

# Joint Commission Perspectives<sup>®</sup>

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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# APPROVED: New and Revised Requirements Address Health Care Equity

Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to Joint Commission–accredited **ambulatory health care** organizations, **behavioral health care and human services** organizations, **critical access hospitals**, and **hospitals**.



Although health care disparities are often viewed through the lens of social injustice, they are first and foremost a quality of care problem. Like medication errors, health care–acquired infections, and falls, health care disparities must be examined, the root causes understood, and the causes addressed with targeted interventions. Organizations need established leaders and standardized structures and processes to detect and address health care disparities. These efforts should be fully integrated with existing quality improvement activities in the organization like other priorities such as infection prevention and control, antibiotic stewardship, and workplace violence.

As such, The Joint Commission has developed a new standard in the “Leadership” (LD) chapter—Standard LD.04.03.08—that addresses health care disparities as a quality and safety priority. The six new elements of performance (EPs) for this new standard include the following:

1. Identifying an individual to lead activities to reduce health care disparities
2. Assessing the patient’s health-related social needs
3. Analyzing quality and safety data to identify disparities
4. Developing an action plan to reduce health care disparities
5. Taking action when the organization does not meet the goals in its action plan
6. Informing key stakeholders about progress to reduce health care disparities

Standard LD.04.03.08 will apply to the following Joint Commission–accredited organizations:

- All critical access hospitals and hospitals
- Ambulatory health care organizations\* providing primary care within the “Medical Centers” service in the ambulatory health care program†
- Behavioral health care and human services organizations providing the following services:‡
  - Addictions services
  - Eating disorders treatment
  - Intellectual disabilities/developmental delays
  - Mental health services
  - Primary physical health care

\* Information about service applicability can be found in the “Standards Applicability Process” (SAP) chapter of the *Comprehensive Accreditation Manual for Ambulatory Care*.

† The new requirements are not applicable to organizations providing episodic care, dental services, or surgical services.

‡ Information about service applicability can be found in the “Standards Applicability Process” (SAP) chapter of the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services*.

The Record of Care, Treatment, and Services (RC) requirement to collect patient race and ethnicity information has been revised and will apply to the following Joint Commission–accredited programs:

- Ambulatory health care (Standard RC.02.01.01, EP 31)
- Behavioral health care and human services (Standard RC.02.01.01, EP 26)
- Critical access hospital (Standard RC.02.01.01, EP 25)

In addition, the Rights and Responsibilities of the Individual (RI) requirement prohibiting discrimination (Standard RI.01.01.01, EP 29) will apply to all Joint Commission–accredited ambulatory health care organizations and behavioral health care and human services organizations.

Further information on the research used to develop the new and revised requirements, including rationales and references, will be available in the project’s [R<sup>3</sup> Report](#).

The new and revised requirements will be posted on the [Prepublication Standards](#) page of The Joint Commission’s website and will publish online in the fall 2022 E-dition® update to the *Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)*, *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)*, *Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH)*, and *Comprehensive Accreditation Manual for Hospitals (CAMH)*. For those customers who purchase them, the fall 2023 *CAMBHC* and *CAMH* hard-copy update services will include these revisions.

For questions regarding the new and revised requirements, please contact the [Department of Standards and Survey Methods](#). 



# NEW: Advanced Certification in Perinatal Care

## New ACPC Program to Replace Current Perinatal Care Certification

**Beginning January 1, 2023**, The Joint Commission, in collaboration with the American College of Obstetricians and Gynecologists (ACOG), will offer **Advanced Certification in Perinatal Care** (ACPC) to Joint Commission–accredited, non-Joint Commission–accredited, and nonaccredited hospitals and critical access hospitals with perinatal care programs.

Currently, The Joint Commission certifies perinatal care programs in almost 60 health care organizations through its Perinatal Care (PNC) Certification program. ACPC goes beyond the current certification to encompass all pregnancies while focusing on high-risk areas for maternal morbidity and mortality such as mental health disorders, including substance use; addressing social needs; and identifying health care disparities. This new program will ensure that organizations provide integrated, coordinated, patient-centered care that begins with prenatal care and continues through postpartum care. The new ACPC will replace the current PNC certification.

