

## March 2020 E-Newsletter: Are You Ready for The Joint Commission New Perinatal Standards?

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The Joint Commission has introduced two new standards to address complications in the areas of maternal hemorrhage and severe hypertension/preeclampsia

Effective July 1, 2020, new Elements of Performance (EPs) for The Joint Commission accredited hospitals, require that they demonstrate compliance with 13 policies. These policies are designed to improve the quality and safety

of care provided to women during all stages of pregnancy and postpartum to help prevent the likelihood of hemorrhage and severe hypertension.

The new EP's within the Provision of Care, Treatment, and Services (PC) chapter, were developed based on recommendations from The Alliance for Innovation on Maternal Health (AIM) program's maternal safety bundles that recommend best practices for maternity care. These standards were developed with input from the American College of Obstetricians and Gynecologists (ACOG), California Maternal Quality Care Collaborative (CMQCC), The American Hospitals Association and other leading national experts.

These standards are in response to the successful outcomes from increased adoption and implementation of evidence-based practices to prevent maternal mortality as a result of hemorrhage and hypertension, two of the of leading preventable contributors to maternal death in the country. The U.S. currently ranks 65th amongst industrialized nations with regard to maternal mortality. As a consequence of the increasing rates of maternal morbidity and mortality, The Joint Commission evaluated expert literature that revealed the highest impact on decreasing maternal complications were early recognition, and timely treatment for maternal hemorrhage, and improved maternal outcomes among states working on management of hypertension/preeclampsia.



**Joint Commission-Provision of Care, Treatment, and Services Standards for Maternal Safety**

### Standard PC.06.01.01: Reduce the likelihood of harm related to **maternal hemorrhage**.

EP 1	Complete an assessment using an evidence-based tool for determining maternal hemorrhage risk on admission to labor and delivery and on admission to postpartum.
EP 2	Develop written evidence-based procedures for stage-based management of pregnant and postpartum patients who experience maternal hemorrhage
EP 3	Each obstetric unit has a standardized, secured, dedicated hemorrhage supply kit that must be stocked per the organization's defined process
EP 4	Provide role-specific education to all staff and providers who treat pregnant and postpartum patients about the organization's hemorrhage procedure. At a minimum, education occurs at orientation, whenever changes to the processes or procedures occur, or every two years.
EP 5	Conduct drills at least annually to determine system issues as part of on-going quality improvement efforts. Drills include representation from each discipline identified in the organization's hemorrhage response procedure and include a team debrief after the drill.
EP 6	Review hemorrhage cases that meet criteria established by the organization to evaluate the effectiveness of the care, treatment, and services provided by the hemorrhage response team during the event.
EP 7	Provide education to patients (and their families including the designated support person whenever possible).

### Standard PC.06.01.03: Reduce the likelihood of harm related to **maternal severe hypertension/preeclampsia**.

EP 1	Develop written evidence-based procedures for measuring and remeasuring blood pressure. These procedures include criteria that identify patients with severely elevated blood pressure.
EP 2	Develop written evidence-based procedures for managing pregnant and postpartum patients with severe hypertension/preeclampsia
EP 3	Provide role-specific education to all staff and providers who treat pregnant/ postpartum patients about the hospital's evidence-based severe hypertension/preeclampsia procedure. At a minimum, education occurs at orientation, whenever changes to the procedure occur, or every two years.
EP 4	Conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts. Severe hypertension/preeclampsia drills include a team debrief.
EP 5	Review severe hypertension/preeclampsia cases that meet criteria established by the hospital to evaluate the effectiveness of the care, treatment, and services provided to the patient during the event.
EP 6	Provide printed education to patients (and their families including the designated support person whenever possible).

Many Joint Commission accredited hospitals are performing a gap analysis by reviewing new standards compared to the current structures and protocols, to identify how to meet the new EP's, some of which require documented evidence of compliance. Some hospital administrators are implementing or discussing organizational measures for accountability tying education/simulation to credentialing and annual clinical reviews.

Implementation of the EP's is an ongoing process, and may be difficult for some hospitals, particularly those where challenges exist with development of evidence-based protocols. It is essential to ensure that all healthcare providers are well versed with the management of obstetric emergencies. The Joint Commission does plan to provide more detailed information, support and guidance to ensure accredited hospitals can meet these new requirements. In the interim, Obstetric providers are self-accountable for adopting and adjusting to the new elements of performance that may require changes to their practice.

### References/Resources

<https://www.jointcommission.org/standards/prepublication-standards/new-standards-for-perinatal-safety/>

<https://safehealthcareforeverywoman.org/patient-safety-bundles/>  
<https://www.cmqcc.org/qi-initiatives>

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