**APPROVED:** 2015 Accreditation and Certification Decision Rules for All Programs

The Joint Commission’s Accreditation Committee recently approved the 2015 accreditation and certification decision rules for all accreditation and certification programs. These decision rules are effective for surveys and reviews beginning January 1, 2015, and are shown in the boxes on pages 3–7 for accreditation programs and page 8 for certification programs. New text is underlined and deleted text is shown in strikethrough.

Most changes are editorial in nature and intended to clarify existing rules. These changes support actual practice and provide a more accurate set of decision rules. Specific changes to the accreditation and certification decision rules include the following:

- Deleted the Note from Preliminary Accreditation (PA) decision rule PA01 explaining that, because the first survey employs a subset of applicable standards, a Preliminary Accreditation decision remains in effect until the completion of the second full survey.
- Revised the decision rules for the add-on certification programs available to Joint Commission–accredited organizations. These optional programs include the following:
  - Primary Care Medical Home Certification for ambulatory care organizations, critical access hospitals, and hospitals
  - Behavioral Health Home Certification for behavioral health care organizations
- Post–Acute Care Certification for nursing care centers
- Memory Care Certification for nursing care centers
- Revised Not Certified (NC) decision rule NC02 and Preliminarily Not Certified (PNC) decision rule PNC01 to reflect that both take effect after two unsuccessful opportunities.

Continued on page 3
In Sight

This column informs you of developments and potential revisions that can affect your accreditation and certification and tracks proposed changes before they are implemented. Items may drop off this list before the approval stage if they are rejected at some point in the process.

ACCEPTED
STANDARDS
- Revisions to deeming-related requirements for the ambulatory care program (see article on page 8)
- Revisions to deeming-related requirements regarding swing beds, medical staff, and outpatient orders for the hospital and critical access hospital programs (see article on page 12)

APPROVED
STANDARDS
- Deletion of two requirements from the home care program (see article on page 18)
- New and revised standards for the laboratory program (effective July 1, 2015; article to be included in an upcoming issue)

POLICIES AND PROCEDURES
- Revisions to Sentinel Event Policy for all programs (effective January 1, 2015; article to be included in an upcoming issue)
- New “Patient Safety Systems” (PS) chapter for the hospital program (effective January 1, 2015; article to be included in an upcoming issue)

CURRENTLY IN FIELD REVIEW
- Proposed new Advanced Certification for Perinatal Care option for the clinically uncomplicated mother and newborn, applicable to accredited hospitals (field review ends October 17, 2014)
- Proposed revisions to diagnostic imaging requirements for the ambulatory care, hospital, and critical access hospital programs (field review ends October 24, 2014)
- Proposed new Acute Stroke Ready Disease-Specific Care program, applicable to accredited hospitals (field review ends October 29, 2014)

Note: To participate in or read more about field reviews, please visit The Joint Commission website at http://www.jointcommission.org/standards_information/field_reviews.aspx.

CURRENTLY IN DEVELOPMENT
STANDARDS
- Proposed new Advanced Certification for Perinatal Care option for the clinically uncomplicated mother and newborn, applicable to accredited hospitals
- Proposed revisions to diagnostic imaging requirements for the ambulatory care, hospital, and critical access hospital programs
- Proposed new Acute Stroke Ready Disease-Specific Care program, applicable to accredited hospitals
- Proposed new and revised requirements for the Advanced Certification for Palliative Care program, applicable to accredited hospitals
- Proposed Integrated Delivery System certification option for accredited ambulatory care and hospital programs

Something missing from your manual? Several deeming-related standards revisions made in E-dition® do not yet appear in the hard copy accreditation manuals. These revisions will appear in Update 2, scheduled to publish in late October, and the 2015 Comprehensive Accreditation Manuals, scheduled to publish in November.
Added Certified (CT) decision rule CT02 regarding the recommendation of certification after a successful on-site Evidence of Standards Compliance (ESC) follow-up review showing compliance with the original review Requirements for Improvement (RFIs).

The 2014 Update 2 to the comprehensive accreditation manuals, the 2015 certification manuals, and the November E-dition* release will include these new accreditation and certification decision rules.

### 2015 Accreditation Decision Rules

**Effective January 1, 2015**

#### Denial of Accreditation

Denial of Accreditation will be recommended when one or more of the following conditions are met:

**DA01** The [organization] does not permit the performance of any survey by The Joint Commission. (APR.02.01.01, EP 1)

**DA02** The [organization] has failed to resolve an Accreditation with Follow-up Survey or Contingent Accreditation status prior to withdrawing from the accreditation process.

**DA03** The [organization] has failed to submit payment for survey fees or annual fees.

**DA04** The [organization] has repeatedly failed to submit an ESC and/or MOS.

#### Preliminary Denial of Accreditation

Preliminary Denial of Accreditation will be recommended when one or more of the following conditions are met:

**PDA01** An Immediate Threat to Health or Safety exists for [patients], staff, or the public within the [organization]. (APR.09.04.01, EP 1)

**PDA02** The [organization’s] [patients] have been placed at risk for a serious adverse outcome(s) due to significant and pervasive patterns, trends, and/or repeat findings.

**PDA03** The [organization’s] [patients] have been placed at risk for a serious adverse outcome because either an individual who does not possess a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification.

