Top Standards Compliance Issues for 2012

The Joint Commission regularly aggregates standards compliance data to pinpoint areas that present the greatest challenges to accredited organizations and certified programs. These data help The Joint Commission recognize trends and tailor education around challenging standards; National Patient Safety Goals (NPSGs); the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™; and Accreditation or Certification Participation Requirements (APRs or CPRs). In addition, these data help The Joint Commission identify potential updates to requirements in the accreditation and certification manuals as well as risk areas to highlight in the Focused Standards Assessment tool.

The graphs on pages 14–19 identify, for each accreditation and certification program, the standards, NPSG and Universal Protocol requirements, and APRs or CPRs identified most frequently as “not compliant” during surveys and reviews from January 1, 2012, through December 31, 2012. While the text of the requirement also appears in the bar graph, the full text of each (including elements of performance and scoring information) is published in the applicable accreditation or certification manual.

The graphs display the 10 most frequently cited requirements in decreasing frequency for each program. The percentage shown at the beginning of each row represents the percentage (rounded to the nearest whole point) of organizations that received Requirements for Improvement (RFIs) for that particular standard. More than 10 standards may be cited if two or more standards in a program were tied in their percentage of RFIs.

Perspectives publishes these compliance data to allow accredited organizations and certified programs to evaluate their own performance against that of others. Organizations may also find

Continued on page 13
Proposed new and revised requirements for Advanced Certification in Inpatient

Proposed new and revised requirements for Behavioral Health Home certification option for the

Proposed revisions to the primary care medical home certification option for the

Proposed new and revised requirements for Ventricular Assist Device Destination Therapy (VAD) in the disease-specific care program

Proposed new memory care certification option for the

Proposed new and revised requirements for the

Proposed revised requirements to the Sentinel Event Policy for

Proposed new and revised requirements for Emergency Management Oversight for the

Proposed new and revised requirements for the

Proposed new and revised requirements for the

Proposed revisions to the primary care medical home certification option for the

Proposed new standards regarding sample medications for the

IN SIGHT

This column informs you of developments and potential revisions that can affect your 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.

CURRENTLY IN FIELD REVIEW

- Proposed new and revised requirements for Advanced Certification in Inpatient Diabetes Care in the disease-specific care program
- Proposed new and revised requirements for Advanced Certification in Ventricular Assist Device Destination Therapy (VAD) in the disease-specific care program
- Proposed revisions to the primary care medical home certification option for the ambulatory care program

Note: To participate in or read more about field reviews, please visit The Joint Commission website at http://www.jointcommission.org/standards_information/field_reviews.aspx.

CURRENTLY IN DEVELOPMENT

STANDARDS AND GOALS

- Proposed revisions to primary stroke center certification for the disease-specific care program
- Proposed new and revised requirements for Advanced Certification in Inpatient Diabetes Care in the disease-specific care program
- Proposed new and revised requirements for Advanced Certification in Ventricular Assist Device Destination Therapy (VAD) in the disease-specific care program
- Proposed new and revised requirements for the ambulatory care program
- Proposed new and revised requirements for emergency management oversight for the critical access hospital

- Proposed revisions to the primary care medical home certification option for the ambulatory care program
- Proposed requirements for a behavioral health home certification option for the behavioral health care program
- Proposed new National Patient Safety Goal on alarm management for critical access hospitals

- Proposed new memory care certification option for the nursing and rehabilitation center program
- Proposed new standards regarding sample medications for the ambulatory care, behavioral health care, critical access hospital, hospital, nursing and rehabilitation center, home care, and office-based surgery programs
- Proposed revised requirements for Advanced Certification in Chronic Obstructive Pulmonary Disease (COPD) in the disease-specific care program
- Proposed new and revised standards for the laboratory program

POLICIES AND PROCEDURES

- Revisions to the Sentinel Event Policy for all programs
The 2013 Update 1 to the following comprehensive accreditation manuals is scheduled to mail at the end of March to accredited organizations:

- Comprehensive Accreditation Manual for Ambulatory Care
- Comprehensive Accreditation Manual for Behavioral Health Care
- Comprehensive Accreditation Manual for Critical Access Hospitals
- Comprehensive Accreditation Manual for Home Care
- Comprehensive Accreditation Manual for Hospitals
- Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing
- Comprehensive Accreditation Manual for Office-Based Surgery Practices

In addition, the 2013 Disease-Specific Care Certification Manual and the update for the long term care manual, now called the Comprehensive Accreditation Manual for Nursing and Rehabilitation Centers: The Guide to Powering Performance Excellence in Your Organization (CAMNAR), will mail in April.

In addition to minor editorial changes, major updates to the manuals have resulted in the following program changes.

Primary Care Medical Home Certification
The Joint Commission recently launched Primary Care Medical Home (PCMH) Certification as an option for ambulatory settings that are part of accredited hospitals and critical access hospitals (see January 2013 Perspectives, page 6). This new certification option resulted in several revisions to the accreditation manuals for hospitals and critical access hospitals:

- Added new requirements for the optional PCMH certification to the “Leadership” (LD) chapter, the “Medication Management” (MM) chapter, the “Medical Staff” (MS) chapter, the “Provision of Care, Treatment, and Services” (PC) chapter, the “Performance Improvement” (PI) chapter, the “Record of Care, Treatment, and Services” (RC) chapter, and the “Rights and Responsibilities of the Individual” (RI) chapter
- Added the “Primary Care Medical Home Certification Option” (PCMH) chapter, which lists all the current and new requirements that apply to organizations pursuing the optional certification
- Added the “Primary Care Medical Home Certification” section and decision rules PCMH01 and PCMH02 to “The Accreditation Process” (ACC) chapter

Updated the “Standards Applicability Grid” (SAG) chapter to include the new PCMH Certification requirements

The optional PCMH certification requirements are effective July 1, 2013.

Laboratory Revision Project
Several updates to the laboratory accreditation standards are designed to ensure that the requirements continue to support clinical best practice guidelines and contemporary issues in laboratory medicine (see January 2013 Perspectives, page 11).

