

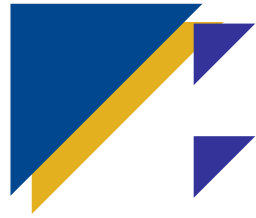


# **JOINT COMMISSION Accreditation Process Overview**

## **Biomedical and Pharmaceutical Waste Technical Advisory Group**

**December 11, 2008**

# Today's Discussion



Overview of Joint Commission

Survey Process

Standards

Tracer Methodology/Priority Focus Process

Unannounced Survey Process

Periodic Performance Review

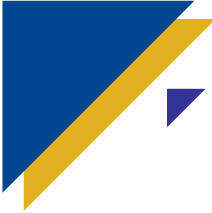
Life Safety Code Specialist

Typical Survey Team make-up

Surveyor Training/Competency Assessment

Specific Joint Commission Standards

# Committed to Improving Safety and Quality of Care

- 
- ▶ With more than 50 years of health care accreditation experience, our mission has remained constant – *to work with health care organizations to improve the quality and safety of patient care*
  - ▶ The Joint Commission works with customers to address the most serious patient safety and quality issues in health care
  - ▶ We work with national experts and seek input from the field to:
    - Ensure state-of-the-art standards and accreditation process
    - Promote optimal safety and quality for patients
  - ▶ Customer panels allow hospitals the opportunity to directly provide input and feedback:
    - Hospital Advisory Council
    - Hospital Professional and Technical Advisory Committee

# Shared Vision



- ▶ The Joint Commission is a private, not-for-profit organization – created by and governed by health care professionals
- ▶ Our Board of Commissioners is comprised of individuals who understand the complexity of health care and the challenges our customers face everyday in the delivery of health care
  - Administrators, doctors, nurses, ethicists, members of the public
- ▶ Our five corporate members represent the leading health care associations in the United States:
  - American Hospital Association
  - American Medical Association
  - American College of Surgeons
  - American College of Physicians
  - American Dental Association

# Tools Provided to Improve Care



- ▶ State-of-the-art standards
- ▶ National Patient Safety Goals
- ▶ Performance measures
- ▶ On-site survey focused on patient care (patient tracer methodology)
- ▶ System Tracers devote specific time slots to in-depth discussion and education



# Joint Commission Standards

# Standards Development



- ▶ The standards development process includes the following steps:

The need for new standards is identified by accredited organizations, professional associations, consumer groups and others.

The Joint Commission prepares draft standards using input from external task forces, focus groups and experts.

The draft standards are reviewed by field-specific Professional and Technical Advisory Committee(s) and a committee of the Board of Commissioners.

The draft standards are sent to the field and other stakeholders for review.

The draft standards are revised and reviewed by the appropriate PTAC(s) and the Board.

The approved standards are published for use by the field.

# Standards Manuals/Chapters



- ▶ Section 1 covers patient, client or resident-focused functions that relate directly to the provision of care, treatment and services:
  - Ethics, rights and responsibilities
  - Provision of care, treatment and services
  - Medication management
  - Surveillance, prevention and control of infection
- ▶ Section 2 contains organization functions that are vital to the organization's ability to provide high-quality care, treatment and services:
  - Improving organization performance
  - Leadership
  - Management of the environment of care
  - Management of human resources
  - Management of information
  - Medical staff
  - Nursing services

# Measurable Components



- ▶ Standards are comprised of Elements of Performance

Each Element of Performance is scored

Elements of Performance are aggregated to determine standards compliance

Standard either in compliance or not in compliance



# Tracer Methodology

# Tracer Methodology



- ▶ Tracer methodology is an evaluation method in which surveyors select a patient and use that individual's record as a roadmap to move through an organization to assess and evaluate the organization's compliance with the standards and the organization's systems of providing care and services.
- ▶ Following the course of a patient's treatment, they assess the organization's compliance with standards.

# Tracers Methodology



## Individual Tracer

Surveyors trace by observing and talking to staff in areas where the patient received care.