The following cross-reference applies to critical access hospitals and hospitals only:

(HR.01.02.07, EPs 1 and 2; MS.06.01.05, EP 1)

The following cross-reference applies to ambulatory care and office-based surgery only:

(HR.01.02.07, EPs 1 and 2; HR.02.01.03, EP 4)

The following cross-reference applies to nursing care centers only:

(HR.01.02.07, EPs 1 and 2; HR.02.01.04, EP 15)

The following cross-reference applies to behavioral health care, home care, and laboratory only:

(HR.01.02.07, EPs 1 and 2)

**PDA04** The [organization] does not possess a license, certificate, and/or permit, as or when required by applicable law and regulation, to provide the health care services for which the [organization] is seeking accreditation. (LD.04.01.01, EP 1)

**PDA05** The Joint Commission is reasonably persuaded that the [organization] submitted falsified documents or misrepresented information in seeking to achieve or retain accreditation. Information provided by [an organization] and used by The Joint Commission for accreditation purposes must be accurate and truthful and may be received in the following ways:

- Provided verbally, in writing, or electronically
- Obtained through direct observation by, or in an interview with, or any other type of communication with a Joint Commission employee

Continued on page 4
### 2015 Accreditation Decision Rules (continued)

- Derived from documents supplied by the [organization] to The Joint Commission including, but not limited to, its application for accreditation or its root cause analysis (RCA) in response to a sentinel event.

The following bullet applies to all except office-based surgery:

- Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the FSA Intracycle Monitoring (ICM) process or the electronic application process.

The following bullet applies to office-based surgery only:

- Submitted electronically to The Joint Commission including, but not limited to, data or documents provided as part of the electronic application process.

If accreditation is denied following implementation of this rule, the [organization] shall be prohibited from participating in the accreditation process for a period of one year unless the president of The Joint Commission, for good cause, waives all or a portion of this waiting period. (APR.01.02.01, EP 1)

<table>
<thead>
<tr>
<th>PDA06</th>
<th>The [organization] with a decision of Contingent Accreditation has failed to clear noncompliant standards as a result of the follow-up survey.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDA07</td>
<td>The laboratory has failed to comply with a cease testing order issued by The Joint Commission, one of its cooperative partners, or a regulatory agency.</td>
</tr>
<tr>
<td>PDA08</td>
<td>The organization’s laboratory personnel have referred proficiency testing samples to another laboratory for analysis or participated in interlaboratory communication regarding proficiency testing results before the results have been reported to the program provider. (QSA.01.04.01, EPs 1 and 2)</td>
</tr>
</tbody>
</table>

**Contingent Accreditation**

Contingent Accreditation will be recommended when one or more of the following conditions are met:

- If the Immediate Threat to Health or Safety abatement survey through direct observation or other determining method has demonstrated that the [organization] has implemented sufficient corrective action to warrant removal of the Immediate Threat, the Accreditation Committee may change the decision to Contingent.

- The [organization] with a decision of Accreditation with Follow-up Survey has failed to resolve all requirements.

- There is some evidence that the [organization] may have engaged in possible fraud or abuse. (LD.04.02.03, EP 3)

- An ambulatory care organization undergoing an initial Joint Commission survey for deemed status has one or more Conditions for Coverage scored as a Condition-level deficiency.

- An organization undergoing an initial Joint Commission survey for deemed status demonstrates systemic patterns or trends of noncompliance with Joint Commission requirements or fails to successfully address all Requirements for Improvement (RFIs) in an Evidence of Standards Compliance (ESC) or Measure of Success (MOS).

- An organization undergoing an initial Joint Commission survey has an individual who does not possess a license, registration, or certification who is providing or has provided health care services in the [organization] that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification.

The following cross-reference applies to critical access hospitals and hospitals only:
2015 Accreditation Decision Rules (continued)

(HR.01.02.07, EPs 1 and 2; MS.06.01.05, EP 1)
The following cross-reference applies to ambulatory care and office-based surgery only:
(HR.01.02.07, EPs 1 and 2; HR.02.01.03, EP 4)
The following cross-reference applies to nursing care centers only:
(HR.01.02.07, EPs 1 and 2; HR.02.01.04, EP 15)
The following cross-reference applies to behavioral health care, home care, and laboratory only:
(HR.01.02.07, EPs 1 and 2)
**Note:** Except as provided under rule PDA03.
Applicable to all except laboratory:

CONT07 [An organization] undergoing an initial first Joint Commission survey has failed to implement or make sufficient progress toward the Plan for Improvement (PFI) described in a Statement of Conditions, which was previously accepted by The Joint Commission; or has failed to develop and implement the interim life safety measures (ILSM) policy and its criteria associated with evaluation and compensation for increased safety.

The following cross-reference applies to critical access hospitals, hospitals, home care, nursing care centers, and office-based surgery only:
(LS.01.01.01, EP 3; LS.01.02.01, EP 3)
The following cross-reference applies to ambulatory care and behavioral health care only:
(LS.01.01.01, EP 3)
The following Note applies to home care only:
**Note:** This rule applies to hospice inpatient facilities only.

Accreditation with Follow-up Survey
**Note:** The Accreditation with Follow-up Survey could occur within 30 days or up to six months after the decision is rendered.
Accreditation with Follow-up Survey will be recommended when one or more of the following conditions are met:

AFS01 The [organization] demonstrates systemic patterns, trends, and repeat findings primarily with direct impact and/or risk-related standards.

AFS02 The [organization] demonstrates systemic patterns, trends, and repeat findings with indirect impact standards.

AFS03 The [organization] fails to successfully address all RFIs in an ESC or MOS.

AFS04 At least two on-site ESC demonstrate the need for continued monitoring to assess whether the [organization] sustains improvements.

AFS05 The [organization], which has failed to resolve one or more of its original RFIs, may be scheduled for a second Accreditation with Follow-up Survey.

Applicable to all except office-based surgery:

AFS06 The [organization] fails to submit participate in Intra-cycle Monitoring requirements.

Applicable to laboratory only:

AFS07 The laboratory fails to submit a written plan of action for unsuccessful proficiency testing after two requests from The Joint Commission.

Applicable to critical access hospitals, hospitals, and home care only:

AFS08 The [organization] has one or more Conditions of Participation scored as a Condition-level deficiency.

**Note:** This rule applies only to [organizations] that use accreditation for deemed status purposes and that are already Medicare certified.

Applicable to ambulatory care only:

AFS08 The ambulatory care organization has one or more Conditions for Coverage scored as a Condition-level deficiency.

**Note:** This rule applies only to organizations that use accreditation for deemed status purposes and that are already Medicare certified.

