Full-Year 2019 Top Noncompliance Data

2019 Most Frequently Scored Higher-Risk * Accreditation Requirements †

Scored from January 1 through December 31, 2019

Ambulatory Health Care

Standard	EP	Keywords/Topics
.02.02.01 The organization reduces the risk of infections associated with medical equipment, devices, and supplies.	**2** The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.	• Intermediate and high-level disinfection and sterilization • Disinfection, infection prevention • Instrument processing • Following manufacturers' instructions for use • Enzymatic cleaner
.02.01.01 The organizations implements infection prevention and control activities.	**2** The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.	• Personal protective equipment • Standard precautions • Hand hygiene • Infection prevention and control plan • Reducing infection risk
.01.01.03 The organization safely manages high-alert and hazardous medications.‡	**2** The organization follows a process for managing high-alert and hazardous medications.	• Medication management • High-alert medications • Hazardous medication • Labeling • Medication safety

* Standards and EPs listed reflect those findings scored in the moderate/pattern through high/widespread categories and Immediate Threat to Health or Safety (ITHS).
† Some lists include more than 10 entries due to several standards havinges dons, 4TistamourocTj EP 0 rocTj EEwRFIs3e3f / and Immediate Thr1_0 1e3f / and I

.02.05.01 The organization manages risks associated with its utility systems.	**7** In areas assigned to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature.	Utility systems Ventilation system Temperature Humidity Airborne contaminants Gases Fumes Dust Air-exchange rates Pressure relationships
.01.02.01 The organization addresses the safe use of look-alike/sound-alike medications.‡	**2** The organization takes action to avoid errors involving the interchange of medications on its list of look-alike/sound-alike medications.	Look-alike, sound-alike medications Medication errors Medication safety
.02.02.01 The organization reduces the risk of infections associated with medical equipment, devices, and supplies.	**1** The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-l(TvC4)0 0 i/ 1 T3 5 9 410.0371 60768g risk of infeit3 .69.42 implements infection chae8T1_0 1 Tf /Sp 1 Tiations.‡ **- (4)0 0 / 1 3 5 410.0370 6076**	

.02.02.05 The organization identifies individuals served who may have experienced trauma, abuse, neglect, or exploitation.*	**2** The organization identifies individuals served who may have experienced trauma, abuse, neglect, or exploitation during initial screening and assessment and on an ongoing basis.	• Trauma • Abuse • Neglect • Exploitation • Screening • Assessment • Identification
(1, 201) **.15.01.01** Identify individuals at risk for suicide.	**(1, 201)** **2** Address the immediate safety needs and most appropriate setting for treatment of the individual served.	• Suicidal ideation screening • Suicide risk reduction • Validated screening tools • Suicide risk assessment • Suicide risk reduction
(1, 201) **.15.01.01** Reduce the risk for suicide.	**(1, 201)** **2** Screen all individuals served for suicidal ideation using a validated screening tool.	
.02.01.11 The organization screens all individuals served for their nutritional status.†	**1** The organization screens all individuals served to identify those for whom a nutritional assessment is indicated. At a minimum, the screening includes questions about the following: • Food allergies • Weight loss or gain of 10 pounds or more in the last 3 months • Decrease in food intake and/or appetite • Dental problems • Eating habits or behaviors that may be indicators of an eating disorder, such as bingeing or inducing vomiting	

(1, 201) **.15.01.01** Identify individuals at risk for suicide.	**(1, 201)** **3** When an individual at risk for suicide leaves the care of the organization, provide suicide prevention information (such as a crisis hotline) to the individual and his or her family.	• Suicide screening • Evidence-based process • Suicide assessment • Validated screening tools • Suicidal ideation screening • Suicide reduction
(1, 201) **.15.01.01** Reduce the risk for suicide.	**(1, 201)** **3** Use an evidence-based process to conduct a suicide assessment of individuals served who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors.	
.04.01.07 The organization has policies and procedures that guide and support care, treatment or services.	**1** Leaders review, approve, and manage the implementation of policies and procedures that guide and support care, treatment or services.	• Leadership • Care, treatment, or service policies and procedures

EP, element of performance; NPSG, National Patient Safety Goals; HRM, Human Resources Management; CTS, Care, Treatment, and Services; Q, quarter; LD, Leadership.