## System Tracers

Interactive session that explores important organization-wide processes/functions related to safety and quality of care.


Key system tracers: Medication Management, Data Use, Infection control

## Program Specific Tracers

Targeted tracers that explore high priority issues for each of the accreditation programs

Hospital Program Specific Tracer include: Suicide Prevention, Lab Integration & Patient Flow

# Priority Focus Process

- 
- ▶ The Priority Focus Process (PFP) is a data-driven tool that helps focus survey activity on issues most relevant to patient safety and quality of care at the specific health care organization being surveyed.
  - ▶ The PFP uses automation to gather pre-survey data from multiple sources including The Joint Commission, the health care organization and other public sources.

# How the Data is used in the Survey Process



## Identification of Priority Focus Areas (PFA)

The processes, systems or structures within a health care organization known to significantly impact the safety and quality of care specific to the health care organization being surveyed. (Examples: communication, equipment use, infection control, organizational structure, patient safety and staffing)

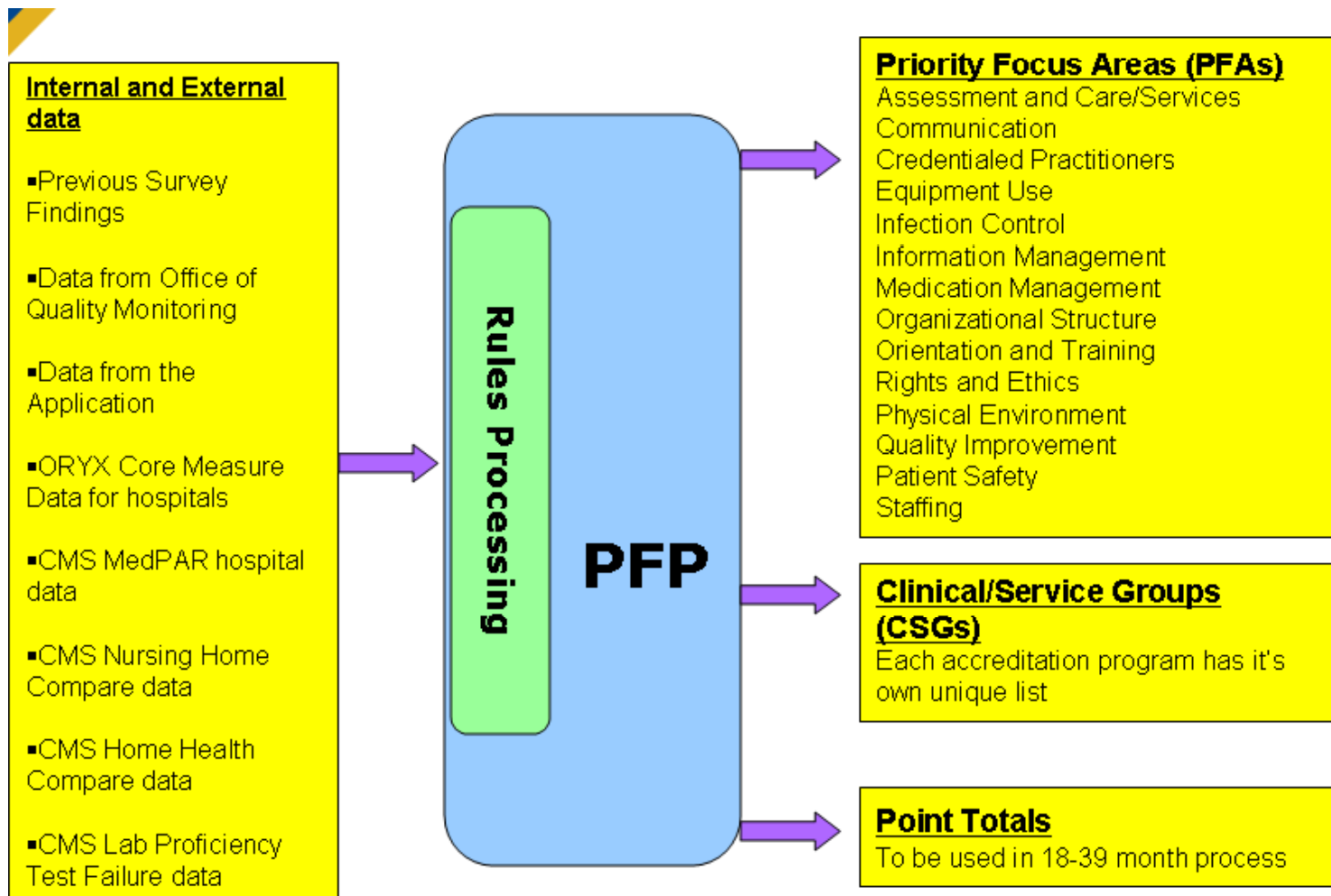
## Identification of Clinical Service Groups (CSG)

