



Hospital Programs Accreditation

Check in with The Joint Commission.

June 2, 2021



What We'll Cover Today

What current hospital and critical access hospital customers need to know:

- Hear from your Account Executive
- Learn about Accelerate PI for your organization
- Standards Update from Department of Standards and Survey Methods
- The new SAFER® Dashboard
- Options from the Joint Commission Center for Transforming Healthcare
- Potential solutions to help comply with the standards
- New certification available for hospitals



Today's Experts

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What's New from Your Account Executive

What You Need to Know About Your Hospital Accreditation Survey Now

- Survey activity has been ongoing. We are transitioning from off-site/virtual surveys back to onsite surveys
- As of March 15, 2021, account executives are no longer contacting organizations regarding the scheduling of an on-site event. Organizations should monitor the Notification of Scheduled Events section of the Joint Commission Connect® Extranet page for notification
- We are aware that surveys are past their due dates, CMS is also aware – we will conduct those surveys when we are able to do so
- We will prioritize initials and past due organizations

What has changed about the on-site survey process?

The survey process and its components will remain the same however here are some guidelines for the survey:

- Limiting the number of individuals in group sessions
- The use of audio or videoconferencing could be incorporated to safely expand the number of attendees for sessions
- Use of masks will be a routine practice
- Maximize the use of technology to eliminate the number of people needed to sit directly next to an individual for an extended period of time. (For example, screen sharing or projecting medical records)
- Interviewing patients and staff by telephone
- Driving in separate cars to offsite or patient homes



What will be the focus of survey activities?



During the opening conference, the surveyor will have a discussion with you about the impact of the current pandemic and your organization's response.



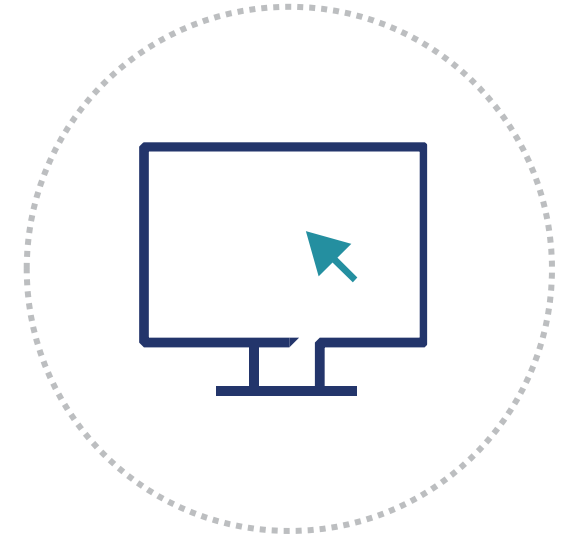
We will discuss both Infection Control and Emergency Management.



The focus of our survey will not be the timeframe of the public health emergency but the current situation within your organization.

Stay up to date

- Ensure the electronic application (e-app) is up-to-date and submitted to your Account Executive
- We would ask that you do not provide additional avoid dates due to the difficulty in scheduling surveys – avoid dates already submitted will be honored to the extent we can do so.



Offsite (virtual) survey: Transitioning Away

Offsite (virtual) survey– we have been transitioning away from this model since March 15th

- Surveys will primarily be conducted onsite
- If an offsite event is already in progress, i.e., dry run conducted, the following will be used to conduct the survey:
 - Secure Zoom technology for the survey and facility review
 - Use of a secure SharePoint site for document upload to review pre-survey

What Do You Need to Know About Joint Commission Connect?

The image displays two screenshots of the Joint Commission Connect website. The top screenshot shows the 'Survey Process' menu highlighted in red. The bottom screenshot shows the 'Resources and Tools' menu highlighted in red. A computer monitor icon with a cursor is shown to the right of the screenshots.

Joint Commission Connect®

Navigation: > Home, Survey Process, Continuous Compliance, Communication, Resources and Tools, Security Admin

Pre-Survey
Learn More
• Survey Planning Tools
★ Survey Activity Guide

Post-Survey
Learn More
• Evidence of Standards Compliance
• Measure of Success
• Plan of Correction
• Accreditation Report and Letter
• Accreditation SAFER™ Matrix Reports
• Accreditation Record Review Reports

Customer Feedback
Learn More
• Evaluations

Contracts and Billing
Learn More
• Contracts
• Fee, Billing and Invoice Information
• Pricing Schedule

Quality Check ©
Learn More
• Your Quality Report
• What's New in Quality Report
• Updated Quality Information
• Organization Commentary

Application for Accreditation
Learn More
• General Application

Resources
Learn More
★ E-dition®
★ Perspectives
• Publicity Kit
• Certificates
• Oro® 2.0 High Reliability Resource Library

Tools
Learn More
• Targeted Solutions Tool®
• Oro® 2.0 High Reliability Organizational Assessment
• Surveyor Insights
★ Standards Interpretation
★ Heads Up Report

DASH – Data Analytics for Safe Healthcare
Learn More
• SAFER® Dashboard
• Accelerate PI™

Heads Up! Be sure to take advantage of this important report!

- The program-specific Heads-Up Report is located in Joint Commission Connect and can help your team with avoiding some common challenges and learn about potential solutions
- It identifies important topics or themes that Joint Commission surveyors are noting and citing during recent surveys. The Heads-Up Report provides clarity on what standards are being cited as well as why they are being cited.



A screenshot of the Joint Commission Connect website navigation menu. The menu is a horizontal bar with several tabs: '> Home', 'Survey Process', 'Continuous Compliance', 'Communication', 'Resources and Tools', and 'Security Admin'. The 'Resources and Tools' tab is highlighted with a red border. Below the navigation bar, there are three columns of links. The first column is titled 'Resources' and includes links for 'Learn More', 'E-dition®', 'Perspectives', 'Publicity Kit', 'Certificates', and 'Oro® 2.0 High Reliability Resource Library'. The second column is titled 'Tools' and includes links for 'Learn More', 'Targeted Solutions Tool®', 'Oro® 2.0 High Reliability Organizational Assessment', 'Surveyor Insights', 'Standards Interpretation', and '★ Heads Up Report'. The third column is titled 'DASH – Data Analytics for Safe Healthcare' and includes links for 'Learn More', 'SAFER® Dashboard', and 'Accelerate PI™'. The 'Heads Up Report' link is highlighted with a yellow background and a red star icon.

HEADS UP...

TOPIC: Infection Prevention and Control Activities
SETTING: Hospital (HAP) and Critical Access Hospital (CAH) Programs

Hospitals need to establish a systematic infection prevention and control (IPC) program that addresses activities of planning, implementation, and evaluation. A strong IPC plan will guide activities to reduce transmission and spread of community and hospital-acquired and other infections or any potential source of infection that hospital staff, practitioners, administrators, patients, and visitors may encounter. The need for a robust IPC plan and a defined process to implement such a plan became even more evident during the Covid-19 pandemic, when organizations had to swiftly navigate the management of all persons presenting to the organization, provide care for patients with suspected or confirmed COVID-19, navigate PPE shortages, and implement interventions and activities to prevent the spread of COVID-19 among staff and throughout the organization.

Why is this important?

Scope of the Problem:
 Time period: **January 1, 2020 through December 31, 2020**

Number of surveys performed: **HAP = 1104; CAH = 86**
 Number of high and moderate risk findings: **HAP = 242 (22%); CAH = 16 (19%)**

Relevant standard/EP: **IC.02.01.01** The hospital/critical access hospital implements its infection prevention and control plan.
EP 1 The hospital / critical access hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection. (See also MM.09.01.01, EP 5, CoP §482.51). IC.02.01.01 EP1 may be cited for lack of compliance with local, state, or federal law and/or regulation, CMS conditions of participation, manufacturer's instructions for use or organizational process, procedure, or policy. Please refer to Perspectives April 2019 for additional information.¹

Sample survey observations [from surveyor notes] and contributing factors

Sample observations

- The surgical/procedural mask did not fully cover the anesthesiologist's mouth and nose when sterile trays were open in the operating room as required by organizational policy
- The [hospital] had not completed the patient assessment for COVID-19 or other Emerging Infection Disease (EID) per organization requirements.
- Failure to use surgical and/or skin preparation products and antiseptics in a manner consistent with manufacturer's IFU as evidenced by:
 - Product was applied in a location (e.g. ears, eyes, or mucous membrane) contraindicated by the IFU.
 - The staff member applied the antiseptic and then blew and fanned the site to promote drying and/or didn't allow for appropriate drying time.
- A staff member in the sterile compounding room was noted to be wearing makeup (mascara) and visible jewelry, contrary to the requirements of USP-797 and the hospital's sterile compounding competency assessment forms.