The ACPC program was developed with a Technical Advisory Panel of clinical experts with knowledge in this type of care. ACPC standards incorporate the latest research, best practices, and federal regulations to improve quality and safety for pregnant or postpartum patients and newborns.

Components of the new program include the following:

- Conducting tracer activities during review
- Evaluating consistent communication and effective collaboration among all health care providers involved in the care of the pregnant or postpartum patients and newborns starting during prenatal care through postpartum care
- Demonstrating the application of and compliance with clinical practice guidelines or evidence-based practices, which may include practice bulletins and recommendations published by organizations such as ACOG; Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN); Society for Maternal-Fetal Medicine (SMFM); and American Academy of Pediatrics (AAP)
- Collecting data on the following Perinatal Care program measures, including compliance with measure thresholds for applicable measures at initial application and recertification:
  - PC-01—Elective Delivery
  - PC-02—Cesarean Birth\*
  - PC-05—Exclusive Breast Milk Feeding
  - PC-06.1—Unexpected Complications in Term Newborns\*

### Eligibility Criteria

Organizations may apply for this certification if they meet general eligibility requirements that include having a minimum of 40 deliveries per year and compliance with the measure threshold criteria for performance rates on PC-02 and PC-06.1 (severe rate only):

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\* Compliance with threshold criteria required.


- PC-02—Cesarean Birth: Threshold will be set at fewer than or equal to 30%.
- PC-06.1—Unexpected Complications in Term Newborns: Severe rate threshold will be set at 50 complications per 1,000 live births, which is a rate of 5%.

The performance rates used will be an aggregate performance rate (sum of numerators divided by sum of denominators). The aggregate denominator cases must total no fewer than 30 cases for each performance rate calculated for PC-02, and PC-06.1 (severe rate). Data for the performance rates will be due on the applicator and must be provided at the initial certification review. No fewer than four months of data for all Perinatal Care core measures must be available at the initial certification review (for recertification, 24 months of data are required). Detailed threshold criteria will be available in the ACPC manual.

Hospitals and critical access hospitals may pre-apply for this certification in July 2022 to indicate their commitment to pursuing certification and entering the queue for reviews beginning in 2023. The official application will be available on January 1, 2023. Virtual education sessions will be held later this year to go through the program requirements and review process.

The requirements are available on The Joint Commission's [Advanced Certification in Perinatal Care](#) page. The *2023 Advanced Certification in Perinatal Care Certification Manual* will publish online in E-dition® this fall.

Contact [Business Development](#) if you have questions about this certification or transitioning your current Perinatal Care certification. For question about the new ACPC standards, please contact the [Department of Standards and Survey Methods](#).

Further details regarding the standardized performance measures, including measure descriptions, specifications, and education for abstracting the measures, as well as inquiries can be found on the [Performance Measurement Network Q&A Forum](#). 



# APPROVED: New and Revised Requirements for Antibiotic Stewardship in Critical Access Hospitals and Hospitals

**Effective January 1, 2023**, new and revised antibiotic stewardship requirements will apply to all Joint Commission–accredited **critical access hospitals** and **hospitals**. The 12 elements of performance (EPs) are included in the “Medication Management” (MM) chapter (Standard MM.09.01.01) and expand on the current expectations for antibiotic stewardship programs in the hospital setting.



According to the US Centers for Disease Control and Prevention, there are at least 2.8 million antibiotic-resistant infections each year. Optimizing the use of antibiotics is a patient safety priority, and antibiotic stewardship programs play a critical role in supporting appropriate prescribing and reducing antibiotic resistance.

Standard MM.09.01.01, EPs 10–21 include revisions to align with federal regulations and current recommendations from scientific and professional organizations. The revisions include the following:

- Allocating financial resources to support the antibiotic stewardship program
- Appointing a leader of the antibiotic stewardship program and outlining responsibilities
- Establishing a multidisciplinary committee to oversee the antibiotic stewardship program
- Implementing a hospitalwide antibiotic stewardship program to address inappropriate antibiotic use
- Evaluating adherence to evidence-based guidelines for the most common indications
- Collecting, analyzing, and reporting data about the antibiotic stewardship program
- Identifying opportunities to improve the antibiotic stewardship program
- Making editorial revisions that includes renumbering EPs, clarifying language, and adding notes

Further information on the research used to develop the new and revised requirements, including rationales and references, will be available in the project’s [R<sup>3</sup> Report](#).