Groups of patients, in distinct clinical populations for which data are collected. (Examples: cardiology, general surgery or orthopaedic and rehabilitation)

## Information from the priority focus areas and clinical service groups is then used to help guide the focus of the on-site survey activities.

# Process will use PFP data

- Step 1: Data for each organization is compiled from both internal and external sources
- Step 2: Data is converted to information through use of automated algorithms (rules)






# Unannounced Survey Process

# Unannounced Survey Process



- ▶ To help health care organizations focus on providing safe, high quality care at all times, and not just when preparing for survey.
- ▶ To enhance the credibility of the accreditation process by ensuring that surveyors observe organization performance under normal circumstances.
- ▶ To reduce the unnecessary costs that health care organizations incur to prepare for survey.
- ▶ To address public concerns that The Joint Commission receive an accurate reflection of the quality and safety of care.

# Unannounced Survey Process

- 
- ▶ Throughout 2006 and 2007 the unannounced survey could have been conducted at anytime throughout the calendar year that the organization was due for survey
  - ▶ Transitional period from the announced survey process to the “truly” unannounced survey
  - ▶ Exceptions in limited situations
  - ▶ Information posted on the organizations extranet site at 7:30 am in appropriate time zones

# New Unannounced Survey Process



- ▶ Unannounced survey will be conducted 18 – 39 months after the organization’s previous full, unannounced survey
  - Laboratories will have a 12 – 24 month window
- ▶ Data from the Priority Focus Process (PFP) will determine when an organization will have its survey along the 18 – 39 month continuum
  - Amount and type of data will vary based on the accreditation program

