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## Center for Transforming Healthcare

### Center for Transforming Healthcare aims to prevent inpatient falls with injury

Approximately 11,000 fatal patient falls occur in U.S. hospitals annually, but hospitals using new measurement systems and solutions from the Joint Commission Center for Transforming Healthcare *Preventing Falls with Injury* project were able to reduce the number of patients injured in a fall by 62 percent and the number of patients falling by 35 percent. Between 30 to 35 percent of patients that fall sustain an injury. On average, these injuries result in an additional 6.3 days in the hospital. If the Center's approach is translated to a typical 200-bed hospital, the number of patients injured in a fall could be reduced from 117 to 45, and save approximately \$1 million annually through fall prevention efforts. Similarly, a 400-bed hospital could reduce the number of patient falls with injury by 133 and expect to save \$1.9 million annually.



Working with the Center, seven participating organizations were able to significantly reduce the total number of falls and falls with injury by creating awareness among staff, empowering patients to take an active role in their own safety, utilizing a validated fall risk assessment tool, engaging patients and their families in the fall safety program, providing hourly rounding that includes proactive toileting, and engaging all hospital staff to ensure no patient walks unaccompanied. In all, the hospitals and the Center created a total of 21 targeted solutions during the course of the project. As solutions were developed, the hospitals discovered that fall prevention was not a set of disparate and unrelated activities. Instead, preventing falls was a key strategy in preventing or minimizing patient harm. The organizations that volunteered for the project were:

- Barnes-Jewish Hospital, Missouri
- Baylor Health System, Texas
- Fairview Health Services, Minnesota
- Kaiser Permanente, California
- Memorial Hermann Healthcare System, Texas
- Wake Forest Baptist Health, North Carolina
- Wentworth-Douglass Hospital, New Hampshire

The Targeted Solutions Tool® (TST) for preventing falls with injury is currently in development for release in 2015. The TST is an online resource that provides a step-by-step process to assist organizations in measuring performance, identifying barriers to excellent performance, and implementing the Center's proven solutions that are customized to address specific barriers. TST modules are now available for improving hand hygiene, hand-off communications, and wrong site surgery. Accredited organizations can access the TST and solutions free of charge on their secure Joint Commission Connect extranet.

For more information, read the [full news release](#) or visit the [Joint Commission Center for Transforming Healthcare website](#).

## Accreditation

### Effective July 1, 2014: Intracycle Monitoring Profile to replace PFP and S3 tools

Beginning July 1, 2014, Joint Commission surveyors will use an organization's Intracycle Monitoring (ICM) Profile and/or information identified in the E-App (electronic application) to help plan organization surveys. Since 2004, the Priority Focus Process (PFP) has been used to help focus and customize the accreditation process by providing surveyors with a starting point for conducting the on-site survey. Because of the implementation of new tools and applications that incorporate much of the same data and information previously used in the PFP, the PFP Summary Report and Strategic Surveillance System (S3), created as an extension of the PFP, will be removed from The Joint Commission Connect™ extranet. Although surveyors will gather information from the ICM Profile, they will not have access to an organization's Focused Standards Assessment (FSA), unless the organization chooses to share it with the surveyor. This change will be published in the July 2014 *E-dition*® update, as well as the *2014 Update 1* to the comprehensive accreditation manuals for **all programs**. (Contact: Frank Zibrat, [fzibrat@jointcommission.org](mailto:fzibrat@jointcommission.org))

## Patient safety

### Clarification: Joint Commission requirements for Organ Procurement Organizations (OPOs)

The Joint Commission requires hospitals to have a written agreement with an Organ Procurement Organization (OPO) as part of its Transplant Safety (TS) standard TS.01.01.01: *The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues*. All of the nation's 58 OPOs are certified as meeting the [Conditions for Coverage \(CfCs\) for OPOs](#), and the Centers for Medicare & Medicaid Services (CMS) designates one OPO per service area (which may include selected counties or entire states). The following clarification addresses some questions about the applicability of Joint Commission requirements for OPOs.