Note is applicable to home care only:

AFS09 An individual who does not possess a license, registration, or certification is providing or has provided

Continued on page 6
2015 Accreditation Decision Rules (continued)

health care services in the [organization] that would, under applicable law or regulation, require such a license, registration, or certification; or an individual is practicing outside the scope of his or her license, registration, or certification.

The following cross-reference applies to critical access hospitals and hospitals only:
(HR.01.02.07, EPs 1 and 2; MS.06.01.05, EP 1)

The following cross-reference applies to ambulatory care and office-based surgery only:
(HR.01.02.07, EPs 1 and 2; HR.02.01.03, EP 4)

The following cross-reference applies to nursing care centers only:
(HR.01.02.07, EPs 1 and 2; HR.02.01.04, EP 15)

Note: Except as provided under rule PDA03 and CONT06.

Applicable to all except laboratory:

AFS10

The [organization] has failed to implement or make sufficient progress toward the Plan for Improvement (PFI) described in a Statement of Conditions, which was previously accepted by The Joint Commission; or has failed to develop and implement the interim life safety measures (ILSM) policy and its criteria associated with evaluation and compensation for increased safety.

The following cross-reference applies to critical access hospitals, hospitals, home care, nursing care centers, and office-based surgery only:
(LS.01.01.01, EP 3; LS.01.02.01, EP 3)

The following cross-reference applies to ambulatory care and behavioral health care only:
(LS.01.01.01, EP 3)

Note: Except as provided under rule CONT07.

Note applies to home care only:

Note 2: This rule applies to hospice inpatient facilities only.

Applicable to ambulatory care, critical access hospitals, hospitals, laboratory, and office-based surgery only:

One-Month Survey
A one-month survey will be performed when the following condition is met:

FOC01
A full laboratory survey will be conducted when [an organization] providing laboratory services cannot demonstrate to The Joint Commission that its laboratory accreditation decision is in good standing with a Joint Commission–recognized accreditor or the accreditation is more than 24 months old.

Applicable to laboratory only:

Retrospective Cytology Survey
A retrospective cytology survey will be performed scheduled within 45 days when the following condition is met:

FOC02
A retrospective cytology survey will be conducted if, during a full laboratory survey, a laboratory providing cytology services is observed to have quality issues in this specialty. This will require a special survey that includes, but is not limited to, a review of slides for diagnostic discrepancies, evaluation of policies and procedures, and verification of staff workload.

Applicable to laboratory only:

Proficiency Testing Monitoring Survey
A proficiency testing monitoring survey will be scheduled when the following condition is met:

PTM01
The laboratory has either initial or subsequent unsuccessful proficiency test performance and a determination is made that an on-site evaluation is required to assess either the plan of action or the plan for reinstatement when applicable, following cessation of testing (voluntary or involuntary).

Evidence of Standards Compliance (ESC)
An ESC will be required when the following condition is met:

ESC01
[An organization] has one or more noncompliant standards at the time of a survey event.
On-site ESC Survey
An on-site ESC survey will be scheduled when the following condition is met:

ESC02  An on-site evaluation may be scheduled to validate compliance with the relevant standards in a written ESC is to be validated on-site.

Measure of Success (MOS)
An MOS for all applicable EP corrections will be required when the following condition is met:

MOS01  The [organization] has submitted a successful ESC for an EP that requires an MOS submission.

Preliminary Accreditation
Preliminary Accreditation will be recommended when the following condition is met:

PA01  The [organization] has demonstrated compliance with the selected standards used in the first survey conducted under the Early Survey Policy.

Applicable to ambulatory care and home care only:

Note: The first survey is conducted using a defined subset of applicable standards. The second survey is a full announced survey. A Preliminary Accreditation decision remains in effect until the [organization] completes the second full survey.

Applicable to critical access hospitals and hospitals only:

Note: The first survey is conducted using a defined subset of applicable standards. The second survey is a full unannounced survey. A Preliminary Accreditation decision remains in effect until the [organization] completes the second full survey.

Applicable to behavioral health care, laboratory, nursing care centers, and office-based surgery only:

Note: The first survey is conducted using a defined subset of applicable standards. The second survey is a full announced survey. A Preliminary Accreditation decision remains in effect until the [organization] completes the second full survey.

Accredited
Accreditation will be recommended when one or more of the following conditions are met:

A01  The [organization] is in compliance with all standards at the time of the on-site survey or has successfully addressed all RFIs in its first ESC submission and does not meet any rules for other accreditation decisions.

A02  The [organization], as a result of an on-site follow-up survey, is compliant with the original survey RFIs.

Note: Should additional RFIs be identified, appropriate decision rules apply.

[Add-On] Certification
The following rules will be used for Joint Commission–accredited [organizations] that choose to achieve the add-on certification for Primary Care Medical Home Certification; Behavioral Health Home Certification; Post-Acute Care Certification; Memory Care Certification]:

01  A Joint Commission–accredited [organization] will be certified for the [add-on certification] program if it is in compliance with all [add-on certification] standards at the time of the on-site survey.

0402  A Joint Commission–accredited [organization] that demonstrates systemic patterns and/or trends regarding noncompliant [add-on certification] standards/EPs will not be certified as a for the [add-on certification] program until if it has successfully addressed all [add-on certification] RFIs in its ESC submission.

0203  [An organization] surveyed for [add-on certification]
A Joint Commission–accredited [organization] will not be certified for the [add-on certification] program if it does not meet all Joint Commission standards for [add-on certification] either at the time of its on-site survey or following submission of an ESC.

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APPROVED: 2015 Accreditation and Certification Decision Rules for All Programs (continued)
Continued from page 7

**Official Publication of Joint Commission Requirements**

**2015 Certification Decision Rules**

**Applicable to All Certification Programs**

**Effective January 1, 2015**

**Not Certified**
A decision of Not Certified will be recommended when one or more of the following conditions are met:

- **NCO1** The [staffing firm/program] does not permit the performance of any review by The Joint Commission. (CPR 3, EP 1)
- **NC02** The [staffing firm/program] has repeatedly failed to meet Joint Commission requirements after two opportunities.