Nursing and Rehabilitation Center Accreditation
The reinvention of the Long Term Care Accreditation Program (see February 2013 Perspectives, pages 6–8) resulted in a new name for the program as well as several revisions to its accreditation manual:

- Streamlined existing standards to create a foundational set of requirements focused on key care processes that contribute to improved outcomes for all patients and residents
- Added new standards that address culture transformation within the industry by moving from institutionalized care to person-centered care
- Redesigned manual as a workbook and added features to support overall performance improvement
- Added the “Rehabilitation and Advanced Care Certification” (RAC) chapter, which describes the new certification option available to organizations with short-term patients receiving post-acute care
- Added the “Veterans Affairs Community Living Centers” (CLC) chapter, which provides standards applicable only to CLCs

The Nursing and Rehabilitation Center Accreditation Program requirements and the optional specialty certification are effective July 1, 2013.

Disease-Specific Care Certification
The Joint Commission revised and updated the Disease-Specific Care (DSC) Certification Program core requirements to reflect current trends in chronic illness care (see January 2013 Perspectives, page 7). These requirements are effective July 1, 2013, for core disease-specific care programs and the following advanced certification programs:

- Chronic Kidney Disease

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In November 2011, the Centers for Medicare & Medicaid Services (CMS) selected Joint Commission Resources (JCR) to serve as one of 26 Hospital Engagement Network (HEN) organizations in the national Partnership for Patients campaign (see March 2012 Perspectives, pages 5 and 14, or http://partnershipforpatients.cms.gov/about-the-partnership/hospital-engagement-networks/thehospitalengagement-networks.html). The HENs are a central part of the primary goal of the Partnership for Patients; namely, to reduce the number of hospital-acquired conditions by 40% and the number of unplanned hospital readmissions by 20% by the end of 2013 (see Sidebar 1 for the list of the 10 adverse events targeted for reduction by the Partnership for Patients).

During its first year, the JCR HEN emphasized that its participating hospitals focus on reducing catheter-associated urinary tract infections (CAUTIs) and early elective deliveries (EEDs). Data collected as of January 2013 show a 14% reduction in CAUTIs across reporting hospitals. In addition, the 4.5% baseline rate for EEDs within JCR HEN hospitals decreased to just under 2%. Participating hospitals are also working on the other events and have selected an outcome measure to report to the JCR HEN for each one.

The JCR HEN currently consists of 38 hospitals in 16 states (see Sidebar 2 for the list of participating hospitals).

The hospitals include large teaching centers, mid-size hospitals in suburban and rural locations, small hospitals in remote rural areas, a veterans’ hospital, and three hospital systems.

Over the past year, the JCR HEN built and implemented a support structure that provides education and coaching support to all hospitals in the JCR HEN. Following is an explanation of the various components of this support structure.

Data Management System

The JCR HEN uses its Internet-based Data Management System to give participating hospitals access to education materials, information updates, tools and handouts, and various other materials provided by the Partnership for Patients campaign office and its associates. In addition, the system offers recordings of lectures that provide detailed information about adverse events and how to change care processes to prevent patient harm and improve the quality and safety of care. Recordings of discussion events, during which participating hospitals share successful and problematic experiences with each other, are also available on the system.

The Data Management System also serves as a central location for tracking hospitals’ data and success in reducing harm to patients. Hospitals use measures that are available for all of the targeted adverse events and are asked to enter data into the system every month. The system hosts the hospitals’ submitted data and displays run charts and other graphics that show the JCR HEN’s scores—as well as those of the individual hospitals—for each event.

Advisory Council of Clinical Consultants

Designated JCR clinical consultants contact their hospitals every week to review progress and coach the hospitals’ teams. Consultants have also visited hospitals to help teams expedite improvement activities. Because these relationships enable consultants to address hospitals’ unique needs, hospitals have increased their data submission, their participation on phone discussions and learning sessions, and their willingness to speak up and share successes and needs with other hospitals in the JCR HEN.

Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission, is a clinical consultant on the advisory council. The other consultants, listed below, hail from entities including universities, medical...
Sidebar 2. JCR HEN Participating Organizations

1. Anderson Regional Medical Center, Meridian, MS
2. Arkansas Heart Hospital, Little Rock, AR
3. Blessing Hospital, Quincy, IL
4. Clinton Memorial Hospital, Wilmington, OH
5. Conroe Regional Medical Center, Conroe, TX
6. Eliza Coffee Memorial Hospital, Florence, AL
7. Gettysburg Medical Center, Gettysburg, SD
8. Good Samaritan, Kearney, NE
9. Lakeland Regional Medical Center, Lakeland, FL
10. Larkin Community Hospital, Miami
11. Lisbon Area Health Services, Lisbon, ND
12. Loyola University Medical Center, Maywood, IL
13. Mercy Hospital, St. Louis
14. Mercy Hospital, Springfield, MO
15. Mercy Medical Center, Williston, ND
16. Mississippi Baptist Medical Center, Jackson, MS
17. Northwest Community Hospital, Arlington Heights, IL
18. OSF Holy Family Medical Center, Monmouth, IL
19. OSF Saint Anthony Medical Center, Rockford, IL
20. OSF Saint Francis Medical Center, Peoria, IL
21. OSF Saint James–John W. Albrecht Medical Center, Pontiac, IL
22. OSF St. Francis Hospital and Medical Group, Escanaba, MI
23. OSF St. Joseph Medical Center, Bloomington, IL
24. OSF St. Mary Medical Center, Galesburg, IL
25. Ottumwa Regional Health Center, Ottumwa, IA
26. Paris Regional Medical Center, Paris, TX
27. Rush University Medical Center, Chicago
28. Sharon Hospital, Sharon, CT
29. Shoals Hospital, Muscle Shoals, AL
30. South Texas Veterans Health Care System, San Antonio, TX
31. Southwest Regional Medical Center, Waynesburg, PA
32. St. Francis Medical Center, Grand Island, NE
33. St. Joseph’s Hospital and Health Center, Dickinson, ND
34. St. Vincent Infirmary, Little Rock, AR
35. St. Vincent–Morrilton, Morrilton, AR
36. St. Vincent–North, Sherwood, AR
37. University of Chicago Medical Center, Chicago
38. Vanderbilt University Medical Center, Nashville, TN

centers, associations, and nonprofit organizations:
● Bona Benjamin, PharmD, American Society of Health-System Pharmacists
● Rita Frantz, PhD, RN, FAAN, University of Iowa
● Blanton Godfrey, PhD, North Carolina State University
● Brian Jack, MD, Boston University Medical Center
● Keith Kaye, MD, Detroit Medical Center
● Elliot Main, MD, Sutter Health
● Barb, Bob, and Kristina Chavez Malizzo—patient/family representatives
● Gregory Maynard, MD, University of California San Diego
● Marita Titler, PhD, RN, FAAN, University of Michigan

JCR consultants participate in national affinity groups and weekly seminars offered by the Partnership for Patients campaign office. The relationships established over the past year between these JCR clinical consultants and the hospital project directors enable collaborative progress as they “move forward together.”

