



The Joint Commission Perspectives®

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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The Joint Commission and NQF Honor 2018 Eisenberg Award Recipients

On March 25, 2019, The Joint Commission and the National Quality Forum (NQF) presented the 2018 John M. Eisenberg Patient Safety and Quality Awards at NQF's 2019 Annual Conference in Washington, DC. Launched in 2002 by NQF and The Joint Commission, the patient safety awards program honors John M. Eisenberg, MD, MBA, former administrator of the Agency for Healthcare Research and Quality (AHRQ) and member of NQF's founding board of directors.

Eisenberg honorees are recognized for significant and long-lasting contributions to improving patient safety and health care quality. This year's award recipients contributed many years to quality improvement initiatives that have enhanced health care globally.

"The Eisenberg Awards are an annual reminder that we, as a nation, cannot take health care quality and safety for granted, and significant work remains to improve the care experienced by every person in communities across the country."

**Dr. Shantanu Agrawal, president and chief executive officer,
National Quality Forum**

The 2018 Eisenberg honorees received awards in the three annual categories—Individual Achievement, Innovation in Patient Safety and Quality at a National Level, and Innovation in

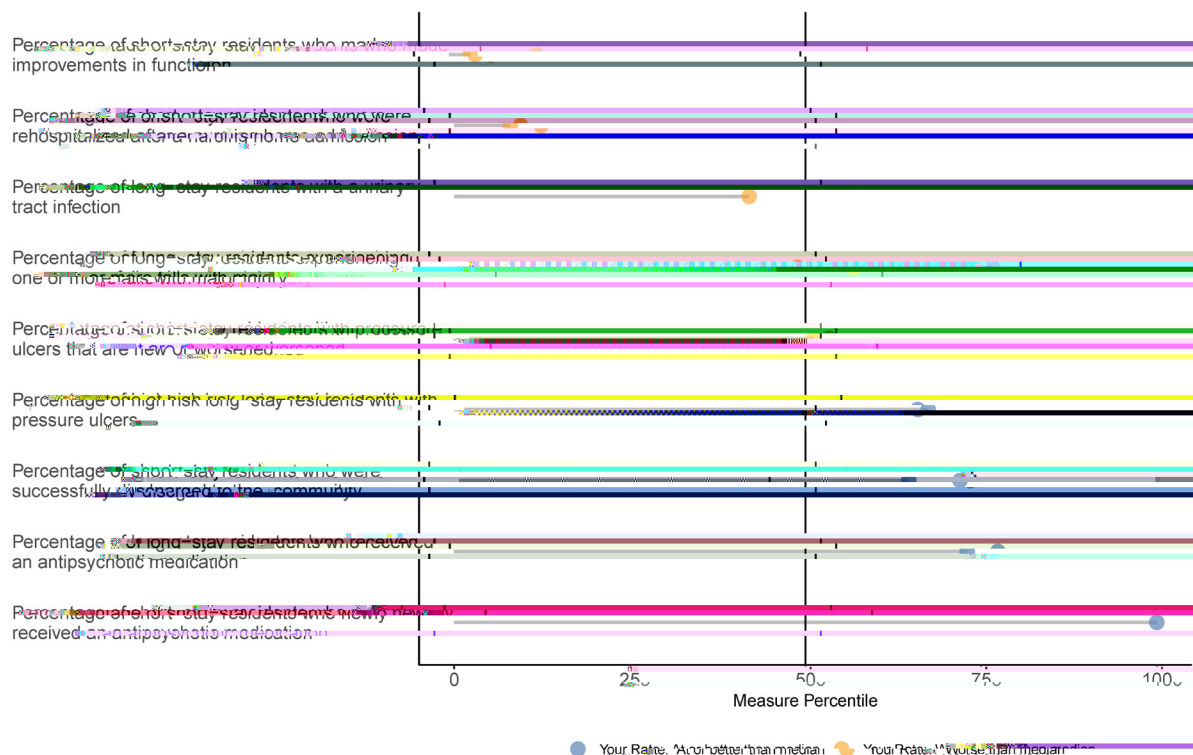


The Joint Commission Launches New Nursing Care Center Dashboard Report


**Other Health Care Settings to Get Dashboard Report Later in
2019**



addresses the high-opportunity topics will be developed. All accredited nursing care centers will have access to the educational webinar series; additional information about the webinar series will be available at a later date. Organizations with high opportunity for improvement will be particularly encouraged to participate.



This is one of several data representation graphics that are included in the Dashboard Report. This graphic clearly identifies an organization's performance measures from lowest to highest ranking. The easy identification of performance levels allows an organization to prioritize its quality improvement work and identify areas of excellence to propagate.


In addition to nursing care centers, The Joint Commission plans to release a similar Dashboard Report for home health, hospice, ambulatory surgery centers, and hospitals throughout 2019. For additional information, contact your account executive. 