Potential contributing factors to non-compliance of standards

- COVID-19 screening procedures were not clear or did not provide sufficient detail

How to identify potential problems in your organization

Review your processes, procedures, and policies

- Does the organization have IPC resources that are available and current?
- Are processes, procedures, and policies in alignment with a hierarchical approach to Infection Control Standards?
- Do the IPC activities align with evidence-based national guidelines (e.g., CDC/HICPAC)? Does the plan describe activities to minimize, reduce, or eliminate IPC risks?
- Has the hospital/critical access hospital established methods to communicate to licensed independent practitioners (LIP), staff, visitors, and patients and their families their responsibilities for preventing and controlling infection?

Interview staff (e.g., clinicians and support staff)

- Were staff involved in the development of the infection prevention and control plan and implementation activities and at what stage?
- Have staff received ongoing training in IPC activities as well as infectious disease emergency response and management?
- Do staff know how to access organizational processes, procedures, or policies?
- Are staff aware of their responsibilities related to the prevention and control of infection?

Assess your environment

- Does the organization have the necessary and appropriate equipment and supplies to support infection prevention and control?
- Are manufacturer's instructions for use (IFUs) for equipment and cleaning supplies available and accessible to staff?

Evaluate implementation

- Is the IPC plan regularly assessed using an epidemiological approach that consists of surveillance, collection of data, analysis, and identification of trends?
- Are surveillance activities conducted in accordance with published recommendations for surveillance programs in similar settings?
- Are surveillance activities able to identify infections associated with care in the facility?

What are some resources can assist me in mitigating risks in these areas?

Joint Commission, Interpreting Joint Commission standards, FAQs: [Infection Prevention and Control FAQs](#)

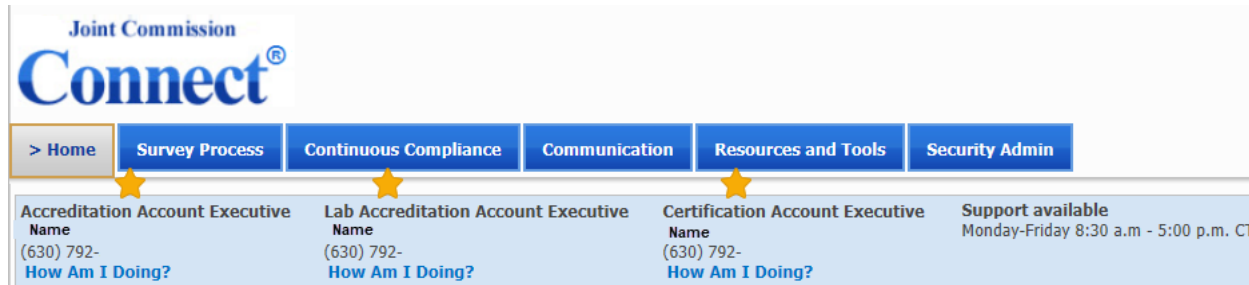
CMS, Hospital Infection Control Worksheet. Accessed Feb 9, 2021. <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationinfo/downloads/survey-and-cert-letter-15-12-attachment-1.pdf>

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Updated 20 Dec 2020

¹ Perspectives®, April 2019, Volume 39, Issue 4

How to contact us

- Account Executive contact information located on the secure Connect site



- If your designated Account Executive is unavailable, please contact our Administrative Staff at: **630-792-3007**

Accelerate PI for
Your Hospital

Background and Context of Dashboards

What

- Creation of DASH Accelerate PI dashboards with performance measurement data to allow surveyors and customers to see an HCO's performance in multiple areas to guide survey and quality improvement activities

How

- Measures were selected for inclusion using established quality criteria and stakeholder input

Why

- By providing data visualization, organizations can drive improvements in quality and patient safety by quickly identifying areas where performance lags and where performance leads to refocus the conversation (figuratively and literally)

The Power of Data

- Quality Dashboards:
 - Guide survey activity and discussion
 - Consistent view of valid, actionable data
 - Focus conversation on where performance leads and lags

Dashboard Features

- National, state, and local comparison rates by measure
- Hyperlinks to vetted QI resources, specific by topic
- Standardized jumping off point for dialogue on QI during your triennial survey
- Narrowed list of important QI topics – Permission to Prioritize



Navigating to the Dashboard via JC Connect

Joint Commission
Connect[®]

> Home | Survey Process | Continuous Compliance | Communication | **Resources and Tools** | Security Admin

Resources
Learn More

- E-dition
- Perspectives
- Publicity Kit
- Certificates
- Oro@ 2.0 High Reliability Resource Library

Tools
Learn More

- Targeted Solutions Tool@
- Oro@ 2.0 High Reliability Organizational Assessment
- Surveyor Insights
- Standards Interpretation
- Heads Up Report

DASH – Data Analytics for Safe Healthcare
Learn More

- SAFER@ Dashboard
- **Accelerate PI™**

Hover over resources and tools and click on Accelerate PI

Enter HCO/email address Go Welcome [Settings](#) | [Help](#) | [Contact Us](#) | [Logout](#)

Joint Commission
Connect[®]

Home | Survey Process | Continuous Compliance | Communication | **> Resources and Tools** | Security Admin

Program Dashboard Report

Dashboard Reports are provided to those organizations where this information is available for the respective accreditation programs listed. The reports reflect data that have been submitted to The Center for Medicare & Medicaid Services (CMS) and are publicly reported on the applicable CMS website.

Please note: Dashboard reports will be utilized by surveyors in the accreditation process. As an example, surveyors may ask organizations during their survey how they are addressing substandard performance on any of the performance measures in this report. Organizations with successful implementation(s) of program specific measures are encouraged to share their experiences during their on-site survey.

As soon as the report(s) are posted, you will receive an email advising that report(s) are available.

Note: The following reports are available in a PDF file. To view a PDF file, you must have [Adobe Reader](#) on your computer.

Program Type	CCN Number	Report Creation Time Period	Published Date	View
HAP-Oryx		2Q2019	1/30/2020 10:09:13 AM	
HAP-Other		4Q2018	1/30/2020 9:58:20 AM	

Click on the **PDF icon** under the “View” column to view the corresponding report

Dashboard reports may contain either ORYX[®] measure information or CMS measure information

Hospital (HAP) and Critical Access Hospital (CAH) User Guides

Joint Commission
Connect[®]

> Home Survey Process Continuous Compliance Communication Resources and Tools Security Admin

Resources
[Learn More](#)

- E-dition
- Perspectives
- Publicity Kit
- Certificates
- Oro[®] 2.0 High Reliability Resource Library

Tools
[Learn More](#)

- Targeted Solutions Tool[®]
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DASH – Data Analytics for Safe Healthcare
[Learn More](#)

- SAFER[®] Dashboard
- Accelerate PI[™]

Hover over resources and tools and click on “Learn More” under the DASH heading

Tools
[Learn More](#)

Data Analytics for Safe Healthcare - Learn More

DASH[™] (Data Analytics for Safe Healthcare) is a data transparency initiative launched by the Joint Commission Enterprise. *DASH* demonstrates our commitment to empowering our customers and supporting the decisions they make as they seek to improve the delivery of safe, quality health care. *Accelerate PI* is part of the *DASH* collection of business intelligence tools powering our customers' performance improvement efforts on their journey to zero harm.

Dashboards are an information management tool that visually track, analyze, and display key metrics and data points to monitor the health of a business, department, or specific process.

Accelerate PI: This analytics tool provides performance measurement data on select quality measures and is available to surveyors and accredited organizations as a springboard for discussions on data, performance measures and quality improvement. This document is program specific.