The new and revised requirements will be posted on the [Prepublication Standards](#) page of The Joint Commission’s website and will publish online in the fall 2022 E-dition® update to the *Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH)* and *Comprehensive Accreditation Manual for Hospitals (CAMH)*. For those customers who purchase it, the fall 2023 CAMH hard-copy update service will include these revisions.

For questions regarding the new and revised requirements, please contact the [Department of Standards and Survey Methods](#). 



# REVISED: Applicability to NPSG.15.01.01 for Long-Term Acute Care Hospitals


**Effective January 1, 2023**, National Patient Safety Goals (NPSG) Standard NPSG.15.01.01, Element of Performance (EP) 1, of the *Comprehensive Accreditation Manual for Hospitals* will now apply to **long-term acute care** (LTAC) hospitals. When NPSG.15.01.01 was revised for hospitals (see the December 2018 issue of *Perspectives*), EP 1 did not originally apply to LTAC hospitals (EPs 2–7 do currently apply to LTAC hospitals). This current applicability change does not indicate a change in the survey process of LTAC hospitals. Rather, this applicability change will allow The Joint Commission to score environmental risk assessment observations related to suicide prevention under NPSG.15.01.01, EP 1, which aligns with the rest of the Hospital Accreditation Program. (Environmental risk assessment observations related to suicide prevention for LTAC hospitals are currently scored at Environment of Care [EC] Standard EC.02.06.01, EP 1.)

The following is the content of NPSG.15.01.01, EP 1:

**For psychiatric hospitals and psychiatric units in general hospitals:** The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).

**For nonpsychiatric units in general hospitals:** The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital.

**Note:** *Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).*

For questions about this applicability change, please contact The Joint Commission's [Standards Interpretation Group](#). 



# **APPROVED:** New and Revised Requirements for Assisted Living Communities

The Joint Commission approved 4 new and 14 revised requirements for **assisted living communities**. The modified standards span multiple chapters and address infection control, dementia care, staffing, staff wellness, and resident well-being. The new and revised requirements will be **effective January 1, 2023**.

These changes reflect current scientific evidence and evidence-based practices in assisted living, including lessons learned from the COVID-19 pandemic, and align with recommendations and practice guidelines from the Alzheimer's Association and US Centers for Disease Control and Prevention.

In addition to an internal review of the standards by subject matter experts, The Joint Commission elicited feedback and expert guidance from the following:

- Standards Review Panel (SRP) Field Review—A four-week survey of the draft standards by SRP members who were screened and selected based on their level of expertise in the geriatrics and assisted living care settings
- Public Field Review—A six-week survey of the draft standards. Participants in the survey included administrators with experience in the assisted living care setting.

The new and revised requirements will be posted on the [Prepublication Standards](#) page of The Joint Commission's website and will publish online in the fall 2022 E-dition® update to the *Comprehensive Accreditation Manual for Assisted Living Communities (CAMALC)*.

For questions regarding the new and revised requirements, please contact the [Department of Standards and Survey Methods](#). 






# REVISED: Public Reporting of Severe Complication Rate for PC-06

The Joint Commission will publicly report\* only the severe complication rate for the ORYX® performance measure PC-06: Unexpected Complications in Term Newborns for data collected in 2022. Reporting will be done via Quality Check®. This follows the guidance from the measure steward, [California Maternal Quality Care Collaborative](#) (CMQCC), that encourages hospitals to focus reviews and quality improvement efforts on severe complication cases. Previously, public reporting for PC-06 included the overall, severe, and moderate complication rates (see the January 2020 issue of *Perspectives*). Hospitals will still have access to the overall, severe, and moderate complication rates on their *Joint Commission Connect*® extranet site for internal quality improvement and monitoring purposes.

California has already been focusing on severe rates, and this revision will allow other states to follow the same process. This also aligns with the new Perinatal Care measure ePC-07: Severe Obstetric Complications, which was added in January 2022 as an optional measure.

Please send any questions regarding the measures to the [Performance Measurement Network Q&A Forum](#). 

