

Joint Commission Online

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Quality and safety

Sentinel event statistics released for first 6 months of 2019 with new suicide categories

The Joint Commission released sentinel event statistics for the first half of 2019 and with these latest data is introducing new categories for describing sentinel events, most notably, suicide-related events. The new categories are:

- Anesthesia-related events
- Care management events
- Criminal events
- Environmental events
- Product or device events
- Protection events
- Suicide – emergency department
- Suicide – inpatient
- Suicide – offsite within 72 hours (these are defined in the [Sentinel Event Policy](#))
- Surgical or invasive procedure events

The classification system used for describing sentinel events was updated in the fall of 2018, with the goal of improving the grouping of events and accommodating more detailed categories.

A total of 436 sentinel events during the first six months of 2019. The majority — 83% — were voluntarily self-reported by an accredited or certified organization.

Sentinel events must be reviewed by the organization and are subject to review by The Joint Commission. The five most frequently reported types of sentinel events during the first six months of 2019 include:

- Unintended retention of a foreign body — 60
- Wrong-site surgery — 29
- Fall — 25
- Suicide (inpatient) — 21
- Suicide (offsite) — 21

Fewer than 2% of all sentinel events are reported to The Joint Commission. Of these, 58.4% (8,714 of 14,925 events) have been self-reported since 2005. Therefore, these data are not an epidemiologic data set, and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

[Learn more](#) about sentinel events. (Contact: Gerry Castro, gcastro@jointcommission.org)

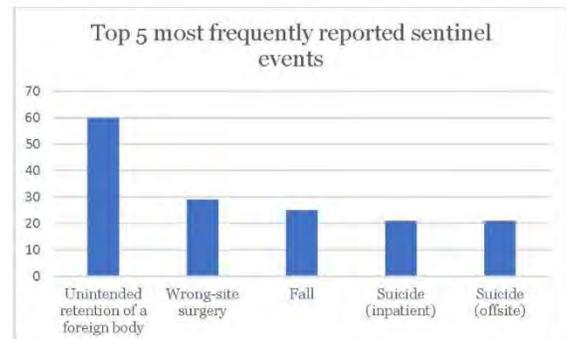
Accreditation and certification

Refined requirements: Hospital credentialing, privileging and evaluation of practitioners

Joint Commission- accredited hospitals and critical access hospitals will be able to supplement their own data (local data) with data acquired from Medicare-certified hospitals and critical access hospitals for the purposes of practitioner credentialing, privileging, focused professional practice evaluation (FPPE), and ongoing professional

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practice evaluation (OPPE). It is believed that this change will decrease burden on hospitals without compromising quality in the credentialing, privileging, FPPE, and OPPE processes.

Supplemental data may *not* be used in lieu of a process to capture local data. Organizations should assess and determine the supplemental data's relevance, timeliness, and accuracy. Consistent with the Medical Staff (MS) chapter, the medical staff must develop policies and procedures that ensure local oversight of both local and supplemental data. The local organization will be fully accountable for credentialing, privileging, FPPE, and OPPE decisions even if based in part on supplemental data. Accredited organizations may not carry forward the decisions of other hospitals by proxy.

The Joint Commission recognizes that, in rare situations, local data may be unavailable, and decisions must rely primarily on outside data. However, it is important that the organized medical staff develop a process to make a good faith attempt to collect such data locally whenever possible.

Data sharing related to credentialing and privileging:

- Examples of required items that may be shared between CMS-certified organizations:
 - General information related to application for privileges that does not require verification via primary source
 - Verification of relevant training may be shared as long as there is evidence that the information was obtained through primary source verification (PSV) or a credentials verification organization (CVO)
 - Physical ability to perform requested privileges
 - Peer and/or faculty recommendation
- Examples of items that may not be shared between CMS-certified organizations; PSV is mandatory:
 - Current licensure/certifications
 - Office of Inspector General (OIG) Exclusion List

Data sharing related to FPPE and OPPE: FPPE and OPPE data may be obtained from a CMS-certified organization. However, any information received can be used only as supplemental information, not in lieu of collecting organization-specific data. *Note: This is an optional approach and is not required.*

Resources

AHRQ seeking ambulatory clinics for project aimed at bettering antibiotic prescription

Looking for a way to improve your organization's antibiotic prescribing? The Agency for Healthcare Research and Quality (AHRQ) is seeking ambulatory clinics to take part in its free, yearlong Safety Program for Improving Antibiotic Use.

Starting December 2019, the program aims to use evidence-based guidance and strategies to overcome the challenges — including attitudes, beliefs and cultures — that prevent better antibiotic prescribing. Participating organizations also will:

- Meet the Centers for Medicare & Medicaid Services' Merit-based Incentive Payment System (MIPS) requirements.
- Comply with the proposed Joint Commission antimicrobial stewardship standard for its Ambulatory Accreditation program.
- Be offered continuing education credits (including Maintenance of Certification for the American Board of Internal Medicine, American Board of Pediatrics, and American Board of Family Medicine) at no charge.

Interested ambulatory organizations should try to attend an informational webinar for more details. Upcoming dates are:

- Aug. 22
- Sept. 4
- Sept. 12
- Sept. 24
- Oct. 3

- Oct. 15
- Oct. 30
- Nov. 5
- Nov. 14

The program — funded and guided by AHRQ — will be led by Johns Hopkins Medicine and NORC at the University of Chicago. [Learn more](#) or email antibioticsafety@norc.org for more information.

Up in the blogosphere with The Joint Commission

- **Dateline @ TJC** — [Safe Workspaces Require Workers and Managers to Find and Fix Errors](#): The theme of the 2019 Safe + Sound Week, a nationwide event held each August that recognizes the successes of workplace health and safety programs and offers information and ideas on how to keep America's workers safe. This year, the campaign is featuring the winning trifecta of management leadership, worker participation, and finding and fixing hazards, writes Hasina Hafiz, senior research associate.
- **Ambulatory Buzz** — [Injection Safety: Patient Safety Depends on Providers "Giving Their Best Shot"](#): What health care provider would ever consider reusing needles and syringes or misusing single-dose or multi-dose vials? Unfortunately, these incidents happen and sometimes result in the transmission of bloodborne pathogens like hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) — not to mention bacterial pathogens. The bottom line is these exposures are preventable if providers strictly follow safe injection practices, writes Ernest Clement, MSN, RN, CIC, infection preventionist, New York State Department of Health's Bureau of Healthcare Associated Infections.

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

