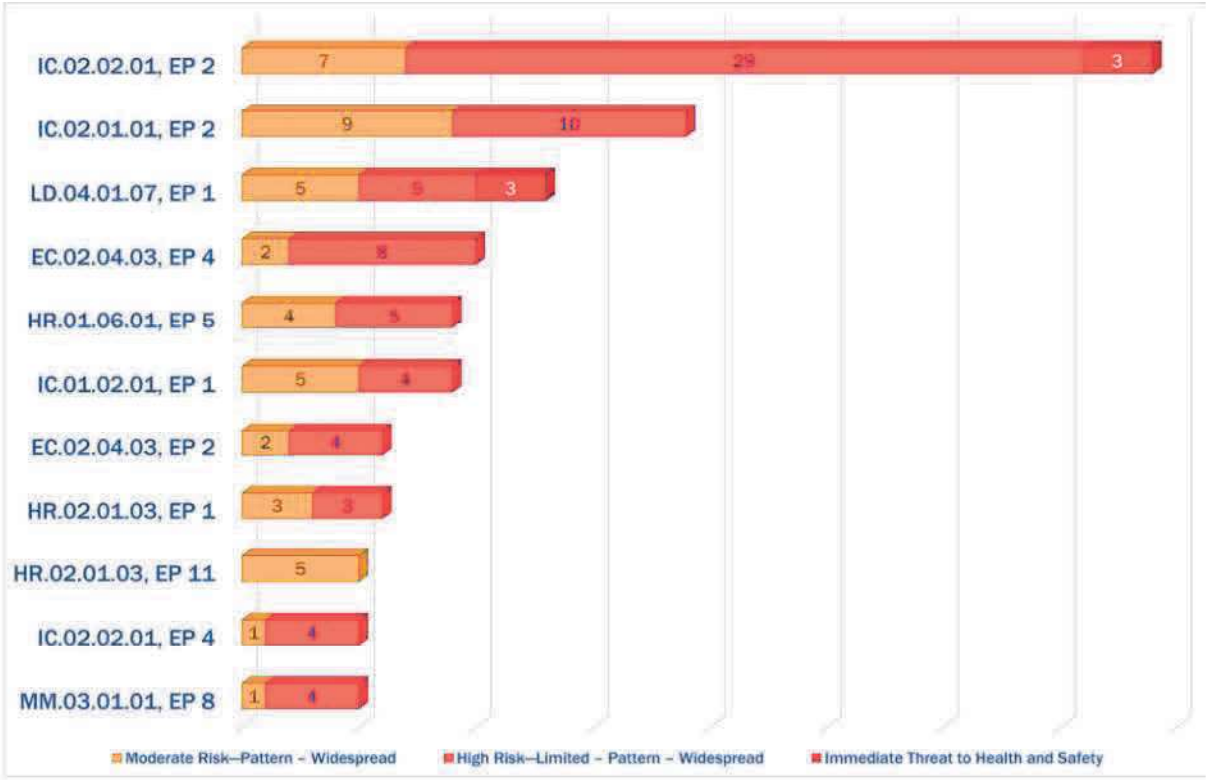
Office-Based Surgery

89 Surveys Conducted in 2023



Standard	EP	Keywords/Topics
IC.02.02.01: The practice 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 practice 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 immediate- and high-level disinfection and sterilization • Infection prevention • Following manufacturers' instructions for use
IC.02.01.01: The practice 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 practice uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.† R	• Standard precautions • Personal protective equipment • Lack of hand hygiene • Infection prevention and control plan • Reducing infection risk

* *See also* EC.02.04.03, EP 4.
† *See also* EC.02.02.01, EP 3.

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LD.04.01.07: The practice 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 • Supporting policies • Leadership review
EC.02.04.03: The practice inspects, tests, and maintains medical equipment. *See* Q2 2020 Heads-Up Report titled *Performance Testing and Maintenance of Sterilizers* on your organization's *Joint Commission Connect* extranet site.	**EP 4:** Ⓓ The practice conducts performance testing of and maintains all sterilizers. These activities are documented.* R	• Inspecting, testing, and maintaining medical equipment • Sterilizers • Manufacturers' instructions for use • Equipment maintenance logs
HR.01.06.01: Staff are competent to perform their responsibilities. *See* Q3 2020 Heads-Up Report titled *Competency Assessments* on your organization's *Joint Commission Connect* extranet site.	**EP 5:** Ⓓ Staff competence is initially assessed and documented as part of orientation. R	• Staff competency • Orientation • Documenting competency
IC.01.02.01: Practice leaders allocate needed resources for infection prevention and control activities.	**EP 1:** The practice provides access to information needed to support infection prevention and control activities.	• Infection prevention • Resource allocation • Information access
EC.02.04.03: The practice inspects, tests, and maintains medical equipment.	**EP 2:** Ⓓ The practice inspects, tests, and maintains all life-support equipment. These activities are documented. R	• Medical equipment • Maintaining equipment • Life-support equipment
HR.02.01.03: The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the practice to practice independently. *See* Q1 2020 Heads-Up Report titled *Granting Initial, Renewed, or Revised Clinical Privileges* on your organization's *Joint Commission Connect* extranet site.	**EP 1:** The practice follows a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges. R	• Clinical privileges • Granting privileges • Approval process