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\* Note that public reporting will begin after The Joint Commission begins collecting 2022 data on the new Direct Data Submission Platform.

# CALL FOR PAPERS: Perioperative Handoff Safety and Quality

Approximately 35 million surgeries are done each year in the United States, and 300 million surgeries are performed worldwide. Perioperative handoffs link the surgical care continuum between pre-, intra-, and postoperative settings. Preoperative handoffs occur before surgery, between clinicians from the floor, holding room, emergency room (ER), ICU, or interventional radiology (IR), and clinicians from the operating room (OR). Intraoperative handoffs occur during surgery between clinicians in the OR for shift changes or breaks. Postoperative handoffs occur after surgery between clinicians from the OR and from the recovery units, such as the postanesthesia care unit (PACU) or ICU. These handoffs involve a transfer of patient information, responsibility, and accountability, and can serve as a forum to discuss patient risks, anesthesia and surgery complications, and recovery plans.


Each handoff in the perioperative care continuum represents an opportunity for effective communication that builds clinician understanding of the patient's case toward optimal patient care. Yet, perioperative handoffs are also high-risk events that are susceptible to communication failures, which in turn can lead to medical errors and adverse events. Surgical patients are often vulnerable to postoperative complications such as acute kidney injury, renal failure, death, pneumonia, and delirium. Handoff failures can compromise care quality and safety if clinicians fail to discuss important operative details. The most commonly reported barriers to such handoffs include teamwork and coordination issues between units and disciplines, hierarchy and role tensions, and limited training and guidance on the content and process of handoffs.

To begin addressing perioperative handoff safety and quality, *The Joint Commission Journal on Quality and Patient Safety* is seeking manuscript submissions for a special January 2023 issue on topics that include, but are not limited to, the following:

- Use of participatory macro-ergonomics to accelerate the discovery and dissemination of handoff best practices
- Theoretical models to inform design and implementation of perioperative handoff safety interventions
- Structural barriers/enablers for advancing effectiveness-implementation research on perioperative handoffs
- Barriers and enablers of adapting strategies designed for single-discipline, shift-change handoffs to interprofessional perioperative handoffs
- Design and evaluation of interprofessional educational strategies for transferring teamwork competencies to the clinical environment during communication events, such as perioperative handoffs
- Handoff measurement challenges and identification of a harmonization strategy to advance implementation, policy implications, and research synthesis
- Role of informatics and data sciences in the study of perioperative handoffs



- Strategies to promote dissemination, scalability, and sustainability of handoff interventions at a large scale (for example, across health systems, improvement collaboratives)
- Impact of health information technologies and tools for promoting perioperative handoff safety and quality

To be considered for this special issue, papers must be submitted to *The Joint Commission Journal on Quality and Patient Safety* **no later than July 31, 2022**. Please see the [Guide for Authors](#) for complete submission guidelines and instructions. 


# Consistent Interpretation


## Joint Commission Surveyors’ Observations Related to Surface Damage in the Physical Environment

The **Consistent Interpretation** column helps organizations to comply with specific Joint Commission requirements. Each installment of the column draws from a database of surveyors’ de-identified observations (left column) on an element of performance (EP)—as well as guidance from the Standards Interpretation Group on interpreting the observations (right column).

The requirements in this column are not necessarily those with high rates of noncompliance. Rather, they have the potential to negatively affect care or create risk if out of compliance. That is, they may appear in the upper right corner of a *Survey Analysis for Evaluating Risk*® (SAFER®) Matrix if cited on survey. Featured EPs apply to hospitals; however, the guidance may be extrapolated to apply to other accreditation programs with similar services and populations served.

This month, **Consistent Interpretation** focuses on surface damage in the physical environment.