- Data for the behavioral health care program were derived from 1,164 applicable surveys.

.02.01.01 The critical access hospital implements its infection prevention and control plan.	**1** The critical access hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.	• Infection prevention surveillance • Monitoring • Processes for cleaning equipment • Following manufacturers' instructions for use • Documentation logs • Soiled equipment • Cross contamination
.02.02.01 The critical access hospital reduces the risk of infections associated with medical equipment, devices, and supplies.	**4** The critical access hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.	• Infection prevention • Equipment storage • Medical devices • Supply storage
.01.02.01 The critical access hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.	**1** The critical access hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the critical access hospital implements LS.01.02.01, EPs 2–15 to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented.	• Interim life safety measures • Safety during construction projects • Life safety risks • Life safety deficiencies
.02.01.01 The medical record contains information that reflects the patient's care, treatment, or services.	**2** The medical record contains the following clinical information: • The reason(s) for admission for care, treatment, and services • The patient's initial diagnosis, diagnostic impression(s), or condition(s) • Any findings of assessments and reassessments • Any allergies to food • Any allergies to medications • Any conclusions or impressions drawn from the patient's medical history and physical examination • Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric distinct part units in critical access hospitals: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses.	• Medical record • Documentation • Patient information • Electronic medical record • Missing orders

	• Any consultation reports • Any observations relevant to care, treatment, and services • The patient's response to care, treatment, and services • Any emergency care, treatment, and services provided to the patient before his or her arrival • Any progress notes • All orders • Any medications ordered or prescribed • Any medications administered, including the strength, dose, route, date and time of administration • Any access site for medication, administration devices used, and rate of administration • Any adverse drug reactions • Treatment goals, plan of care, and revisions to the plan of care • Results of diagnostic and therapeutic tests and procedures • Any medications dispensed or prescribed on discharge • Discharge diagnosis • Discharge plan and discharge planning evaluation	
.01.03.01 The governing body is ultimately accountable for the safety and quality of care, treatment, and services.	**12** The critical access hospital has a governing body that assumes full legal responsibility for the operation of the critical access hospital.	• Conditions of Participation deficiencies • Leadership • Governing body accountability
.02.05.01 The critical access hospital manages risks associated with its utility systems.	The critical access hospital labels utility system controls to facilitate partial or complete emergency shutdowns.	• Utility systems • Labels • Emergency shutdowns • Main switches • Valves • Circuits • Fire alarm circuits
.02.05.05 The critical access hospital inspects, tests, and maintains utility systems.	**4** The critical access hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. The completion date and the results of the activities are documented.	• Maintenance • Testing • Inspection • Utility systems • High-risk systems
.02.05.05 The critical access hospital inspects, tests, and maintains utility systems.	**5** The critical access hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented.	• Utility system maintenance • Testing • Inspection • Infection control • Documentation
.01.06.01 Staff are competent to perform their responsibilities.	**1** The critical access hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.	• Staff competence • Defined competencies • Provision of care, treatment, or services

MM.01.01.03 Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.	**1** The process for the ongoing profes	

	l Measurable outcomes and goals identified by the organization and patient as a result of implementing and coordinating the plan of care l Patient and caregiver education and training to facilitate timely discharge l Infon Tf 0 Tc 0 Tw 8 0e outca05cm 0f<FEF640Ul S Q q 1 0 0 1 2Nanceplementing and coodi	