Team of Expert Organizations
The JCR HEN also includes a team of expert organizations that are supporting the project’s improvement and measurement activities. The Joint Commission’s measurement experts in the Division of Healthcare Quality Evaluation, who developed and now maintain the Database Management System, help interpret hospitals’ measurement of adverse events and readmissions. EnCompass, LLC, team members use principles of Appreciative Inquiry and Evaluation to evaluate hospitals’ successes and are writing case studies on those that reduce harm events. Performance improvement consultants at Social Interventions and Research, Inc., help hospitals conduct and interpret the results of surveys on their organiz-

Continued on page 6
tional culture. These consultants also are investigating the financial benefits of reducing harm events.

Two more organizations support the JCR Network’s education activities. Educators at the Patient Safety Education Program housed at Northwestern University’s Feinberg School of Medicine provide general education about fundamentals of patient safety, hospital culture, leadership, inclusion of patients in hospital activities, and clinical teamwork. HealthCare Team Training, LLC, team members also provide education on teamwork, giving JCR HEN hospitals access to the TeamSTEPPS® website and its resources for creating effective teams.

**Plans for Year 2**

Now in its second year, the JCR HEN and its participating clinical consultants and advisors, performance improvement experts, and educators—along with the online Data Management System—continue to support hospitals’ efforts to reduce harm to patients. The JCR HEN is focusing on the following strategies to further its goals during Year 2:

- Help hospitals to continue to improve systems of care to reduce harm
- Help hospitals to learn from each other
- Help hospitals to include patients, families, and their communities in the care at the bedside, on improvement projects, and with strategic initiatives at the Board level
- Connect with hospitals’ senior executives to learn how they are making their hospitals safer for all patients
- Focus on keeping hospitalized children safe
- Improve the JCR HEN coaching and Data Management System
- Celebrate the JCR HEN hospitals’ successes
- Help hospitals publicize their involvement in this project
- Continue to work with the other national partners

For more information on the JCR Hospital Engagement Network, contact Nanne Finis, executive director, Solutions Services, Joint Commission Resources, at nfinis@jcrinc.com or 630-268-7429. For more information on HHS’s Partnership for Patients, visit http://www.healthcare.gov/partnershipforpatients.

**PUBLISHED: Accreditation Manual Updates**

Continued from page 3

- Chronic Obstructive Pulmonary Disease
- Comprehensive Stroke Center
- Heart Failure
- Inpatient Diabetes
- Primary Stroke Center

The revised core changes will not apply to the advanced certification programs for Ventricular Assist Device Destination Therapy (VAD) and Lung Volume Reduction Surgery (LVRS).

**Managing Your Manuals**

Accredited organizations will receive one complimentary 2013 Update 1 for their respective manuals—and certified organizations will receive one complimentary 2013 Disease-Specific Care Manual—addressed to the chief executive officer. If your organization does not receive its accreditation manual updates by April 25, or its 2013 CAMNAR or certification manual by May 20, contact Customer Service at jrcustomerservice@pdb.com or 877-223-6866 and have the following information available: your organization name, organization ID, and the accreditation or certification program(s) that are missing updates or manuals.

A new E-dition® release (including standards effective July 2013) for each accreditation and certification manual will be accessible on the “Accreditation Home” page of The Joint Commission Connect™ in late April. E-dition and other accreditation and certification software resources are also available for purchase at http://store.jcrinc.com.
The National Quality Forum (NQF) and The Joint Commission presented the 2012 John M. Eisenberg Patient Safety and Quality Awards on March 8, 2013, at NQF’s Annual Conference and Membership Meeting in Washington, DC. The organizations selected three honorees in two annual award categories:

- Individual Achievement (Saul N. Weingart, MD, PhD, Dana-Farber Cancer Institute, Boston)
- Innovation in Patient Safety and Quality at the National Level (Kaiser Permanente, Oakland, CA, and Memorial Hermann Healthcare System, Houston)

No award was presented in the Innovation in Patient Safety and Quality at the Local Level category for 2012.

The patient safety awards program, launched in 2002 by NQF and The Joint Commission, honors John M. Eisenberg, MD, MBA, former administrator of the Agency for Healthcare Research and Quality (AHRQ). Eisenberg was a founding leader of NQF and served on its Board of Directors. In his roles both as AHRQ administrator and chair of the federal government’s Quality Interagency Coordination Task Force, he passionately advocated for patient safety and health care quality and personally led AHRQ’s grant program to support patient safety research.

“I congratulate all three recipients for their commitment to safe and high-quality health care,” says Mark R. Chassin, MD, FACP, MPP, MPH, president, The Joint Commission. “With organizations like Kaiser and Memorial Hermann and individuals such as Dr. Weingart leading the way, we are slowly but surely seeing the transformation of the American health care system to one where more and more organizations are making dramatic progress toward the ultimate goal of zero patient harm.”

The honorees are listed below.

**Individual Achievement**

Saul N. Weingart, MD, PhD, Dana-Farber Cancer Institute, Boston—This award honors Weingart’s longstanding commitment and national contributions to patient safety through publication, education, research, and leadership. Examples of his many accomplishments include the creation of the Harvard Executive Sessions on Medical Error (one of which led to the passage of the Minnesota Adverse Event Reporting Law of 2003); extensive research in understanding the role that patients and families can play in advancing patient safety; leadership of multiple operational improvement projects (such as the implementation of medication best practices across a network of six hospitals); development of one of the earliest medication reconciliation programs; development of a web portal-based incident reporting system for patients; and development of patient safety curricula and online patient safety courses.

