

**THE JOINT COMMISSION TELECONFERENCE  
2009 STANDARDS REVISIONS FOR HOME CARE  
JULY 24, 2008**

**CATHY BARRY-IPEMA:** Welcome to today's telephone conference call on the 2009 Standards Revisions for home care organizations. Our speakers are Dr. Robert Wise, vice president of the Division of Standards and Survey Methods, and Carol Gilhooley, director of Standards and Survey Methods. I'm Cathy Barry-Ipema, chief communications officer for The Joint Commission. We also have with us today Debra Zak, executive director of the Home Care Accreditation Program. Dr. Wise and Carol Gilhooley will give an overview of the Standards Improvement Initiative and discuss the home care standards revisions, electronic E-dition of the manual, enhancements to the print manual, and how to locate standards and elements of performance in the 2009 manual. When Dr. Wise's and Carol Gilhooley's comments are concluded, we will take questions from the audience regarding the Standards Improvement Initiative.

And now, it is my pleasure to introduce Dr. Wise and Carol Gilhooley.

**DR. ROBERT WISE:** Thank you for this opportunity to talk with you about this very important initiative. Actually, this is probably one of the largest initiatives that The Joint Commission has put forward in a number of years, and one of the important parts of this is that we have spent a huge amount of time going out to the field making sure that we had the chance to get input, and that input had a lot of influence on what you will hear.

So, I want to thank you very much for your help and your interest, and I'd like to turn this over to the director of this project, Carol Gilhooley.

**CAROL GILHOOLEY:** Thank you all for joining us this afternoon. As part of our continuous quality improvement efforts, The Joint Commission launched the Standards Improvement Initiative in August of 2006. This project is using a phased approach. Phase I, which has just been completed, included revisions for the home care, critical access hospital, hospital and ambulatory programs. I will provide some overall information on these changes that will be implemented in 2009 for the home care program, and then Coreen Vick from our Standards Department and who works closely with the home care program, will provide some specific details related to home care. I would like to mention, as Bob did, that we relied heavily on extensive field engagement to reach our goals. Participants in this field engagement included accredited and non-accredited health care organizations, advisory groups, payors, purchasers, consumers, governmental agencies, and we also contacted experts. For home care, we actually called a panel of infection control experts to help us and, of course, we relied on the expertise of our surveyors. Participation was through online surveys, meetings, one-on-one interviews and focus groups. These groups helped Joint Commission staff with goals in three areas. These areas are the standards and the elements of performance, and in this area we revised requirements to enhance their clarity and objectivity and to reflect program-specific language. The second goal and focus was on the manuals. The print manual was enhanced for ease of use, and the electronic manual, which we are referring to as the E-dition, was developed. And our final goal was related to the scoring and decision processes, and those were refined to more accurately reflect organizational performance.

First, I'd like to discuss what we did and what we did not do with standards as part of SII. Although the structure and wording of many of the standards and elements

of performance have changed, the SII revisions have not introduced new requirements. Suggestions for additional requirements will be addressed using our usual and customary standard development process. During the project, we maintained what we call a parking lot. Those issues were moved to the parking lot for usual development. In SII, we looked at existing requirements and made four changes to them. They were either retained, deleted, split or consolidated. Let me tell you a little bit about the questions we asked ourselves when we decided what action to take.

Regarding language, we asked is the requirement clear? We asked, is it program-specific? But we also asked questions about structure. Is the requirement logically placed? Is the requirement logical within the standard? Is the standard logical within the chapter? Is it duplicative of other requirements? And, is it essential to quality and safety? Guidelines were also developed, such as use simple and direct language. Avoid hard to measure words, and an example of a hard to measure word might be “adequate,” “appropriate,” “sometimes,” “considers” or “timely.” We also made every effort to avoid compound or bulleted requirements. It was very difficult to score bulleted requirements, so the elimination and the minimization of bulleted requirements led to many of the changes that we identified as “split.” We split multiple elements of performance in order to avoid the bulleted aspect. We also needed to avoid having the same requirement in two places.

