

Accreditation

Discussions with CMS result in fewer standards changes

The Joint Commission Web site now includes [updated documents](#) that reflect the changes to the standards as of March 26, 2009, as a result of discussions between The Joint Commission and the Centers for Medicare & Medicaid Services (CMS). **There are no new requirements between the January and March updates.** In fact, as a result of discussions with CMS, a number of requirements were considered equivalent to existing elements of performance or were already addressed in The Joint Commission survey process. Moreover, Joint Commission accredited hospitals are already meeting the essence of many of the revised requirements. Some of the requirements simply add additional specificity to existing Joint Commission standards and only just a few are entirely new.

The following [updated documents](#) are available on the Web site and on The Joint Commission Connect extranet site:

- “Revised 2009 Accreditation Requirements as of March 26, 2009” replaces the file that was posted to The Joint Commission Web site on January 5, 2009. The revised document reflects changes that resulted from discussions between The Joint Commission and CMS as of March 26.
- “Changes to Accreditation Requirements between January 5, 2009 and March 26, 2009 Documents” provides a side-by-side comparison of the January 5 and March 26 documents.

Beginning April 6, hospitals will be surveyed on the requirements in the March 26 update; however, non-compliance with these new requirements will not affect the hospital’s accreditation decision nor require the submission of Evidence of Standards Compliance (ESC). Hospitals will receive feedback on their efforts to meet these requirements separate from the Official Accreditation Decision Report. Beginning July 1, 2009, non-compliance with these requirements will affect the hospital’s accreditation decision and will require the submission of ESC. Some organizations, such as Veteran’s Affairs or Department of Defense organizations, are not subject to the Conditions of Participation and may not be subject to some of the new and revised elements of performance.

“Revised 2009 Accreditation Requirements as of March 26, 2009” is an addendum to The Joint Commission’s current hospital accreditation standards. The update to the *Comprehensive Accreditation Manual for Hospitals*, scheduled for release in July, will reflect these changes. The E-dition also will be updated on March 26, 2009. The Periodic Performance Review will be updated by July 1, 2009. The Joint Commission will continue to work with CMS in the coming months through the deeming application process and remains confident that it will receive deeming authority. (Contact: Patricia Kurtz, pkurtz@jointcommission.org and Kevin Hickey, khickey@jointcommission.org)

Extension surveys extended to 12 months for newly acquired services, sites

The timeframe for conducting extension surveys has been extended to 12 months from four- to six-months for organizations that acquire a new service, program or site. The timeframe change is being made to allow organizations a reasonable period of time to bring a new service or site up to its standard of performance. Extension surveys are conducted to ensure that the accreditation decision previously awarded to the organization is still appropriate under changed conditions. Extension surveys are still conducted during the four- to six-month timeframe at organizations that:

- Change ownership and have significant changes in the management and clinical staff or operating policies and procedures.
- Offer at least 25 percent of its services at a new location or in a significantly altered physical plant.
- Expand its capacity to provider services by 25 percent or more, as measured by patient volume, pieces of equipment, or other relevant measures.
- Provide a more intensive level of service.

- Merge with, consolidate with, or acquire an unaccredited site, service or program that is covered by Joint Commission standards.

(Contact: Gail Weinberger, gweinberger@jointcommission.org)

Field review of proposed standards changes for the laboratory program

The Joint Commission is asking for comment on [proposed revisions](#) to the document and process control requirements, currently located in the Information Management (IM) and Quality Control (QC) chapters of the laboratory program manual. Individuals responsible for implementing the document and process control requirements are invited to review and comment on the proposed revisions. Comments will be gathered through April 7, 2009. (Contact: Lauren Lentine, llentine@jointcommission.org)

Certification

The Joint Commission and AHA announce new Joint Commission certification to encourage exemplary care in heart failure

The Joint Commission, in collaboration with the American Heart Association, announced its new [Disease-Specific Care Advanced Certification Program in Heart Failure](#). This certificate of distinction recognizes hospitals that are making exceptional efforts to foster better quality of care and outcomes for heart failure patients. The Joint Commission's new advanced certification program requires organizations to meet the following criteria:

- Meet the standards and performance measurement requirements under The Joint Commission's Disease-Specific Care Certification program.
- Achieve and sustain for 90 days or more at least 85 percent compliance with the five achievement measures of [Get With The Guidelines](#)SM-Heart Failure, the American Heart Association's hospital-based quality improvement program designed to close the treatment gap in cardiovascular disease.
- Collect data on Joint Commission core measures for heart failure and use this data in ongoing performance improvement activities.

