

# DOWNLOAD PDF REPORTS TO THE JOINT COMMISSION ON POSTAL SERVICE.

## Chapter 1 : Franking Information & Communication Forms | Committee on House Administration

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Hospital performance on accountability measures continued to improve, greatly enhancing the quality of care provided in Joint Commission-accredited hospitals. Accountability measures are evidence-based care processes closely associated with positive patient outcomes. The Joint Commission retired 20 accountability measures effective December 31, 2013, due to excellent quality performance by Joint Commission-accredited hospitals on these measures, and to maintain alignment as closely as possible with the CMS Hospital Inpatient Quality Reporting Program. In addition, the retirement of the measures was made to reduce the burden of reporting on organizations, and help them to focus on areas where opportunities to improve exist. The report also includes performance data on three non-accountability measures noted within the measure sets PC Exclusive breast milk feeding, VTE Multiple antipsychotic medications at discharge. In 2013, improvements on individual measures have ranged from small fractions of a percentage point to 10 percentage-point improvements. Relatively small percentage-point improvements in measures for which performance is already strong can often require as much or even more diligence than large percentage-point improvements where much room for improvement exists. All improvements are important and contribute to better care for patients. The inpatient psychiatric services result is 95 percent. The VTE care result is 95 percent. As a result of this excellent performance, three of four individual VTE care accountability measures were retired effective December 31, 2013. The stroke care result is 95 percent. As a result of this excellent performance, seven of eight individual stroke care accountability measures were retired effective December 31, 2013. The perinatal care result is 95 percent. The tobacco use treatment result is 95 percent. The substance use care result is 95 percent. In addition, two measure sets had only one measure each and therefore no composite result, since a composite must include at least two measures. The following two measures, however, were included in the overall accountability composite results see graph 1. This measure was retired effective December 31, 2013. The influenza immunization result is 95 percent. Composite accountability measures have been compiled for inpatient psychiatric services, VTE and stroke care since 2008, for perinatal care since 2009, and for tobacco use treatment and substance use care since 2010. The composites for each year are calculated on measures active for the entire year; active measures can change from year to year. Flexible options for reporting eCQMs and chart-abstracted measures introduced saw the introduction of flexible options for reporting electronic clinical quality measures eCQMs, chart-abstracted measures, or both during 2013. During 2013, there were 21 available eCQMs from which Joint Commission-accredited hospitals could select and report performance data. Due to the retirement of many measures on which hospitals were performing extremely well, the overall composite score on accountability measures is 95 percent. For the same reason, the percentage of hospitals achieving 95 percent declined to 61 percent, down from 95 percent. The overall composite accountability score reflects 95 percent. Since the baseline has been significantly altered by the retirement of the measures, caution should be taken when comparing the 2013 and 2012 composite scores. Measure sets with composite performance below the overall composite rate of 95 percent. The result of 61 percent of hospitals achieving composite measure performance greater than 95 percent is different than the 95 percent. The 61 percent result measures the percentage of hospitals achieving overall composite performance greater than 95 percent. The Joint Commission retired several chart-based measures in 2013, as the move toward eCQMs continues. Hospitals that transmit eCQM data into the production database by the submission date. The program is not intended to connote data quality or quality of care. Recognition as a contributor in these three areas is for only. New criteria will be developed as a part of that program. The Joint Commission continues to be a leader in performance measurement. A large percentage of that data comes from The Joint Commission via its well-established performance measure data network. These measures were chosen because they provide concrete data about the best kinds of treatments or practices for common conditions for which Americans enter the hospital and seek care. The results are important, because they show that hospitals have improved

their care quality. The results identify opportunities for further improvement, and support continual measurement and reporting. Quality improvement in hospitals contributes to saved lives, better health, and quality of life for many patients, as well as lower health care costs. A special focus on accountability measures

Accountability measures are evidence-based care processes closely linked to positive patient outcomes. These measures are most suitable for use in programs that hold providers accountable for their performance to external oversight entities and to the public. There has been an evolution of such oversight programs “including those for value-based purchasing, accreditation, certification, and public reporting” and they are often used to demonstrate quality and cost-efficient performance, to drive market share, and to determine appropriate reimbursements. Each accountability measure meets four criteria that evaluate whether or not evidence-based care processes associated with the measures lead to positive patient outcomes. As new measures are introduced, they are evaluated against the criteria. Not all hospitals deliver the same level of quality; some hospitals perform better than others in treating particular conditions and in achieving patient satisfaction. This variability has been known within the hospital industry for a long time. How quality measures are determined