Other changes of note: Outlines were created for each chapter. Again, this is in sync with our goal for a logical flow. And when we asked ourselves about why we had redundancy in some areas, we realized that that redundancy was caused by an effort to create linkages between like concepts or associated concepts between chapters, so we achieved this linkage by actually putting links between standards and elements of

performance rather than duplicating them. So, you'll see in your new standards that, in some instances, the requirement has a "see also" link after the requirement directing the reader to an associated concept. We also created five new chapters for home care: Emergency Management; Equipment; Life Safety; Record of Care Treatment and Services; and Waived Testing. More specifics about these chapters of interest will be provided by Coreen. I also wanted to mention that the standards have been renumbered to allow electronic sorting and to allow the addition of new requirements that may occur in the future. Numbering matches the outline, so as you look at the new numbers, you'll be able to closely associate them with the outline that appears at the front of your chapter. In order to help with the transition from the current to the revised requirements, reports comparing language and the number of the current standard or element of performance versus the revised requirements have been developed. All of these revisions that I've described are apparent in the documents that are on our website, including the actual chapters, the outlines, and the comparison report, which we are calling the History Tracking Report.

Now, I'll provide some information about the manuals. The print manual redesign was heavily influenced by customer input. Manuals have been redesigned for ease of use. All requirements are in the front of the manual and support material, such as policies and procedures, appears at the back. There are colored tabs, gold for standards, blue for additional chapters. The chapters are in alphabetical order. And, instead of the large binder, accredited organizations will receive manuals in a portable binder format. We are still offering the spiral-bound standards book and the larger manual, but the organizations will receive the complimentary smaller portable binder. We've also added icons to the manual. For example, next to requirements that need

documentation, you'll see an icon that has a small "d," which alerts the reader to the fact that this requirement needs to have documentation to demonstrate compliance. The icons also show scoring in decision categories. The manual has also a new redisplayed applicability grid and enhanced glossaries. Manuals will publish in September, as will the Accreditation Process Guides. What we're really excited about, though, is the web-based version of the standards that I mentioned before—the E-dition. This electronic version will allow searching. It also will allow us to filter down to services level. So, for example, if an organization does not provide all of the niche or service groups within the home care accreditation program, they could click on the particular service they provide and see the standards and elements of performance that are specific to their organization. The E-dition will also include a History Tracking Report and other enhancements that will allow ease of navigation for the user. This E-dition will be available in November. There will be one complimentary single user license for all accredited organizations. Additional user license and site licenses will also be available by subscription.

And finally, I would like to address some of the changes to the scoring and decision process that you can expect for 2009. The Board of Commissioners approved a new methodology for a decision process in March of this year, and this methodology relies on categorization of EPs by criticality. In other words, the more critical the requirement, the more immediate the attention required. Visualize, if you will, a pyramid with four layers of tiers. The very top tier is immediate threat to life, which you're all familiar with. The second tier or layer would be situational decision rules, things that you're also fully aware of, that hasn't changed from the previous. An example of a situational decision rule would be evidence of an unlicensed facility or an unlicensed

individual who requires a license. The next two tiers are new. This is “Direct Impact” and “Indirect Impact.” Direct Impact requirements are those that if noncompliant, would indicate an immediate risk to patient safety or quality of care. The immediate risk usually results because there are no or few processes or protected defenses intervening between noncompliance and the impact on safety. Noncompliance with a Direct Impact requirement requires submission of evidence of standards of compliance within 45 days. And then, the last tier, at the bottom of the pyramid, we’re calling Indirect Impact requirements. Evidence of standards of compliance is due for these requirements within 60 days. Noncompliance with a requirement that does not have a direct impact—an indirect requirement—is likely to create risk over time, a risk that might ultimately even exceed in scope or severity an immediate risk, but is one that the organization can correct over time because the impact is not immediate. If compliance issues are not resolved, a progressively more adverse accreditation decision may result. Other aspects of the model include the immediate threat to life process will be modified; upon resolution of the threat, the accreditation status will change from preliminary denial of accreditation to conditional accreditation and include a follow-up survey. Some areas of the model that are yet to be finalized related to thresholds. Fixed thresholds may be established based on the number of less than compliant Direct Impact requirements or based on the total number of less than compliant requirements at the time of survey. Final determinations about thresholds will be reached later this summer or early fall, and will be published in *The Joint Commission Perspectives*.