Standard	EP	Keywords/Topics
.02.02.01 The hospital reduces the risk		

(/ • • 1, 201) .15.01.01 Reduce the risk for suicide.	(/ • • 1, 201) 1 . 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). . The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, sucah 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.	
.02.01.01 The hospital implements its infection prevention and control plan.	1 The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.	l Processes for cleaning equipment l Minimizing infection risks l Infection prevention surveillanceg/ActualText<FE

(1, 201) **.15.01.01** Identify patients at risk for suicide.	**(1, 201)** **2** Address the patient's immediate safety needs and most appropriate setting for treatment.	l Suicide risk screening l Suicide risk assessment l Suicide validated screening tools l Suicidal ideation
(1, 201) **.15.01.01** Reduce the risk for suicide.	**(1, 201)** **2** Screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care using a validated screening tool.	
.02.02.03 The hospital makes food and nutrition products available to its patients.	**11** The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.	l Food storage l Nutrition products l Food and nutrition safety l Sanitation l Refrigeration temperatures l Labeling/expiration dates

EP, element of performance; IC, Infection Prevention and Control; EC, Environment of Care; NPSG, National Patient Safety Goals; MM, Medication Management; Q, quarter; LD, Leadership; PC, Provision of Care, Treatment, and Services.

- Data for the hospital program were derived from 1,417 applicable surveys.

.01.06.01 Staff are competent to perform their responsibilities.*	**1** The staff member's competency assessment includes the following: • Direct observations of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing, and testing • Monitoring, recording, and reporting of test results • Review of intermediate test results or worksheets, quality control, proficiency testing, and preventive maintenance performance • Direct observation of performance of instrument maintenance function checks and calibration • Test performance as defined by laboratory policy (for example, testing previously analyzed specimens, internal blind testing samples, external proficiency, or testing samples) • Problem-solving skills as appropriate to the job	• Competency requirements • Proficiency testing • Competency testing methods • Direct observation • Test performance • Incomplete testing
.05.13.01 The organization has policies and procedures to monitor and evaluate the patient and report suspected transfusion-related adverse events.	**7** The organization follows its policies and procedures that guide the monitoring of the patient and the reporting of suspected transfusion-related adverse events during blood and blood component administration.	• Transfusion safety • Transfusion policies and procedures • Transfusion-related adverse events • Blood and blood component administration
.02.11.01 The laboratory conducts surveillance of patient results and related records as part of its quality control program.	**7** The laboratory performs review of other records (for example, work records, equipment records, quality control summaries) at a frequency defined by the laboratory, but at least monthly. The review is documented.	• Surveillance of patient records • Quality control program • Record review and documentation
.02.12.01 The laboratory investigates and takes corrective action for deficiencies identified through quality control surveillance.	**4** The laboratory performs corrective action when the following situations occur: • Quality control results do not meet the laboratory's criteria for acceptability. • An instrument does not meet function check or performance testing requirements. • Incidents of incorrect test results are reported. • Patient test results are reported outside of the laboratory's reportable range of test results. • Criteria for proper storage of reagents and specimens are not met.	• Quality control surveillance • Quality control deficiencies • Quality control corrective action

