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**Editor's note: *Joint Commission Online* will not publish on Dec. 27. Look for the weekly e-newsletter to return on Wednesday, Jan. 3. Happy holidays!**

## Accreditation and certification

**Effective Jan. 1, 2018: *Individual* hand hygiene failures to be cited under IC, NPSG standards**

Beginning Jan. 1, 2018, any observation by surveyors of *individual* failure to perform hand hygiene in the process of direct patient care will be cited as a deficiency resulting in a Requirement for Improvement (RFI) under the Infection Prevention and Control (IC) chapter for all accreditation programs.



Standard IC.02.01.01, element of performance (EP) 2, states, "*The [organization] uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.*"

Hand hygiene is widely known to be the most important intervention for preventing health care-associated infections (HAIs). Surveyors also will continue surveying an organization's hand hygiene program to National Patient Safety Goal (NPSG) 07.01.01. The Joint Commission introduced this NPSG in 2004. It requires health care organizations to:

- Implement a hand hygiene program.
- Set goals for improving compliance with the program.
- Monitor the success of those plans.
- Improve the results through appropriate actions.

In general, surveyors issue an RFI to organizations for failure to implement and make progress in their hand hygiene improvement *programs*, according to NPSG.07.01.01. With the exception of the Home Care and Ambulatory Care Accreditation programs, observations of *individual* failure to perform hand hygiene were not cited as deficiencies if there was otherwise a progressive program of increased compliance. Because organizations have had since 2004 to implement successful hand hygiene *programs*, The Joint Commission has determined that there has been sufficient time for all organizations to train *personnel* who engage in direct patient care. While there are various causes for HAI, The Joint Commission has determined that failure to perform hand hygiene associated with direct care of patients should no longer be one of them.

The Joint Commission Center for Transforming Healthcare also launched the [Hand Hygiene Targeted Solutions Tool®](#), which is free of charge to all accredited organizations.

Questions may be directed to the Standards Interpretation Group via the [online question form](#).

## Check out new and revised standards effective in January 2018

As the calendar switches from 2017 to 2018, several new and revised standards will take effect. Some of these standards for the Hospital Accreditation program include the following:



- [Updated swing bed requirements](#): Effective Jan. 13, 2018, surveyors will use elements of performance (EPs) accepted by the Centers for Medicare and Medicaid Services to survey swing beds for hospitals and critical access hospitals.
- [Life Safety Code update revisions](#): The Life Safety (LS), Environment of Care (EC) and Equipment Management (EM) chapters include new, revised, and relocated EPs that address topics such as:
  - Testing of emergency lighting systems
  - Inspection and testing of piped medical gas and vacuum systems
  - Updating pertinent NFPA code numbering in references
  - Adding more specificity to existing EPs
- [Medication Management revisions](#): These revisions assure that the standards continue to reflect evidence-based practices and quality and safety issues that have emerged from the field in recent years.
- [Healthcare-associated infection NPSGs revisions](#): Several revised requirements for National Patient Safety Goal (NPSG) 7: “Reduce the risk of health care–associated infections” for hospitals and critical access hospitals, and new requirements for nursing care centers – NPSG.07.03.01 and NPSG.07.04.01 — are effective Jan. 1, 2018.

[View](#) the website for all of the prepublication standards.

## E-dition® updates available on Joint Commission Connect

The Nov. 12, 2017, and Jan. 1, 2018, E-dition® updates to the comprehensive accreditation manuals and certification manuals have been posted to organizations’ Joint Commission Connect™ extranet sites. The E-dition will be updated again on Jan. 13, 2018, with upcoming changes for the Ambulatory Care, Behavioral Health Care, Critical Access Hospital, Hospital, Home Care, Nursing Care Center, and Office-based Surgery Accreditation programs.