**Innovation in Patient Safety and Quality at the National Level**

Kaiser Permanente, Oakland, California—Kaiser Permanente receives this recognition for the positive effects of its implant registries on patient safety, quality, outcomes, and cost effectiveness in Kaiser’s integrated health care system. These national orthopedic, cardiology, and vascular registries—created using administrative databases, electronic health records, and vast experience in patient care—provide current and clinically relevant information about post-market medical device surveillance and surgical outcomes.

Memorial Hermann Healthcare System, Houston—This Eisenberg award recognizes Memorial Hermann The Joint Commission and NQF Honor 2012 Eisenberg Award Recipients

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http://www.jointcommission.org  April 2013  The Joint Commission Perspectives 7
The Joint Commission has identified the need to increase the field’s awareness and understanding of the Life Safety Code®.* To address this need, The Joint Commission Perspectives® publishes the column Clarifications and Expectations, authored by George Mills, MBA, FASHE, CEM, CHFM, CHSP, director, Department of Engineering, The Joint Commission. This column clarifies standards expectations and provides strategies for challenging compliance issues, primarily in life safety and the environment of care, but also in the vital area of emergency management. You may wish to share the ideas and strategies in this column with your facility’s leadership.

Surgical fires. They don’t happen often. But when they do, the consequences can be devastating, including serious burns, scars, disfigurement, and even death to both patients and staff, as well as damage to a hospital’s equipment, facilities, and long-term reputation. Your health care organization cannot afford to overlook the risk of a sudden fire in the operating room (OR) that occurs during surgery.

Incidents occur more frequently than one might think. In fact, the ECRI Institute estimates that up to 650 surgical fires occur in the United States every year, which puts surgical fires among ECRI’s top 10 technology hazards for 2013.1

While deaths related to these fires are unusual, the fires can inflict serious damage in a matter of seconds. The most common surgical fire locations are the patient airway (34%), face or head (28%), and elsewhere inside or on the patient (38%).

Respecting the Triangle

To better understand the causes of surgical fires, one must examine the three primary elements that must be present in the “fire triangle” for an incident to occur: (1) fuel, (2) heat, and (3) an oxidizer.

Fuel is present in objects such as linens, alcohol-based prepping agents, and the patient him- or herself. Many flammable materials are present in the surgical environment, including gowns, hoods, towels, blankets, masks, ointments, and dressings.

Heat is an ignition source. In ORs, the most common ignition sources are electrosurgical equipment (68%) such as electrosurgical units (ESUs) or electrocautery units (ECUs), fiber-optic light sources and cables, and lasers.2 Lasers, ESUs,

The ECRI Institute estimates that up to 650 surgical fires occur in the United States every year, which puts surgical fires among ECRI’s top 10 technology hazards for 2013.

Prevent surgical fires by taking the following actions:

● Inform staff members, such as surgeons and anesthesiologists, about the importance of controlling heat sources by abiding by laser and electrosurgical unit (ESU) safety practices, properly managing fuels by allowing adequate time for patient prep, and establishing guidelines for reducing oxygen concentration beneath drapes.

● Develop, implement, and test procedures to ensure an appropriate response by all members of the surgical team to operating room fires. (This includes full participation in the fire drills.)

● Report to The Joint Commission, ECRI Institute, and the Food and Drug Administration any surgical fires in order to increase awareness and, most importantly, prevent fires.

* Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.
and high-speed drills can create incandescent sparks that can jump off the tissue target and ignite specific fuels. Oxygen, room air, and nitrous oxide are examples of oxidizers. Many surgical fires erupt in oxygen-enriched environments (OEEs), where the percentage of oxygen is higher than in normal room air—such as when the patient receives supplemental oxygen, particularly via a mask or nasal cannula as opposed to a laryngeal mask. In an OEE, materials that may not otherwise combust in room air can ignite and burn. In 74% of all surgical fire cases, OEE was a contributing factor.

Fortunately, most surgical fires can be avoided when surgical team members thoroughly understand the causes and dangers, follow Joint Commission standards and recommendations, and practice preventive measures.

Setting High Standards

- Increased awareness of the threat isn’t the only weapon that can be used to fight surgical fires. Several key Joint Commission Environment of Care (EC) standards and associated elements of performance (EPs) address fire safety; health care organizations should review and follow these requirements to eliminate related hazards and minimize liabilities.

Standard EC.02.03.01 requires that organizations manage fire risks. EPs 9 and 10 of this standard are particularly valuable, requiring an organization to have a written fire response plan that describes the specific roles of staff and licensed independent practitioners at and away from a fire’s point of origin—including when and how to sound fire alarms, contain fire and smoke, use a fire extinguisher, and evacuate to safe areas.

Another important standard is EC.02.03.03, which mandates fire drills. EPs 1, 3, and 5 state that organizations should conduct these drills once per shift per quarter in each building defined by the Life Safety Code® as a health care occupancy; each building defined by the Life Safety Code as an ambulatory health care occupancy should conduct these drills quarterly (with half of these quarterly drills being unannounced). An organization must critique its fire drills to assess and document fire safety equipment, building features, and the response from staff.

Also worth scrutinizing are EPs 1–3 of EC.03.01.01, which call for staff and licensed independent practitioners to be familiar with their responsibilities and roles related to the environment of care (EC). They should be able to demon-
New Speak Up Video Addresses Pain

Video Advises Patients on How to Describe Their Pain

The Joint Commission recently released the eighth installment in the animated Speak Up™ video series. “Speak Up: About Your Pain” illustrates why it is important for patients to speak up about their pain and provides examples of how to do so. During the course of the video, the two main characters experience different kinds of pain and learn how to describe their conditions to their health care providers. The video explains that proper pain management can help patients feel better and heal faster, and encourages everyone to take the following actions:

- Make sure their pain is assessed by a health care provider
- Describe, with accuracy, the pain they are experiencing to their caregivers
- Ask about and be aware of the potential side effects of any medications prescribed to manage pain in order to make informed decisions about care
- Inquire about other methods for managing their pain, such as physical therapy, acupuncture, or massage therapy

Produced by The Joint Commission, the 60-second Speak Up videos are intended as public service announcements. The series, which has received nearly 80,000 views on The Joint Commission’s YouTube Channel at http://www.youtube.com/TheJointCommission, also airs on venues such as The Wellness Network, Accent Health Network, GetWellNetwork, and LodgeNet Healthcare Network. Previous videos in the series, the first of which debuted March 2011, emphasize the importance of speaking up and asking questions about your health care, preventing infection, managing and taking medication safely, preparing for doctor’s office appointments, encouraging children to feel confident asking questions about their health, reducing the risk of falling, and understanding patient rights.