**Preliminarily Not Certified**
A decision of Preliminarily Not Certified will be recommended when the following condition is met:

- **PNC01** The [program/staffing firm] has repeatedly failed to successfully address all RFIs in an ESC or MOS after two opportunities.

**Evidence of Standards Compliance (ESC)**
An ESC will be required when the following condition is met:

- **ESC01** A [program/staffing firm] has one or more standards scored not compliant at the time of a review event.

**On-site ESC Review**
An on-site ESC review will be scheduled when the following condition is met:

- **ESC02** An on-site evaluation may be scheduled to validate compliance with the relevant standards in a written ESC is to be validated on-site.

**Measure of Success (MOS)**
An MOS for all applicable EP corrections will be required when the following condition is met:

- **MOS01** The [staffing firm/program] has submitted a successful ESC for an EP that requires an MOS submission.

**Certified**
A decision of Certified will be recommended when one or more of the following conditions are met:

- **CT01** The [program/staffing firm] is in compliance with all standards at the time of the on-site review or has successfully addressed all RFIs.
- **CT02** The [program/staffing firm], as a result of an on-site ESC follow-up review, is compliant with the original review RFIs.

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**Standards Changes for Ambulatory Surgical Centers That Elect Deemed Status**

In February 2014, The Joint Commission reapplied to the Centers for Medicare & Medicaid Services (CMS) for deeming authority for ambulatory surgical centers (ASCs). In response to CMS’s spring 2014 review of its application, The Joint Commission developed and revised several elements of performance (EPs) for ambulatory surgical centers that elect to use The Joint Commission’s deemed status option. The revisions, which became effective in August 2014, are designed to demonstrate equivalency to the current Medicare Conditions for Coverage (CfCs).

The new and revised requirements are currently available on The Joint Commission website at [http://www.jointcommission.org/standards_information/prepublication_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx) and were published in an August 2014 E-dition update with an updated ASC crosswalk. The revisions will appear in print in the 2014 Update 2 to the Comprehensive Accreditation Manual for Ambulatory Care scheduled for publication in late October.

Any additional changes that may result from further CMS review will be communicated in future issues of Perspectives® and Joint Commission Online. For more information, please contact Joyce Webb, project director, Department of Standards and Survey Methods, The Joint Commission, at jwebb@jointcommission.org.
Clarifications and Expectations

Remaining Vigilant

Key Safety Issues to Watch for on EC Tours

The Joint Commission has identified the need to increase the field’s awareness and understanding of the Life Safety Code®. To address this need, The Joint Commission Perspectives publishes the column Clarifications and Expectations, authored by George Mills, MBA, FASHE, CEM, CHFM, CHSP, director, Department of Engineering, The Joint Commission. This column clarifies standards expectations and provides strategies for challenging compliance issues, primarily in life safety and the environment of care, but also in the vital area of emergency management. You may wish to share the ideas and strategies in this column with your facility department’s leadership.

The Joint Commission requires hospitals and critical access hospitals to conduct environment of care (EC) tours every six months in patient care areas and every year in non–patient care areas. Not only do these tours allow organizations to identify long-term improvement opportunities, but they also help EC professionals spot existing safety hazards that require immediate attention and ensure that the organization consistently maintains a safe and hazard-free environment.

While no two EC tours are exactly alike, there are a number of issues that commonly come up during these exercises. Some hazards—such as a ripped carpet or a leaking water fountain—will be obvious, while others may be more subtle, such as the proper personal protective equipment used in an area or the space heaters found throughout the building.

The following sections discuss a few frequently occurring safety hazards organizations may encounter during EC tours or on other walks through the facility, and they also provide compliance strategies. Staff should be aware of these issues and look out for them. Moreover, EC professionals should be familiar with the compliance nuances involved with these topics so they can address any staff questions or concerns along the way.

Propped-open Doors
To help with air flow, ventilation, and/or temperature, staff may prop a room door open with a chair, a wood block, or another object. If the room opens onto a corridor, however, the door should not be kept open in this manner. With one exception—patient room doors—all corridor doors must be self-closing and remain closed at all times to separate the corridor from the room in case of fire. If organizations seek to keep certain doors open, they can install on a door a magnetic holdopen interfaced with the fire alarm system. In case of fire, the magnetic connection is severed, and the door closes automatically, protecting the room’s occupants.

If you find doors propped open, make sure you look for the cause. If it is related to temperature, you may want to evaluate the effectiveness of the heating, ventilating, and air conditioning (HVAC) system. Affirm that the system is functioning as designed. It is possible that the system needs additional controls to meet the occupants’ needs.

Space Heaters
The Joint Commission prohibits the use of portable space heaters in patient sleeping and treatment areas because of the increased fire risk associated with this equipment. If a piece of paper, gauze, or other combustible material inadvertently falls onto a space heater, it could start a fire, compromising the safety of patients sleeping or being treated in the area. In this context, a nurse’s station is considered a treatment area and, thus, a space heater is prohibited. However, an office—such as a nurse manager’s office—or an admitting area, which is separated from all sleeping and treatment areas by a door or wall, can have a space heater.

As with the door situation described previously, if your organization uses a large number of space heaters, you may want to perform a detailed evaluation of your heating system to see if you can enhance performance and improve the flow of warm air throughout the facility. This could eliminate the need for some or all space heaters; avoiding space heater use altogether is the safest course of action.

Appropriate Personal Protective Equipment
Every hospital has policies about personal protective equipment (PPE) that delineate when it should be worn and what kind of PPE is necessary for particular tasks and situations. During the EC tour, you should verify that practice follows policy and staff understand and consistently comply with the

* Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

Continued on page 10
rules. For example, in maintenance areas where there are saws, grinders, vapors, and fumes, staff should be using eye, ear, and respiratory protection, as well as foot protection and helmets when warranted. Organizations should have proper signage indicating when PPE is necessary.

