

The Joint Commission BHC News

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Executive Director

Would you like to be a behavioral health care accreditation advocate? We are looking for some articulate, enthusiastic cheerleaders to talk about the benefit of Joint Commission behavioral health care accreditation on the home page of our [Web site](#).

The page has been redesigned to feature testimonials from our customers. It's a wonderful way to showcase your organization and offers an excellent opportunity to share your accreditation success story. We make the process very easy, so if you're interested please send me an e-mail at mcasuresmurphy@jointcommission.org.

In the meantime, let me know what you think about the redesigned home page. We made the changes in response to comments from a recent usability survey. You'll notice the page requires less scrolling to view content like 'Joint Commission Connect' and 'Quality Check.' The rest of the Web site remains the same, and don't worry, your favorite bookmarked pages haven't changed.

You can tell us what you think by taking the [survey](#). We look forward to hearing from you.

Mary Cesare-Murphy, Ph.D.



Tykes & Teens touts benefits of accreditation

First impressions can mean a lot, and for one behavioral health care organization, its first impression of Joint Commission accreditation had many unforeseen benefits.



Ralicki

"Accreditation improved client care, gave my staff something to be proud of and had a positive effect on the bottom line," says Jeffrey S. Ralicki, A.C.S.W., L.C.S.W., C.A.P., founder and

chief executive officer of Tykes & Teens, Inc., Stuart, Fla. Tykes & Teens provides services to families and children with emotional and behavioral issues. Ralicki talked with *BHC News* about his organization's initial survey which took place in 2008.

Why is accreditation important?

Joint Commission accreditation is a known quality indicator. We looked at different accrediting bodies and found that The Joint Commission is the most

well known. We pride ourselves on quality services, so we wanted the community to see that we had The Joint Commission's Gold Seal of Approval.

How did you educate yourself and your staff about Joint Commission accreditation?

We participated in two teleconferences and talked to several accredited behavioral health care organizations, none of which were Joint Commission accredited. Interestingly, those organizations described their surveys as procedural that did not improve the quality of care. After hearing that, I knew The Joint Commission was the right choice.

What was the survey like?

We actually got what we were sold. It was well worth the money. I'm not a newbie. I've been in the behavioral health care business a long time (since 1996), but I learned a lot during the survey. I admit I was anxious, but as it turned out, the survey was a much better experience than I could have hoped.

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National Patient Safety Goal 8 not scored in 2009
Retroactive to January 1, 2009, The Joint Commission will not score National Patient Safety Goal (NPSG) 8 — *Accurately and completely reconcile medications across the continuum of care*. However, behavioral health care organizations will still be required to address the medication reconciliation process in 2009.

"Although there will be no scoring this year, surveyors will evaluate the behavioral health care organization's medication reconciliation process and collect information on the progress organizations are making toward meeting the requirements," says Mary Cesare-Murphy, Ph.D., executive director, Behavioral Health Care Accreditation Program.

The information gathered by surveyors, in addition to feedback from the field, will be used to create an improved medication reconciliation NPSG that supports the quality and safety of care and can be more readily implemented in 2010, says Cesare-Murphy.

Standards Q&A

Megan Marx, M.P.A.

Opioid Treatment Program associate director

Q. Is my Opioid Treatment Program (OTP) required to collect data on every measure included in standard PI.1.10, element of performance (EP) 26?

A. No. Standard PI.1.10 states, "The organization collects data to monitor its performance," and EP 26 states, "The program collects data about treatment outcomes and processes." To be helpful, the EP provides examples including use of illicit opioids, criminal activities, retention in treatment, abstinence from drugs of abuse, and others.

These topics are provided as suggestions. The Joint Commission does not expect all OTPs to limit or include their performance improvement (PI) measures to the list. OTPs should determine what measures to analyze based on their PI concerns and the measures that exist to assess those issues. PI measures will vary based on program size, location, client population, services offered, etc. If you need help in determining what measures would meet the requirements, please contact mmarx@jointcommission.org.

No new NPSGs in 2010

Over the next year, the current National Patient Safety Goals (NPSGs) will undergo an extensive review process; as a result, there will be no new NPSGs developed for 2010. The success of the Standards Improvement Initiative (SII) will be used to clarify language, ensure that NPSGs are accreditation program-

specific, delete NPSGs that are redundant or non-essential in specific programs, and consolidate similar NPSGs. Revisions to the NPSGs based on SII recommendations will be effective in 2010. For more information, see the NPSG section of the [Web site](#).

Survey notification change

Effective immediately, the following behavioral health care organizations will receive seven days advance notice, instead of five for their survey: all methadone programs, if not part of a hospital; all in-home behavioral health, case management, or Assertive Community Treatment (ACT) programs, if not

part of a hospital; all freestanding organizations with 10 or fewer staff or a total average daily census (ADC) of less than 100; and, all community-based, freestanding programs. For more information, see the March 2009 issue of *Joint Commission Perspectives*.

Tykes & Teens...continued from page 1

Did the surveyor provide useful feedback?

She gave us considerable feedback on our clinical procedures. For example, she pointed out that we could create trigger points to use when we conduct the initial client assessment. The trigger points provide prompts so we can get a more in-depth assessment if needed for that client, but we can skim over it if it's not necessary. This allows us to be more effective with our time, provide more effective

treatment for the client, and is instructional for our new clinicians.

Has Joint Commission accreditation had a positive effect on your bottom line?

Yes, in unexpected ways. There are several insurance companies that will reimburse for our services now that we are Joint Commission accredited. I was also pleased with the positive publicity we received from becoming accredited.

Resources

Education

Joint Commission Accreditation Summit

April 28-29, 2009, Rosemont, Ill.

Hear the latest updates about Joint Commission requirements. Includes plenary lectures and breakout sessions.

Pre-conference Primer for Behavioral Health Care

April 27, 2009, Rosemont, Ill.

Offers information for those new to the accreditation process or those that need to get basic questions answered before the Accreditation Summit.

Save the date!

Annual Behavioral Health Care Conference and Pre-conference

Nov. 16-18, 2009, Chicago, Ill.

Publications

2009 E-dition for Behavioral Health Care

The electronic version of the *Comprehensive Accreditation Manual for Behavioral Health Care* can be purchased as a single user license, that allows one registered user at a time to access it, or a site license that allows unlimited users from your site to access it.

Single user license

Order code: EBHS09H, \$297

Site license

Order code: EBHS09H, \$1,485

To purchase products or register for these programs, go to the [JCR Web site](#) or call (877) 223-6866.

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