The Speak Up program also features brochures and posters on a variety of patient safety topics. The national program urges patients to take a role in preventing health care errors by becoming active, involved, and informed participants on the health care team. The basic framework of the Speak Up campaign encourages patients to take the following steps:

- Speak if you have questions or concerns. If you still don’t understand, ask again. It’s your body and you have a right to know.
- Pay attention to the care you get. Always make sure you’re getting the right treatments and medicines by the right health care professionals. Don’t assume anything.
- Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan.
- Ask a trusted family member or friend to be your advocate (advisor or supporter).
- Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.
- Use a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission’s quality standards.
- Participate in all decisions about your treatment. You are the center of the health care team.

The Joint Commission’s Speak Up program has won multiple awards, including a Magnum Opus award in October 2012 for its video series. Since its launch in 2002, the Speak Up program has grown to include 20 campaign brochures and six posters. For more information about the Speak Up program and to obtain free downloadable files of all the Speak Up videos, brochures, and posters (including Spanish language versions), please visit The Joint Commission website at http://www.jointcommission.org/speakup.aspx. Printed Speak Up brochures and posters also are available for purchase through Joint Commission Resources by phone at 877.223.6866 or online at http://store.jcrinc.com/.
Healthcare System’s High Reliability Journey from Board to Bedside initiative. This initiative focuses leadership and employee attention on high-reliability behaviors, evidence-based care, and harm prevention across 12 hospitals and several ambulatory surgery centers, clinics, and other ambulatory care locations.

Memorial Hermann concentrates on aligning its accountability structure, using robust process improvement, and continually reinforcing cultural transformation. To accomplish these things, first the Board and senior management establish a high-level outcome focus. Next, cascading management systems and reporting processes ensure that those closest to the patient’s bedside design and implement the performance improvement process. Process measures and outcomes are tied to metric-based goals; the results are reported and compared to goals on a monthly basis. Goals are set at 100% for quality measure performance and 0% for preventable harm incidents. Successes in preventing harm are celebrated through presentation of the Memorial Hermann High Reliability Certified Zero Award, which recognizes an organization that has not had any occurrences of hospital-acquired infections, hospital-acquired conditions, or serious safety events for one year. Since 2011, the organization has presented 78 Memorial Hermann High Reliability Certified Zero awards.

“The Eisenberg Awards serve as an important reminder of what health care should strive to be at all times—safe, effective, and focused on providing patient-centered care,” says Gerald Shea, interim president and chief executive officer, NQF. “We congratulate this year’s recipients for their continued contributions in the field and for the impact their successes will continue to have on raising the standard of care in our nation.”

CLAIRIFICATIONS AND EXPECTATIONS: Preventing Surgical Fires

Continued from page 9

References


This month’s column discusses the prevention of surgical fires in the provision of safe health care. Next month’s column will continue to focus on maintaining various life safety features by discussing the Information Collection and Evaluation System (ICE).
Sentinel Event Alerts and the Survey Process

Published periodically for Joint Commission–accredited and–certified organizations and interested health care professionals, Sentinel Event Alerts identify specific types of sentinel events, describe their common underlying causes, and suggest steps to prevent future occurrences.

The Joint Commission uses its appointed Patient Safety Advisory Group (PSAG), comprising recognized national patient safety experts, to advise it on the development of Alerts. The PSAG suggests high-priority patient safety and/or patient care issues—that is, issues that apply to a significant number of accredited and certified organizations—as potential topics for the Alerts.

After identifying the topic, The Joint Commission consults with experts and professional groups from related fields. The Joint Committee also gathers and incorporates information from industry leaders and examines federal or state laws applicable to the topic.

Each Sentinel Event Alert is published with the following statement: “Accredited organizations should consider information in an Alert when designing or redesigning relevant processes and consider implementing relevant suggestions contained in the Alert or reasonable alternatives.” What does this mean for organizations, and how do the Alerts address standards compliance?

Sentinel Event Alerts and Compliance: Two Examples

Alerts are not part of the standards setting process and do not establish standards; the information shared may or may not mirror particular standards used in the accreditation process. For example, an organization undergoing a survey may be located in a state with legal requirements cited in an Alert. If the organization is found to be out of compliance with that state law, the Joint Commission surveyor would cite the finding as a Requirement for Improvement (RFI) under Leadership (LD) Standard LD.04.01.01: “The hospital complies with law and regulation.” The same citation would be made whether or not there was an Alert on the topic.

Consider the Joint Commission requirement for California hospitals surveyed after July 1, 2013, to have documentation of the radiation dose for each computed tomography (CT) exam (see October 2012 Perspectives, pages 4–5). A hospital found out of compliance with this state law at the time of survey would receive an RFI at Standard LD.04.01.01, Element of Performance (EP) 2: “The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.”

Now consider Sentinel Event Alert 47: Radiation Risks of Diagnostic Imaging (see November 2011 Perspectives, pages 8–11). Issue 47 provides numerous recommendations surrounding radiation exposure as well as references to state and federal laws developed to address patient radiation exposure. In fact, Item 9 recommends the recording of dosage or exposure as part of the study’s summary report of findings: “Record the dosage or exposure as part of the study’s summary report of findings.”

But what does this mean for organizations located in states for which this recommendation does not reflect state law? The organization may wish to consider adding this to its CT report of findings. It would be up to the organization to determine whether it wishes to add this as a practice and where it should be documented. While the report of findings is recommended as the location for dosage documentation, the dosage documentation could occur on the actual film. It may be dependent on the type of documentation system the organization has and whether it is easier to log it on a film or dictate it on a final report. A review of the CT reports in the patient’s medical record may provide an easier way of calculating total exposure rather than accessing all of the patient’s scans and calculating that way. Organizations that utilize automated image systems may find it more reliable to access the specific studies to calculate radiation dosing. In short, while only California has passed this as a requirement, it may be an action that other states will consider in the future.

