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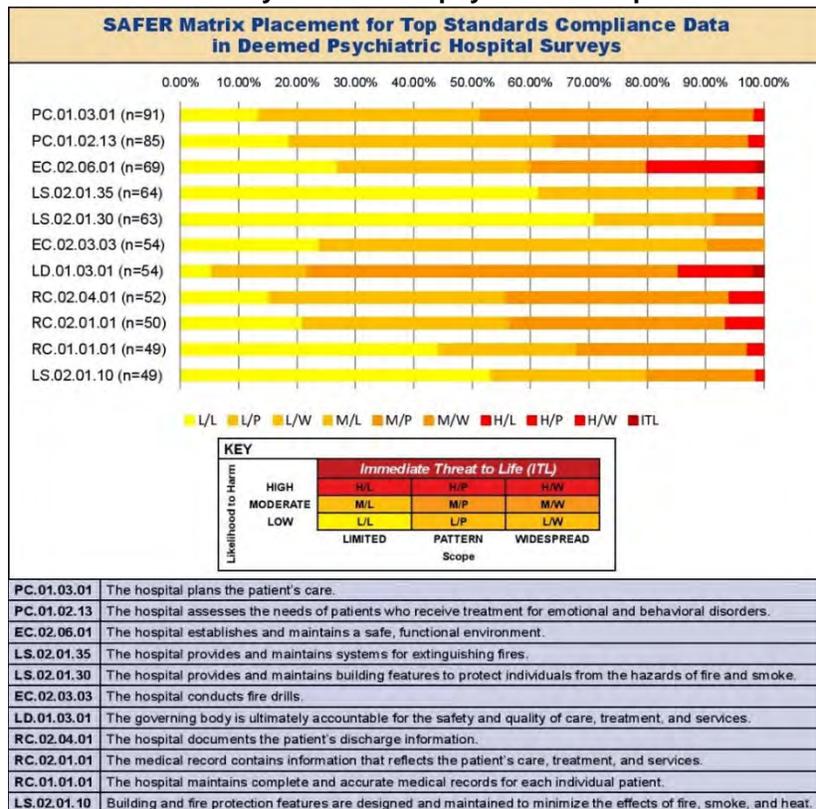
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Accreditation

First ever SAFER™ compliance data from initial surveys of deemed psychiatric hospitals

Compliance data is available for the first group of organizations surveyed using the Survey Analysis for Evaluating Risk™ (SAFER™) scoring methodology (see table). These first organizations were psychiatric hospitals that use Joint Commission accreditation to meet the Centers for Medicare & Medicaid Services (CMS) deemed status requirements.

The data (see chart) shows the most frequently cited compliance challenges for deemed psychiatric hospitals during on-site surveys conducted from Aug. 1, 2016 through Feb. 17, 2017. The Joint Commission regularly publishes data on requirements scored most frequently as being noncompliant during accreditation and certification surveys/reviews. The SAFER™ survey data is being displayed in a new way, with a bar graph that represents the distribution of Requirements for Improvement (RFIs) within the SAFER™ matrix. Each bar totals 100 percent.



The SAFER™ Matrix allows the organization to see areas of noncompliance at an aggregate level — one that shows significant components of risk analysis. It replaces the previous scoring methodology, which was based on pre-determined categorizations of elements of performance (such as direct and indirect impact) — instead allowing surveyors to perform real-time, on-site evaluations of deficiencies. These are then placed on the SAFER™ Matrix according to the likelihood of the issue to cause harm to patients, staff or visitors, according to how widespread the problem is, based on the surveyor's observations.

Going forward, The Joint Commission will continue to analyze the SAFER™ information surrounding risk for all programs. The goal of the analysis is to utilize the aggregate data gathered through the SAFER™

Matrix to: continuously improve consistency; identify potential EPs for revision; and assist in identifying areas of high risk noted within each program. (Contact: safer@jointcommission.org)

New Standards FAQs on history and physical, verification education

New FAQs have been posted to The Joint Commission's website to provide clarification to the following questions:

- *What are the requirements for updating a history and physical when surgery or a procedure requiring anesthesia services is performed at a later point during an admission?*
 - [Hospital and hospital clinics](#)
 - [Critical access hospitals](#)
- *Human Resources (HR) 01.02.05, Element of Performance (EP) 3 requires that "the organization verifies and documents that the applicant has the education and experience required by the job responsibilities." Does this mean that verification via primary source is required?*
 - [Hospital and hospital clinics](#)
 - [Critical access hospitals](#)
 - [Ambulatory care](#)
 - [Home care](#)

