

2022 ASEU

Section 5 – The Joint Commission

Learning Objectives:

After reading this section the learner will be able to:

1. Explain how the “CHAMPION for Patient Safety” program helps staff remember the National Patient Safety Goals.
2. Explain how patients are advised of their rights and give examples of patient rights.
3. Recognize behaviors that suggest impairment in Physicians and Licensed Independent Practitioners.
4. Identify the top 10 areas of non-compliance found during surveys.
5. State the policy for reporting critical values.



A. National Patient Safety Goals

The Joint Commission (TJC) has National Patient Safety Goals (NPSGs) dedicated to patient safety issues and compliance is a requirement for accreditation.

Emanate Health has created the “CHAMPION for Patient Safety” program to help staff remember these required goals. Posters are displayed in your department to help you remind you of this very important information.



I'm a CHAMPION for Patient Safety

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2023 Joint Commission Updates

Communication among Caregivers

- Timely reporting of critical results (within ≤ 60 minutes)

Health Care-Acquired Infections

- Hand hygiene
- Use and monitor BEST practices aimed at ZERO:
 - Surgical Site Infections (SSIs)
 - Central Line-Associated Blood Stream Infections (CLABSIs)
 - Indwelling Catheter-Associated Urinary Tract Infections (CAUTIs)
 - Clostridioides difficile Infections (Cdiff)

Assess, Reassess and Prevent: Suicides

- Suicide risk assessment/prevention: Screen and mitigate
- Environmental risk assessment identifies features in the physical environment that could be used to attempt suicide

Medications

- Label all medications on and off the sterile fields including syringes, cups and basins
- Reduce the likelihood of patient harm during anticoagulation therapy

Prevent Surgical Mistakes

- Pre-procedure verification process that includes site marking
- Perform time out to verify correct patient, site and procedure

Identification

- Patient identification using 2 sources for all care/treatment/services
- Eliminate transfusion errors by matching blood to order and patient
- Use distinct methods of identification for newborns

Obtain, Document and Reconcile a Complete List of Medications

- Admission – Complete reconciliation at the time the patient enters the hospital
- Discharge – Match home meds, hospital meds, discharge meds
- Give the patient written information about the medicines they need to take
- Communicate list to next provider of care and to patient on discharge

Needs to be Aware of Alarms

- Communicate and encourage families to report concerns
- Ensure medical equipment alarms are heard and responded to in a timely manner

NPSGs that have been moved to Joint Commission Standards:

- Order read back verification
- “Do not use” abbreviations
- Hand-off communication
- Fall risk assessment and prevention
- High alert medications
- Rapid Response Teams
- Deaths from HAIs are sentinel events



B. Patient Rights

Patients' fundamental right of self-determination is recognized and guaranteed in various provisions of the state and federal constitutions and in court decisions, laws, and regulations. Respecting these rights while providing care and services will contribute to more effective patient care and greater satisfaction for the patient and the health care team. All patients deserve considerate, safe, and respectful care that is provided without discrimination and regardless of the ability to pay.

Both state and federal law and the Joint Commission require that we provide all patients with information about their rights. A list of these rights is posted in Registration areas, in the hospital lobby and on individual nursing units. Patients are also provided a copy of their rights at the time of admission. The list of patient's rights are bullet pointed below.

A patient shall have the right to:

- Considerate and respectful care, and to be made comfortable. The right to respect for their personal values and beliefs, which includes spiritual and cultural preferences.
- Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
- Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
- Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to use an interpreter/translation service. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment. You have the right to access the Bio-Ethics Committee of the medical staff.
- Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
- Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.



- Reasonable responses to any reasonable requests made for service.
- Appropriate assessment and management of your pain, information about pain, pain relief measures, and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
- Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf. Do not resuscitate directives will be honored in outpatient departments only with a physician order and copy of the Advance Directive.
- Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms and arrangements may be made for private telephone conversations.
- Confidential treatment of all communications and records pertaining to your care and stay in the hospital. Upon registration you will receive a separate “Notice of Privacy Practices” that explains privacy rights in detail and how we may use and disclose protected health information.
- Receive care in a safe and secure setting, free from mental, physical, sexual or verbal abuse and neglect, harassment, financial or other exploitation, and freedom from retaliation and humiliation; and that personal belongings that reside on the property remain secure.
You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
- Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
- Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. Upon your request, a friend or family member may be provided this information also. You have the right to be involved in the development and implementation of your discharge plan.
- Know which hospital rules and policies apply to your conduct while a patient.
- Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
 - No visitors are allowed.
 - The facility reasonably determines that the presence of a particular visitor



would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.

- You have told the health facility staff that you no longer want a particular person to visit.

However, the health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including and clinical restrictions or limitations.