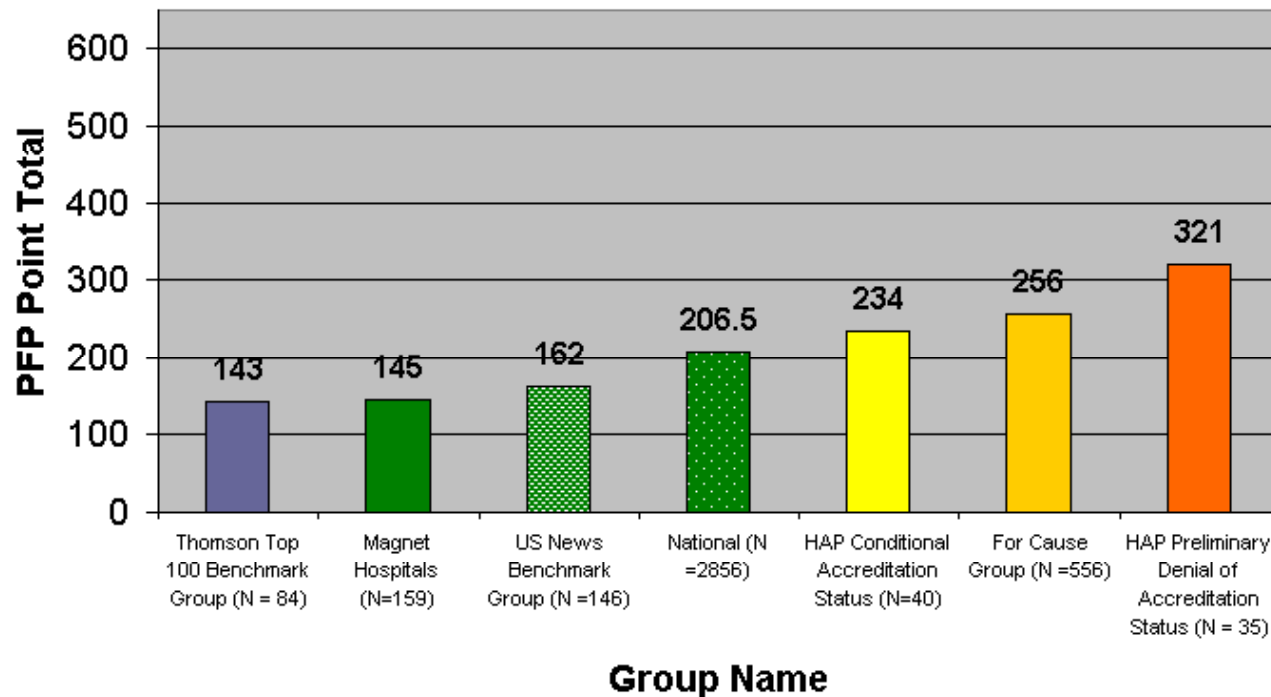
# Initial Analysis of PFP Point Totals

Analyzed PFP data from 2005 and 2006, looking for differences in data

Found statistically significant differences among groups of hospitals

Found that PFP Point Total was significantly associated with accreditation status (P=0.0017). The higher the PFP total, the more likely to receive an adverse decision.

Higher point totals may highlight risk as the data that assign points are primarily negative outlier data



# Current Analysis of PFP Point Totals



Select Performance Risk Assessment Run Date

2008Q1

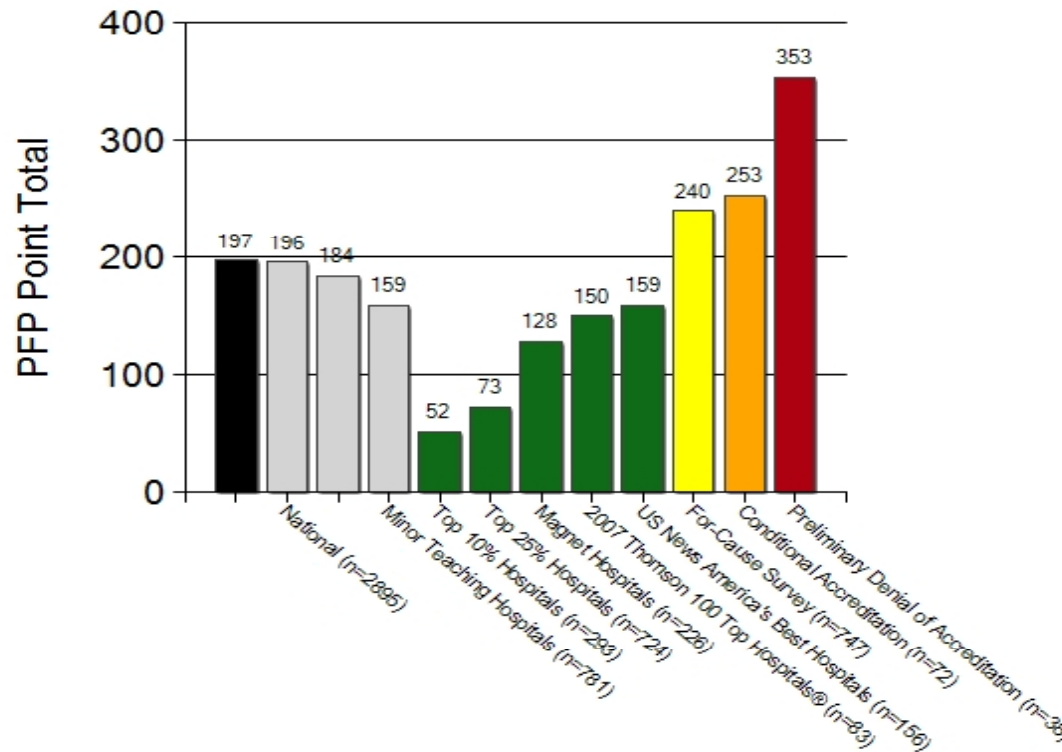
Up to a rolling 3 years of data are included in each run.

