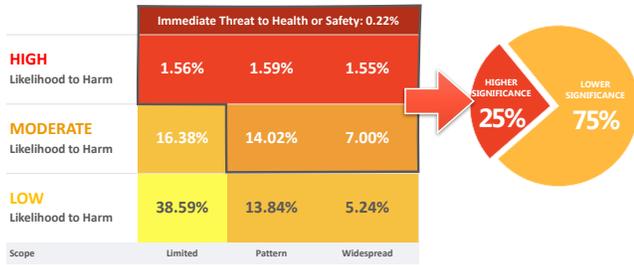


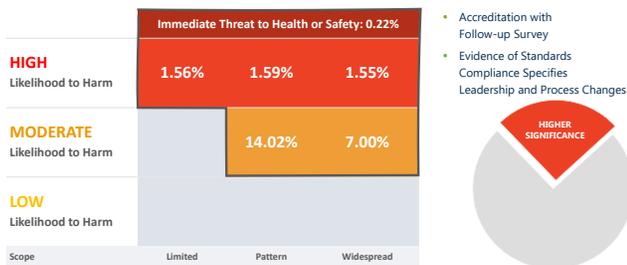
Significance Joint Commission Findings



*N=8972 RPNs | 2019 Data

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Impact of "Higher Significance" Findings



*N=8972 RPNs | 2019 Data

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2020

Top 10 "Higher Importance" TJC Requirements for Improvement

Subject	Moderate Risk	High Risk	Immediate Threat	Total	% of Highest
NPSG.15.01.01 EP01 Suicide	107	99	1	207	17%
IC.02.02.01 EP02 Infections	73	120	1	194	16%
IC.02.01.01 EP01 Infections	110	33	0	143	12%
MM.06.01.01 EP03 Medications	68	70	0	138	12%
EC.02.05.01 EP15 Infections	54	53	0	107	9%
EC.02.06.01 EP01 Infections	72	29	0	101	9%
EC.02.02.01 EP05 Infections	24	57	0	81	7%
NPSG.15.01.01 EP05 Suicide	39	34	1	74	6%
NPSG.15.01.01 EP04 Suicide	20	52	1	73	6%
IC.02.02.01 EP04 Infections	48	18	0	66	6%
Total	615	565	4	1184	100%
Percent	52%	48%	0%	100%	

Source: Joint Commission Perspectives, May 2022: 1,104 Hospital Surveys Conducted in 2020

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2021

Top 10 "Higher Importance" TJC Requirements for Improvement

	Subject	Moderate Risk	High Risk	Immediate Threat	Total	% of Highest	Change in Rank
IC.02.02.01 EP02	Infections	135	277	20	433	17%	Up 1
NPSG.15.01.01 EP01	Suicide	167	204	1	372	14%	Down 1
MM.06.01.01 EP03	Medications	107	233		340	13%	Up 1
EC.02.06.01 EP01	Infections	204	51		255	10%	None
EC.02.05.01 EP15	Infections	101	131		232	9%	None
EC.02.02.01 EP05	Infections	68	149		217	8%	Up 1
IC.02.01.01 EP01	Infections	153	64	1	198	8%	Down 4
IC.02.02.01 EP04	Infections	142	54		196	8%	Up 2
NPSG.15.01.01 EP05	Suicide	80	110	1	191	7%	Down 1
NPSG.15.01.01 EP04	Suicide	44	135		179	7%	Down 1
Total		1182	1408	23	2613	100%	
Percent		45%	54%	1%	100%		

Source: Joint Commission Perspectives, May 2022. 1,363 Hospital Surveys Conducted in 2021