In closing, and before I turn it over to our team leader, Coreen, you can expect communication through various methods over the coming months. Articles in *Perspectives*, website updates, and executive briefings. JCR will also be discussing SII

and their Accreditation Essentials programs, and our email address, [standardsimprovement@jointcommission.org](mailto:standardsimprovement@jointcommission.org), can be used at anytime.

Thank you, and now I would like to introduce our team leader, Coreen Vick.

**COREEN VICK:** Thanks Carol, I appreciate being able to be here and give you some of the home care specific information that came out of the Standards Improvement Initiative. I'm going to cover a couple of overarching topics, and then also give you some brief highlights from each of the chapters in terms of the changes, and then wrap up with some hints and tips on managing the transition to the 2009 standards.

I'd like to begin with service applicability. Given the variety of organizations that we survey under the Home Care Accreditation Program, we understand that it's very important for you to know which standards are applicable and which are not. And those of you who are familiar with our current manual know that that's displayed in a grid format in the current print manual. We are going to continue that format in the 2009 print manual, that is, a table format where presence of a checkmark indicates the EP is applicable, and the absence of a checkmark indicates that it's not. And then also, the web-based E-dition will also allow you to filter on the different services and pull up a list of just those standards and elements of performance that apply to the services you're interested in. We're also going to post a prepublication version of the applicability on our website, and we're working through the technical issues with doing that and hope to have that up for you to take a look at in August.

Next, I wanted to cover some of the enhancements that we've made for our deemed status and recognition programs. For home health and hospice deemed status, we have elements of performance that correspond to the Medicare Conditions of

Participation. One of the enhancements that we have made is to revise those elements of performance that currently include the CFR reference number. Let me explain a little bit more what I mean. The current element of performance reads something like, "The home health agency must comply with 44.36A," and then if you don't happen to have the COPs memorized, you have to go look up and see what 44.36A is. The enhancement for 2009 is that we've actually rewritten those elements of performance to include the actual text of the Condition of Participation, so that EP in 2009 will say something like, "Home health aide orientation includes instructions on bathing technique," or whatever the COP is. And then, to go along with that particular enhancement, we've also added some additional language to those elements of performance. These particular requirements apply only for home health agencies and hospices that elect our deemed status option. We recognize that many of our organizations are already Medicare - certified, but it's only those home health agencies and hospices that elect the deemed status option with us that are held to those elements of performance that correspond specifically to a Medicare Condition of Participation. So, we've included that designation right in the language of the element of performance so that if you are not using our deemed status option, you can see right from the element of performance text that you can skip that element of performance.

Also, for hospice, those of you who are in that area know that CMS revised very thoroughly its Conditions of Participation for hospices, and they published those in June, and they take effect in December. Because of our deemed status relationship, we are required to conform to those revised Conditions of Participation, and we're currently in the process of making those revisions. Those will be completed and available for you sometime in the fall, probably sometime in October. And, just as CMS has made those

effective December 2, also on our side, for hospices that elect the deemed status option, any surveys after December 2 will hold to those revised Conditions of Participation.

I also wanted to mention our recognition for home medical equipment services. Our standards conform to Medicare's Quality Standards for home medical equipment. And a majority of the elements of performance do apply to any organization that meets our defined eligibility criteria for home medical equipment, but there are a handful of elements of performance that are surveyed only for those organizations that serve Medicare beneficiaries. And so, similar to the home health and hospice deemed status elements of performance, for home medical equipment we've also added specific language in those EPs that apply only to organizations that serve Medicare beneficiaries, to make that explicit.

Okay, what I'd like to do next is just do a brief review of each of the chapters in the accreditation manual to give you the highlights of what the revisions have been. You'll see language that's been clarified. Requirements that were redundant or nonessential have been deleted. You'll see some restructuring in terms of elements of performance, split from one into several, or consolidated from several into one. And all those changes are in the service of making the requirements clear and making the requirements very explicit.