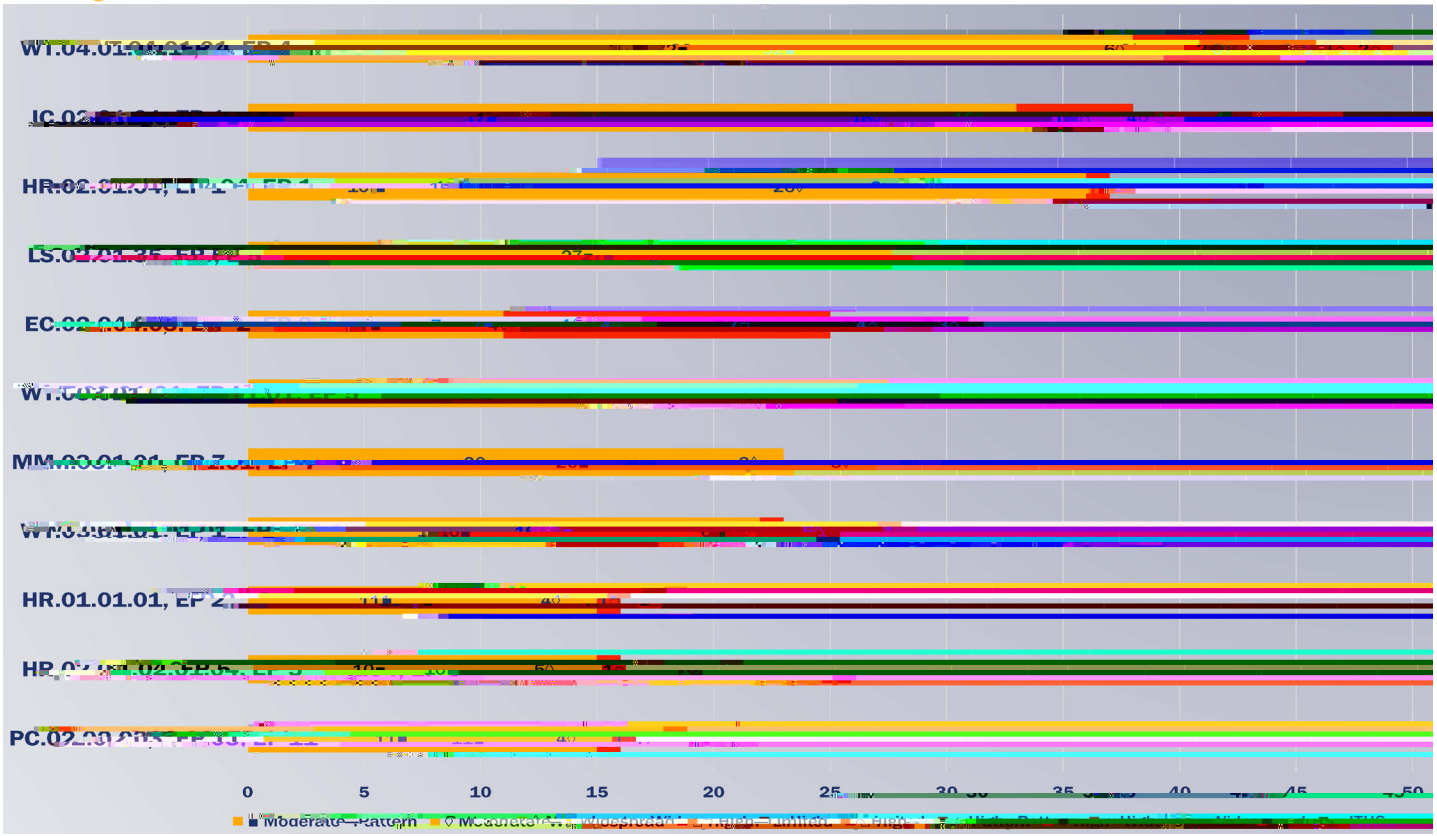
* See Q1 2020 Heads-Up Report titled Staff Competency on your organization's Joint Commission Connect extranet site.

	• Communication breaks down between the laboratory and an authorized person who orders or receives the test. • Other incidents of unsatisfactory specimen collection, testing, or reporting are identified. The corrective action is documented.	
.01.01.01 The laboratory participates in Centers for Medicare & Medicaid Services (CMS)–approved proficiency testing programs for all regulated analytes.	**6** The laboratory's proficiency test performance is successful for each specialty, subspecialty, analyte, or test, as required by law and regulation.	• CMS proficiency testing • Analytes • Law and regulation
.05.17.01 The laboratory has policies and procedures for transfusion-related activities.	**4** The laboratory follows its policies and procedures for transfusion-related activities.	• Transfusion policies and procedures
.02.03.01 The laboratory report is complete and is in the patient's clinical record.	**1** The laboratory report is maintained in the patient's clinical record.	• Laboratory reports • Missing documentation • Maintenance in clinical record
.02.03.01 The laboratory performs calibration verification.	**3** Calibration verification is performed every six months.	• Calibration verification

EP, element of performance; HR, Human Resources; QSA, Quality System Assessment for Nonwaived Testing; Q, quarter; DC, Document and Process Control.