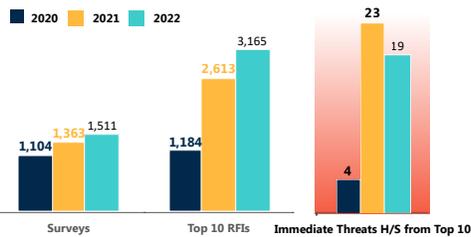
2022

Top 10 "Higher Importance" TJC Requirements for Improvement

	Subject	Moderate Risk	High Risk	Immediate Threat	Total	% of Highest	Change in Rank
IC.02.02.01 EP02	Infections	115	477	18	610	19%	None
NPSG.15.01.01 EP01	Suicide	199	282	1	481	15%	None
MM.06.01.01 EP03	Medications	112	309		421	13%	None
EC.02.06.01 EP01	Infections	224	84		308	10%	None
EC.02.05.01 EP15	Infections	104	194		298	9%	None
EC.02.02.01 EP05	Infections	71	184		255	8%	None
IC.02.02.01 EP04	Infections	156	59	1	215	7%	Up 1
PC02.01.11 EP02	Resuscitation	94	119		213	7%	New
NPSG.15.01.01 EP04	Suicide	46	139	1	185	6%	Up 1
NPSG.15.01.01 EP05	Suicide	78	100	1	179	6%	Down 1
Total		1199	1947	19	3165	100%	
Percent		45%	54%	1%	100%		

Source: Joint Commission Perspectives, April 2022. 1,511 Hospital Surveys Conducted in 2022

Survey Findings are Increasing in Severity



Joint Commission Leadership informs us that there are 50 or 60 hospital surveys every year with one or more "Immediate Threat" findings (resulting in Preliminary Denial of Accreditation)

Source: Joint Commission Perspectives

Top 10 Hospital High-Significance Findings for 2022 - Part 1

- **IC.02.02.01 EP02**
 - High-level disinfection and sterilization
 - Manufacturer Instructions for Use
 - **ITHS**
 - 2022 - 18
 - 2021 - 20
 - 2020 - 1
- **NPSG.15.01.01 EP 01**
 - Ligature risks
 - Risk Assessments
 - **ITHS**
 - 2022 - 1
 - 2021 - 1
 - 2020 - 1
 - **MM.06.01.01 EP03**
 - Medication administration
 - Orders, dosages, titration rates, expiration dates
 - Practitioner notification
- **EC.02.06.01 EP01**
 - Safe environment
 - USP 797
 - Dirty ceiling tiles
 - Porous surfaces
- **EC.02.05.01 EP15**
 - Temperature and humidity and airflow
 - Risk assessments with humidity waivers

Top 10 Hospital High-Significance Findings for 2022 - Part 2

- **EC.02.02.01 EP05**
 - Hazardous materials and waste
 - Eye-wash stations
- **IC.02.02.01 EP04**
 - Infection prevention
 - Safely storing medical devices, equipment, supplies, ultrasound probes
 - **ITHS**
 - 2022 - 1
 - 2021 - 0
 - 2020 - 0
- **PC.02.01.11 EP02**
 - Resuscitation equipment available
 - QC Checks
 - Contents
- **NPSG.15.01.01 EP04**
 - Risk Level and Precautions
 - **ITHS**
 - 2022 - 1
 - 2021 - 0
 - 2020 - 1
- **NPSG.15.01.01 EP05**
 - Policies for training/competency, reassessment, and monitoring
 - **ITHS**
 - 2022 - 1
 - 2021 - 1
 - 2020 - 1

What to expect in 2023 and Beyond

- Enhanced emphasis on the ambulatory care environment
 - ↳ More Life Safety Specialist Time
 - ↳ Clinical Surveyors expected to review EC/LS for "business occupancies."
- Workplace Violence
- Health Equity
- QAPI?
- End of the Public Health Emergency (May 11, 2023)
 - ↳ "Blanket" 1135 Waivers no longer in effect
 - Temporary Partitions
 - Hand Sanitizer (ABHR)
- Lingering Impact of the Great Resignation
 - ↳ Turnover
 - ↳ Staff Shortage
 - ↳ Budget Shortfalls
 - ↳ Lack of Emphasis on the Fundamentals



I skate to where the puck is going to be, not where it has been.

