet site.	**EP 1:** The organization screens all individuals served to identify those for whom a nutritional assessment is indicated. At a minimum, the screening includes questions about the following: ● Food allergies ● Weight loss or gain of 10 pounds or more in the last 3 months ● Decrease in food intake and/or appetite ● Dental problems ● Eating habits or behaviors that may be indicators of an eating disorder, such as bingeing or inducing vomiting	● Nutritional screening and assessment ● Identification of nutrition needs

EP, element of performance; NPSG, National Patient Safety Goals; Q, quarter; HRM, Human Resources Management; CTS, Care, Treatment, and Services.

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Critical Access Hospital

161 Surveys Conducted in 2023



Standard	EP	Keywords/Topics
IC.02.02.01: The critical access hospital reduces the risk of infections associated with medical equipment, devices, and supplies. *See* Q3 2021 Heads-Up Report titled *Reducing Risk Associated with High-Level Disinfection and Sterilization of Medical Equipment* on your organization's *Joint Commission Connect* extranet site.	**EP 2:** The critical access hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.* **R**	• Performing high-level disinfection and sterilization • Infection prevention • Following manufacturers' instructions for use

* *See also* EC.02.04.03, EP 4.

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MM.06.01.01: The critical access hospital safely administers medications.	**EP 3:** Before administration, the individual administering the medication does the following:* • Verifies that the medication selected matches the medication order and product label • Visually inspects the medication for particulates, discoloration, or other loss of integrity • Verifies that the medication has not expired • Verifies that no contraindications exist • Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route • Discusses any unresolved concerns about the medication with the patient's physician or other licensed practitioner, prescriber (if different from the physician or other licensed practitioner), and/or staff involved with the patient's care, treatment, and services	• Administering medication safely • Medication verification • Visual inspection of medication • Medication expiration dates, timing, and dosage of medication
EC.02.05.01: The critical access hospital manages risks associated with its utility systems. *See* Q1 2020 Heads-Up Report titled *Management of Utility Systems* on your organization's *Joint Commission Connect* extranet site.	**EP 15:** Ⓓ In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature, and humidity. For new and existing health care facilities, or altered, renovated, or modernized portions of existing systems or individual components (constructed or plans approved on or after July 5, 2016), heating, cooling, and ventilation are in accordance with NFPA 99-2012, which includes 2008 ASHRAE 170, or state design requirements if more stringent. R	• Temperature and humidity readings • Appropriate pressure relationships (negative/positive) • Risk assessments with humidity waivers
PC.02.01.11: Resuscitative services are available throughout the critical access hospital.	**EP 2:** Resuscitation equipment is available for use based on the needs of the population served.	• Resuscitation equipment • Resuscitation services

* *See also* MM.03.01.05, EP 2.

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