User Guide: The User Guide increases awareness of the data contained in the dashboard reports and where to locate specific information, as well as enhances the HCO's ability to interpret the data contained in the dashboard reports to ultimately help organizations to improve quality and safety.

[HAP- User Guide](#)

[CAH- User Guide](#)

[OME Home Health- User Guide](#)

[OME Hospice- User Guide](#)

Select CAH or HAP User Guide to open PDF

Quality Measurement Trends and Benchmarks Reports

Joint Commission
Connect[®]

> Home | Survey Process | Continuous Compliance | Communication | **Resources and Tools** | Security Admin

Resources
Learn More
• E-dition
• Perspectives
• Publicity Kit

Tools
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• Oro[®] 2.0 High Reliability Organizational Assessment

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• **Accelerate PI™**

Hover over resources and tools and click on Accelerate PI

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Quality Measurement Trends and Benchmarks Report: Quality Measurement Trends and Benchmarks Reports contain aggregate data for each of the measures in a program across all the health care organizations, regardless of whether an individual HCO reports data for those measures. Depending on the data available, reports may contain data that spans over a calendar year or a rolling 12 month period.

As soon as the report(s) are posted, you will receive an email advising that report(s) are available.

Note: The following reports are available in a PDF file. To view a PDF file, you must have [Adobe Reader](#) on your computer.

Program Type	CCN Number	Report Creation Time Period	Published Date	View
CAH-Other		4Q2019	5/13/2021 7:06:59 PM	
CAH-Oryx		4Q2019	8/20/2020 7:07:04 PM	
CAH-Other		2Q2019	6/25/2020 8:11:11 PM	
CAH-Oryx		3Q2019	6/25/2020 7:13:54 PM	

Quality Measurement Trends and Benchmarks Report:

Program Type	Report Creation Time Period	View
CAH-Oryx-Trends	4Q2019	

Trends and Benchmarks Reports are located under the Dashboard Reports

Targeted Topics Webinars

	Measure #1	Measure #2	...	Measure #X
HCO 1				
HCO 2				
...				
HCO X				

*Row trends provide insight into which organizations may struggle with **performance improvement strategy**.*

*Column trends provide insight into which **measures** are the highest areas of opportunity.*

Webinar Series Content

Hospital Targeted Topics Webinar

Upcoming:

- June 23rd (11-12 CST)

- Hospital-Onset Clostridium Difficile Infections

- To Register:

https://goto.webcasts.com/starthere.jsp?ei=1463722&tp_key=a18f1c5c66

-View Previous Continuing Customer Engagement Webinars:

<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/>

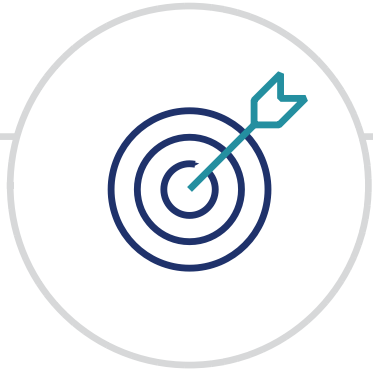
Contact us for more information

- Susan Yendro, RN, MSN
- Associate Director, Measurement Coordination and Outreach
- syendro@jointcommission.org

- Brandi Wamhoff, MPH
- Associate Project Director, Quality Measurement
- bwamhoff@jointcommission.org

Checking in with Standards and Survey Methods

What's on deck



Standards changes



**Standards
field reviews**

Standards Changes Currently in Effect

- CAH QAPI (effective March 30, 2021)
- CAH, HAP - Interoperability – admission, discharge, and transfer notification (effective May 1, 2021)

<https://www.cms.gov/files/document/faqs-interoperability-patient-access-and-cop-event-notifications-may-2021.pdf>

Upcoming Standards Field Reviews



- Emergency management chapter
 - Field review planned for fall
 - Chapter release planned for July 2022

- Antibiotic Stewardship

Standards Changes

July 2021

- New business occupancy requirements (LS) chapter

January 2022

- Expanded water management program requirements
- New workplace violence prevention requirements
- Resuscitation revisions
- Performance improvement revisions

Resources

Joint Commission Pre-publication Standards

<https://www.jointcommission.org/standards/pre-publication-standards/>



A new visual resource for
your organization

SAFER[®] Dashboard

What is the *SAFER*[®] Dashboard?

Unique and Powerful Data Business Analytic Tool

- ❑ The *SAFER* Dashboard is a self-serve data analytic tool which includes visualizations to simplify complex data.
- ❑ Allows decision-makers to view ***all on-site survey data*** in one place using graphical representations, including charts, graphs, and the *SAFER* Matrix.
- ❑ Provides Joint Commission national accreditation comparison data, allowing organizations to compare to their peers.
- ❑ Enables users to view historical data as well as new survey finding data to help identify patterns, trends, and relationships.



Why *SAFER* Dashboard?

- ❑ In response to our customer needs to provide :
 - More efficient, seamless, and easily accessible survey data.
 - Ability to visualize all survey data in one place
- ❑ Part of The Joint Commission's Data Transparency Initiative (DASH) to provide data transparency in a convenient platform to power process and focus on relevant needs to drive efficiency and effectiveness to improve care results.



Benefits of the Dashboard

- Provides organization users own data at an aggregate level
- Eliminates the need for organizations to manually key-in accreditation data into an electronic format for analysis/tracking
- Enable faster reporting of data to make timely decisions
- Reveals trends and patterns
- Provides Joint Commission national accreditation comparison data
- Offers a visual representation of survey findings data over time

Easiest way to understand the *SAFER* Dashboard

All information contained within a final report is available in the *SAFER* Dashboard

Phase 1 Implementation (2/18/2020)

Includes:

- Subset of customers who participated in the initial pilot
- Accreditation Programs
- All on-site surveys, including in and out-of-cycle events

Excludes:

- Certification program data
- ICM Data
- ESC data

Phase 2 Implementation (4/6/2021)

Includes:

- Access granted to all organizations and all programs
- National Comparison Data

Excludes:

- Certification program data
- ICM Data
- ESC data

Access to *SAFER* Dashboard

- Access via *Joint Commission Connect*® Extranet site:
 - Under the “Resources and Tools” tab & the Corporate portal (depending on access level)
- Access is user based
- Access will be granted automatically to:
 - CEO, Primary Accreditation & Lab contacts (if applicable)
- Additional contacts can be granted access by the primary accreditation contacts or security administrators

SAFER Dashboard



Executive Summary

Executive Summary

Currently Displaying: 5 Organizations Out Of 5

Date Range Selected: 6/6/2016 - 5/26/2021



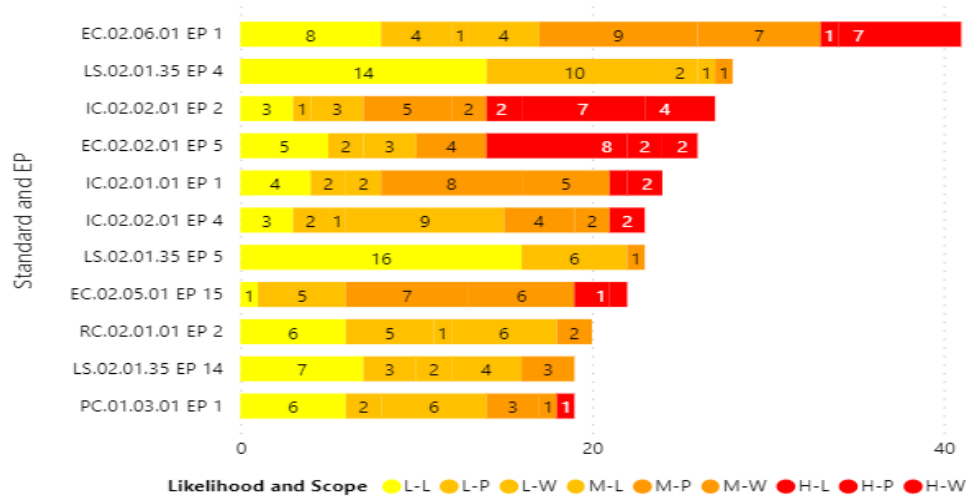
All Standards

Clinical Standards

EC/LS Standards

Compare to National

Top 10 Most Frequently Scored Standards and Elements of Performance (EPs)