(Contact: DSC Team, dscinfo@jointcommission.org)

Performance measurement

New stroke measures for hospitals

Performance measures currently used by Joint Commission certified Primary Stroke Centers will be expanded for use by all hospitals. The measures have been modified to meet national core measure specifications and will be published in the *Specifications Manual for National Hospital Quality Measures, Version 3.0* in April 2009 for implementation with discharges on and after October 1, 2009. Ten standardized stroke performance measures have been used in The Joint Commission's Disease-Specific Care Certification Program since January 2008. Of the original set, eight were endorsed by the National Quality Forum in July 2008 for use in the hospital core measure program. CMS has stated its intent to include stroke measures in the *Reporting of Hospital Quality Data for Annual Payment Update* program in the future. The revised specifications are available on The Joint Commission [Web site](#). (Contact: Karen Kolbusz, kkolbusz@jointcommission.org)

Communications

National Healthcare Decisions Day is April 16

The Joint Commission encourages accredited hospitals and other health care organizations to promote the second annual National Healthcare Decisions Day on April 16. This day supports end-of-life planning and organizations can plan activities that encourage patients to talk with their doctors and loved ones about advance directives. There are a number of ways that hospitals can promote National Healthcare Decision Day:

- Publicize National Healthcare Decision Day on the Web site or in the organization newsletter.
- Provide members of the community with information on advance directives.
- Have social workers or pastoral care staff available to provide guidance on how to start the discussion or complete advance directive forms.
- Include a one-hour public seminar with a local attorney who is an expert on advance care planning.

(Contact: Cathy Barry-Ipema, cipema@jointcommission.org)

Call for 2009 Eisenberg Awards applications

The Joint Commission and the National Quality Forum are accepting applications for the 2009 John M. Eisenberg Patient Safety and Quality Awards, which provide a unique opportunity to showcase important patient safety and quality work of individuals and health care organizations. This year, the award program includes international submissions. The awards honor the memory of Dr. Eisenberg, a nationally recognized leader in health care quality improvement who advocated for health care—based on a strong foundation of research—that meets the needs and perspectives of patients. The deadline for nominations is **April 20, 2009**. Nomination forms are available at www.jointcommission.org and www.qualityforum.org. (Contact: Linda Hanold, lhaneld@jointcommission.org)

Upcoming

Joint Commission offers first-ever Premier Accreditation Summit

For the first time, The Joint Commission is offering a Premier Accreditation Summit to advance the knowledge and skills of organizational leaders. The Summit will provide:

- Accreditation-focused strategies and solutions designed to achieve and sustain safe, quality care.
- The opportunity to meet your accreditation partners and peers as well as Joint Commission senior leaders, management and staff.
- A comprehensive curriculum that will include plenary presentations as well as interactive, program-focused sessions.
- Customized accreditation tracks will be offered to meet the distinct needs of hospitals, home care, ambulatory care, behavioral health care, laboratories, and long term care accreditation programs.
- Expert faculty including surveyors, members of the standards interpretation group, and other accreditation champions.
- A question-and-answer session with executive directors, business development, field directors, surveyors and members of the standards interpretation team.

The Summit will be held on April 28 and 29 at the Donald E. Stephens Convention Center in Rosemont, Illinois. A pre-conference, A Primer on Accreditation Basics, will be held on April 27. For more information or to register, visit www.jcrinc.com or phone (877) 223-6866. (Contact: Leslie LaBelle, llabelle@jcrinc.com)