Joint Commission Online

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In this issue

Accreditation

New on Connect! Standards BoosterPak™ for assessing suicide risk

A new Standards BoosterPak™ was recently posted on *The Joint Commission Connect*™ extranet with information on how to identify and assess suicide risk in psychiatric hospitals, general hospitals that treat patients for emotional or behavioral disorders, and in behavioral health care facilities. Suicide risk is addressed in National Patient Safety Goal 15.01.01: Identify patients at risk for suicide. To help organizations properly interpret and comply with the NPSG, the BoosterPak contains the following:

- Description of the NPSG and implementation suggestions
- Description of what surveyors will discuss regarding the NPSG during the on-site survey, including the documents needed for review
- FAQs for suicide risk
- Definitions of key terms and supporting documentation, evidence, value and historical information
- Additional references

A BoosterPak is a searchable document that provides detailed information about a standard or topic area for which The Joint Commission receives a high volume of inquiries or noncompliance scores in the field. BoosterPaks also help make the interpretation of standards more consistent among organizations, surveyors and other users. This is the third BoosterPak to be produced; previous BoosterPaks focus on MM.03.01.01 (safe medication storage), and MS.08.01.01 and MS.08.01.03 (conducting focused professional practice evaluations and ongoing professional practice evaluations). (Contact: Pat Adamski, padamski@jointcommission.org)

New and revised standards for behavioral health care

New standards address primary physical health care: The Joint Commission has approved new standards for the behavioral health care program that address the provision of primary physical health care. These standards were developed in response to ongoing changes in health care delivery that will make it necessary for behavioral health care organizations to consider providing such services. The goal is to make sure that patients receive more comprehensive health care, since individuals with severe mental illness often do not receive the care needed to maintain their physical health. The new standards can also help organizations already providing such services demonstrate compliance with national guidelines and will help organizations planning to provide these services by offering guidelines to establish their programs. The requirements are applicable to organizations providing physical health care – either directly or through a contract with another organization to provide such care – and to organizations that have a formal agreement with another organization to refer individuals served to that organization for primary physical health care.

Revised standards address medical history and physical exams: Revisions were made to the medical history and physical examination standards for the behavioral health care program. The changes were made based on two concerns voiced by the Behavioral Health Care Professional and Technical Advisory Committee (PTAC). The first concern was that some behavioral health care organizations find it difficult to complete a medical history and physical examination within seven days of admission because licensed independent practitioners are not always readily available to conduct the exams. The second concern centered around the 30-day requirement for conducting a physical examination prior to admission, which could place a financial burden on the organization because Medicaid provides payment for only one

physical examination per year. In May 2010, The Joint Commission approved an interim requirement, standard CTS.02.01.07, Element of Performance 2, which allowed for the medical history and physical examination to occur no more than six months prior to, or within 30 calendar days after, admission. The revised requirement replaces the interim EP. For residential and group home settings, a new standard, CTS.02.01.06, requires individuals served to be screened in order to determine if a medical history and physical examination is required. Also, standard CTS.02.01.05, which is applicable to non-24-hour settings, was revised to provide clarity and align the requirements with CTS.02.01.06. (Contact: Lynn Berry, lberry@jointcommission.org)

The Joint Commission and ASHI enter cooperative agreement
On June 16, The Joint Commission and the American Society for Histocompatibility and Immunogenetics (ASHI) announced a cooperative agreement to recognize histocompatibility (HLA) accreditation. ASHI will now be accepted as the deemed accreditor for transplant testing services in Joint Commission facilities, effective July 1, 2011. ASHI is a professional association in the area of HLA, immunogenetics and transplantation. ASHI, a not-for-profit organization, established its laboratory accreditation program in 1974 for HLA laboratories, and its accreditation program is administered through the ASHI Accreditation Review Board. It is deemed as an accrediting organization through the Clinical Laboratory Improvement Amendments (CLIA) Program. In addition, ASHI accredited labs are recognized by the National Marrow Donor Program (NMDP), United Network for Organ Sharing (UNOS), The American Foundation for Donation and Transplantation (AFDT, formerly SEOPF) and the states of California, Florida, Oregon and Washington. Previously, ASHI was recognized by The Joint Commission under complementary status.

The cooperative status between The Joint Commission and ASHI will reduce the burdens on health care organizations by eliminating the need for duplicate laboratory surveys for organizations conducting HLA testing, and thereby saving them money by accepting the ASHI accreditation as demonstration of compliance with Joint Commission policies and standards. Because ASHI is recognized by United Network for UNOS/ Organ Procurement and Transplantation Network (OPTN) for transplant testing, Joint Commission accredited laboratories will fulfill the requirements for providing testing services for a UNOS transplant program by utilizing ASHI as an accrediting organization. ASHI will conduct unannounced surveys in Joint Commission accredited facilities. Whenever possible, Joint Commission laboratory surveyors will survey all other specialties simultaneously in organizations that are accredited by both organizations. (Contact: Jennifer Rhamy, jrhamy@jointcommission.org)

Certification

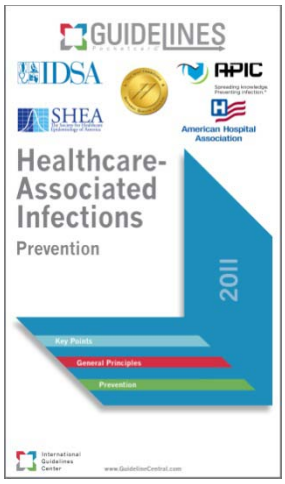
New: Standards for Advanced Certification in Palliative Care
The pre-publication standards for The Joint Commission's new Advanced Certification in Palliative Care program are now available. This new certification program, which launches September 1, 2011, is designed to recognize Joint Commission accredited hospital inpatient programs that demonstrate exceptional patient- and family-centered palliative care. The standards were developed under the guidance of the Joint Commission Health Care Services Task Force and its Palliative Care subgroup, which includes experts in palliative care and key stakeholder organizations. The requirements emphasize:

- A formal, organized palliative care program led by an interdisciplinary team whose members maintain the requisite expertise in palliative care.
- Leadership endorsement and support of the program's goals for providing care, treatment and services.
- A special focus on patient and family engagement.
- Processes which support the coordination of care and communication among all care settings and providers.
- The use of evidence-based national guidelines or expert consensus to guide patient care.

Palliative care serves patients of all ages at all stages of serious or advanced illness. In some patient populations, palliative care has been shown to prolong life as well as improve its quality. (Contact: Dave Eickemeyer, palliative@jointcommission.org)

Resources

New: Prevention of Healthcare-Associated Infections GUIDELINES Pocketcard™



The Infectious Diseases Society of America (IDSA), The Joint Commission, the Society for Healthcare Epidemiology of America (SHEA), the American Hospital Association (AHA), and the Association for Professionals in Infection Control and Epidemiology (APIC) have released the 2011 *Prevention of Healthcare-Associated Infections* GUIDELINES Pocketcard™, The Pocketcard is a brief algorithmic quick-reference tool that provides the best practice recommendations for prevention and management of health care-associated infections. This up-to-the-minute society-endorsed practice tool is available in five exciting quick-reference formats: multi-fold pocketcard, FLASHcard™, wall poster, ePocketcards™ (digital pocketcard viewer for desktop or website), and ePocketcard™ Mobile (for iPhone®, Blackberry®, all mobile devices). View or order the eGuideline. (Contact: Irene van den Berg, IV@GuidelineCentral.com or Dave Johnson at DJ@GuidelineCentral.com)

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