#### Q: Are OPOs considered contracted services?

No. Although hospitals and OPOs depend on one another to achieve the mutual goals of organ donation, recovery, and transplantation, their relationship is quite different from the traditional agreement between hospitals and contractors that is covered by Leadership (LD) standard LD.04.03.09: *Care, treatment, and services provided through contractual agreement are provided safely and effectively*. The following unique organizational attributes distinguish OPOs from providers of contracted services:

- OPOs coordinate organ donation as **federally designated entities** and not on behalf of the hospital – that is, they are not paid by hospitals for their services. Instead, OPOs are required to meet performance-related standards in order to be reimbursed by CMS for the cost of their services.
- OPOs are not considered business associates or vendors of the hospital as defined by the Health Insurance Portability and Accountability Act (HIPAA). **HIPAA exemption 45 CFR 164.512(h)** allows covered entities (hospitals) to use or disclose protected health information to OPOs without written patient consent or authorization for the purpose of facilitating organ, eye, or tissue donation and transplantation.
- Although OPOs evaluate potential organ donors, notify the family of potential donors about the option to donate, and provide bereavement support for donor families, they do not provide **direct care** to living patients. As stated in the introduction to LD.04.03.09, "This standard does not apply to contracted services that are not directly related to patient care." Because the only contractual agreements subject to the requirements in LD.04.03.09 are for the provision of services provided to the hospital's patients, the requirements for contracted services in standard LD.04.03.09 do not apply to OPOs.

#### Q: Do Joint Commission human resources standards apply?

Because The Joint Commission human resources (HR) standards, such as LD.04.03.09, focus on personnel providing patient care on behalf of the hospital, those requirements are not applicable to OPOs. However, there are a number of federal regulations that address OPO staff qualifications and training. For instance, the CfCs require OPOs to ensure that all individuals who provide or supervise services are qualified to do so; therefore, OPOs must maintain records for physicians and other practitioners who routinely recover organs to ensure that those individuals are qualified and trained.

Further, the Interpretive Guidelines for the CMS Hospital Condition of Participation regarding organ, tissue, and eye procurement state that hospitals are “not required to perform credentialing review for, or grant privileges to, members of organ recovery teams as long as the OPO sends only ‘qualified, trained individuals’ to perform organ recovery.”

Some hospitals choose to include personnel requirements in their hospital-OPO agreement; however requirements specific to The Joint Commission’s HR and contracted services standards are unnecessary as those standards do not apply to OPOs. Direct additional questions to the Standards Interpretation Group through its [online question form](#).

### FEMA launches *America's PrepareAthon!* on April 30

The Federal Emergency Management Agency (FEMA) is launching *America's PrepareAthon!* on April 30 – a nationwide, community-based campaign for action to increase emergency preparedness and resilience through hazard-specific drills, group discussions and exercises conducted at the national level every fall and spring. *America's PrepareAthon!* is an opportunity for individuals, organizations, and communities to prepare for specific hazards through drills, group discussions, and exercises. The first national day of action encourages people to take action to prepare for four specific hazards: tornadoes, wildfires, floods and hurricanes. Organizations and individuals can register on the site and provide details about the activities they are planning. For more information, visit [America's PrepareAthon! website](#). The Joint Commission also has a new [Emergency Management Resources web page](#) that has a number of resources available for free.



## Resources

### New on the web

- **Blog posts:**
  - *Leadership Blog* - [Taking care of my parents](#) – by Ana Pujols McKee, M.D., executive vice president and chief medical officer. We know the reasons for overuse of medical treatments and tests are multifactorial. We also know that most of the time, the clinician has good intentions. But ordering dangerous tests for frail elderly patients who do not want them demonstrates lack of both knowledge and caring. With first-hand experience with this dangerous situation, I proposed a call to action in *JAMA Internal Medicine*.
  - *Ambulatory Buzz* - [Getting to the heart of credentialing and privileging](#) - Susan Herrold, M.N., R.N., and Mary Pat Hall, M.S.N., R.N., Joint Commission ambulatory surveyors, share their thoughts on credentialing and privileging in the ambulatory setting.
- [Free Webinar: Gain an Edge on Your Competition](#) - May 29, 2014, noon-1 p.m. CT. Achieve accreditation and specialty certification in Post-Acute Care and/or Memory Care from The Joint Commission.

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