American Heart Association

“The Joint Commission – Standards of Care for In-Hospital Resuscitation”

The Joint Commission
Stephen F. Knoll, CRNA, MA
Associate Director-Standards Interpretation Group
Presenter Disclosure Information

Stephen F. Knoll, CRNA, MA
“The Joint Commission – Standards of Care for In-Hospital Resuscitation”

FINANCIAL DISCLOSURE:
None

UNLABELED/UNAPPROVED USES DISCLOSURE:
None
Following this Presentation - Participants will:

- Will be able to discuss and evaluate resuscitation standards and procedures in their organization.
The Joint Commission
Vision Statement

“All people always experience the safest, highest quality, best-value health care across all settings.”
Revised Mission……..

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.
The Joint Commission is Changing

“… in collaboration with other stakeholders”
Changing………..

Creating Best Practices

Tools and solutions

- Leading Practices Library (October 2010)
- “Booster Packs” for the most complex standards
  - Medication Storage
  - FPPE/OPPE
  - Suicide Risk
  - Sample Collections
  - Hazardous Waste
The Joint Commission Standards

- Support this goal
  - Provision of Care
  - Medication Management
  - Performance Improvement.
  - Leadership
  - Human Resources.
  - Medical Staff
  - Infection Control
  - Resuscitation equipment
Provision of Care
Provision of Care
PC.02.01.11

Resuscitation services are available throughout the hospital.

- EP1. Resuscitation services are provided to the patient according to the hospital’s policies, procedures, or protocols.
- EP 2. Resuscitation equipment is available for use based on the needs of the population served.
Provision of Care

PC.02.01.11 (continued)

- EP 3. Resuscitation equipment is located strategically throughout the hospital.

- EP 4. An evidence-based training program(s) is used to train staff to recognize the need for and use of resuscitation equipment and techniques.
Provision of Care

PC.02.01.19

The hospital recognizes and responds to changes in a patient’s condition.

- EP1. The hospital has a process for recognizing and responding as soon as a patient’s condition appears to be worsening.
The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

EP 1: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner in accordance with professional standards of practice and law and regulation.
MEDICATION MANAGEMENT
MEDICATION MANAGEMENT

MM.03.01.01
Medication Storage

➢ EP 6: The hospital prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.
MEDICATION MANAGEMENT

MM.03.01.01 (continued)
Medication Storage

EP 10: Medications in patient care areas are available in the most ready-to-administer forms commercially available, or if feasible, in unit-doses that have been repackaged by the pharmacy or a licensed repackager.
MEDICATION MANAGEMENT

MM.01.01.03
The hospital safely manages high-alert and hazardous medications.

EP 10: Medications in patient care areas are available in the most ready-to-administer forms commercially available, or if feasible, in unit-doses that have been repackaged by the pharmacy or a licensed repackager.
Standard MM.01.01.03

The hospital safely manages high-alert and hazardous medications.

EP 3. The hospital implements its process for managing high-alert and hazardous

© Copyright, The Joint Commission
PERFORMANCE IMPROVEMENT
The hospital collects data on:


- EP 39. The hospital collects data on the effectiveness of its response to change or deterioration in a patient’s condition.
Performance Improvement

PI.02.01.01
The hospital compiles and analyzes data.

- EP 4: The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.

- EP 8: The hospital uses the results of data analysis to identify improvement.
LEADERSHIP
LEADERSHIP

Standard LD.04.04.05
The hospital has an organization-wide, integrated patient safety program within its performance improvement activities EP13. At least once a year, the leaders provide governance with written reports on the following:

- All system or process failures
- The number and type of sentinel events
- Whether the patients and the families were informed of the event
- All actions taken to improve safety, both proactively and in response to actual occurrences
Human Resources
Human Resources

HR.01.02.05
1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed.
2. When the hospital requires licensure, registration, or certification not required by law and regulation, the hospital both verifies these credentials and documents this verification at time of hire and when credentials are renewed.
Human Resources

**HR.01.05.03**

Staff participate in on-going education.
- EP 1 Ongoing to maintain competency
- EP 2 When responsibilities change
- EP 5 Education and training specific to the needs of the patient population
13. The hospital provides education and training that addresses how to identify
   – early warning signs of a change in a patient’s condition and how to respond to a
   – deteriorating patient, including how and when to contact responsible clinicians.
   – Education is provided to staff and licensed independent practitioners who may
   – request assistance and those who may respond to those requests. Participation in
   – this education is documented.
Human Resources

HR.01.06.01

- EP 1 Defines the required competencies
- EP 2 Uses assessment methods to determine competencies.
- EP 3 Orientation documented
- EP 6. Competencies every 3 years or more frequently determined by policy and law and regulation
- EP. 15 The hospital takes action when competency does not meet expectation.
Who is covered by the HR standards? Glossary definition:

staff: as appropriate to their roles and responsibilities, all people who provide care, treatment, or services in the organization, including those receiving pay (for example, permanent, temporary, part-time personnel, as well as contract employees), volunteers and health profession students. The definition does not include licensed independent practitioners who are not paid staff or who are contract employees.
Medical Staff
EP 2: Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.
Infection Control
Infection Control
IC.02.02.01

- EP 2: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices and supplies.
Infection Control

Issues…

- Proper disinfection of blades
- Proper storage
Laryngoscope blades are “semi critical” items (per CDC), therefore…
They should be sterilized or subjected to high-level disinfection before reuse.
After disinfection, rinse, dry, and package, to protect from recontamination.

(Please see FAQ on website for additional detail)
Resuscitation Equipment
EC.02.04.03

EP1: Before initial use of medical equipment inventory, the hospital performs safety, operational, and functional checks.
Resuscitation Equipment

EC.02.04.03

EP 2: The hospital inspects, tests, and maintains all life-support equipment. These activities are documented.
Clinical Alarms

- In the past there was a NPSG on clinical alarms
  - Goal retired, but can survey the issue under Environment of Care EC.02.04.01, EC.02.04.03
  - CoP Physical Environment 482.41
Clinical Alarms

- Incidents of alarms being silenced or shut off
  - Default settings
- Incidents of inadequate staffing to support
  - No mechanisms for monitoring/responding
- Incidents of “alarm fatigue”
  - Overuse, too many types of alarms, etc.
- Patient deaths have occurred
Reaching Out to Assist You
For Standards/NPSG question:
- 630-792-5900, Option 6 or
- http://www.jointcommission.org/Standards/OnlineQuestionForm/

Stephen F. Knoll
- 630-792-5900, Option 6
- sknoll@jointcommission.org
The Joint Commission Disclaimer

These slides are current as of April 11, 2013. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.