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

<p><b>Environment of Care (EC) Standard EC.02.06.01:</b> The hospital establishes and maintains a safe, functional environment.</p> <p><b>Note:</b> <i>The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.</i></p>	
<p><b>EP 1:</b> Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. </p>	
<p><b>Compliance Rate</b></p>	<p>In 2021, the noncompliance percentage for this EP was <b>63.47%</b>—that is, <b>893</b> of <b>1,407</b> hospitals surveyed did not comply with this requirement.</p>
<p><b>Noncompliance Implications</b></p>	<p>This element of performance encompasses a broad range of the physical environment, including, but not limited to, floors, ceilings, walls, doors, work surfaces, nurse call systems, and pharmacy compounding rooms. Any damaged surface, such as cracks or deep scratches that penetrate the finish, is not only difficult to clean effectively but may also expose patients and staff to particles from the exposed material; in addition, the damaged surface can potentially become contaminated. For example, effectively cleaning damaged drywall is not possible, and gypsum dust can be released into the physical environment. If left unrepaired, the exposed area(s) is susceptible to contamination such as mold or mildew.</p>

Surveyor Observations	Guidance/Interpretation
<ul style="list-style-type: none"> <li>● Observed cracked and/or broken floor or wall tiles in the following areas: <ul style="list-style-type: none"> <li>○ Patient waiting area</li> <li>○ Patient care area that created a potential tripping hazard</li> <li>○ Nonpatient care area that created a potential tripping hazard</li> <li>○ Sterile area</li> <li>○ Kitchen area</li> <li>○ General areas</li> <li>○ Psych area</li> </ul> </li> <li>● Observed peeled and/or peeling paint in the following areas: <ul style="list-style-type: none"> <li>○ On the outside door frames to patient rooms</li> <li>○ On the outside door frames in nonpatient care areas</li> </ul> </li> <li>● Observed peeling coverings on walls and laminate on doors in the following areas: <ul style="list-style-type: none"> <li>○ Patient areas</li> <li>○ Nonpatient care areas</li> </ul> </li> <li>● An exterior door that is required to be locked and would provide access to patient care areas was left open and did not latch.</li> <li>● An exterior door that is required to be locked did not latch properly but did not allow unchallenged access to patient or staff areas.</li> <li>● A wall edge near a patient bed had an exposed metal edge.</li> </ul>	<ul style="list-style-type: none"> <li>● Only displaced tile cracks should be scored here, at Standard EC.02.06.01, EP 1.</li> <li>● Exterior doors are not required to comply with the <i>Life Safety Code</i><sup>®,*</sup> but if open could pose a general safety issue.</li> <li>● Score here, at Standard EC.02.06.01, EP 1, when rust is observed on environmental surfaces.</li> </ul>
<ul style="list-style-type: none"> <li>● The same sink was used for washing instruments and handwashing; only one sink was available in the decontamination area with no alternative process in place.</li> </ul>	<ul style="list-style-type: none"> <li>● There is no prohibition to placing an eyewash station on a sink used for soiled processes. If there is a concern for cross-contamination, the organization may conduct a risk assessment; however, this risk assessment is not mandatory.</li> </ul>
<ul style="list-style-type: none"> <li>● The emergency pull cord in the patient room bathroom was wrapped around the pull bar and therefore was unable to be activated by someone pulling from below.</li> <li>● The pull cord for the emergency call light in the patient room bathroom was shorter than required according to the organization's risk assessment.</li> </ul>	<ul style="list-style-type: none"> <li>● Prior to scoring a cord wrapped around pull bar, assess the process to see if the cord is temporarily there during floor cleaning and unwrapped routinely when dry.</li> <li>● There is no specified length required for pull cords if a patient were in need or fell but are addressed by risk assessment. Typically, pull cords are no less than four inches from the floor for cleaning purposes and no higher than 12 inches. If the devices are present, they should be installed and serviceable to meet the patient needs.</li> </ul>

\* *Life Safety Code*<sup>®</sup> is a registered trademark of the National Fire Protection Association, Quincy, MA.