Compare to National

Aggregate SAFER® Matrix

Immediate Threat to Health or Safety			0
High-Limited (H-L)	High-Pattern (H-P)	High-WideSpread (H-W)	
45	43	49	137
Moderate-Limited (M-L)	Moderate-Pattern (M-P)	Moderate-WideSpread (M-W)	596
302	190	104	
Low-Limited (L-L)	Low-Pattern (L-P)	Low-WideSpread (L-W)	898
605	203	90	
952	436	243	

Surveys Conducted

158

Total Number of RFIs

2,499

Average RFI/Event

15.8

Surveys Conducted (Filtered)

94

Total Number of RFIs (Filtered)

1,631

Average RFI/Event (Filtered)

17.4

Condition-Level Deficiencies (Filtered)

102

Demo Data showcased for Sample Dashboard Purposes only

National Comparison Data

Top 10 Most Frequently Cited Comparison

Currently Displaying: 5 Organizations Out Of 5



All Standards

Clinical Standards

EC/LS Standards

National Compare Year

All

My Data

6/6/2016

5/26/2021

Program(s)

Hospital

Standard Chapters

All

Likelihood and Scope

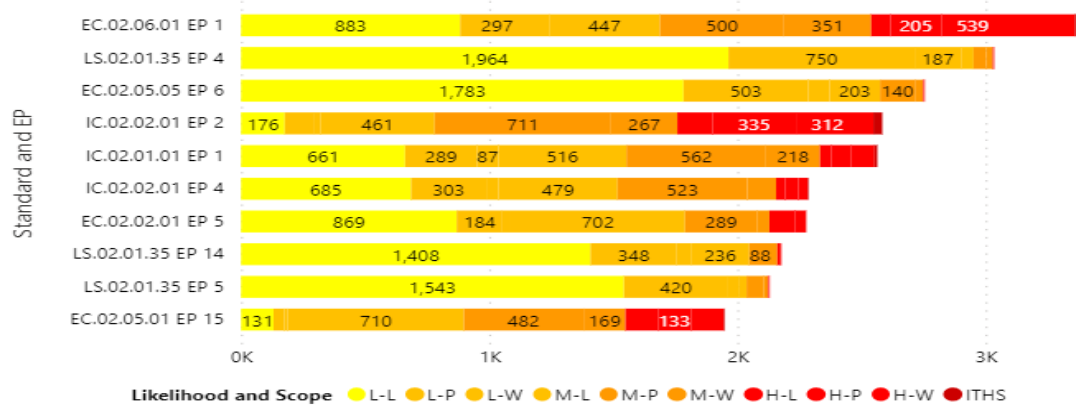
All

Organization(s)

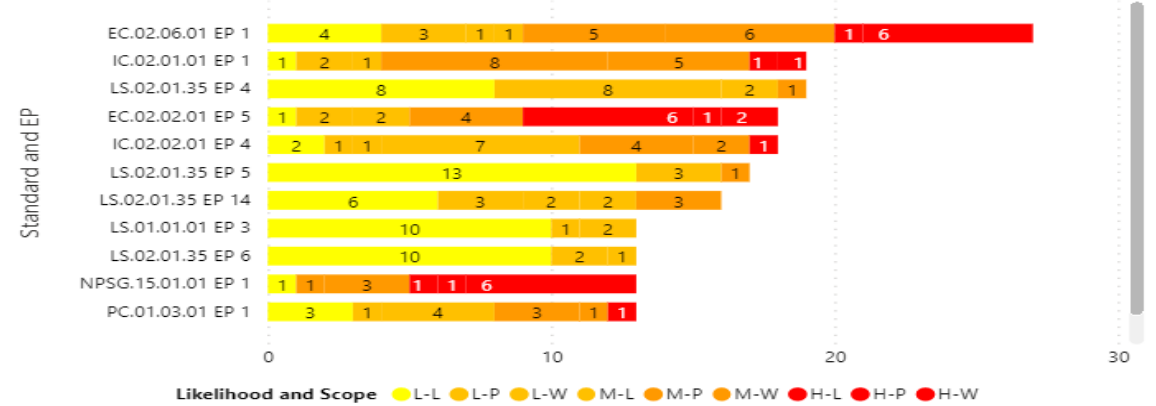
All



National - Top 10 Most Frequently Cited Elements of Performance (EPs)



My Data - Top 10 Most Frequently Cited Elements of Performance (EPs)



National - Full Surveys Conducted
5,111

National - Number of RFIs
162,617

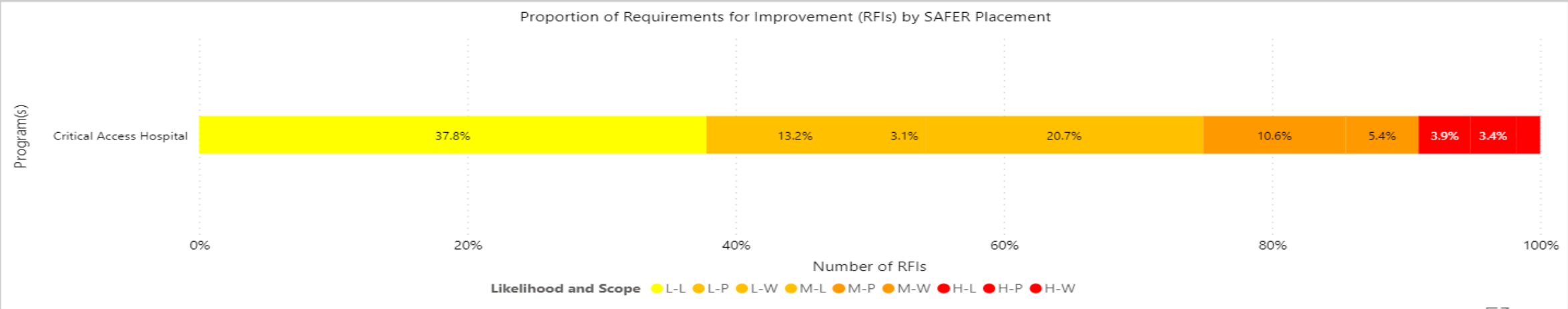
National - Average RFIs
31.8

My Data - Full Surveys Conducted
30

My Data - Number of RFIs
1,183

My Data - Average RFIs
39.4

Organization Survey Details



Program	Survey Type	Survey Begin Date	Standard and EP	Likelihood and Scope	Standard Text	Elements of Perf
Critical Access Hospital	Unannounced Full Event	01/22/2020	LS.02.01.10 EP 14	Low-WideSpread	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	The space around tubes penetratin material. Note: P for this purpose.
Critical Access Hospital	Unannounced Full Event	01/22/2020	LS.02.01.10 EP 14	Low-WideSpread	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	The space around tubes penetratin material. Note: P for this purpose.
Critical Access Hospital	Unannounced Full Event	01/22/2020	LS.02.01.10 EP 15	Low-Limited	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	The critical acces NFPA 101-2012:

National Medicare Conditions Summary

National Medicare Conditions Summary Currently Displaying: 5 Organizations Out Of 5

←
 National Compare Year: All | My Data: 6/6/2016 - 5/26/2021 | Program(s): Multiple selections | Standard Chapters: All | Likelihood and Scope: All | Organization(s): All

Average Condition-Level Deficiencies by Program

Program	National	My Data
Psychiatric Hospital	1.7	2.6
Hospital	1.2	2.3
Critical Access Hospital	0.6	1.2

Deemed Program	Medicare Condition and Title	National % of CLDs Scored	My Data % of CLDs Scored	My Data # of CLDs Scored
Hospital	§482.12 Governing Body	9.7%	5.3%	1
Psychiatric Hospital	§482.12 Governing Body	20.4%	27.3%	3
Hospital	§482.13 Patient's Rights	9.7%	15.8%	3
Psychiatric Hospital	§482.13 Patient's Rights	26.3%	45.5%	5
Psychiatric Hospital	§482.21 Quality Assessment and Performance Improvement Program	3.4%	9.1%	1
Psychiatric Hospital	§482.22 Medical staff	9.3%	18.2%	2
Hospital	§482.23 Nursing Services	6.3%	15.8%	3
Hospital	§482.24 Medical Record Services	2.1%	5.3%	1
Hospital	§482.25 Pharmaceutical Services	1.1%	10.5%	2
Psychiatric Hospital	§482.25 Pharmaceutical Services	1.0%	9.1%	1