Accreditation	Certification
<ul style="list-style-type: none"><li>• Ambulatory Care</li><li>• Behavioral Health Care</li><li>• Critical Access Hospitals</li><li>• Home Care</li><li>• Hospitals</li><li>• Laboratory and Point-of-Care Testing</li><li>• Nursing Care Centers</li><li>• Office-Based Surgery Practices</li></ul>	<ul style="list-style-type: none"><li>• Comprehensive Cardiac Centers</li><li>• Disease-Specific Care</li><li>• Health Care Staffing Services</li><li>• Integrated Care</li><li>• Medication Compounding</li><li>• Palliative Care</li><li>• Patient Blood Management</li><li>• Perinatal Care</li></ul>

Home care is the only program for which the 2017 Update 2 and the 2018 manual print releases will include the Jan. 13 revisions, which will be mailed to home care customers in January. These changes will appear in print releases for other programs in their spring and fall updates. See the “What’s New” section to identify specific changes for your program. For help accessing E-dition updates from your extranet site, contact [support@jcrinc.com](mailto:support@jcrinc.com).

If you are missing a purchased hard copy accreditation manual product, email [jrcustomerservice@pbd.com](mailto:jrcustomerservice@pbd.com) or call 877-223-6866 with your order number and organization name.

## People

### Monroe named senior associate director in department of engineering

Kenneth Monroe, PE, MBA, CHC, PMP, has been appointed to the position of senior associate director in the Standards Interpretation Group’s (SIG) department of engineering at The Joint Commission. Monroe succeeds George Mills, who previously held the position.

Previously, Monroe served as an associate project director in The Joint Commission's department of standards and survey methods, where he was responsible for the maintenance, updates and improvements to Life Safety (LS) and Environment of Care (EC) standards, as well as assisting on Emergency Management (EM) standards, which included workplace safety issues.



Monroe has more than 25 years' experience in health care, having formerly worked as a health care facilities professional. He has directed all sides of health care facilities, from planning and design to construction and operations. Monroe has implemented a facility master plan for a 305-bed hospital, and he has been a facility director at a 1.3-million-square-foot health care facility. Additionally, Monroe has been a member of the American Society for Healthcare Engineering (ASHE) faculty and taught project management at the graduate school level.

Monroe earned his bachelor's degree in mechanical engineering from Northwestern University, as well as a Master of Business Administration degree from the Kellogg School of Management at Northwestern University.

## Resources

### Up in the blogosphere with The Joint Commission

- **High Reliability Healthcare** — [Embedding Safety Culture Training Into Quality Improvement Projects and Organizational Processes](#): With everyone going 100 mph in their jobs anymore, team training can be one of the first things to slip off the priority list. In the eighth blog post of a series examining the 11 tenets of safety culture discussed in a *Sentinel Event Alert* and accompanying infographic, Coleen Smith, MBS, RN, director of high reliability initiatives for the Joint Commission Center for Transforming Healthcare examines the ninth tenet, "Embed safety culture team training into quality improvement projects and organizational processes to strengthen safety systems."
- **Dateline @ TJC** — [Holding Up Both Ends of the Quality Partnership](#): Mark Pelletier, RN, MS, chief operating officer, The Joint Commission, writes about how the accreditation and quality improvement processes should be a quality partnership, with each party — the surveyor and the organization — holding up their end of that partnership in order to make accreditation work.
- **Quality in Nursing Center Care** — [Refresher Course Reduced CAUTIs by 78 Percent in New York Long Term Care Organization](#): Emalyn Bravo, RN, and her colleagues at Henry J. Carter Nursing Facility in New York, knew that updating their knowledge via the Agency for Healthcare Research and Quality's (AHRQ) budding Safety Program for Long-Term Care would give their facility the necessary boost to cut down its catheter-associated urinary tract infection (CAUTI) rate. But Bravo writes that she never anticipated it would help the facility achieve a 78 percent reduction in CAUTIs.

Learn more about [Joint Commission Resources](#)' offerings online or call 877-223-6866.