The Joint Commission worked closely with clinicians, health care providers, hospital associations, performance measurement experts, and health care consumers across the nation to identify the quality measures. Subsequently, The Joint Commission collaborated with CMS to align common measures to ease data collection efforts by hospitals and to allow the same data sets to be used to satisfy multiple data requirements. Hospital Compare also includes information on readmissions, complications, deaths, and payment and value of care. Joint Commission-developed measures also have been adopted into a number of CMS quality reporting programs. Consumers can use Hospital Compare to compare care of local hospitals to state and national averages. Data collection and reporting requirements

For , The Joint Commission required most hospitals to select six measure sets. Hospitals chose sets best reflecting their patient population and reported on all the applicable measures in each of the sets they choose. Hospitals submitted monthly data on a quarterly basis on all measures of performance within specific sets they choose to third-party vendors, which compiled and provided data to The Joint Commission. Note on calculations and methodology

This report includes a composite for accountability measures: The composite measure shows the percentage of the time that recommended care was provided. Composite performance measures are useful in integrating performance measure information in an easily understood format that gives a summary assessment of performance for a given area of care in a single rate. The composite measures in this report are based on combining all of the process rate-based accountability measures in the measure set or the accountability measures across measure sets with more than one measure. For a performance measure, each patient identified as falling in the measure population can be considered an opportunity to provide recommended care. Often, patients have health conditions or factors that influence the effectiveness of treatments, or whether or not a provider orders a particular treatment. Also, a patient may choose to refuse treatment or not follow the instructions of his or her care plan. Criteria for accountability process measures

Research Strong scientific evidence demonstrates that performing the evidence-based care process improves health outcomes either directly or by reducing risk of adverse outcomes. Proximity Performing the care process is closely connected to the patient outcome; there are relatively few clinical processes that occur after the one that is measured and before the improved outcome occurs. Accuracy The measure accurately assesses whether or not the care process has actually been provided. That is, the measure should be capable of indicating whether the process has been delivered with sufficient effectiveness to make improved outcomes likely. Adverse Effects Implementing the measure has little or no chance of inducing unintended adverse consequences. An accountability process measure is a quality measure that meets four criteria designed to identify measures that produce the greatest positive impact on patient outcomes when hospitals demonstrate improvement. The four criteria are:

Accountability measures are a subset of core measures see core measure. Evaluating a patient for violence risk, substance use, psychological trauma history and patient strengths within the first three days of admission to an inpatient psychiatric facility. Medication given to a mother in premature labor before delivery to promote lung development in the baby.

Pharmacologic agents oral or parenteral that prevent or interfere with the formation of a blood clot. A surgical procedure in which an abdominal incision is made to deliver the infant. A measure that combines the results of two or more process measures into a single rating. A composite is a summary of a related set of measures, which could be a condition specific set, all accountability measures, or accountability and non-accountability measures. However, accountability composites are restricted to accountability measures; non-accountability measures are excluded. A type of measure in which the value of each measurement can fall anywhere along a continuous scale e. A core measure is a standardized quality measure with precisely defined specifications that can be uniformly embedded in different systems for data collection and reporting. A core measure must meet Joint Commission-established attributes, such as: A delivery occurring between 37 and 39 weeks of gestation, without a medical reason. Using current best evidence in making decisions about the care of individual patients or in the delivery of health services. Exclusive breast milk feeding. An infant receives only breast milk during the hospital stay, with no additional food or drink, including water. Medication that dissolves blood clots. Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. Health care-associated infections in newborns. Inpatient psychiatric services include care provided to a patient for a mental disorder while hospitalized in a psychiatric unit of an acute care hospital or a free-standing psychiatric hospital. The value in a set of observations whose values are arranged from smallest to largest that divides the data into two parts of equal size e. Antipsychotic medications are drugs prescribed to treat mental disorders; if two or more medications are routinely administered or prescribed, it is considered multiple medications. A status designated to patients who are rendered care in a hospital setting and observed for worsening symptoms to determine whether or not they need to be admitted for continued care as an inpatient. This standard has been temporarily suspended. A measure that focuses on the results of the performance or nonperformance of a process. Administration of parenteral intravenous or subcutaneous anticoagulation therapy and warfarin to treat patients with VTE. A lack of blood supply to the heart muscle can cause lasting heart damage.