National - Deemed Full Surveys Conducted

5,271

National - Percentage of Deemed Full Surveys with CLDs

47.0%

National - Average CLD/Deemed Full Event

1.2

My Data - Deemed Full Surveys Conducted

47

My Data - Percentage of Deemed Full Surveys with CLDs

78.7%

My Data - Average CLDs/Deemed Full Event

2.0

National RFI Comparison

National Requirements for Improvement (RFI) Comparison

Currently Displaying: 5 Organizations Out Of 5

National Compare Year: All
 My Data: 6/6/2016 - 5/26/2021
 Program(s): Hospital
 Standard Chapters: All
 Likelihood and Scope: All
 Organization(s): All

Top 10 Most Frequently Scored Standards and Elements of Performance (EPs)

Sort by National

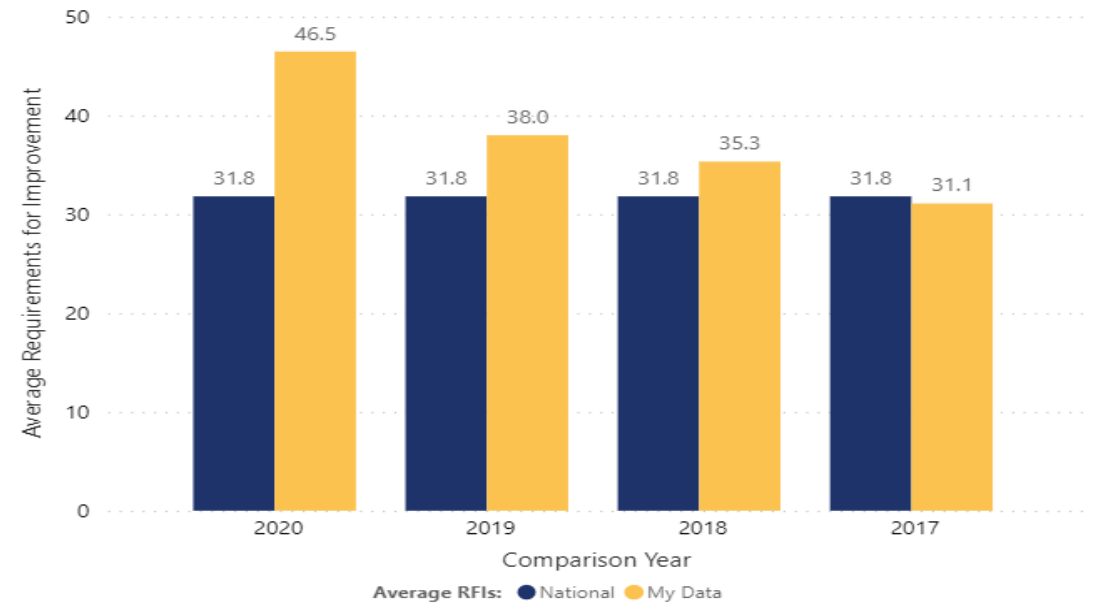


Program

Hospital

	My Data	National
Program	My % Scored	National % Scored
EC.02.06.01 EP 1	90.0%	66.3%
IC.02.01.01 EP 1	63.3%	50.2%
LS.02.01.35 EP 4	63.3%	59.4%
EC.02.02.01 EP 5	60.0%	44.6%
IC.02.02.01 EP 4	60.0%	44.7%
LS.02.01.35 EP 5	56.7%	41.7%
LS.02.01.35 EP 14	53.3%	42.6%
LS.01.01.01 EP 3	43.3%	20.7%
LS.02.01.35 EP 6	43.3%	31.8%
NPSG.15.01.01 EP 1	43.3%	20.8%
PC.01.03.01 EP 1	43.3%	31.4%
PC.02.02.03 EP 11	43.3%	36.8%

Average Requirements for Improvement by Year & Program



Help tackle challenge areas for hospitals

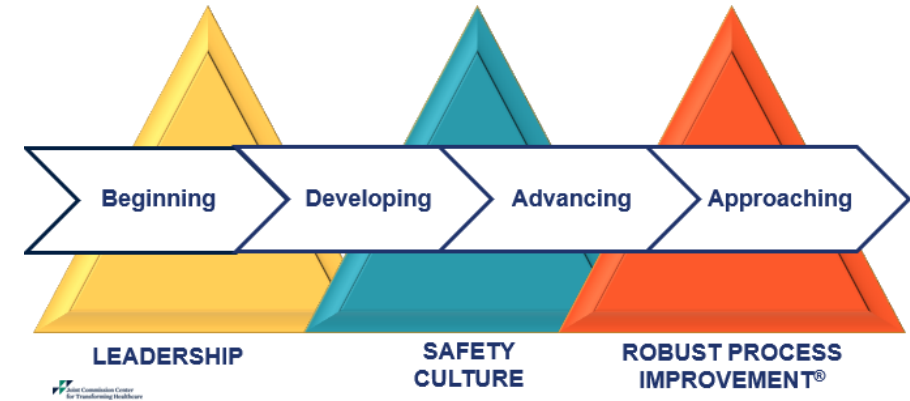
Joint Commission Center for Transforming Healthcare – Your High Reliability Partner

- High reliability in healthcare: *“maintaining consistently high levels of safety and quality over time and across all health care services and settings”**
- **Voice of our Customers:** Need to focus and refocus on high reliability, building trust, and supporting our staff through change... a lot of change

Oro® 2.0: Organizational Self Assessment for High Reliability

Web-based assessment for hospital leaders pursuing zero harm to...

- identify high reliability maturity level
- identify organization's strengths and most pressing opportunities for progress
- provide actionable path forward in pursuit of zero harm
- Used by 847 senior leadership teams.



TST[®]: Targeted Solutions Tool

- Web-based application that encapsulates Robust Process Improvement[®] methodology.
- Modules: hand hygiene compliance, hand-off communications, safe surgery, preventing falls with injury, and preventing sepsis mortality.
- Used by 1,540+ healthcare organizations to prevent harm and save lives.
- Hand Hygiene TST – over 1 million observations to date



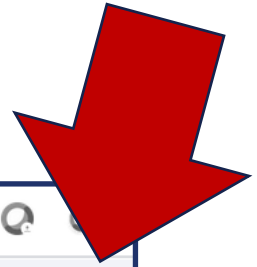
Reducing Sepsis Mortality Targeted Solutions Tool Now Available

The Center's latest TST[®] solution, a web-based application to help providers reduce sepsis mortality and increase sepsis protocol compliance in pursuit of zero harm.

[Learn how to utilize the TST](#)



Accessing Center Tools...



centerfortransforminghealthcare.org/tool-access/

Press Room / Contact Us

Joint Commission Center for Transforming Healthcare

Our Websites: ▾ Search this site. [Search] TST Login ORO Login

Who We Are ▾ Products and Services ▾ Why Work With Us ▾ High Reliability in Health Care ▾ Improvement Topics ▾

Center Tool Access

Current Targeted Solutions Tool (TST) and Oro 2.0 users can log in below. The TST and Oro 2.0 tools are available at no charge to Joint Commission accredited organizations. You can create a user profile for the TST's or Oro 2.0 using the Request Access buttons.

<h3>Targeted Solutions Tool®</h3> <p>Log in to TST</p> <p>Request TST access</p>	<h3>Oro® 2.0</h3> <p>Log in to Oro 2.0</p> <p>Request Oro 2.0 access</p>
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Leaders *Facilitating Change*® Workshops

– Change management:

- Critical competency for healthcare leaders.
- Drives, leads, and supports change.
- Builds buy-in and acceptance for new ideas.
- Supports a safety culture by fostering teamwork and accountability.
- Necessary for the sustainability of improvements across clinical, business, and strategy change initiatives.