<ul style="list-style-type: none"> <li>● The organization could not provide evidence that the area designated as the buffer area for sterile compounding had an International Organization for Standardization (ISO) 7 or better classification.</li> <li>● The organization could not provide evidence that the area designated as the ante area for sterile compounding had an ISO 8 or better classification.</li> <li>● The gypsum board on the wall of the buffer area was broken and could not be properly cleaned.</li> </ul>	<ul style="list-style-type: none"> <li>● Do not score here, at Standard EC.02.06.01, EP 1, if the organization has clean drop-down sprinkler heads.</li> <li>● Do not score here, at Standard EC.02.06.01, EP 1, if the organization has a clean metal strip around the top of the flooring on the wall.</li> <li>● Call The Joint Commission's Central Office if the buffer area has no ISO evaluation history; also, score at Leadership (LD) Standard LD.04.01.01, EP 3.*</li> <li>● Call The Joint Commission's Central Office if the ante area has no ISO evaluation history; also, score at Standard LD.04.01.01, EP 3.</li> <li>● Score here, at Standard EC.02.06.01, EP 1, for design issues related to a buffer area or ante area.</li> <li>● Walls must be washable and cannot have breaks.</li> <li>● Floors must be solid, smooth, and free from cracks, and heat sealed at joints.</li> <li>● Ceilings must be solid, and tiles must be sealed in place. Examples include caulking, gaskets, or ceiling tile clipping systems.</li> <li>● Organizations can also have a segregated clean area to compound low-risk items with a limited expiration time. At this time, the United States Pharmacopeia has not defined the complete parameters of this space. Parameters must be defined by organizational policy. Surveyors then will survey against the policy as long as it does not carry over into another risk level of compounding.</li> <li>● Sinks are not allowed in buffer areas.</li> </ul>
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\* Standard **LD.04.01.01, EP 3**: Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

# The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **June–July 2022** Table of Contents for *The Joint Commission Journal on Quality and Patient Safety (JQPS)*. The Joint Commission works closely with *JQPS* (published by Elsevier) to make it a key component in helping health care organizations improve patient safety and quality of care.

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## EDITORIALS

### 305 Does Combined Proactive Risk Assessment Lead to Safer Care?

G. Hagley

Health systems have limited resources to design, implement, and tolerate change, and identifying and overcoming the barriers are important steps in improving health care delivery. In this editorial in response to a study by Bender and colleagues in this issue of the *Journal*, Hagley considers the benefits and limitations of using combined proactive risk assessment to improve health care reliability and safety.

### 307 Ensuring Quality in Patients Receiving Enteral Nutrition Catheters

P. Gkolfakis, M. Arvanitakis

Percutaneous endoscopic gastrostomy (PEG) is the most commonly used method to insert an enteral tube, and indications for its use have greatly expanded. In this editorial in response to an article by Nwigwe and colleagues in this issue of the *Journal*, Gkolfakis and Arvanitakis consider some factors that should be taken into consideration to ensure quality in patients for whom PEG placement is indicated.

## Performance Improvement

### 309 Systems-Level Factors Affecting Registered Nurses During Care of Women in Labor Experiencing Clinical Deterioration

S.L. Bernstein, K. Catchpole, T.J. Kelechi, L.S. Nemeth

Patients in labor often experience gradual deterioration, but signs of worsening condition may not be noticed by clinicians. Nurses are well-positioned to notice these signs, but performance obstacles inhibit nurses' work. Using surveys and interviews collected from nurses working on a labor and delivery unit, Bernstein and colleagues conducted this study to identify the systems-level factors affecting registered nurses during care of patients in labor experiencing clinical deterioration.

## Process Improvement

### 319 Reduction of Unnecessary Gastrostomy Tube Placement in Hospitalized Patients

V. Nwigwe, A. Berlin, J. Cowan, N. Coleman, L. Lennihan, D.S. Seres, K. Fischkoff

Clear and specific guidelines exist for placement of gastrostomy tubes in patients with dysphagia after stroke, but adherence to these guidelines is limited by multiple factors. As a result, gastrostomy tube placement may be inappropriately timed or nonbeneficial to the patient. In this article, Nwigwe and colleagues describe a project intended to reduce placement of nonbeneficial gastrostomy tubes while maintaining or improving adherence to gastrostomy tube guidelines.

### 326 Combined Proactive Risk Assessment: Unifying Proactive and Reactive Risk Assessment Techniques in Health Care

J.A. Bender, S. Kulju, C. Soncrant

Reactive risk assessments such as incident reporting and root cause analysis, as well as proactive risk assessments like failure mode and effects analysis, are generally conducted independently in health care. However, the literature promotes combining risk assessment techniques to create a continuous feedback loop. In this article, Bender and colleagues propose and report on a combined proactive risk assessment based on aggregating similar categories of patient safety reports, combining multiple proactive risk assessments conducted on the same topic, and combining components of proactive and reactive risk assessments.