Select Hospital

Refresh

Differences in groups have held up over time.


Overall PFP Point Totals





# Periodic Performance Review (PPR)

# Periodic Performance Review

- 
- ▶ The organization evaluates itself against the standards and submits the PPR tool
  - ▶ The organization creates Plans of Action and applicable Measures of Success (MOS) for each standard scored not compliant and submits data to Joint Commission via the PPR tool
  - ▶ The organization may choose to participate in a conference call with The Joint Commission to discuss the Plans of Action and MOS

# Periodic Performance Review




- ▶ Helps the organizations incorporate Joint Commission standards as part of routine operations and ongoing quality improvement efforts.
- ▶ Electronic self assessment tool
- ▶ Annual requirement




# Life Safety Code

# Life Safety Code Specialists

- 
- ▶ 2005: A Life Safety Code Specialist was added to every hospital survey for one day at hospitals greater than 200 beds
  - ▶ 2008: A Life Safety Code Specialist will be added to all hospital surveys for at least one day
  - ▶ 2008: A Life Safety Code Specialist will be added for two days if hospital has over 750,000 square feet

# Scoring of EC.5.20 Across Four Years

- 
- ▶ 2003 – 1428 hospitals – 2% scored
  - ▶ 2004 – 1425 hospitals – 6% scored
  - ▶ 2005 – 1436 hospitals – 26% scored
    - ▶ All surveyors trained to evaluate
    - ▶ Life Safety Code Specialists added to surveys of hospitals with more than 200 or more licensed beds (38% of the surveys)
    - ▶ 56% of the surveys with a LSC Specialist received an RFI at EC.5.20
  - ▶ 2006 – Similar trend to 2005
    - ▶ 55% of the surveys with a LSC Specialist received an RFI at EC.5.20



# Survey Teams

# Hospital Survey Team



## Typical Survey Team

Physician, Nurse and Administrator surveyors & Life Safety Code Specialist

## Ambulatory Services

High Volume, number of off-site locations and level of care will trigger an additional surveyor

## Chemical Dependency Programs

Addictions surveyor added to team – 1 day survey

# Surveyor Training & Competency Assessment



## ▶ Initial Training

Week-long educational session

Preceptorship

Certification exam

## ▶ Continuing Education

Annual Conference

Distance Education

Telephone Conference/Virtual Meetings

## ▶ Performance Evaluations



# Joint Commission Standards Related to Hazardous Materials

# Environment of Care Standards



- ▶ **EC.01.01.01:**  
The hospital plans activities to minimize risks in the environment of care.  
Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.
- ▶ **Element of Performance # 5:**  
The hospital has a written plan for managing Hazardous materials and waste

# Environment of Care Standards



## **EC.02.02.01:**

The hospital manages risks related to hazardous materials and waste.

### **Elements of Performance:**

The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.

The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.

The hospital implements its procedures in response to hazardous material and waste spills or exposures.

The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing hazardous chemicals.

The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing radioactive materials.

The hospital minimizes risks associated with selecting and using hazardous energy sources.

The hospital minimizes risks associated with disposing hazardous medications.

For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and material safety data sheets required by law and regulation.

# Medication Management



- ▶ MM.01.01.03  
The hospital safely manages high-alert and hazardous medications.
- ▶ EP 4: The hospital minimizes risks associated with managing hazardous medications.

# Contact Information



Jennifer Hoppe, MPH

Associate Director, State Relations

Phone: 630-792-5261

E-mail: [jhoppe@jointcommission.org](mailto:jhoppe@jointcommission.org)