* *See also* IC.02.02.01, EP 2.

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HR.02.01.03: The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the practice to practice independently. *See* Q1 2020 Heads-Up Report titled *Granting Initial, Renewed, or Revised Clinical Privileges* on your organization's *Joint Commission Connect* extranet site.	**EP 11:** Before granting initial, renewed, or revised privileges to a [licensed practitioner], practice leaders evaluate the following: R • Any challenges to licensure or registration • Any voluntary and involuntary relinquishment of license or registration • Any voluntary and involuntary termination of medical staff membership at another organization • Any voluntary or involuntary limitation, reduction, or loss of clinical privileges • Any professional liability actions that resulted in a final judgment against the applicant • Information from the National Practitioner Data Bank • Whether the requested privileges are consistent with the population served by the practice • Whether the requested privileges are consistent with the site-specific care, treatment, or services provided by the practice	• Clinical privileging • Initial, renewal, and revised privileges • Privileging process
IC.02.02.01: The practice reduces the risk of infections associated with medical equipment, devices, and supplies.	**EP 4:** The practice implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies. R	• Infection prevention • Medical devices and supplies • Proper storage and cleaning of medical equipment
MM.03.01.01: The practice safely stores medications.	**EP 8:** The practice removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.	• Medication storage • Expired medication • Proper removal of expired, damaged, and/or contaminated medications

EP, element of performance; IC, Infection Prevention and Control; Q, quarter; LD, Leadership; EC, Environment of Care; HR, Human Resources; MM, Medication Management.

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UPDATE: Automatic Data Transfer Process Finalized for Advanced Stroke Certification Programs

The Joint Commission and the American Heart Association (AHA) have finalized a process to automatically transfer data from AHA's Get With The Guidelines® (GWTG)—Stroke registry directly into The Joint Commission's Certification Measure Information Process (CMIP). This data transfer process is now available for organizations certified or seeking certification under the advanced disease-specific care stroke programs, including the following:

- **Acute Stroke Ready Hospital** (ASRH)
- **Comprehensive Stroke Center** (CSC)
- **Primary Stroke Center** (PSC)
- **Thrombectomy-Capable Stroke Center** (TSC)

Organizations may use this process beginning with 2024 quarter 1 (Q1) data. Data should be finalized by 11:59 P.M. eastern standard time the night before the scheduled transfer date (*see* the following table for the data transfer schedule).

Quarter (Q)	Data Transfer Date
Q1	June 15
Q2	September 15
Q3	December 15
Q4	March 15

To initiate the data transfer, organizations must complete a GWTG–Stroke permission form and questionnaire. Contact your organization's AHA quality improvement consultant for more information about granting permissions for data sharing and completing the necessary forms.

Previously, this process was available only for the following advanced disease-specific care certification programs that transferred data from AHA's GWTG—Coronary Artery Disease (GWTG-CAD) registry into The Joint Commission's CMIP (*see* the January 2023 and March 2023 issues of *Perspectives*):

- Acute Heart Attack-Ready (AHAR)
- Comprehensive Heart Attack Center (CHAC)
- Primary Heart Attack Center (PHAC)

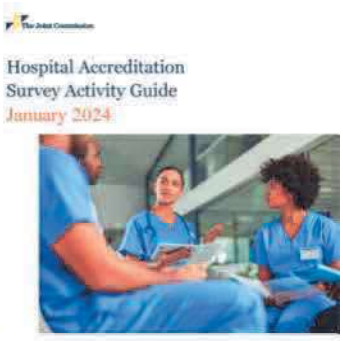
Organizations that use GWTG-CAD for heart attack measure data sharing must still complete the stroke enrollment process to allow GWTG-Stroke automatic data transfer to CMIP. Data transfer is limited to aggregate counts of data captured in GWTG-Stroke for Joint Commission stroke measures. It does not capture patient-level data.