### 335 Utility of an Electronic Health Record Report to Identify Patients with Delays in Testing for Poorly Controlled Diabetes

J.L. Schwartz, D. Duan, N.M. Maruthur, S.I. Pitts

Reducing hemoglobin A1c (HbA1c) is essential for patients with poorly controlled diabetes, but delays in HbA1c testing are common and incomplete electronic health records (EHRs) hinder identification of patients who are overdue. In this study, Schwartz and colleagues used an EHR report and retrospective chart review to quantify how often the EHR correctly identifies patients with HbA1c testing delays and to describe potential contributing factors.

## Teamwork and Communication

### 343 Handoffs and Teamwork: A Framework for Care Transition Communication

K.L.W. Webster, J.R. Keebler, E.H. Lazzara, A. Chaparro, P. Greilich, A. Fagerlund

Handoffs are associated with up to 80% of medical errors, but the absence of an appropriate conceptual model for handoffs hinders the purposeful design and evaluation of handoff procedures. In this article, Webster and colleagues present a theoretical model of the major input, team process, and output variables that should be considered during a handoff.

## COMMENTARY

### 354 Hospital Planning for Contingency and Crisis Conditions: Crisis Standards of Care Lessons from COVID-19

J.L. Hick, D. Hanfling, M. Wynia

The shortages caused by the COVID-19 pandemic required many health care organizations to implement crisis standards of care, but written plans and assumptions usually failed to meet the needs of the situation. In this commentary, Hick and colleagues review key gaps in planning and provide recommendations to help organizations ensure that they are able to respond effectively across the range of conventional, contingency, and crisis conditions.

## CALL FOR PAPERS

### 362 Call for Papers: Special Issue on Perioperative Handoff Safety and Quality

J. Abraham, M. Rosen, P.E. Greilich

Each handoff in the perioperative care continuum represents an opportunity for effective communication that builds clinician understanding of the patient's case to help achieve optimal patient care. These high-risk events are susceptible to communication failures, which in turn can lead to medical errors and adverse events. *The Joint Commission Journal on Quality and Patient Safety* is seeking article submissions for a special issue on perioperative handoffs within the context of patient safety and quality.



# In Sight

## Joint Commission Perspectives®

This column lists developments and potential revisions that can affect accreditation and certification and tracks proposed changes before they are implemented. Items may drop off this list before the approval stage if they are rejected at some point in the process.

### APPROVED

- New and revised requirements to reduce health care disparities for **ambulatory health care** organizations, **behavioral health care and human services** organizations, **critical access hospitals**, and **hospitals** (see [page 2](#) in this issue for the full article)
- New **Advanced Certification in Perinatal Care** program (see [page 4](#) in this issue for the full article)
- New and revised antibiotic stewardship requirements for **critical access hospitals** and **hospitals** (see [page 6](#) in this issue for the full article)
- Revised applicability and location of National Patient Safety Goal (NPSG) Standard NPSG.15.01.01 for **long-term acute care hospitals** (see [page 7](#) in this issue for the full article)
- New and revised requirements to incorporate lessons learned from COVID-19 for the **Assisted Living Community** Accreditation Program (see [page 8](#) in this issue for the full article)

### CURRENTLY IN FIELD REVIEW

- New Emergency Management requirement on surge management planning for **critical access hospitals** and **hospitals** (field review anticipated to launch late June)

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

### CURRENTLY BEING RESEARCHED OR IN DEVELOPMENT

- New and revised requirements to incorporate updated [American Heart Association/American Stroke Association Acute Ischemic Stroke Guidelines](#) in all disease-specific care **advanced stroke programs**
- New and revised requirements regarding medication for opioid use disorder for **behavioral health care and human services** organizations
- New and revised requirements for the **Inpatient Diabetes Care** certification program
- Quality and safety issues related to electronic health records
- Quality and safety issues related to telehealth
- New and revised infection prevention and control requirements for **all accreditation programs**
- New and revised Emergency Management (EM) requirements for **home care**
- New and revised requirements for the **Comprehensive Cardiac Center** certification program

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