As another example, consider Environment of Care (EC) Standard EC.02.04.03: “The hospital inspects, tests, and maintains medical equipment.” Organizations found out of compliance with safety checks on radiologic equipment would receive RFIs at either of the following EPs:

- EP 3: “The hospital inspects, tests, and maintains non–life-support equipment identified on the medical equipment inventory. These activities are documented.”
- EP 14: “For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these inspections are documented.”

The recommendation at Item 16 in Issue 47 parallels these requirements. Item 16 suggests that organizations do the
following: “Ensure that recommended quality control, testing (including daily functional tests) and preventive maintenance activities are performed in accordance with manufacturer’s guidelines. The health care organization, in consultation with the medical physicist, should identify in writing these activities, their frequencies, and who will perform them.”

It should be clear that Alerts do not create new accreditation requirements; however, they can be useful in helping organizations think through ways to improve quality and safety. These examples demonstrate that an organization should review each Alert for potential standards correlation and applicability to the organization itself. However, please note that not all information contained in an Alert will be assessed during the survey process. An organization may wish to conduct a risk assessment to determine the applicability of the Alert. This assessment would guide the organization’s leadership and staff in terms of which recommendations (if any) from the Alert they should consider for implementation.

Questions regarding Sentinel Event Alerts may be directed to Gerard Castro, MPH, project director, Patient Safety Initiatives, at gcastro@jointcommission.org or 630-792-5972.

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**Top Standards Compliance Issues for 2012**

Continued from page 1

this information helpful in assessing their own compliance in these areas and planning any necessary improvement efforts. Remember: Surveyors review compliance with all standards in an accreditation or certification manual. This list is provided only to help organizations recognize potential trouble spots.

If you have questions about these requirements, please review the Standards Frequently Asked Questions at http://www.jointcommission.org/Standards/FAQs. Questions not addressed on this site may be directed to the Standards Interpretation Group through its online question form (http://www.jointcommission.org/Standards/OnlineQuestionForm) or by calling 630-792-5900.
### Top Standards Compliance Issues for 2012

#### Ambulatory Care

- **52% HR.02.01.03** The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
- **34% MM.03.01.01** The organization safely stores medications.
- **31% IC.02.02.01** The organization reduces the risk of infections associated with medical equipment, devices, and supplies.
- **24% IC.01.03.01** The organization identifies risks for acquiring and transmitting infections.
- **18% EC.02.02.01** The organization manages risks related to hazardous materials and waste.
- **16% NPSG.07.01.01** Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.
- **16% WT.03.01.01** Staff and licensed independent practitioners performing waived tests are competent.
- **15% EC.02.04.03** The organization inspects, tests, and maintains medical equipment.
- **15% HR.01.02.05** The organization verifies staff qualifications.
- **15% MM.01.02.01** The organization addresses the safe use of look-alike/sound-alike medications.

#### Behavioral Health Care

- **36% 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.
- **20% HR.02.01.03** The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.
- **14% EC.02.06.01** The organization establishes and maintains a safe, functional environment.
- **14% HR.01.02.05** The organization verifies staff qualifications.
- **14% CTS.04.03.33** For organizations providing food services: The organization has a process for preparing and/or distributing food and nutrition products.
- **13% CTS.02.01.05** For organizations providing care, treatment, or services in non–24-hour settings: The organization implements a written process requiring a physical health screening to determine the individual’s need for a medical history and physical examination.
- **12% MM.03.01.01** The organization safely stores medications.
- **12% HR.01.06.01** Staff are competent to perform their responsibilities.
- **12% CTS.02.01.09** The organization screens all individuals served for physical pain.
- **12% CTS.02.01.11** The organization screens all individuals served for their nutritional status.
### Top Standards Compliance Issues for 2012

#### Critical Access Hospitals

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>EC.02.03.05</td>
<td>The critical access hospital maintains fire safety equipment and fire safety building features.</td>
</tr>
<tr>
<td>48%</td>
<td>LS.02.01.10</td>
<td>Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.</td>
</tr>
<tr>
<td>44%</td>
<td>EC.02.05.01</td>
<td>The critical access hospital manages risks associated with its utility systems.</td>
</tr>
<tr>
<td>42%</td>
<td>LS.02.01.20</td>
<td>The critical access hospital maintains the integrity of the means of egress.</td>
</tr>
<tr>
<td>38%</td>
<td>EC.02.05.07</td>
<td>The critical access hospital inspects, tests, and maintains emergency power systems.</td>
</tr>
<tr>
<td>36%</td>
<td>IC.02.02.01</td>
<td>The critical access hospital reduces the risk of infections associated with medical equipment, devices, and supplies.</td>
</tr>
<tr>
<td>34%</td>
<td>EC.02.02.01</td>
<td>The critical access hospital manages risks related to hazardous materials and waste.</td>
</tr>
<tr>
<td>32%</td>
<td>LS.02.01.30</td>
<td>The critical access hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.</td>
</tr>
<tr>
<td>32%</td>
<td>MM.03.01.01</td>
<td>The critical access hospital safely stores medications.</td>
</tr>
<tr>
<td>29%</td>
<td>EC.02.06.01</td>
<td>The critical access hospital establishes and maintains a safe, functional environment.</td>
</tr>
<tr>
<td>29%</td>
<td>LS.02.01.35</td>
<td>The critical access hospital provides and maintains systems for extinguishing fires.</td>
</tr>
</tbody>
</table>