## Chapter 2 : The Joint Commission Annual Report

*The Joint Commission is seeking public comments on any processes that have been established by various organizations to ensure timely reporting and follow up on all test results that may impact patient care decision making.*

The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community. EP 1 - Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. What did the Joint Commission find? The surveyors also observed that we use the Cal-Stat alcohol rub for hand hygiene as we do across the entire hospital. The survey team believed that the number of dispensers on the psychiatric unit and the amount of alcohol gel inside each presented a risk to the psychiatric population as a means of self-injury. Why is this important? We welcome the observations of the Joint Commission. Because they inspect hospitals all over the country they often bring a valued set of outside eyes to our hospital. We believe the observations made here are of great value and once addressed will promote a safer environment to this sensitive population. What are we doing about it? We have replaced all the Cal Stat dispensers on the inpatient psychiatric unit with dispensers that supply the same effective cleansing product but in a foam form in lesser amounts. We inspected the unit with the goal of identifying less obvious hanging points. These renovations include replacing all patient bathroom door hinges with a type of hinge that runs along the inside of door frame and is not loop-able. Our inspection revealed that these patient bathroom door locks and the patient closet doors are also potentially loop-able. We are replacing all bathroom doors, hinges and locks as well as removing all patient closet doors to promote a safer environment. Where are we now? The unit performs a routine environmental assessment to identify areas of improvement. EP 5 - Staff comply with applicable health screening as required by law and regulation or hospital policy. Health screening compliance is documented. The MGH provides a volunteer pet therapy program for our patients. We require our volunteers and volunteer pet owners to provide us with routine health screening information to be sure they are in appropriate health to serve our patients. We have a policy that guides our volunteer staff managers and outlines the required health screening information. Volunteers, including pet therapy dogs, must be in optimal physical and behavioral health to ensure their interactions with our patients are both safe and therapeutic. We have worked with the volunteer pet owners to help them understand our requirements and have successfully updated our records with current health screening information. All volunteer pet therapy files are up to date. We have revised our review process for these files to improve the identification of soon-to-be-expired health screening information. EP 13 - Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter for example, equipment, carts, furniture , construction material, and snow and ice. The life safety specialist from the Joint Commission visited every inpatient location in the hospital and several ambulatory and outpatient locations. In four inpatient care units the surveyor believed that the amount of equipment in the main hallways at the time of the survey was excessive. The use of patient care equipment and temporary storage of this equipment nearby is a constantly changing condition during a typical day here at the hospital. We have in place a continuous quality improvement process that focuses on the current objectives of managing equipment needs while maintaining clear and passable exit corridors. This process has helped to refocus staff awareness, reduce the amount of unnecessary equipment, relocate needed equipment in a timely manner and identify additional storage options. It is an ongoing process and will continue to be so to keep pace with the needs of our patients at any given time. It is our responsibility to ensure our signage identifies the safest and most direct path of egress for our patients, staff and visitors in the event of an emergency What are we doing about it? We have worked with the leadership and staff of the units identified as being out of compliance by the Joint Commission. Focused environmental rounds by our Environmental Health and Safety staff helped identify unnecessary equipment and alternative storage locations. We will continue with our oversight and support of the improvement process and continue to ensure

safe egress from all locations. EP 16 - For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures. EP 17 - For hospitals that use Joint Commission accreditation for deemed status purposes: The MGH has a very robust and stringent process for assigning care responsibilities to our staff. This includes the verification of licensure, clinical training ongoing competency assessment and routine medical staff review. The Joint Commission surveyors noted that while we have these assurances in place, our internal documents did not spell out these medical staff responsibilities in a manner they deemed appropriate. The important medical staff responsibilities described above help to ensure our mission of providing high-quality and safe patient care. We have updated our internal documents to describe the medical staff responsibilities regarding the qualifications of radiology staff, the director of nuclear medicine and the nuclear medicine staff. We have updated our internal documents to describe the medical staff responsibilities regarding the qualifications of radiology staff and the nuclear medicine staff. EP 3 - The hospital stores all medications and biologicals, including controlled scheduled medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. The surveyors believed the placement of emergency carts on some of our patient care units did not allow for the carts to be monitored by our staff to prevent tampering or diversion of the medications contained inside. Emergency carts, sometimes referred to as code carts, are placed in strategic locations on our patient care units to facilitate access during an emergency. These code carts are locked, and the integrity of the lock is checked routinely to ensure tampering or diversion of emergency medicines has not occurred. We have secured the areas where emergency carts are located by restricting access to staff only. Signage is in place and our emergency carts continue to routinely checked for security and integrity of their locks. EP6 - The hospital prepares food and nutrition products using proper sanitation, temperature, light, moisture, ventilation, and security. A surveyor observed that our Nutrition and Food Service staff members were recording the dishwasher cycle temperatures following breakfast and lunch but were not consistently doing so for the evening meal. Our dishwashers are designed to alarm when cycle temperatures are not within an acceptable range. Dishwasher cycles have predetermined temperature ranges to ensure effective cleansing and sanitation of dishes and utensils. Although the machines are programmed to maintain these temperatures automatically, periodic monitoring by our staff is routinely performed as a check and balance. Nutrition and Food Service staff will routinely record dishwasher temperature cycles following all three meals each day. Nutrition and Food Service staff are routinely recording dishwasher temperature cycles following all three meals each day.