The first chapter I want to mention is Environmental Safety and Equipment Management. One of the highlights for this chapter is that the standards about Life Safety Code, Emergency Management, and Equipment Management have been moved into their own chapters. This chapter has been renamed Environment of Care, and by removing those other standards, now the standards in this chapter focus on the

environment in which patients receive care and the activities that your organization has to do to make it safe.

Next is Emergency Management. It's a new chapter, but all of the standards that are located in this chapter are current standards from the Environment of Care chapter. Equipment Management, also another new chapter, all of the standards in this chapter came also from the Environment of Care chapter. I also wanted to mention the Information Management chapter. The biggest change there is that the requirements about medical records have been moved out of the Information Management chapter and into its own chapter called Record of Care, which includes now all the requirements for documenting provision of care.

Life Safety is another new chapter which came from Environment of Care, and that is going to apply just to inpatient hospices, as the Life Safety standard does now. In Performance Improvement there's a couple of important changes to note. One is that the standard about Sentinel Events has moved out of this chapter. The concept is retained in our Leadership chapter. And in-depth information about managing sentinel events is in the Sentinel Events chapter. And also, the current requirement for an annual proactive risk assessment is deleted for home care, effective 2009.

And two final chapters to mention, one is the Rights and Responsibilities chapter. There currently is a section in this chapter about Organization Ethics that has moved into the Leadership chapter. Secondly, the standards in the Waived Testing chapter are currently located in the Provision of Care chapter, but they also have been pulled into a new chapter.

And then, just to wrap up, I want to reinforce what Carol mentioned about using the History Tracking Reports that we have posted on our website as a way to help you

see where the changes have happened and help you think about how you are going to transition from the 2008 to the 2009 standards.

**QUESTION:** I was wondering if you were planning to publish a transcript of the call? I'd like to have something in writing about the new scoring methodology.

**CATHY BARRY-IPEMA:** First of all, on our website, at [www.jointcommission.org/standards/SII](http://www.jointcommission.org/standards/SII), there's an entire section which includes a PowerPoint presentation, fact sheets, and the actual standards. There also is a tutorial there to help people through the new numbering system. In addition, we will be posting a transcript of today's call along with the playback number, so if you wanted to listen to it, that will be posted as well. The playback will be posted this afternoon and the transcript will be posted in a couple of weeks.

**QUESTION:** I have a question about the PPR. I take it that all the standard revisions will eventually get to the PPR, and at what point would we see them on the PPR? And also, will you have the applicability grid also with the standards on the PPR?

**CAROL MOONEY:** I'm one of the senior associate directors in the Standards Interpretation Group. We are currently under discussion on the logistics of this. We're looking at exactly when the admission will be stopped and when it will be resumed, and any possible extension date. However, the final decision will be posted in *The Joint Commission Perspectives*.

**QUESTION:** And what about the applicability grid going to the PPR?

**CAROL MOONEY:** I certainly will bring that question forward to see how we can further accommodate our customers and make it a little bit more user-friendly for you.

**QUESTION:** Could you repeat what you said about the proactive risk assessment portion?

**COREEN VICK:** In the Performance Improvement chapter, we currently have a standard that requires an annual proactive risk assessment, and any home care organization that is surveyed this year is held to that standard, of course, but in 2009 that requirement has been deleted.

**QUESTION:** What's the difference between the proactive risk assessment and PPR, what's the difference?

**COREEN VICK:** I'm talking about a specific standard that's currently in the Performance Improvement chapter. It's Standard PI 3.20.

**CALLER:** So, Standard P1.3.20.

**COREEN VICK:** Right, in 2009.

**QUESTION:** And that is not the Hazard Vulnerability Analysis?

**COREEN VICK:** The Hazard Vulnerability Analysis is part of the Planning for Emergency Management, and that's evaluating all the different risks that you might be facing, in terms of emergencies that you need to prepare for.

**CALLER:** So, is 3.20 the FMEA?

**COREEN VICK:** Yes, that is commonly understood as the FMEA, so you're correct.

**QUESTION:** For those of us who are using Accreditation Manager Plus for continual compliance and then we migrate that into our E-PPR, when will these changes go into effect, and will all the information that we've already placed in the Accreditation Manager Plus transfer over?