Note that organizations should continue to enter data manually until they receive confirmation of when the automatic data transfer will begin. In addition, organizations that allow the automatic data transfer from the registry into CMIP should check their CMIP data quarterly to ensure data accuracy.

Contact your Joint Commission account executive with any questions about this process. P

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UPDATED: Survey Process for System Tracers Revised for Critical Access Hospitals and Hospitals



Effective May 1, 2024, The Joint Commission is updating the System Tracers – Data, Infection Control, and Medication Management session that occurs during **critical access hospital** and **hospital** surveys. These changes to the survey process were prompted by organization and surveyor feedback and the US Centers for Medicare & Medicaid Services (CMS) March 2023 release of QSO-23-09-Hospital, Revision to State Operations Manual, Hospital Appendix A – Interpretive Guidelines for 42 CFR 482.21, Quality Assessment and Performance Improvement (QAPI) Program.



Infection prevention and control (IC) and medication management systems will no longer be evaluated in a meeting format. Instead, surveyors will evaluate these two systems in depth during individual tracers. During tracers, surveyors will observe processes, interview key staff, and visit areas of the organization that are integral to the day-to-day functioning of these systems. Surveyors will identify a block of tracer time during which the organization's medication management system will be the primary focus of their evaluation; IC–related systems will be evaluated throughout the survey by all surveyors. If a group discussion is needed, surveyors will coordinate with the organization to identify participants, time, and location; these discussions will be limited with a targeted focus.

The data use/management segment of the System Tracers session will stay in a meeting format and be renamed Organization Quality and Performance Improvement (OQPI) session. This name better reflects the scope of what the surveyors are evaluating—the hospital's processes for monitoring and improving the safety and quality of its care. Surveyors will continue to evaluate the same aspects of the organization's data use/management program, including the following:

- Program structure
- Program scope
- Leadership direction and priority setting
- Leadership reporting
- Chosen improvement methodology
- Culture of safety
- Patient safety–related data collection, analysis, and monitoring
- Integration of infection prevention and control and medication safety data into the quality and performance improvement program
- Monitoring of contracted services

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OQPI will be a scheduled activity on the survey agenda but will occur later in the survey. This scheduling allows the surveyors to learn about the quality monitoring and performance improvement throughout the organization during individual tracers. Surveyors will identify the ongoing performance monitoring, distinct quality indicators, and improvement projects that will be the focus of the OQPI session. Surveyors will inform the organization contact about their selections so that the appropriate information and staff can be available for the discussion.

The *Survey Activity Guide* for critical access hospitals and hospitals will be updated to reflect the changes to the system tracers session, including a description of the OQPI activity. The updated *Survey Activity Guide* will be available in April on The Joint Commission's website and organizations' *Joint Commission Connect*® extranet site.

Contact your Joint Commission account executive with any questions about these updated survey processes. P

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The Joint Commission and NQF Honor 2023 Eisenberg Award Recipients

The Joint Commission and National Quality Forum (NQF) recently announced the recipients of the 2023 John M. Eisenberg Patient Safety and Quality Awards. This patient safety awards program—launched in 2002 by The Joint Commission and NQF—honors the late John M. Eisenberg, MD, MBA, former Administrator of the Agency for Healthcare Research and Quality (AHRQ), a founding member of the NQF's board of directors, and advocate for health care quality improvements.

Each year the Eisenberg Awards are presented in three categories—Individual Achievement, Innovation in Patient Safety and Quality at a National Level, and Innovation in Patient Safety and Quality at the Local Level. The achievements of each honoree will be featured in an issue of *The Joint Commission Journal on Quality and Patient Safety* later this year.

> "Each year, the Eisenberg Awards showcase innovative health care quality and patient safety efforts that have had a significant demonstrable impact on improving patient outcomes and reducing avoidable health care harms. The work of this year's individual and institutional recipients embodies the legacy of Dr. Eisenberg, who was a visionary pioneer and change maker committed to translating research into real-world delivery system improvements that ensured safe, reliable, and effective care for every patient in every setting. The Joint Commission and NQF are proud to recognize these outstanding innovators as we continue to honor Dr. Eisenberg's enduring contributions to our field.
> **Dana Gelb Safran, ScD, President and CEO, National Quality Forum**

This year's award recipients made advancements in making surgery safer for at-risk patients, reducing radiation exposure and opioid risks for cardiovascular patients, and improving coordination and teamwork among health care providers.