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### Chapter 3 : About the Franking Commission | Committee on House Administration

-- *The report of the Joint Postal Commission authorized at the last session of Congress to investigate and report to that body its conclusions on the operation and effect of the existing law.*

The physicists are knowledgeable and always interact well with the staff at our imaging centers. Their response time for retesting mammography units when a tube or detector has been replaced on short notice has always been prompt to minimize our downtime. Our staff enjoys working with this vendor! Your help in keeping up with the ever changing regulatory environment throughout the accreditation process has made my job so much easier. It is nice to be able to direct my efforts into other important company initiatives while West Physics handles the dirty work. Your team has been helpful in providing information when needed and serve as a great asset in keeping our centers accredited and operating within the rules. Thank you for all your help. Atlanta, Georgia West Physics replaced our dedicated in-house staff physicist that retired in and has been able to meet our expectations for all of our equipment testing and RSO needs since taking over. The West Physics staff has been very responsive and flexible with all my department staff when they need to speak promptly with a physicist regarding their equipment or radiation safety issues. I would recommend them to any hospital that is looking for a full service medical and health physics provider. It has been a true pleasure working with your company and the physicists. The turnaround time for the reports is phenomenal. The physicists did an excellent job, so self-sufficient. I would like to thank you and Zach and anyone else who helped this along. We have used West Physics for if not 12 years, then 10 and this is why. I feel you guys did an excellent job and would still recommend you to anyone, hands down. All your time and efforts need to be recognized, so again thank you. From the moment I called, the Staff at West Physics were friendly and professional, and completely understood my concerns and time constraints that I was facing to re-submit my data. When the physicist came to my facility, he was friendly, thorough and professional, and his knowledge of my camera was unsurpassed. His company provides a quality service at a fair price. If you are going to make the effort for ACR site accreditation, then physics support is a must. I highly recommend West Physics. The services that they have provided for our facility are excellent; I appreciate their attention to detail as well as personal service. I fully trust the competence and expertise of West Physics. It has been my privilege to work with the staff of West Physics. West Physics made the process so easy and manageable that I will never stress out about it again. It was so wonderful to be able to complete the surveys on a weekend with little downtime and to have such a highly qualified cross trained physicist to be able to handle not only CT and MRI, but PET as well. I have recommended West Physics to other centers we work with and know without a doubt that they are the gold standard in Physics Services and Testing. When a site calls for their yearly testing I usually just tell them to call you since we have a high level of confidence in your ability and your familiarity with our product. Keep up the good work! Joint Commission accredited facilities will be expected to comply with these new standards in addition to any other applicable state or federal regulations, or applicable ACR or IAC accreditation standards. Imaging equipment quality control and maintenance Medical physicist credentialing.

### Chapter 4 : Joint Contract Interpretation Manuals | APWU

2. *Railway mail pay: report of the Joint Commission to Investigate the Postal Service. 2.*

### Chapter 5 : JCAHO-Joint Commission Accreditation for New Standards | West Physics

*Excerpt from Postal Salaries, Vol. 1: Hearings Before the Joint Commission on Postal Salaries, Congress of the United States, Sixty-Sixth Congress, Second Session for General Employees of the Postal Service; Part 10 I ave been told -*

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*and you have been told - that you have tons and tons of literature on the cost of living and the salary proposition.*

### Chapter 6 : Massachusetts General Hospital | Quality & Safety

*This book will serve as a reference volume for practitioners and researchers, with extensive background on the ethics and lobbying laws in New York that the Joint Commission on Public Ethics oversees and provides information, education, and advice about.*