**CAROL GILHOOLEY:** This relates to the changes in the PPR. The changes that you put in prior to January for the old standards will not, unfortunately, transition over.

**CALLER:** Okay, and that includes the Accreditation Manager Plus? What we have in there for the past couple of years won't transfer over?

**CAROL GILHOOLEY:** That's correct. Because there's entirely new standards and elements of performance, entirely new numbering, and that's why Carol Mooney mentioned that there's discussions going on about our transition plan.

**QUESTION:** We have a survey coming up in 2008, which standards do we use?

**COREEN VICK:** If you're surveyed in 2008, you're surveyed under the standards in the 2008 manual. The 2009 standards are used only for surveys starting in January 2009.

**CATHY BARRY-IPEMA:** The 2009 standards are posted now to give the field an opportunity to get familiar with those standards, and for those organizations that are going to be surveyed in January 2009.

**QUESTION:** I have a question about the licensure for the E-dition. If my home care organization is part of a complex org and we're surveyed under the hospital, will there only be one licensure for the hospital, or will there be a licensure for the hospital portion and a licensure for the home care portion?

**CAROL GILHOOLEY:** You will get a single user license for every program for which you're accredited. It doesn't mean that it's only one individual by name, it just means one individual at a time. So, multiple individuals in your organization can go in and look at the E-dition, but not at the same time. In other words, if a second person tried to get in, they'd get a busy signal, if you will. You'll get one complimentary E-dition per program.

**CALLER:** Okay, so if it's at the hospital, will I have access to it for the Extranet site? Because my home care company is in a different physical location.

**CAROL GILHOOLEY:** You'd have one license for home care, one license for hospital, and depending if you wanted to go in and be the user for both, you could, but no one else could get in at the same time that you were on.

**CALLER:** But could someone at the hospital and someone at the home care be on at the same time?

**CAROL GILHOOLEY:** It's limited to one person at a time for each program.

**QUESTION:** Is the History Tracking Report the crosswalk between the old and the new standards?

**CAROL GILHOOLEY:** It is frequently described as a crosswalk, it's a crosswalk of our current requirements to our revised requirements. We're avoiding the word "crosswalk" because sometimes people who have deemed relationships think of a crosswalk as to the Conditions of Participation. This History Tracking Report links our requirements that are currently in effect to those that will be in effect in 2009.

**QUESTION:** If we are not deemed status when the surveyor comes, will they point out where we fall out based on those standards?

**COREEN VICK:** No. If you do not elect The Joint Commission's deemed status option, those elements of performance that I mentioned will not be surveyed on your survey.

**QUESTION:** Is anything replacing the proactive risk assessment?

**COREEN VICK:** The requirement to select a process each year and then go through what the other colleague described as the FMEA process, that specific piece is deleted. I will say, though, that in our Leadership chapter, there's a section on the Safety Management Program, and that does still touch on the proactive risk assessment and the value that that has in evaluating your safety program. It's just that that specific piece is not required.

**QUESTION:** Our company only provides personal care services. In the past, all the standards would come up for all the types of companies and all the type of services you could do in home care. With the new system, will it be just for personal care, so that we wouldn't even have to answer any questions or do anything in regards to services that we are not providing?

**COREEN VICK:** Yes, that's exactly right. Actually, personal care and support services is one of the services that you can especially use in the E-dition, and you can use that filter feature and pull up just those standards and elements of performance that apply for personal care and support services.

**QUESTION:** I have a question about the tiered scoring. I did look at the standards that are currently posted on The Joint Commission website. I don't see the scoring there. When the manual is published, will we see the tiered scoring next to each of the standards? How will that be displayed?

**CAROL GILHOOLEY:** We will be posting in August the reports that have the scoring tiers associated with them. They'll also show service applicability, so those will be two nice additions to our reports that are coming out. What you will see in the print manual and in the reports that are posted is a little triangle with a number in it. The number "2" will be used for those situational decision rules, the number "3" will be used for those Direct Impact requirements that I spoke about, and then it can be assumed that anything that doesn't have a "2" or a "3" would be a "4," in that indirect layer, that bottom layer of indirect requirements.