For more information on the proper PPE for specific situations, see the Occupational Safety and Health Administration (OSHA) guidelines (for example, 29 CFR 1910.132). Note that, while The Joint Commission does not survey for OSHA compliance per se, if a surveyor sees an obvious OSHA violation—such as not wearing the correct PPE in the maintenance shop—he or she will cite the organization under “Leadership” (LD) Standard LD.04.01.01, element of performance (EP) 2, which addresses the need to comply with outside rules and regulations.

In addition to checking for appropriate PPE use, organizations should verify that PPE is in good working order. For example, you should periodically evaluate lead aprons to ensure that there is no cracking or shielding material displacement. Don’t forget to look at items used to protect patients, such as the collars placed on individuals during an X-ray. This type of equipment is often overlooked and yet is crucial to keep patients safe.

Proper Lighting
While it may seem like a little thing, a burned-out light bulb in an exit sign can be a significant safety hazard. The Joint Commission requires organizations to have two-bulb exit fixtures so that the loss of one bulb will not leave an area in total darkness. When staff members see a burned-out bulb, they should report the outage immediately so the bulb can be replaced as soon as possible.

Appropriate lighting is also important for patient care areas to ensure that staff can correctly read identification badges, charts, and information supporting proper patient care and treatment. Organizations should assess lighting conditions at various times of day to gauge whether lighting is suitable for the activities taking place in the area. If lighting levels are not sufficient, the organization will need to explore effective means of adding lighting. This may include adding fixtures or changing existing fixtures or bulbs. Asking staff members about their perceptions of lighting can be beneficial to see if there are any concerns about light level and intensity.

Sufficient Cleaning
Routine environmental cleaning is necessary to maintain a standard of overall organizational cleanliness. Accumulation of dust, dirt, and potential microbial contaminants on and under environmental surfaces is visually unattractive and also serves as a potential reservoir for microorganisms. There are requirements, established by government regulation and by guidelines issued by the Centers for Disease Control and Prevention (CDC), for maintaining the cleanliness of the health care environment. Each health care organization must have and follow written policies and procedures for environmental cleaning.

Organizations should also address the presence of strong and offensive odors in the environment. Sometimes these odors can be tied to trash in the area, which may need to be emptied more frequently or at different times. Strong smells can also come from cleaning products, which may have potent odors that are offensive to patients and staff. Organizations should have processes in place for limiting and managing odors. EC professionals should double-check that these processes are consistently followed.

Another sometimes overlooked matter involves returning the environment to a “ready” state after cleaning. When housekeeping staff clean an area, they may raise alarm pulls, display wet floor signs, open drawers, or in other ways alter the clinical environment to clean the space. While this is appropriate, the housekeeping staff must return the environment to a “ready” position to fully support clinical use. One area of concern is in an exit enclosure such as a stair, where housekeeping may have cleaned the floor and left a “wet floor” sign. The problem occurs when the floor is dry and the sign remains.

It’s More Than Just an EC Responsibility
The EC tour is a logical time to identify hazards that could have a negative impact on the safety and functionality of the environment. However, it is not the only time staff should be on the lookout for safety hazards. Standard EC.03.01.01, EPs 1–3, requires organization staff and licensed independent practitioners to remain vigilant about physical risks and take responsibility for addressing them. In other words, a staff person or licensed independent practitioner should not just walk by a spill, hoping someone else will deal with it; instead, he or she should take ownership for notifying the proper personnel to respond to the issue. Ensuring a safe environment requires commitment from all staff and licensed independent practitioners. When such a commitment is present, an organization can foster an environment that supports the best possible care for patients.
Sentinel Event Statistics for First Half of 2014

From the January 1995 implementation of The Joint Commission’s Sentinel Event Database through June 30, 2014, The Joint Commission has reviewed 10,816 reports of sentinel events and included de-identified information about them in the Sentinel Event Database. Database content includes data collected and analyzed from the review of sentinel events, root cause analyses (RCA), action plans, and follow-up activities, as tracking this aggregate information may help guide local efforts to enhance patient safety by mitigating future risk.

The Joint Commission recently updated its summary data of sentinel events statistics for the first six months of 2014. Data from the 8,275 incidents reviewed from 2004 through the first half of 2014 show that a total of 8,495 patients have been affected by these events, with 4,984 (58.7%) resulting in the patient’s death, 801 (9.4%) resulting in loss of function, and 2,710 (31.9%) resulting in unexpected additional care and/or psychological impact. The Joint Commission reviewed a total of 394 sentinel events during the first half of 2014; the 10 most frequently reported types are shown in the box at right.

Sentinel events are voluntarily self-reported to The Joint Commission by an accredited organization or non—self-reported via the complaint process or the media. When The Joint Commission Office of Quality and Patient Safety (OQPS) receives information about a self- or non—self-reported event, the OQPS discusses the event with the organization to determine if it meets Joint Commission reviewability criteria. If it does, an OQPS Patient Safety Specialist then collaborates with the organization to review its RCA and to create an action plan.

### Most Frequently Reported Sentinel Events, January 1–June 30, 2014

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintended retention of a foreign object</td>
<td>57</td>
</tr>
<tr>
<td>Other unanticipated events* †</td>
<td>53</td>
</tr>
<tr>
<td>Falls*</td>
<td>44</td>
</tr>
<tr>
<td>Suicide</td>
<td>39</td>
</tr>
<tr>
<td>Wrong-patient, wrong-site, or wrong-procedure</td>
<td>35</td>
</tr>
<tr>
<td>Delay in treatment*</td>
<td>34</td>
</tr>
<tr>
<td>Criminal event (assault/rape/homicide)</td>
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<tr>
<td>Operative/postoperative complication*</td>
<td>27</td>
</tr>
<tr>
<td>Perinatal death/injury*</td>
<td>17</td>
</tr>
<tr>
<td>Medication error*</td>
<td>12</td>
</tr>
</tbody>
</table>

* Resulting in death or permanent loss of function
† Includes asphyxiation, burns, choking, drowning, and being found unresponsive

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New R3 Report Addresses Memory Care Requirements

The Joint Commission periodically releases complimentary R3 Reports (Requirement, Rationale, Reference) in order to provide the field with the in-depth, evidence-based reasoning that informs the development of new requirements. The latest R3 Report provides detailed information on the memory care requirements effective July 1, 2014, for accredited nursing care centers.*

As noted in the July 2014 Perspectives (see page 10), the new requirements are designed to help accredited nursing care centers enable patients and residents with dementia to remain engaged in their environment at the level of their cognitive ability—and to function at the highest level possible for as long as possible.