The health facility is not permitted to restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

- Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal laws and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
- Examine and receive an explanation of the hospital's bill regardless of the source of payment.
- Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status or the source of payment for care.
- Make a request for spiritual services.
- File a grievance. If you want to file a grievance with the hospital, it may be done by calling or writing:

**Patient Relations Department
Emanate Health
P.O. Box 6108
Covina, CA 91722
(626) 858-8519**

Each grievance is reviewed and you will be provided a written response within 7 days. Within 7 days and no more than 30 days the written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process and the date of the completion of the grievance process. Complaints regarding premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

- File a complaint with the state Department of Public Health and the Joint Commission regardless of whether you use the hospital grievance process. The Joint Commission's Hotline number is 1 (800) 994-6610.

**The California Department of Health's
3400 Aerojet Avenue, Suite 323
El Monte, CA 91731
1 (800) 228-1019**



- Access to personal health information/record, request amendment as permitted under applicable law, and obtain information.

**C. Non-Discrimination on People’s Access to Health Care Services Based on Race, Color, or National Origin
Title VI of the Civil Rights Act of 1964**

Emanate Health does not exclude, deny benefits to, or otherwise discriminate against any person from accessing or participating in any (Emanate Health) health programs, services, and/or activities on the grounds of race, color, national origin, age, disability, or sex (includes sexual orientation and gender identity).

Emanate Health employees and entities are to provide every person equal access and opportunity to participate and/or receive services from all (Emanate Health) health services and programs.

A person may include a patient, patient’s family members, members of the community, or anyone seeking services at any Emanate Health campuses or facilities.

Emanate Health employees are to raise questions and/or report concerns on discrimination to their respective department supervisor, manager, and/or director.

In reporting, an employee or a person may report to:

- Emanate Health Patient Relations, Human Resources, Risk Management, or Corporate Compliance departments; or
- U.S. Department of Health and Human Services via
Online: www.hhs.gov/ocr
Toll free number: 1.800.368.1019 or TDD 1.800.537.7697
Email: ocrmail@hhs.gov

D. Impaired Physicians

Impaired Physicians and Licensed Independent Practitioners (LIPs)

The physicians (MDs) and licensed independent practitioners (LIPs, such as Physician Assistants and Nurse Practitioners) have a critical role in the process of providing oversight of quality of care, treatment, and services. Like the general population, they are also at risk of developing conditions that may hamper their ability to provide quality and safe care to our patients. As EMANATE HEALTH staff members, it is our responsibility to recognize behavior that suggests impairment AND report our observations to our IMMEDIATE SUPERVISORS.



The American Medical Association defines an impaired physician as: A physician who is "unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol."

In the hospital, a physician may display abnormal behavior during rounds or give inappropriate orders. His/her charting may deteriorate or show a handwriting change. The physician may be unavailable to the emergency room or on call. Staff may allege inappropriate behavior by the physician, and patient complaints may result.

The following changes in personal behavior may be observed:

- Deterioration in personal hygiene, clothing, and dressing habits
- Slurred speech
- Lapses in memory
- Unexplained absences/unavailability
- Smell of alcohol
- Disruptive behaviors
- Poor judgment and deterioration of skills

The following emotional symptoms may be observed:

- Depression
- Mood swings
- Poor concentration
- Confusion
- Sleep disturbance
- Anxiety/agitation

Emanate Health Medical Staff and Administration handle any such reports confidentially and with tact and diplomacy. Report your observations to your immediate supervisor **ONLY!** Do not discuss with anyone else, in order to maintain their privacy. It is not betraying trust, but acting responsibly to contain and prevent the problem of impairment. You are saving a career, and possibly a life, not ending it.

E. Top 10 Areas of Non-Compliance Found During Surveys

We deliver safe, high quality care to our patients every single day. To support these efforts, The Joint Commission has released information to help us to be ***“ready for the next patient, not just the next survey”***. Please familiarize yourself with the top quality and safety concerns found during recent surveys at other hospitals

1. High level disinfection of equipment, devices, and supplies.



- For example, not following manufacture’s instruction for use, not following appropriate point-of-use cleaning steps, dusty equipment.
- 2. Safe/clean interior spaces
 - For example, dirty or stained ceiling tiles, dusty or painted sprinklers
- 3. Suicide risk assessment completed on all patients, environmental suicide risk mitigation all patients
- 4. Infection prevention and control
 - For example, incomplete cleaning or temperature logs, soiled equipment, pest or vermin
- 5. HVAC (Heating, cooling, humidity, pressure, ventilation)
- 6. Medication administration
 - For example, verification of order, dosage, titration rate, and expiration dates
- 7. Governance
 - For example, Conditions of participation deficiencies, leadership, governing body accountability
- 8. Infection control for stored equipment/supplies
 - For example, safe storage of supplies and equipment, infection prevention, ultrasound probe cleaning
- 9. Identify patients at risk for suicide
 - For example, not performing a risk screening, a risk assessment, or identifying suicidal ideation
- 10. Food and nutrition storage
 - For example, incorrect temperature, wrong labeling, expired food, unsanitary storage conditions

F. Critical Value Reporting

Reporting of Critical lab values is a National Patient Safety Goal from The Joint Commission to improve the communication among caregivers. Critical lab values must be reported to the provider within 60 minutes. The best place to document this is under “Provider Notification” in the worklist.