**QUESTION:** Regarding the service applicability, will the spiral manual have a separate subsection dedicated just to HME?

**CAROL GILHOOLEY:** As far as the HME section of the comprehensive manual, I don't believe that we'll be publishing that particular format for next year. However, I do want to make clear that the sorting capability for the E-dition allows our accredited customers to click on "HME" as their service and then have all of those requirements specific to them displayed. Those are also printable, so the organization could click on "HME" and see their requirements as well as print them.

**QUESTION:** I'm wondering if you could clarify how the standards might apply to a contracted home care service as well as if we refer?

**CAROL MOONEY:** I'd like to back up by saying our current standard—LD.3.50—

literally does address those agreements and contracts that provide the care and services for your particular organization and patients. The referral process is a separate process, but in regard to how the standards apply, all the standards apply to the contract. For example, if you have a nurse's aide or therapist providing care to your patient on behalf of your organization, then you need to look at all the standards including, for example, the HR standard. Standard LD.3.50 really goes through each of the requirements for what you need to be in a contract and defined requirements for what you had selected and determined are appropriate to the service and that contract to the expectation that you will be monitoring. So, overall, all the standards apply, whether it's providing patient rights, the National Patient Safety Goals, and Human Resource management. But you also need to look at and comply with the specific requirements under the LD.3.50.

**QUESTION:** How do you determine what will be surveyed for each home health agency? Is it related to the agency's policy?

**CAROL MOONEY:** The survey process or how you're being surveyed starts with the account rep and the application information you provide. Then, we look at the number of patients you have each year and serve, and the type of services, whether there is respiratory care, and that's clearly defined in the manual as far as what's eligible for home health and hospice, and so forth. So, it really gets into the defined services that are in the beginning of the manual, and based on the information that's provided in the application.

**QUESTION:** My question is, if I have an outside agency, such as a oxygen refilling company, delivering liquid oxygen vessels to my patients in their homes, do any other standards apply other than LD.3.50?

**CATHY BARRY-IPEMA:** All the HME standards would apply to that vendor.

**CALLER:** Okay, now would they have to be an accredited organization as well?

**CATHY BARRY-IPEMA:** No, that is not required. They just have to be able to be able to meet those standards, but they don't have to be accredited. Now, Debra Zak, who's our executive director for Home Care, would like to say something.

**DEBRA ZAK:** Thank you, Cathy, and good afternoon everyone, and thank you for joining us today. I just wanted to give you some dates for our Home Care Executive Briefings that are coming up this year, and what we're going to be doing is talking about the changes and providing you with specific information about the 2009 survey process, and how the changes are going to impacting organizations. And those dates are September 30 in Oakbrook Terrace; and also on November 11 in Phoenix, Arizona. Those are one-day events followed by the Home Care Accreditation Essentials Program, which will be October 1-2 here in Oakbrook Terrace, and November 12-13 in Phoenix, Arizona. And these programs, essentially, will take what we do on the first day regarding the revisions to the 2009 manuals and survey process, and go in-depth into the chapters, the standards interpretation, providing you with more in-depth analysis and information on how to implement and comply with standards. If you want to register, you

can call Customer Service at (877) 223-6866, or you can visit the website, [www.jcrinc.com](http://www.jcrinc.com) for registration information. And thanks again, everyone, for joining us. We appreciate it.

**CATHY BARRY-IPEMA:** Thank you to Bob Wise, Carol Gilhooley, Coreen Vick, Carol Mooney, and Debra Zak, and everybody for participating, and thank you for participating in today's call. We will be posting a link onto our website with the phone number so you can call and hear a playback of today's call, and then the transcript will also be posted within the next couple of weeks. Meanwhile, there is a great deal of information about the Standards Improvement Initiative at [www.jointcommission/standards/SII](http://www.jointcommission/standards/SII). If you have any other questions, that's a good place to start. In addition, you can send any questions that you may have to the e-mail address, [standardsimprovement @ jointcommission.org](mailto:standardsimprovement@jointcommission.org).