The R3 Report provides accredited health care organizations and interested health care professionals with detailed information about the rationale and references that were used to develop these new requirements.

* Please note that the accreditation requirements are distinct from those required for the Memory Care Certification option, which also became effective July 1, 2014.

Continued on page 18
Deeming-Related Revisions for Hospitals, Critical Access Hospitals

Effective September 29, 2014, The Joint Commission has added and revised several requirements for hospitals and critical access hospitals to better align with recent changes to Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) for hospitals.

CMS published these revisions in the May 12, 2014, final rule as part of its recent efforts to remove requirements determined to be unnecessary, obsolete, or excessively burdensome. Changes relate primarily to the areas of governing body, medical staff, and swing beds; in addition, several new requirements allow multihospital systems with separately certified hospitals to have a unified, integrated medical staff.

While current Joint Commission standards meet or exceed many of the requirements published in the rule, some requirements related to medical staff structure and orders for outpatient services were revised to better align with the changes made to the medical staff and outpatient services CoPs. These revisions apply to hospitals as well as to rehabilitation and psychiatric distinct part units in critical access hospitals (as these units are required to comply with the hospital CoPs).

The Joint Commission also added several requirements regarding swing beds for hospitals (modified from current requirements that already apply to critical access hospitals) as these were recently incorporated into the hospital CoPs.

The new and revised requirements are currently available on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx and were published in the E-dition® release at the end of August. The revisions will appear in print in the 2014 Update 2 to the Comprehensive Accreditation Manuals for Hospitals and Critical Access Hospitals scheduled to publish in October.

The Joint Commission will communicate any additional changes as soon as possible. For more information, please contact Laura Smith, project director, Department of Standards and Survey Methods, The Joint Commission, at lsmith@jointcommission.org.
Tubing misconnections continue to cause severe patient injury and death, since tubes with different functions can easily be connected using luer connectors, or connections can be “rigged” (constructed) using adapters, tubing, or catheters. This is why new ISO (International Organization for Standardization) tubing connector standards are being developed for manufacturers. Through an international consensus process, the standards are being developed, tested, and approved to assure reliable designs and processes. The phased implementation of redesigned tubing connectors that are the result of these new ISO connector standards begins now. The Joint Commission urges health care organizations to be vigilant and begin planning for the upcoming period of transition, which will introduce changes and new risks into the health care environment. Under the new ISO connector standards, small-bore (less than 8.5 mm inner diameter) connectors will be engineered to make it nearly impossible to connect one delivery system to another delivery system that serves a completely different function — for example, accidentally connecting a feeding administration set to a tracheostomy tube, or an intravenous (IV) tube to an epidural site.

Examples of Adverse Events

The New York Times reported on the death of a fetus and expectant mother after a feeding tube was accidentally connected into the mother’s bloodstream. In 34 various publications, 116 other case studies were found involving misconnections directing enteral feeding solutions into IV lines. These adverse events resulted in 21 deaths. It is believed that tubing misconnections are underreported; adverse events related to tubing misconnections are sometimes not reported, especially when the mistake does not result in harm to the patient, and
they are sometimes reported under another category, such as a medication error. The risk for tubing misconnection is high, considering that almost all patients admitted to the hospital are likely to receive an IV. This risk is also seen in other settings.

There are various types of misconnections posing dangers, including the following:5,9

<table>
<thead>
<tr>
<th>Types of Misconnections</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enteral feeding tube</td>
<td>IV (such as The New York Times example)6,10,11</td>
</tr>
<tr>
<td>Limb cuff inflation device</td>
<td>IV (For example, a 71-year-old woman died post-operatively after a blood pressure cuff was accidentally connected to her IV line, causing an air embolism.)7</td>
</tr>
<tr>
<td>Epidural solution (intended for epidural administration)</td>
<td>Peripheral or central IV catheter10</td>
</tr>
<tr>
<td>Epidural line irrigation solution using primary IV tubing (connected as secondary infusion)</td>
<td>IV infusion10,11</td>
</tr>
<tr>
<td>IV infusion (intended for IV administration)</td>
<td>Indwelling bladder (Foley) catheter10,11</td>
</tr>
<tr>
<td>IV infusion (intended for IV administration)</td>
<td>Nasogastric (NG) tube10,11</td>
</tr>
<tr>
<td>Primary IV tube</td>
<td>Blood product (intended for transfusion) 10,11</td>
</tr>
<tr>
<td>Enteral feeding (gastric or nasal)</td>
<td>Tracheostomy tube3</td>
</tr>
<tr>
<td>IV solution</td>
<td>Blood administration set10,11</td>
</tr>
<tr>
<td>Primary IV solution</td>
<td>Various functionally dissimilar catheters (such as external dialysis catheter, ventriculostomy port, amino-infusion catheter, distal port of pulmonary artery catheter)10,11</td>
</tr>
</tbody>
</table>

**Causes of Connection-Related Injuries**

According to medical literature, major factors contributing to connection-related injuries are as follows:

- The luer connector, a type of connector that makes connecting unrelated tubing too easy,1-3,12 For pictures illustrating various types of tubing and luer misconnections, visit the FDA website.
- Workarounds (rigging)—using adapters, tubes, or catheters in a manner for which they were not intended.3,8
- Providers making connection errors after going into “automatic” mode due to stress, fatigue, or distractions.1,4,13
- Poor lighting and other environmental factors.3,12
- Positioning functionally dissimilar tubing in close proximity to one another—often called the “spaghetti syndrome.”5,12
- Not rechecking or tracing tubing connections after a patient is moved as part of the hand-off process, or during other key transitions.3,4,9
- Less-than-optimal reporting of adverse events and near misses as part of efforts to educate and raise awareness—there is still a fear of repercussions and legal action.