– Meeting facilitation:

- Tools and templates to run efficient and effective meetings



Center for Transforming Healthcare – Your High Reliability Partner



Dawn Allbee, MA, CCMP
Executive Director Customer Engagement
dallbee@jointcommission.org

www.centerfortransforminghealthcare.org



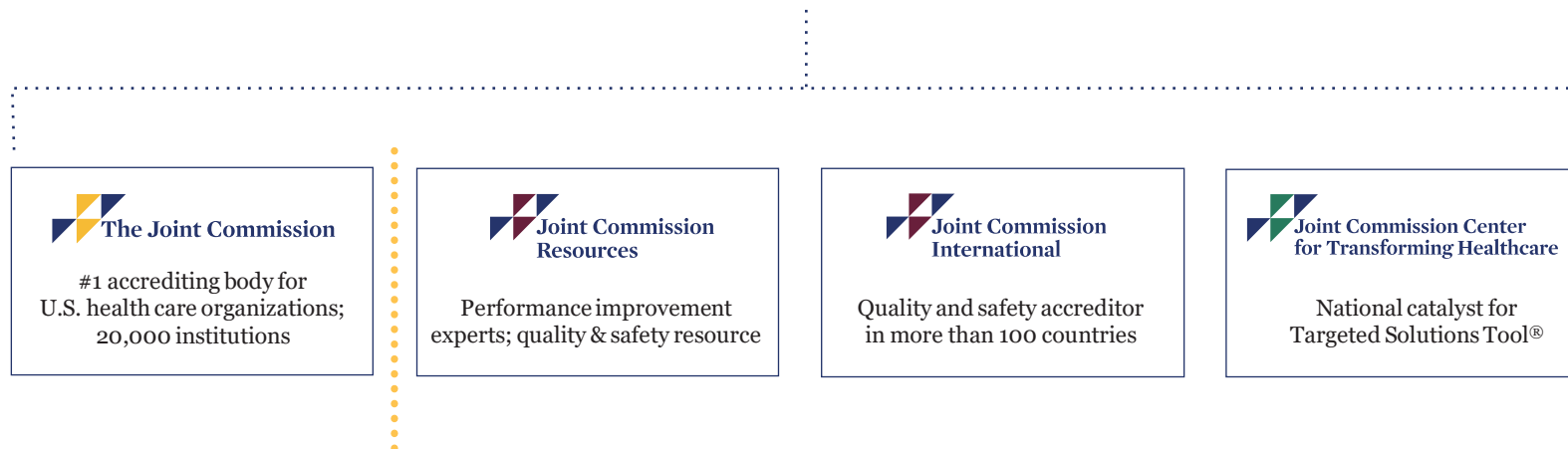
Additional Resources for Your Hospital



Accreditation Readiness & Regulatory
Compliance Support Solutions

Who We Are

JCR is part of the Nation's Largest Collective Performance Improvement Enterprise



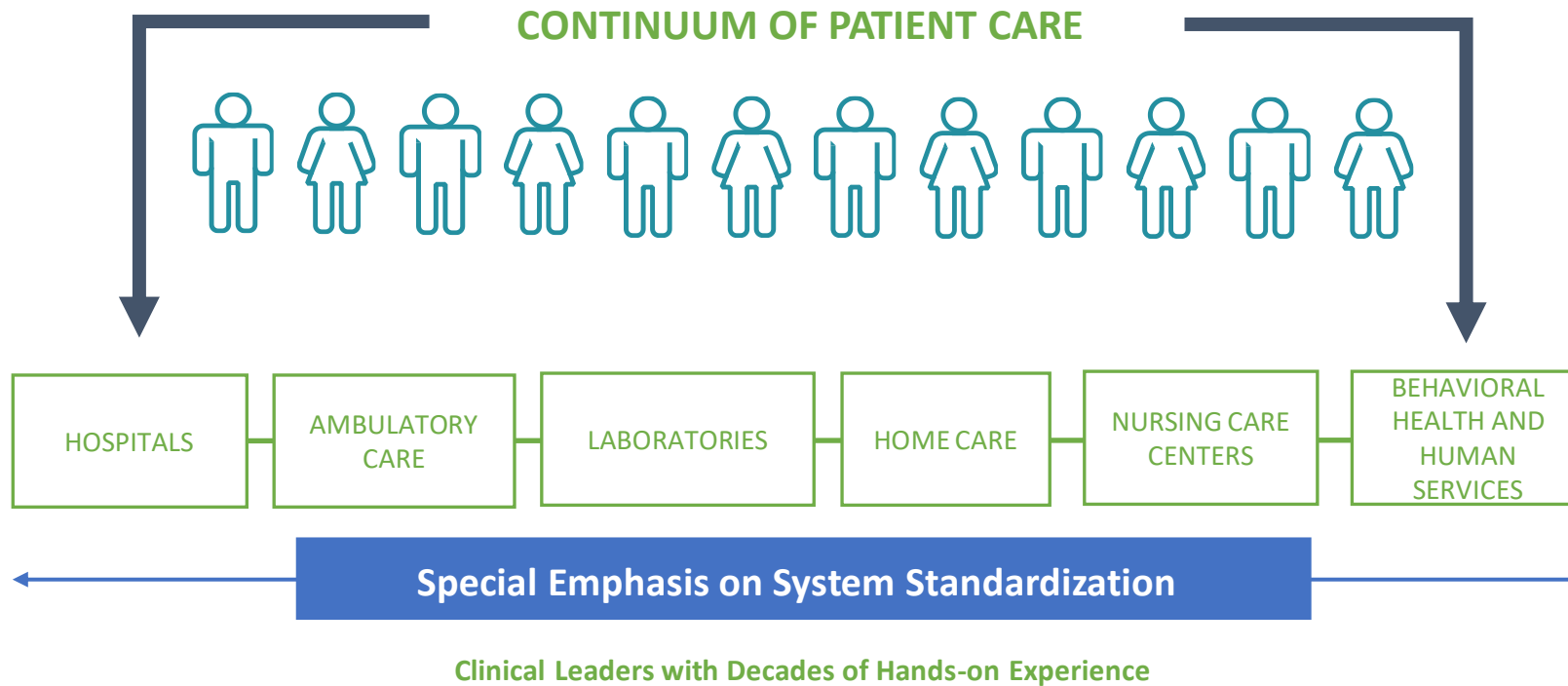
Joint Commission /JCR Firewall

Prohibits any organization-specific information from being shared between Joint Commission accreditation and surveyor staff and the JCR advisory and education staff.

The use of Joint Commission Resources (JCR) advisory services is not necessary to obtain a Joint Commission Accreditation award, nor does it influence the granting of such awards.

The use of Joint Commission Resources (JCR) consulting services is not necessary to obtain a Joint Commission Accreditation award, nor does it influence the granting of such awards.

Expertise Spanning the Continuum of Care



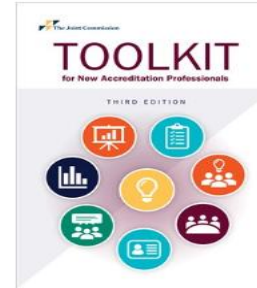
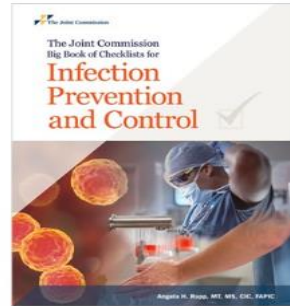
What We Do for Hospitals



Accreditation & Regulatory Advisory Services	Performance Improvement Advisory Services	Software	Publications	Education	Digital Learning Center
<ul style="list-style-type: none"> - Continuous Service Readiness®(CSR®) - Accreditation and Certification Preparation - Centers for Medicare and Medicaid Services (CMS) - Virtual Services - Interim Quality Services 	<ul style="list-style-type: none"> - Environment of Care®/Life Safety - Infection Prevention and Control - Medication Safety - Safe Health Design - Industry Services - Virtual Services 	<ul style="list-style-type: none"> - Tracers with AMP® - E-dition® - ECM® Plus - CMSAccess® 	<ul style="list-style-type: none"> - Books - E-Books - Manuals - Periodicals 	<ul style="list-style-type: none"> - Conferences - Seminars - Custom Education - Webinars - JCR Quality and Safety Network (JCRQSN) 	<ul style="list-style-type: none"> - Subscription savings - Unlimited access to key content - Individual or bundled options - Continuing education credits