Certification

Advanced Certification in Heart Failure eligibility criteria change

The Joint Commission's long-standing affiliation with The American Heart Association (AHA) has changed, affecting the eligibility criteria for The Joint Commission's [Advanced Certification in Heart Failure](#) (ACHF) program. The Joint Commission believes it can better serve heart failure patients and providers independently, therefore, participation in the American Heart Association's Get with the Guidelines program is no longer a requirement for ACHF eligibility.

The Joint Commission and the American Heart Association/American Stroke Association (AHA/ASA) will continue to jointly offer advanced disease-specific care certifications for:

- Acute Stroke Ready Hospitals
- Primary Stroke Centers
- Comprehensive Stroke Centers

Certified organizations may continue to use the combined AHA seal and Joint Commission Gold Seal of Approval® logo through their current certification cycle, after which a new Gold Seal may be downloaded [online](#). (Contact: certification@jointcommission.org)

Performance measurement

Time running out to be recognized for Pioneers in Quality™ best practices collection

The deadline is fast approaching for sharing and recognizing your hospital's success story in capturing and submitting data on electronic clinical quality measures (eCQMs). Submissions for the Pioneers in Quality™: Proven Practices Collection are due May 19.



The submission process is short, as hospitals just need to share an overview of how they have made progress on the journey toward using eCQMs.

The Proven Practices Collection will recognize and share strategies that hospitals are finding effective and successful in adopting eCQM reporting. Hospitals whose submissions are selected as Proven Practices will then be recognized as Pioneer in Quality Solution Contributors in The Joint Commission's annual report, and may be featured in future Pioneers in Quality™ webinars.

The call for peer-to-peer sharing of Proven Practices came from customer feedback provided during webinars last year, as well as The Joint Commission's advisory panel and customer survey. [Learn more](#) about the Proven Practices Collection. (Contact: pioneersinquality@jointcommission.org)

Quality and safety

Reminder: Still time to provide feedback for hospital respiratory protection research project

Do you have questions about when to use respirators in clinical settings? Are you familiar with the 2015 resources from the Occupational Safety Health Administration and The Joint Commission regarding respiratory protection programs? We would like to hear from you.

Provide us with your [feedback](#).

The project is funded by the Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), and National Personal Protective Technology Laboratory (NPPTL), which supported the development of two educational resources in 2015. The project is not related to accreditation. (Contact: Maria Montero, mmontero@jointcommission.org)

AHRQ toolkit designed to improve patient safety at ambulatory surgery centers

The Agency for Healthcare Research and Quality (AHRQ) has released a new toolkit that will help ambulatory surgery centers (ASCs) make care safer for their patients. The [Toolkit To Improve Safety in Ambulatory Surgery Centers](#) incorporates proven principles and methods of AHRQ's [Comprehensive Unit-based Safety Program](#) to implement and sustain cultural and technical interventions surrounding the safe surgery checklist.

Topics include:

- Teamwork and communication
- Coaching for clinical teams
- Patient and family engagement
- Sustainability

Read a [blog](#) for more details on the toolkit, written by Jeffrey Brady, MD, MPH, director of the AHRQ Center for Quality Improvement and Patient Safety.

People

Joint Commission president, EVP named to *Becker's Hospital Review* patient safety expert list

Becker's Hospital Review released its 2017 "50 experts leading the field of patient safety," and The Joint Commission's Mark R. Chassin, MD, president and chief executive officer, and David W. Baker, MD, executive vice president in the Division of Healthcare Quality Evaluation, have been named to the list.

Becker's Hospital Review's editorial team selected the members of this list based on nominations, leadership positions, awards, publications and achievements in the field of patient safety. The professionals included on this list are prominent advocates for patient safety.



Chassin

Baker

[Read](#) more.

Resources

Up in the blogosphere with The Joint Commission

Leading Hospital Improvement — [Turning Up the Volume on Alarm Management](#): Learn more about a Johns Hopkins study to lessen alarm burden by changing the signal default settings, written by Gerry Castro, PhD, project director of patient safety initiatives at The Joint Commission.

Learn more about [Joint Commission Resources](#)' offerings online or call 877-223-6866.