**The First of the New ISO Connector Standards Has Been Adopted**

AAMI has already adopted the first of the new ISO connector standards (ANSI/AAMI/ISO 80369-1), which provides guidance to manufacturers on how to create connectors for their own devices. AAMI plans to adopt several more standards during 2014 and 2015 (see current estimated timeline).14 It is anticipated that the new connectors will begin to reach the market as early as fourth quarter 2014. There will be a slow, deliberate, and careful transition to each new connector. Enteral connectors will be introduced first. For patients who have old catheters in place, there will temporarily be an adapter that will allow continued use, even if the tubing is used with one of the new connectors. The ISO connector standards will cover connections for the following:

- Intravascular or hypodermic applications (for which the existing luer connectors will be maintained)
- Limb cuff inflation applications
- Enteral applications (involving or passing through the intestine, either via the mouth and esophagus, or through an artificial opening)
- Neuraxial applications (local anesthetics placed around the nerves of the central nervous system, such as spinal anesthesia and intrathecal or epidural anesthesia or analgesia)
- Breathing systems and pressurized (medical) gases applications (Note: manufacturers call these “driving” medical gases)
As of the publication date of this alert, the new ISO connector standards are not expected to be required or enforced in any state other than California (see California law), but in time, health care organizations will likely find the new connectors to be the only ones on the market.

**Actions Suggested by The Joint Commission**

The Joint Commission offers the following strategies in preparation for the launch of the new ISO connector standards. These suggested actions update the recommendations in the 2006 *Sentinel Event Alert* #36 on tubing misconnections. The first four actions relate specifically to the new ISO connector standards and integrate the “aware, prepare and adopt” themes of the 2014 Get Connected campaign from the Global Enteral Device Supplier Association (GEDSA). The remaining strategies relate to effective processes and procedures, appropriate education and training, and effective communication, as well as safety culture–related actions that can help prevent tubing misconnections.

**In Preparation for the New ISO Connector Standards**

1. **Assess and manage: Current risks of injury.**
   - ECRI Institute recommends that an interdisciplinary task force (with personnel from nursing, pharmacy, risk management, health care technology management, biomedical engineering, and purchasing) be created to identify potential misconnection hazards and to develop mitigating strategies for combating them. Focus on areas of highest risk with the most immediate need to convert to the new connectors.
   - Conduct acceptance testing (for performance, safety, and usability) and, as appropriate, risk assessment (e.g., failure mode and effects analysis) on new tubing and catheter purchases to identify the potential for misconnections and take appropriate preventive measures.

2. **Aware: Learn about the upcoming ISO connector standards and prepare for them by generating awareness of impending changes across the organization to all clinicians, administrators, supply chain, health care technology management, and support staff. For an overview, see the FAQs on the Stay Connected 2014 website.**

3. **Prepare: Assess and adapt existing systems, processes, and protocols to carefully transition to the new ISO connectors.** Begin a dialogue with supplier representatives to learn about their plans regarding the new ISO connector standards and what each supplier will do to help during the transition to these standards. Ensure that the supplier your facility uses is aware of the new ISO connector standards and intends to transition to the new connector designs. Train clinicians and supply chain management on transition plans, including the use of temporary adapters.

4. **Adopt: For each application, there will be a transition period during which current and new connectors are available.** As the new connectors become available, purchase only equipment that will conform to the new ISO connector standards; and make an organizational commitment to avoid buying equipment with luer lock connectors for limb cuff inflation, neuraxial, enteral, breathing systems, and pressurized gases applications. Luer connectors will continue to be used for intravascular or hypodermic applications.

**Effective Processes and Procedures**

5. **Trace tubing or catheter from the patient to point of origin:**
   - before connecting or reconnecting any device or infusion,
   - at any transition, such as to a new setting or service,
   - as part of the hand-off process.

   Standardize this “line reconciliation” process using high reliability practices. Some examples of high reliability practices include peer checking or peer coaching, and the STAR (Stop, Think, Act, Review) error prevention technique (the acronym is used to help remember to slow down and concentrate on an important action or task).

6. **Route tubes and catheters having different purposes in different, standardized directions** (e.g., IV lines routed toward the head; enteric lines toward the feet). This is especially important in the care of neonates.

7. **When there are different access sites or several bags are hanging, tubing should be labeled to mitigate against the chance of misconnection, especially in circumstances where multiple IV lines are in use.** Label tubing at both distal (near the patient connection) and proximal (near the source container).

8. **Ensure the implementation of safe practices for the administration of high-alert medications.** For high-risk medications delivered via an epidural, intrathecal, or arterial route, label the catheter and do not use tubing or catheters that have injection ports. Implement an independent double-check procedure to be used during the delivery of high-risk medications, such as intrathecal drugs, as well as during other procedures that have an increased frequency of adverse events.

9. **Use tubing and related equipment only as they are intended to be used.**
   - Never use standard luer syringes for oral medications or enteral feedings; use oral syringes for oral liquid medications or enteral feedings until enteral syringes with the new connector are available.
   - Do not use IV tubing or IV pumps for enteral feedings.
   - Use distinctly different pumps for IV applications (rather

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than using similar pumps for intrathecal and/or epidural applications) to reduce the possibility that an intrathecal medication will accidentally be delivered intravenously and vice versa. As soon as new connectors are available, for the administration of intrathecal chemotherapy, use only syringes, needles, and other devices with non-luer connectors that cannot connect to intravenous devices. Eliminate the use of temporary adapters as soon as possible. Don’t force connections, and avoid workarounds. Forced connections or workarounds could indicate that the connection should not be made. Check vital signs immediately after making any connection.  