JCR Publications-Hospital

- Toolkit for New Accreditation Professionals, 3rd Edition



- Front Line of Defense: The Role of Nurses in Preventing Sentinel Events, 3rd Edition
- The Joint Commission Big Book of Tracer Questions for Infection Prevention & Control
- Healthcare Worker Safety Checklists: Protecting Those Who Serve
- Policy Source: P&Ps for Compliance with Joint Commission Requirements
- Subscription Service



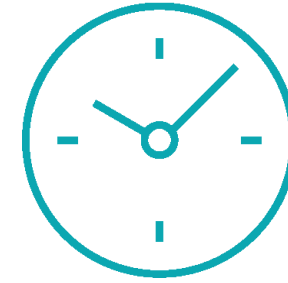
ECM+

ECM Plus

E-dition Compliance Monitor Plus

LEADING *the way to* ZERO™

How ECM Plus Can Help



Goal of ECM Plus: Makes it easier for your hospital to stay in compliance with federal, state, and professional regulations

- Saves time and improves workflow
- Ensures you have the most accurate, up-to-date regulations
- Reduces risk
 - Helps fill-in knowledge gaps
- Standardizes processes
 - All staff is accessing the same content
- Flexible and customizable
 - For individuals and for organizations

ECM Plus Content

- Part 1: Library of healthcare regulations
 - Federal regulations, requirements from professional organizations, regulations from all 50 states
- Part 2: Crosswalks (Smart Charts)
 - Alignment between Joint Commission standards and EPs to CoPs, SOM, state regulations, and NFPA codes
- Complimentary Hospital E-dition site license



JCR eProducts-Tracers with AMP

- Library of over 20,000 Tracers questions linked to EPs plus 100+ Tracer tools for hospital program
- Data integrated with AMP® to objectively determine EP compliance
- Customize library questions and Tracers or create your own
- Standardize Tracers within the organization
- Information available for reporting (and email reports) immediately after observations are completed
- Reduce resources required for aggregating & analyzing data, developing reports
- Mobile device ready – mobile enhancements
- Ability to upload photos and include photos in reports



Tracers
with AMP

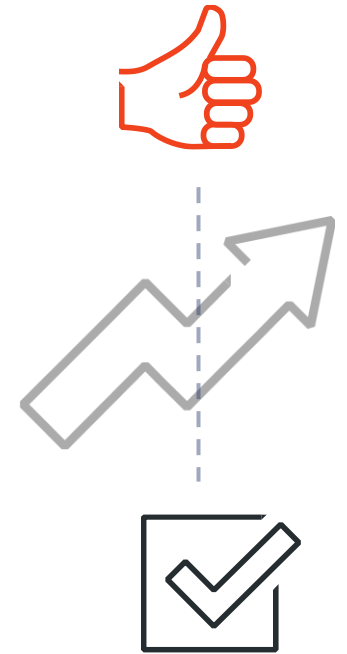
JCR's *Illuminate Analytics*

- Integration of multiple performance data sources— self-assessment data from Tracers with AMP®, findings from mock surveys and Joint Commission RFI and *SAFER*[™] data. The more expansive your data, the more integral this tool becomes to your quality improvement efforts
- Benchmarking capabilities for self-assessment vs. The Joint Commission *SAFER*[™] and national data
- Visualizations with filtering options and drill downs



Strengthen Your Decision-Making Capabilities to Improve Quality

- Gain a more easily digestible picture of performance to inform the development of efficient, effective performance improvement strategies
- Clearly identify emerging patterns and trends that can help leaders proactively mitigate critical risks and more readily learn from internal top performers
- Understand how your sites of care and organization as a whole stacks up to others—helping leaders like you better context and socialize performance with your C-suite



Sample SAFER™ Dashboard

Helps you to analyze your data by **RISK**

System / Organization SAFER™ Findings

*TJC Requirements for Improvement (RFI) Distribution
For Full and Initial surveys from 01/01/2018 through
09/30/2018*

My SAFER™ Matrix

-- Program Level -- National SAFER™ Matrix Comparison

0.05% Immediate Threat to Life			0.70% Immediate Threat to Life		
5.23% High / Limited	5.28% High / Pattern	2.64% High / Widespread	1.00% High / Limited	2.30% High / Pattern	5.10% High / Widespread
17.05% Moderate / Limited	18.37% Moderate / Pattern	6.23% Moderate / Widespread	12.60% Moderate / Limited	15.30% Moderate / Pattern	6.80% Moderate / Widespread
28.56% Low / Limited	12.72% Low / Pattern	3.85% Low / Widespread	35.00% Low / Limited	16.70% Low / Pattern	4.60% Low / Widespread

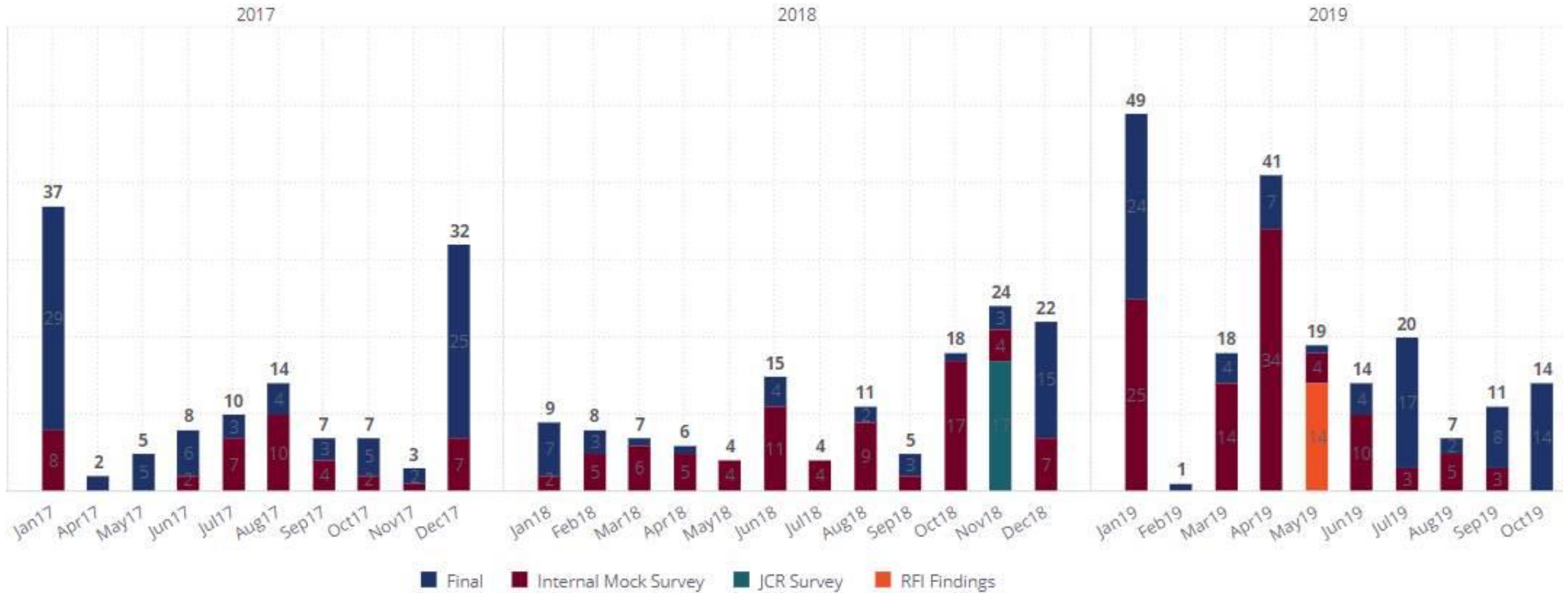
Sample SAFER™ by Chapter

Helps you to analyze your data by **FUNCTION**



Sample Findings over Time

Helps you to analyze your data **OVER TIME**



Sample EP Comparisons

Helps you to analyze your data by **COMPARING TO NATIONAL DATA**

 The Joint Commission Top Least Compliant High Risk EPs - Hospital Program - Compared to System Findings

Rank	Program	Top Cited EPs	Finding Type		Grand Total
			Final	Internal Mock Survey	
1	Hospital	IC.02.02.01 EP2	2	16	18
2	Hospital	EC.02.06.01 EP1		2	2
3	Hospital	NPSG.15.01.01 EP1	1	3	4
4	Hospital	IC.02.01.01 EP1	2	4	6
5	Hospital	EC.02.05.01 EP15		1	1
8	Hospital	IC.02.02.01 EP4	1	2	3
9	Hospital	NPSG.15.01.01 EP2	1	3	4

JCR Conferences

- Environment of Care Base Camp-Virtual Live
 - August 17-20th

- Exploring the Life Safety Chapter
 - August 24-27th

Digital Learning Center

Coming Soon!