Wayne Gretzky

Sentinel Event Data

- Reporting increased beyond expected due to revised definition of a fall event
- Falls (42%)
- Delay in treatment (6%)
- Unintended retention of foreign object (6%)
- Wrong surgery (6%)
- Suicide (5%) — Not usually within the hospital



UPDATE PART 2

What's New in Baltimore

QAPI Interpretive Guidelines

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-23-09-Hospital

DATE: March 9, 2023
TO: State Survey Agency Directors
FROM: Director, Quality, Safety & Oversight Group (QSOG)
SUBJECT: Revision to State Operations Manual (SOM), Hospital Appendix A - Interpretive Guidelines for 42 CFR 482.21, Quality Assessment & Performance Improvement (QAPI) Program

Recent and Upcoming Standards

Common Aspects of New Joint Commission Requirements



Designate
Accountability



Measure
Performance



Analyze and
Report



Improve
Performance

Greenhouse Gasses

Workplace Violence

Water Management

Material Safety

Health Equity

Emergency Management

Antibiotic Stewardship

Infection Prevention

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Field Review (Proposed) LD.05.01.01

The hospital decreases greenhouse gas emissions and waste

1. The hospital leaders designate an individual(s) responsible for the oversight of activities to reduce greenhouse gas emissions in coordination with clinical and facility representatives. 
2. The hospital measures three or more of the following: - energy use
 - purchased energy (electricity and steam)
 - anesthetic gas use
 - pressurized metered dose inhaler use 
 - fleet vehicle gasoline consumption
 - solid waste disposal to landfills or through incineration
3. The hospital develops written goals and action plans to reduce greenhouse gas emissions in three or more areas that they have measured. 
4. At least annually, the hospital analyzes its sustainability measures (EP 2) to determine whether it is meeting its goal(s) and revises its plan (EP 3) if goals are not achieved or sustained. 

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Pre-Publication (July 2023) NPSG 16.01.01

Improving health care equity for the hospital's patients is a quality and safety priority

1. The hospital designates an individual(s) to lead activities to improve health care equity for the hospital's patients. 
2. The hospital assesses the patient's health-related social needs (HRSNs) and provides information about community resources and support services.
Note 1: Hospitals determine which HRSNs to include in the patient assessment. Examples of a patient's HRSNs may include the following:
 - Access to transportation
 - Difficulty paying for prescriptions or medical bills
 - Education and literacy 
 - Food insecurity
 - Housing insecurity
3. The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.
Note 1: Hospitals may focus on areas with known health care disparities identified in the scientific literature (for example, organ transplantation, maternal care, diabetes management) or select measures that affect all patients (for example, experience of care and communication). Note 2: Hospitals determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:
 - Age
 - Gender
 - Preferred language - Race and ethnicity 
4. The hospital develops a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in its patient population. 
5. The hospital acts when it does not achieve or sustain the goal(s) in its action plan to improve health care equity.
6. At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care equity.

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Workplace Violence Standards (January 2022)

- LD.03.01.01 EP09
The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
 - Policies and procedures to prevent and respond to workplace violence
 - A process to report incidents in order to analyze incidents and trends - A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
 - Reporting of workplace violence incidents to the governing body 
- EC.02.01.01 EP17
The hospital conducts an annual work site analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. 
- EC.04.01.01 EP01
The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
... Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence ...
Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.
Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.
- EC.04.01.01 EP06
Based on its process(es), the hospital reports and investigates the following: Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.
- HR.01.05.03 EP29
As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:
 - What constitutes workplace violence
 - Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
 - Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
 - The reporting process for workplace violence incidents

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BRINGING IT ALL TOGETHER

Effective Quality and Safety Programs (QAPI)

A Closer Look at the QAPI Condition of Participation (A deeper dive next month)

• QAPI Process

- Defining accountability / structure
- Including contracted services
- Defining and collecting data
- Covering the scope of services
- Consideration of adverse events

• A sampling of recommendations

- *Look at performance from Leadership's perspectives*
- *Executive Level Quality and Safety Team*
- *All reports to be action or outcome oriented*
- *Adverse Events (or lack thereof) = Data*
- *Measuring with a Purpose*
- *Integrating all aspects of performance: clinical, environmental, etc.*

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Takeaways for these new requirements

- Greenhouse Gasses, Health Equity, Workplace Violence, Maternal Health, Antibiotic Stewardship, Water Management, Emergency Management, etc.
- All reflect a basic QAPI process
- Should not be siloed but integrated
- Measurements should be meaningful
 - Stay the Course vs. Change Course
 - Don't measure it if you don't plan to address adverse performance
 - Don't waste time on proactive measurement for processes yielding near 100% performance: revert to event-related measurement if it still requires measurement.

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Discussion Questions