Individual Achievement

Eduardo Salas, PhD

Allyn R. & Gladys M. Cline Professor in Psychology – Rice University, Houston



Salas is recognized for his 40 years of work designing, developing, and evaluating evidence-based principles and tools to help health care organizations create a culture of teamwork and safety. Most notable, he developed TeamSTEPPS® (Team Strategies & Tools to Enhance Performance & Patient Safety)—a coordination and teamwork framework that has been adopted by 70% of US hospitals to help reduce medical errors. In addition, Salas is a prolific scholar who has published more than 420 journal articles in top-tier journals and 2 books, edited 36 books and 247 book chapters, and participated in hundreds of presentations. His work has been cited more than 132,000 times. The Eisenberg Award panel described Salas's work as visionary, trailblazing, and incredibly influential.

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Innovation in Patient Safety and Quality at the National Level

Veterans Health Administration (VHA),* Washington, DC

The Surgical Pause

VHA is honored for its Surgical Pause initiative that reduced the six-month mortality rate from 25% to 8% of patients identified as *frail* at three US Department of Veterans Affairs (VA) medical centers. The initiative implemented a routine frailty screening with the Risk Analysis Index to identify patients at highest risk of postoperative complications, loss of independence, and mortality. For patients identified as frail, a brief pause allows health care providers to further evaluate outcome goals and optimize treatment plans. For patients who pursue surgery, multidisciplinary care plans are tailored and implemented to mitigate frailty-associated risks, including but not limited to providing nutritional supplements and engaging in preoperative exercise to improve a patient's physical condition and respiratory function. VHA analyzed the outcome of more than 50,000 patients and determined that one-year mortality declined by 4.2%. In response to this success, the Surgical Pause has been replicated in more than 50 VHA and private sector medical centers.

Innovation in Patient Safety and Quality at the Local Level

Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2), Ann Arbor, Michigan

Creating a Culture of Quality for Cardiovascular Care in Michigan

BMC2—a statewide quality improvement collaborative—developed and implemented quality improvement interventions for patients who undergo percutaneous coronary interventions (PCIs), vascular surgical procedures, and transcatheter valve procedures in Michigan. As a result of the initiative, BMC2 participant sites observed the following:

- Improved radiation use documentation from 73.1% in 2019 to 85.5% in 2021. BMC2 sites are outperforming national rates, which were 57.5% in 2019 and 74.3% in 2021.
- Decreased cases with high-dose radiation exposure overall by 43% (2.8% in 2018 to 1.2% in 2021) for patients and catheterization laboratory staff members.
- Reduced opioid pill prescribing. Data showed an improved rate of patients with a prescription for fewer than 10 opioid pills, increasing from 62% in 2018 to 91% in 2021.

> "Congratulations to Eduardo Salas, Veterans Health Administration, and BMC2 for their tremendous achievements worthy of the 2023 John M. Eisenberg Patient Safety and Quality Awards. We envision a future where all people always experience the safest, highest quality health care across all settings. The accomplishments of the 2023 Eisenberg awardees serve as examples of inspirational, yet replicable efforts enabling health care organizations to drive real improvements to patient safety and quality."
> **Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, President and CEO, The Joint Commission Enterprise**

Additional information about the Eisenberg Award program is available on The Joint Commission's John M. Eisenberg Patient Safety and Quality Awards page. In addition, the page includes an annual award publication that features each awardee in greater detail. The 2024 Eisenberg Award submission period is expected to open in June. P

* Dr. Carolyn Clancy from the VA serves on the Eisenberg Award panel but did not score or discuss this application.

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Call for Applications: 2024 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity

The Joint Commission and Kaiser Permanente invite health care organizations to apply for the 2024 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity. The Tyson Award—now in its fourth year—recognizes direct patient care organizations and their partners that lead initiatives that achieve measurable, sustained reduction of one or more health care disparities. Applications are now being accepted through April 30, 2024, and there is no cost to apply.



Any health care organization that directly delivers patient care and has addressed disparities for any vulnerable population (for example, race/ethnicity, gender, sexual orientation, or socioeconomic status) may apply. Applications must include data demonstrating how the organization improved a disparity. The purpose of this award is to recognize achievement, inspire health care organizations to launch projects that address health care disparities, and provide concrete examples for other organizations to emulate.

Additional information about the application and the award program is available on The Joint Commission's Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity website. In addition, several resources are available for applicants, including the following:

- Application preview and eligibility criteria
- Last year's winning applications
- Application tip sheet

For any additional questions about the application process or award, please submit an e-mail.

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