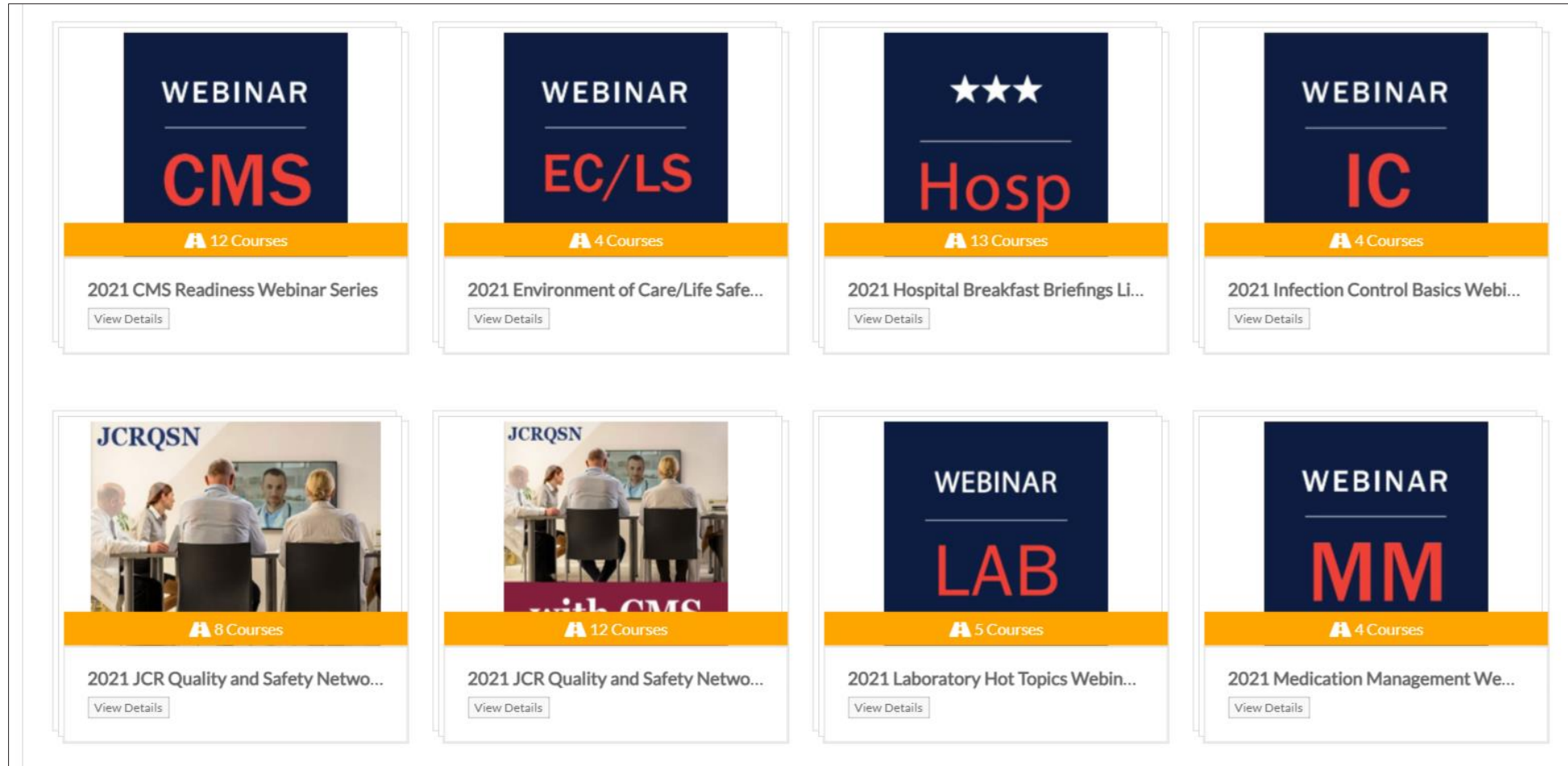
- ✓ All education needs located in one place
- ✓ Annual subscription provides unlimited access to content to keep your team up to date
- ✓ Substantial savings vs. purchasing resources individually
- ✓ Access to individual products or curated bundles
- ✓ Get the latest standard updates quickly
- ✓ Continuing Education Credits
- ✓ New and updated items added monthly



Digital Learning Center - *Coming Soon!*

Example
of webinars
and videos
Included

*Other
webinars
are added
throughout
the year*



Webinar Title	Course Count
2021 CMS Readiness Webinar Series	12 Courses
2021 Environment of Care/Life Safe...	4 Courses
2021 Hospital Breakfast Briefings Li...	13 Courses
2021 Infection Control Basics Webi...	4 Courses
2021 JCR Quality and Safety Netwo...	8 Courses
2021 JCR Quality and Safety Netwo...	12 Courses
2021 Laboratory Hot Topics Webin...	5 Courses
2021 Medication Management We...	4 Courses

How do you reach us to learn more?



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Thank you for letting us help you
determine your organization's needs

A new certification for hospitals

Advanced Certification in Spine Surgery

A Level of Care that Sets you Apart

- This new Advanced Certification program, available July 1, 2021, helps health care organizations develop consistent communication and collaboration among all health care providers involved in the care of the patient — from the pre-surgical consultation with the spine surgeon to the intraoperative, hospitalization or ASC admission, rehabilitation activities and then the follow-up visit with the surgeon.
- The premier certification for Advanced Spine Surgery elevates your organization for improved patient care. The Joint Commission offers this certification in collaboration with the AAOS and the American Spine Registry, which is a collaborative effort of the American Association of Neurological Surgeons and the American Academy of Orthopaedic Surgeons.



American Spine Registry

*A partnership between
American Association of Neurological Surgeons
American Academy of Orthopaedic Surgeons*



Advanced Certification in Spine Surgery

Eligibility Criteria

- For an individual site to be certified, that site must be able to independently meet all standards and requirements for the desired DSC certification program
- The program is provided within an organization that is Joint Commission-accredited, accredited by another accrediting organization, or non-accredited
- The program uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence-based practice
- The program uses performance measurement to improve its performance over time.
 - Data collection for these measures must commence four months prior to the initial certification review visit for organizations seeking certification.
 - Data collection is then ongoing thereafter for all ACSS-certified organizations
- The program must have provided spine surgery procedures to a **minimum of 200 patients**
- The program must be an active participant of the American Spine Registry (ASR) and use the data collected from the registry to analyze and improve processes.
- An on-site intraoperative observation must be conducted by a Joint Commission Reviewer

Joint Commission Reviewers

Provide best-in-class expertise and create a collaborative experience for our certifying organizations

Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:



Provide leading practices to improve/grow the programs they are reviewing



Conduct educationally focused reviews



Lead a collaborative engagement that helps to increase staff awareness and education



Inspire staff to improve the quality of patient care

Why Work with The Joint Commission

Your Source for Orthopedic Certification

Looking to Elevate and Strengthen Your Spine Surgery Program?

The Joint Commission can help. With a comprehensive suite of offerings to choose from — backed by the expertise and insight of our robust orthopedic care experience — you will find the guidance, knowledge and framework you need to achieve improved outcomes and continued success.

Reach out today

For more information on the Advanced Certification in Spine Surgery, please contact us at certification@jointcommission.org.

We're here to help.

Thank you for
all that you do.