- Data for the laboratory program were derived from 725 applicable surveys.

Nursing Care Centers



Standard	EP	Keywords/Topics
.04.01.01 The organization performs quality control checks for waived testing on each procedure.*	**4** For instrument-based waived testing, quality control checks are performed on each instrument used for patient or resident testing per manufacturers' instructions.	Waived testing Quality control Patient or resident testing devices Following manufacturers' instructions for use
.02.01.01 The organization implements its infection prevention and control plan.	**1** The organization implements its infection prevention and control activities, including surveillance, to reduce and/or minimize the risk of infection.	Infection prevention and control plan Infection prevention activities Surveillance Infection risk reduction

* See Q4 2019 Heads-Up Report titled Quality Control (QC) Practices for Waived Testing on your organization's Joint Commission Connect extranet site.

.02.01.04 The organization permits licensed independent practitioners to provide care, treatment, and services.*	**1** Before permitting licensed independent practitioners new to the organization to provide care, treatment, and services, the organization does the following: • Documents current licensure and any disciplinary actions against the license available through the primary source. • Verifies the identity of the individual by viewing a valid state or federal government-issued picture identification (for example, a driver's license or passport). • Obtains and documents information from the National Practitioner Data Bank (NPDB). The medical director evaluates this information. • Determines and documents that the practitioner is currently privileged at a Joint Commission–accredited organization; this determination is verified through the accredited organization. If the organization cannot verify that the practitioner is currently privileged at a Joint Commission–accredited organization, the medical director oversees the monitoring of the practitioner's performance and reviews the results of the monitoring. This monitoring continues until it is determined that the practitioner is able to provide the care, treatment, and services that he or she is being permitted to provide.	• Licensing • Privileging • New licensed independent practitioners • Verification of licensure • Primary source verification • Permission to provide care • Documentation of licensing requirements • National Practitioner Data Bank
.02.01.35 The organization provides and maintains systems for extinguishing fires.	**5** Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed.	• Fire safety • Life Safety Code • Extinguishing fires • Sprinkler head maintenance
.02.04.03 The organization inspects, tests, and maintains medical equipment.	**2** The organization inspects, tests, and maintains all life-support equipment. These activities are documented.	• Inspection, testing, and maintenance of medical equipment • Life-support equipment

* See Q1 2020 Heads-Up Report titled Verification of Licensed Independent Practitioners (LIP) on your organization's Joint Commission Connect extranet site.

Standard	EP	Keywords/Topics
.02.02.01 The practice reduces the risk of infections associated with medical equipment, devices, and supplies.	**2** The practice implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.	

.02.01.03 The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.*	**11** Before granting initial, renewed, or revised privileges to a licensed independent practitioner, practice leaders evaluate the following: • The applicant's written statement that no health problems exist that could affect his or her ability to perform the requested privileges • Any challenges to licensure or registration • Any voluntary and involuntary relinquishment of license or registration • Any voluntary and involuntary termination of medical staff membership at another organization • Any voluntary or involuntary limitation, reduction, or loss of clinical privileges • Any professional liability actions that resulted in a final judgment against the applicant • Information from the National Practitioner Data Bank • Whether the requested privileges are consistent with the population served by the organization • Whether the requested privileges are consistent with the site-specific care, treatment, or services provided by the organization	• Clinical privileging • Initial, renewal • Revised privileges • Privileging process
.02.01.03 The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.*	**1** The practice follow a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges.	• Clinical privileging process • Initial, renewed, and revised privileges
.0 .04.01 The practice provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety," also known as "Immediate Threat to Life" or ITL situation.	**1** The practice provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety," also known as "Immediate Threat to Life" or ITL situation.	• Immediate risks to health or safety • Documentation in "Infection Prevention and Control" (IC), "Environment of Care"