#### Disease-Specific Care Certification

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td>DSDF.2</td>
<td>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.</td>
</tr>
<tr>
<td>14%</td>
<td>DSDF.3</td>
<td>The program is designed to meet the participant's needs.</td>
</tr>
<tr>
<td>13%</td>
<td>DSCT.5</td>
<td>The program initiates, maintains, and makes accessible a health or medical record for every participant.</td>
</tr>
<tr>
<td>12%</td>
<td>DSSE.3</td>
<td>The program addresses participants' education needs.</td>
</tr>
<tr>
<td>8%</td>
<td>DSDF.1</td>
<td>Practitioners are qualified and competent.</td>
</tr>
<tr>
<td>6%</td>
<td>DSPM.6</td>
<td>The program evaluates participant perception of the quality of care.</td>
</tr>
<tr>
<td>4%</td>
<td>DSPR.1</td>
<td>The program defines its leadership roles.</td>
</tr>
<tr>
<td>4%</td>
<td>DSPR.8</td>
<td>The program communicates to participants the scope and level of care, treatment, and services it provides.</td>
</tr>
<tr>
<td>3%</td>
<td>DSSE.2</td>
<td>The program addresses lifestyle changes that support self-management regimens.</td>
</tr>
<tr>
<td>3%</td>
<td>DSPM.1</td>
<td>The program has an organized, comprehensive approach to performance improvement.</td>
</tr>
</tbody>
</table>
### Top Standards Compliance Issues for 2012
#### Health Care Staffing Services Certification

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>HSHR.1</td>
<td>The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).</td>
</tr>
<tr>
<td>9%</td>
<td>HSHR.6</td>
<td>The HCSS firm evaluates the performance of clinical staff.</td>
</tr>
<tr>
<td>5%</td>
<td>CPR 5</td>
<td>The staffing firm submits performance measurement data to The Joint Commission on a routine basis.</td>
</tr>
<tr>
<td>4%</td>
<td>HSLD.5</td>
<td>The services contracted for by the HCSS firm are provided to customers.</td>
</tr>
<tr>
<td>4%</td>
<td>HSPM.4</td>
<td>The HCSS firm analyzes its data.</td>
</tr>
<tr>
<td>3%</td>
<td>HSHR.3</td>
<td>The HCSS firm provides orientation to clinical staff regarding initial job training and information.</td>
</tr>
<tr>
<td>2%</td>
<td>HSLD.9</td>
<td>The HCSS firm addresses emergency management.</td>
</tr>
<tr>
<td>2%</td>
<td>HSHR.4</td>
<td>The HCSS firm assesses and reassesses the competence of clinical staff and clinical staff supervisors.</td>
</tr>
<tr>
<td>1%</td>
<td>CPR 11</td>
<td>Any staffing firm employee or independent contractor who has concerns about the quality and safety of patient care provided by the staffing firm's employees or independent contractors can report these concerns to The Joint Commission without retaliatory action from the staffing firm.</td>
</tr>
<tr>
<td>1%</td>
<td>CPR 6</td>
<td>The staffing firm notifies the public it serves about how to contact the firm's management and The Joint Commission to report concerns about the quality and safety of patient care provided by the staffing firm’s employees or independent contractors.</td>
</tr>
</tbody>
</table>

**Note:** The remaining standards for the Health Care Staffing Services Certification program had a noncompliance rate of less than 1% or were in full compliance during 2012.

### Top Standards Compliance Issues for 2012
#### Home Care

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>37%</td>
<td>PC.02.01.03</td>
<td>The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.</td>
</tr>
<tr>
<td>27%</td>
<td>NPSG.07.01.01</td>
<td>Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.</td>
</tr>
<tr>
<td>24%</td>
<td>HR.01.06.01</td>
<td>Staff are competent to perform their responsibilities.</td>
</tr>
<tr>
<td>23%</td>
<td>HR.01.02.05</td>
<td>The organization verifies staff qualifications.</td>
</tr>
<tr>
<td>21%</td>
<td>EM.03.01.03</td>
<td>The organization evaluates the effectiveness of its Emergency Operations Plan.</td>
</tr>
<tr>
<td>19%</td>
<td>RC.02.01.01</td>
<td>The patient record contains information that reflects the patient's care, treatment, or services.</td>
</tr>
<tr>
<td>19%</td>
<td>PI.02.01.01</td>
<td>The organization compiles and analyzes data.</td>
</tr>
<tr>
<td>19%</td>
<td>PC.01.03.01</td>
<td>The organization plans the patient's care.</td>
</tr>
<tr>
<td>17%</td>
<td>IC.02.04.01</td>
<td>The organization offers vaccination against influenza to licensed independent practitioners and staff.</td>
</tr>
<tr>
<td>16%</td>
<td>PI.01.01.01</td>
<td>The organization collects data to monitor its performance.</td>
</tr>
</tbody>
</table>
## Top Standards Compliance Issues for 2012

### Hospitals

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>RC.01.01.01</td>
<td>The hospital maintains complete and accurate medical records for each individual patient.</td>
</tr>
<tr>
<td>51%</td>
<td>LS.02.01.20</td>
<td>The hospital maintains the integrity of the means of egress.</td>
</tr>
<tr>
<td>46%</td>
<td>LS.02.01.10</td>
<td>Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.</td>
</tr>
<tr>
<td>42%</td>
<td>IC.02.02.01</td>
<td>The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.</td>
</tr>
<tr>
<td>40%</td>
<td>EC.02.03.05</td>
<td>The hospital maintains fire safety equipment and fire safety building features.</td>
</tr>
<tr>
<td>39%</td>
<td>LS.02.01.30</td>
<td>The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.</td>
</tr>
<tr>
<td>35%</td>
<td>EC.02.06.01</td>
<td>The hospital establishes and maintains a safe, functional environment.</td>
</tr>
<tr>
<td>35%</td>
<td>MM.03.01.01</td>
<td>The hospital safely stores medications.</td>
</tr>
<tr>
<td>34%</td>
<td>LS.02.01.35</td>
<td>The hospital provides and maintains systems for extinguishing fires.</td>
</tr>
<tr>
<td>34%</td>
<td>EC.02.05.01</td>
<td>The hospital manages risks associated with its utility systems.</td>
</tr>
</tbody>
</table>

