

Joint Commission's *Ambulatory Audio Advisor*

A complimentary Conference Call series provided for Ambulatory Care organizations and Office-Based Surgery practices seeking Joint Commission accreditation **for the first time.**

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Today's Subject -
Standards Compliance:
A Primer for First-Timers

Faculty:

- Joe Flannery, MS, MHA – Ambulatory Care Surveyor

Moderator:

- Mike Dye, MPH – Sr. Associate Director, Business Development
Ambulatory Care & Office-Based Surgery

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We'll address:

- Joint Commission's Mission
- Rationale for Compliance "Business Case"
- Joint Commission Standards Construct
- Top Opportunities for Improvement
- Pre-Survey Suggestions

Settings Impacted:

- Surgical, Primary Care, Diagnostic

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Joint Commission's Mission

“To continuously improve the safety and quality of care provided to the public through the provision of healthcare accreditation and related services that support performance improvement in healthcare organizations.”

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Compliance – *Why it Matters!*

- Connects-the-dots between *Your Patient, Their Care & Safety*, and *Your Organization*
- Demonstrates your rigorous efforts to provide the best possible patient care
- Proves to your patients, staff and regulatory agencies you've *voluntarily* raised the bar within your organization
- Good for Business, Quality and Safety
 - > Thoroughly defined and measured
- Enhances organization-wide performance, efficiency *and attitude!*

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Joint Commission Approach:

An Interlocking Framework

- Accreditation Participation Requirements, Policies & Procedures
- National Patient Safety Goals
- State-of-the-Art Standards
- Elements of Performance

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Most Commonly Observed Opportunities for Improvement*: Jan-May 2006

- 1. National Patient Safety Goal (NPSG) 8
- 1. Performance Improvement (PI) 3.20
- 2. Human Resources (HR) 4.10
- 2. Performance Improvement (PI) 2.10
- 3. National Patient Safety Goal (NPSG) 2
- 4. Provision of Care (PC) 16.10
- 5. Universal Protocol (UP) 1
- 6. Medication Management (MM) 2.20
- 7. Environment of Care (EC) 9.10
- 8. Human Resources (HR) 4.50
- 9. Environment of Care (EC) 4.10
- 10. Accreditation Participation Requirement (APR) 17

**Please note - list derived from accredited Ambulatory Care organizations surveyed Jan. 1, 2006 through May 31, 2006.*

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#1

National Patient Safety Goal 8

“Accurately and Completely Reconcile Medications Across the Continuum of Care.”

> Surveyor Tip

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#1

Performance Improvement 3.20

“An ongoing, proactive program for identifying and reducing unanticipated adverse events and safety risks to patients is defined and implemented.”

> Surveyor Tip

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#2

Human Resources 4.10

“There is a process for ensuring the competence of all practitioners permitted by law and the organization to practice independently.”

> Surveyor Tip

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#2

Performance Improvement 2.10

“An ongoing, proactive program for identifying and reducing unanticipated adverse events and safety risks to patients is defined and implemented.”

> Surveyor Tip

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#3

National Patient Safety Goal 2

“Improve the effectiveness of communication among caregivers.”

> Surveyor Tip

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#4

Provision of Care 16.10

“The organization establishes policies and procedures that define the context in which waived test results are used in patient care treatment and services.”

> Surveyor Tip

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#5

The Universal Protocol

“The organization fulfills the expectations set forth in the Universal Protocol for preventing wrong-site, wrong procedure, wrong person surgery and associated implementation guidelines.”

> Surveyor Tip

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#6

Medication Management 2.20

“Medications are properly and safely stored throughout the organization.”

> Surveyor Tip

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#7

Environment of Care 9.10

“The organization monitors conditions in the environment.”

> Surveyor Tip

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#8

Human Resources 4.50

*“Clinical privileges and appointments/
re-appointments are reviewed and revised at
least every two years.”*

> Surveyor Tip

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#9

Environment of Care 4.10

“The organization addresses emergency management.”

> Surveyor Tip

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#10

Accreditation Participation Requirement 17*

“The organization must educate staff and patients that any employee and/or patient concerned about the safety or quality of care provided in the facility may report these concerns to the Joint Commission.”

**APR 17 replaces the Public Information Interview (PII) notice previously required by Joint Commission.*

> Surveyor Tip

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First-Timers “Ready-to-Go” List

Suggested documents to have accessible pre-survey:

- Compliance track record
- Performance improvement & infection control data
- Environment of Care plans & meeting minutes /
Statement of Conditions (if applicable)
- Leadership meeting minutes
- Organizational chart
- List of departments and staff members
- List of available patients to support “patient tracer”
survey activities

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Your Turn!

We're Ready to Respond to Your Questions

General Information Link for AHC / OBS "First Timers":

www.goldsealofapproval.org

Link to Joint Commission Standards Compliance FAQs:

<http://www.jointcommission.org/AccreditationPrograms/AmbulatoryCare/Standards/FAQs/default.htm>

Other Sources:

- "Avoiding Errors in Medication Orders," *Outpatient Surgery Magazine E-Weekly*, July, 2006 (eweeklynewsletter@outpatientsurgery.net)
- "JCAHO survey helps Florida center identify ways to improve," *Briefings on Ambulatory Accreditation*, April 2006

JCR Resources www.jcrinc.com:

- "Accreditation Essentials," 1 & 2-Day Education Programs: Call (toll free) – 877.223.6866
- "Environment of Care 2006 Essentials for Health Care, 6th Edition"

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If You're Interested in Achieving Ambulatory Care
or Office-Based Surgery Accreditation

We're Eager to Hear From You!

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For Questions Regarding Standards Compliance Call:
Standards Interpretation Group (SIG)

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