Other Important Revisions

- Added [two new advanced disease-specific care certification programs](#)—**primary heart attack center** (PHAC) and **acute heart attack ready** (AHAR)—for heart attack (February 2019 *Perspectives*)
- Added a [specialty pharmacy accreditation option](#) as well as three new EPs to support the option (**home care**) (March 2019 *Perspectives*)

Review the “What’s New” section in your online or print accreditation or certification resource for specific changes for your program.

Managing Your Manuals

Contact [Customer Technical Support](#) for help in accessing updated standards in the E-dition release on your *Joint Commission Connect* extranet site. If you are missing a purchased hard-copy accreditation manual product, contact [Customer Service](#) or call 877-223-6866 with your order number and organization name. [Hard-copy](#) and [online](#) manuals, as well as other accreditation resources, are also available for purchase on the Joint Commission Resources website. 

Additional FAQs: Suicide Risk Reduction Recommendations


Consistent Interpretation

Joint Commission Surveyors' Observations of Missing or Incorrectly Followed Medication Management Policy Requirements

The monthly **Consistent Interpretation** column is designed to support organizations in their efforts to comply with specific Joint Commission requirements. Each installment of the column draws from a de-identified database containing surveyors' observations (in the column to the left) on an element of performance (EP)—as well as guidance from the Standards Interpretation Group on how to interpret the observations (in the column to the right).

The requirements highlighted in this column are not necessarily those with high rates of noncompliance. Rather, they are EPs that have the potential to negatively impact the delivery of high-quality care or create risk from a safety perspective if found out of compliance. That is, they may appear in the upper right corner of a *Survey Analysis for Evaluating Risk*[®] (SAFER[™]) Matrix if cited on survey. Featured EPs are applicable to the hospital program; however, the guidance in this column may be extrapolated to apply to other accreditation programs that offer similar services and populations served.

This month, **Consistent Interpretation** highlights two Medication Management (MM) requirements related to a health care organization's noncompliance with its own or missing written medication orders policy(ies).

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

Standard MM.04.01.01: Medication orders are clear and accurate.

EP 1: © The hospital follows a written policy that identifies the specific types of medication orders that it deems acceptable for use.

Note: *There are several different types of medication orders. Medication orders commonly used include the following:*

- *As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom*
- *Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances*
- *Automatic stop orders: Orders that include a date or time to discontinue a medication*
- *Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status*
- *Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval*
- *Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status*
- *Signed and held orders: New prewritten (held) medication orders and specific instructions from a licensed independent practitioner to administer medication(s) to a patient in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s)*
- *Orders for compounded drugs or drug mixtures not commercially available*
- *Orders for medication-related devices (for example, nebulizers, catheters)*
- *Orders for investigational medications*
- *Orders for herbal products*
- *Orders for medications at discharge or transfer*

Surveyor Observations	Guidance/Interpretation
<ul style="list-style-type: none"> ● Review of the health care organization's medication order policy(ies) did not address when indication for use must be included in a medication order. ● The organization's medication orders policy(ies) was not comprehensive, and it did not define the necessary elements for a complete titration medication order. ● Incomplete or inaccurate medication orders—as defined and mandated by the organization's policy(ies)—were noted in the patient's medical record. Note: <i>The RFI must include a specific example(s) of noncompliance with the health care organization's policy(ies).</i> ● The medication order for IV fluids did not include the type of fluid to be initiated. ● PRN medication orders were written without a specific indication as required by the organization's medication orders policy(ies). ● Verbal orders were observed without all required elements. ● The organization's medication orders policy(ies) did not address orders for the look-alike/sound-alike medications, such as epinephrine. 	<ul style="list-style-type: none"> ● This EP is specific to defining the required elements of a complete medication order. ● For failure to define the type of medication orders permitted by the health care organization, see Standard MM.04.01.01, EP 1. ● For additional requirements regarding look-alike/sound-alike medications, see Standard MM.01.02.01 and its EPs.† ● Score failure to document medications administered at Bedside, Ambulatory Care, Outpatient, Home Care, and Hospice (to document medication administration). See Standard RC.02.01.01, EP 2.* ● Score failure to complete RASS/Ramsay assessments/reassessments at Provision of Care, Treatment, and Services (to document medic/Langtete RASS/Ramsay assess

This issue of *Perspectives* presents the **April 2019** 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.

To purchase a subscription or site license to *JQPS*, please visit [The Joint Commission Journal on Quality and Patient Safety](#) website.

Editorial

229 Studying Complex Interventions: Lessons from the AHRQ Safety Program for Perinatal Care

D.W. Baker

To decrease maternal and neonatal adverse events, the Agency for Healthcare Research and Quality implemented the Safety Program for Perinatal Care, as reported in this issue by Kahwati and colleagues.

In this editorial, Baker considers the challenges of interpreting the results of such a complex, multifaceted intervention.

Care Processes

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jrcustomerservice@pbd.com

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