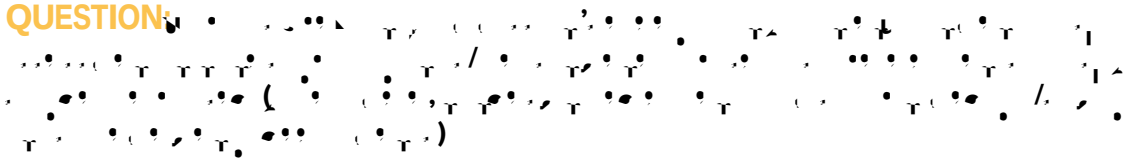
.01.02.01 The practice addresses the safe use of look-alike/sound-alike medications.	**2** The practice takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications.	

FAQ: Clarifying Expectations for Suicide Risk Reduction in Nonpsychiatric Areas

In July 2019 The Joint Commission implemented the revised National Patient Safety Goal (NPSG) NPSG.15.01.01 related to suicide risk reduction, which was applicable to behavioral health care organizations and hospitals only. Effective July 1, 2020, NPSG 15.01.01 also will be applicable to critical access hospitals. The following answer to a frequently asked question (FAQ) received from customers clarifies how to address Standard NPSG 15.01.01, Element of Performance (EP) 1. EP 1 requires an environmental risk assessment to identify features in the physical environment that could be used to attempt suicide in nonpsychiatric areas of critical access hospitals and hospitals.

- For questions related to this FAQ or the suicide risk recommendation, please contact the Standards Interpretation Group via the Standards Online Submission Form.

QUESTION:



ANSWER: The Joint Commission requires the following of an environmental risk assessment to evaluate potential suicide risks:

- ***Thoughtful evaluation of the environment.*** The evaluation is meant to be a proactive process to, at a minimum, identify self-harm issues before a patient is placed in the room.
- ***A plan.*** The plan needs to identify who is responsible for removing any objects identified to be of a self-harm nature.
- ***Resources to guide staff.*** When caring for individuals at risk for suicide in a patient room in a nondesignated space, staff can reference resources, such as the following:
  - Checklists identifying the self-harm objects to be removed
  - Electronic flags (for example, the patient being placed in a medical/surgical room is high risk; sweep the room for items not essential for patient care that may pose a self-harm risk)
  - Competency/training for all sitters who will be with high-risk patients to do the environmental assessments
  - Visual reminders (for example, posters) of the most common items that are significant risks on the unit
  - On-site psychiatric professional who is available to complete an environmental risk assessment in areas where staff do not have the training to do this independently P

Update: Spring 2020 Postings to E-dition® for Accreditation and Certification

The Joint Commission Releases Next Round of Heads-Up Reports

Reports Now Available for Critical Access Hospitals, Hospitals, and Laboratories

On March 20, The Joint Commission released its most recent version of the Heads-Up Reports to all accreditation programs. This program-specific report identifies important topics and themes that surveyors are noting and citing during recent surveys. In addition, the Heads-Up Report clarifies not only on what

Consistent Interpretation

This issue of Perspectives presents the

- **2020** 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.

inappropriate testing and clinician feedback with the goal of reducing inappropriate tests being sent to the lab in conjunction with established approaches to reducing HO-CDI.

Opioid Prescribing Practices

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S. Tsega, G. Hernandez-Meza, A.C. DiRisio, M.R. D'Andrea, H.J. Cho

Guidelines for opioid prescribing are associated with changes in prescription patterns, but many providers remain unaware of best practices surrounding appropriate opioid prescribing. In this article, Tsega and colleagues describ0 0d (S. Tscetemod33 4 (S.st0 -uEy i Opioem]TJ n.)erv]TJ, bulbing. ge)by first-year m0 -1S.sspproac333 Td -0