### Laboratory and Point-of-Care Testing

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>67%</td>
<td>QSA.01.01.01</td>
<td>The laboratory participates in Centers for Medicare &amp; Medicaid Services (CMS)–approved proficiency testing programs for all regulated analytes.</td>
</tr>
<tr>
<td>39%</td>
<td>HR.01.06.01</td>
<td>Staff are competent to perform their responsibilities.</td>
</tr>
<tr>
<td>36%</td>
<td>QSA.02.03.01</td>
<td>The laboratory performs calibration verification.</td>
</tr>
<tr>
<td>33%</td>
<td>DC.02.03.01</td>
<td>The laboratory report is complete and is in the patient’s clinical record.</td>
</tr>
<tr>
<td>30%</td>
<td>QSA.01.02.01</td>
<td>The laboratory maintains records of its participation in a proficiency testing program.</td>
</tr>
<tr>
<td>25%</td>
<td>QSA.01.02.08</td>
<td>The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.</td>
</tr>
<tr>
<td>24%</td>
<td>TS.03.01.01</td>
<td>The organization uses standardized procedures for managing tissues.</td>
</tr>
<tr>
<td>23%</td>
<td>QSA.02.04.01</td>
<td>The laboratory evaluates instrument-based testing with electronic or internal systems prior to using them for routine quality control.</td>
</tr>
<tr>
<td>21%</td>
<td>QSA.01.03.01</td>
<td>The laboratory has a process for handling and testing proficiency testing samples.</td>
</tr>
<tr>
<td>21%</td>
<td>WT.05.01.01</td>
<td>The organization maintains records for waived testing.</td>
</tr>
</tbody>
</table>
**Top Standards Compliance Issues for 2012**

**Long Term Care**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>HR.02.01.04</td>
<td>The organization permits licensed independent practitioners to provide care, treatment, and services.</td>
</tr>
<tr>
<td>34%</td>
<td>NPSG.07.01.01</td>
<td>Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.</td>
</tr>
<tr>
<td>23%</td>
<td>IM.02.02.01</td>
<td>The organization effectively manages the collection of health information.</td>
</tr>
<tr>
<td>19%</td>
<td>PC.02.03.01</td>
<td>The organization provides resident education and training based on each resident's needs and abilities.</td>
</tr>
<tr>
<td>18%</td>
<td>WT.03.01.01</td>
<td>Staff and licensed independent practitioners performing waived tests are competent.</td>
</tr>
<tr>
<td>17%</td>
<td>WT.04.01.01</td>
<td>The organization performs quality control checks for waived testing on each procedure.</td>
</tr>
<tr>
<td>17%</td>
<td>MM.03.01.01</td>
<td>The organization safely stores medications.</td>
</tr>
<tr>
<td>17%</td>
<td>PC.01.02.03</td>
<td>The organization assesses and reassesses the resident and his or her condition according to defined time frames.</td>
</tr>
<tr>
<td>15%</td>
<td>EC.04.01.01</td>
<td>The organization collects information to monitor conditions in the environment.</td>
</tr>
<tr>
<td>15%</td>
<td>PC.01.03.01</td>
<td>The organization plans the resident's care.</td>
</tr>
</tbody>
</table>

**Note:** The Long Term Care Accreditation Program (including Medicare/Medicaid certification–based components) was reinvented and launched as the Nursing and Rehabilitation Center Accreditation Program in January 2013 (see February 2013 Perspectives, pages 6–8). The requirements of the new program are effective July 1, 2013.

---

**Top Standards Compliance Issues for 2012**

**Medicare/Medicaid Certification–Based Long Term Care**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>47%</td>
<td>HR.02.01.04</td>
<td>The organization permits licensed independent practitioners to provide care, treatment, and services.</td>
</tr>
<tr>
<td>25%</td>
<td>WT.03.01.01</td>
<td>Staff and licensed independent practitioners performing waived tests are competent.</td>
</tr>
<tr>
<td>21%</td>
<td>EM.03.01.01</td>
<td>The organization evaluates the effectiveness of its emergency management planning activities.</td>
</tr>
<tr>
<td>20%</td>
<td>IM.02.02.01</td>
<td>The organization effectively manages the collection of health information.</td>
</tr>
<tr>
<td>20%</td>
<td>RC.02.01.21</td>
<td>Clinical record documentation includes resident education.</td>
</tr>
<tr>
<td>19%</td>
<td>EC.04.01.01</td>
<td>The organization collects information to monitor conditions in the environment.</td>
</tr>
<tr>
<td>17%</td>
<td>NPSG.07.01.01</td>
<td>Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.</td>
</tr>
<tr>
<td>17%</td>
<td>PC.02.03.01</td>
<td>The organization provides resident education and training based on each resident’s needs and abilities.</td>
</tr>
<tr>
<td>16%</td>
<td>HR.02.02.01</td>
<td>The organization provides orientation to licensed independent practitioners.</td>
</tr>
<tr>
<td>15%</td>
<td>LD.04.04.05</td>
<td>The organization has an organization-wide, integrated resident safety program.</td>
</tr>
</tbody>
</table>
### Top Standards Compliance Issues for 2012
#### Office-Based Surgery Practices

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Standard Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>49%</td>
<td>HR.02.01.03</td>
<td>The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.</td>
</tr>
<tr>
<td>29%</td>
<td>IC.02.02.01</td>
<td>The practice reduces the risk of infections associated with medical equipment, devices, and supplies.</td>
</tr>
<tr>
<td>26%</td>
<td>MM.03.01.01</td>
<td>The practice safely stores medications.</td>
</tr>
<tr>
<td>15%</td>
<td>NPSG.07.01.01</td>
<td>Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.</td>
</tr>
<tr>
<td>13%</td>
<td>IC.01.03.01</td>
<td>The practice identifies risks for acquiring and transmitting infections.</td>
</tr>
<tr>
<td>13%</td>
<td>NPSG.03.04.01</td>
<td>Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.</td>
</tr>
<tr>
<td>11%</td>
<td>PI.02.01.01</td>
<td>The practice compiles and analyzes data.</td>
</tr>
<tr>
<td>11%</td>
<td>WT.05.01.01</td>
<td>The practice maintains records for waived testing.</td>
</tr>
<tr>
<td>10%</td>
<td>IC.02.04.01</td>
<td>The practice offers vaccination against influenza to licensed independent practitioners and staff.</td>
</tr>
<tr>
<td>10%</td>
<td>EC.02.05.07</td>
<td>The practice inspects, tests, and maintains emergency power systems.</td>
</tr>
<tr>
<td>10%</td>
<td>HR.01.06.01</td>
<td>Staff are competent to perform their responsibilities.</td>
</tr>
</tbody>
</table>

Note: The remaining standards for the Advanced Certification for Palliative Care program were in full compliance during 2012.
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