10. Take inventory and store carefully. 
- Conduct an inventory of all supplies to identify products that need to be discontinued and products that need to be purchased when the new ISO connector standards go into effect. 
- Store medications for different delivery routes in different locations (e.g., keep intrathecal medications in a separate location from IV medications). 
- Package together all parts needed for initiating enteral feeding, including tubing and catheters, to minimize the chance of using dissimilar tubes or catheters that could be connected improperly.

Appropriate Education and Training 
11. Educate staff. 
- Make sure staff receives proper training, preferably from the manufacturer, before using any connecting equipment. 
- Ensure that all personnel performing equipment repairs are aware of misconnection issues and that they avoid modifying devices in ways that might facilitate misconnections. 
- After training, provide clear, easy-to-understand reference materials for staff.

Effective Communication 
12. Communicate to nonclinical staff, patients, and visitors that they must get help from clinical staff whenever there is a real or perceived need to connect or disconnect devices or infusions. Inform nonclinical staff, patients and visitors that they should not attempt to connect or disconnect devices themselves. Note: In some situations in the home care setting, family members and nonclinician caregivers could connect and disconnect devices if they have received training and demonstrated competency.

Leadership 
13. Make the safe adoption of the new ISO connector standards a high priority on the organizational patient safety plan.

Safety Culture 
14. Identify and improve unsafe working conditions that can lead to harm. Identify, manage, and create awareness of conditions and practices that may contribute to health care worker fatigue, inadequate staffing, and interruptions, and take appropriate actions to mitigate those working conditions.

15. Emphasize the responsibility of reporting adverse and serious safety events. Create a culture where the reporting of misconnections or close calls is viewed as a responsibility and an opportunity for learning rather than as something that may be punished. All incidents of adverse events regarding misconnections are reportable to the following: 
- The Joint Commission, as part of its Sentinel Event policy 
- FDA, through the MEDWATCH program (may be required by law) 
- Institute for Safe Medication Practices (ISMP) Medication Errors Reporting Program 
- Appropriate state agencies

Related Joint Commission Requirements

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<th>Requirements</th>
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See the content of these standards on The Joint Commission website, posted with this Sentinel Event Alert.

Resources

- Timeline for implementation of new ISO connector standards
- Stay Connected 2014 website of GEDSA (The Joint Commission is a supporting organization of Stay Connected)
- FDA website: Examples of tubing and luer misconnections
- AAMI Resources on Small-Bore Connectors
- Executive Insights on Healthcare Technology Safety: See section on “Luer Connectors” in the online Report Resources. AAMI and ECRI Institute, June 2014

References

20. Eakle M, Galllauresi BA, Morrison A. Luer-lock misconnects can be deadly. *Nursing*. 2005 Sep;35(9):73.

Published for Joint Commission–accredited organizations and interested health care professionals, *Sentinel Event Alerts* identify specific types of sentinel and adverse events and high-risk conditions, describe their common underlying causes, and recommend steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in an Alert when designing or redesigning processes and consider implementing relevant suggestions contained in the Alert or reasonable alternatives.

Please route this issue to appropriate staff within your organization. *Sentinel Event Alerts* may only be reproduced in their entirety and credited to The Joint Commission. To receive by e-mail or to view past issues, visit [http://www.jointcommission.org](http://www.jointcommission.org).
Two Requirements Deleted from the Home Care Program

The Joint Commission recently approved the deletions of two elements of performance (EPs) from the Home Care Accreditation Program.

During a recent home care strategic planning project, Joint Commission staff identified several EPs that had not been scored on survey in four years. Staff analysis and vetting with Joint Commission advisory groups determined that some EPs either were redundant to other requirements or were not directly related to outcomes of care, treatment, or services in the home care environment (see January 2014 Perspectives, page 14, for nine other home care requirements deleted as a result of the same planning project).


For more information, contact Lynne Bergero, project director, Department of Standards and Survey Methods, The Joint Commission, at lbergero@jointcommission.org.

New R3 Report Addresses Memory Care Requirements (continued)

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employed in the development of the new memory care requirements. Highlights of the report include the following five key concepts behind the development of the standards:

1. Care coordination
2. Staff knowledge and competency
3. Activities programming based on abilities
4. Behavior management
5. Providing a safe and supportive physical environment

The R3 Report also includes summaries of the research conducted; a description of stakeholder, customer, and expert engagement; and a bibliography. To download this issue, visit http://www.jointcommission.org/r3_report_issue6/. To download past issues, visit http://www.jointcommission.org/standards_information/r3_report.aspx.

Questions and requests for more information about the memory care accreditation requirements may be directed to ncc@jointcommission.org or 630-792-5020.
The Joint Commission recently posted free online resources, including an easy-to-use online learning module, that show how to apply the principles of high reliability to reducing infections in long term care settings.

The 50-minute e-learning tool, “Applying High Reliability Principles to the Prevention and Control of Infections in Long Term Care,” includes examples, quizzes, discussion questions, and other resources for nursing home and assisted living staff to learn and test their knowledge about high reliability in health care. The tool, which is designed for long term care facility staff of all experience levels, can be viewed in its entirety or in two parts. Participants will learn the following:

- Characteristics of high-reliability health care
- How infection prevention and control practices in long term care can incorporate high-reliability principles
- How to take a systems approach to preventing errors related to infection prevention and control
- Ways to apply the concepts of high reliability to infection prevention in the organization

Partially funded through a conference grant from the Agency for Healthcare Research and Quality, the module is free to anyone—not just Joint Commission customers—and is available online or in CD formats. The module also includes a searchable index of resources and links to other sources of information. To view the learning module and index of resources, please visit http://www.jointcommission.org/HRipcLTC.aspx.