

JOINT COMMISSION'S HOSPITAL DEEMING AUTHORITY APPLICATION

MARCH 26, 2009

TELECONFERENCE

CATHY BARRY-IPEMA: Welcome to The Joint Commission's first telephone conference call of 2009. I am Cathy Barry-Ipema, chief communications officer for The Joint Commission. I am very pleased to introduce today's speakers, executive vice president of Accreditation Operations and Certification Operations, Dr. Ann Scott Blouin, and vice president of Standards and Survey Methods, Dr. Robert Wise. Today, we will be discussing The Joint Commission's hospital deeming authority application. By now you should have received two documents, the "Revised 2009 Accreditation Requirements as of March 26, 2009," and "Changes to Accreditation Requirements between January 5, 2009 and March 26, 2009 Document." If you did not receive them, you can also find them on The Joint Commission's Web site and on The Joint Commissions Connect extranet. Ann Blouin will give an update on our discussions with the Centers for Medicare and Medicaid Services and will provide a timeline of some important dates that will be helpful for accredited hospitals. She will also explain how surveyors will be surveying for these revised accreditation requirements. Dr. Wise will give an explanation of the requirements. When their comments are concluded, we will take questions from the audience. And now it is my pleasure to introduce Ann Scott Blouin, executive vice-president of Accreditation and Certification Operations.

ANN SCOTT BLOUIN: Good afternoon and good morning to those of you on the West Coast. Let me begin with some overview comments on The Joint Commission's current deeming authority. The Joint Commission continues to retain its current deeming authority from CMS which, even if we were to take no further action, would be in effect through July 15, 2010, so all

accreditation and deeming status decisions that would be rendered prior to July 15, 2010 would be valid for three years. Meanwhile, we submitted on February 9, our renewal for our deeming authority application to CMS. In keeping with our contract with you, our accredited organizations, to give you six months notice prior to any substantive accreditation changes to standards and Elements of Performance, on January 5, 2009, we notified the field electronically that we had 165 new and revised Elements of Performance which were specifically developed to address CMS's Condition of Participation requirements. Since January, our surveyors have been assessing compliance with these 165 new and revised Elements of Performance and have been providing—through a separate report once the material has been brought back to Central Office—an educational document that comes to you approximately four weeks after the survey and clarification have been completed. It gives you an opportunity from an educative standpoint to understand where you would fall if you were surveyed under the Conditions of Participation. As in the past, if Joint Commission surveyors found a condition level out survey finding, you would be cited for that in the regular accreditation decision process. As you know, we now leave a report on-site with the requirements for improvement that we have found, and we render decisions once we've been through the clarification process back in the Central Office. Between January and March, The Joint Commission has been working very seriously and frequently with CMS involving our Washington, D.C. office, our Division of Standards and our Division of Certification and Accreditation Operations, to look at ways to reduce the standards Elements of Performance from 165 to the current number that Dr. Wise will describe as 87. The guiding principles that we utilized to reduce those numbers were three. First, we wanted to reduce the overall burden of collection and measurement on the field and on the surveyor. Secondly, we wanted to integrate the Conditions of Participation for ease of your compliance with both The Joint Commission standards and the Conditions of Participation. Later this year (July, 2009), in our E-dition you will find the Conditions of Participation with their CFR code integrated directly into the electronic addition of the standards. The third one was the ability to simplify and use

whenever possible existing Elements of Performance rather than creating new ones and that's what the team from our Division of Standards and Division of Accreditation and Certification Operations and Washington have been doing. On March 26, we provided you both on the Extranet and the Intranet a copy of the revised accreditation requirements to the hospital accreditation program as of March 26, and that is available to you now demonstrating what those 87 standards and Elements of Performance are. We also provided CMS with an updated standards crosswalk based upon these new requirements that they've been working with us on. There won't be any surprises there for them, but we did provide them with a revised document to our deeming application. Between April 6 and June 30, our surveyors will continue to assess the compliance but will now use these updated Elements of Performance that you've just received. We'll continue to provide through June 30 the educational report approximately 30 to 45 days post the survey with no impact on the accreditation decision and no Evidence of Standards Compliance required. Effective July 1, these new and revised EPs will be incorporated into the survey process. Non-compliance with these 87 accreditation requirements can impact the accreditation decision and Evidence of Standards compliance is required for non-compliance with these Condition of Participation-inspired standards and Elements of Performance. Between the months of July and September, the Center for Medicare and Medicaid Services will observe both here in Oakbrook Terrace as well as in the field, review of the surveyor's performance and our performance in meeting the deeming application that we've submitted with the revised standards and Elements of Performance. Between July and the end of the year, we will continue to work with CMS on any required changes that they would like to see in either our survey process, which they have deemed to be very current and meet many of the requirements for the Condition of Participation, as well as any observations they have from their site visits. By the end of the year, CMS has indicated that they will render the deeming authority decision for The Joint Commission. We are confident that we will retain our deeming authority and look forward to working with them over the next six months to win that

successfully. And then six months later, July 15, 2010, the current authority would have expired but, again, we anticipate continued deeming authority. So, we anticipate no break in service, no difficulty to you, our customer. I'll now turn this over to Dr. Robert Wise who will answer specific questions and talk about the individual standards and Elements of Performance.

DR. ROBERT WISE: Thank you, Ann. I do want to briefly talk about some of the changes in standards for 2009. There have been two major sources of these changes. One has been the Standard Improvement Initiative and the other are the changes related to the submission of the CMS application. We've already had a number of discussions about the Standards Improvement Initiative and I won't go into detail there, but, as people know, the purpose was to create clarity, measurability, and survey ability but, one important piece to note, is that there are no new requirements as part of those standards. And we have had these in place since January of this year and have had a good response to those changes, especially to the E-dition. The other change which is really the basis of the discussion today is the standard changes that were made to the hospital deeming application. In our initial discussions with CMS, there was an expectation to match the existing language of the COPs and the January addition, as you've heard, contained 165 additional EPs. It's important to emphasize that even though there are 165 new EPs, if you had Joint Commission accreditation before, you had already been meeting the COPs. We have been in discussion with CMS in an attempt to reduce as many of these as possible and, in fact, we were quite successful. CMS agreed that 78 of those 165 were already in our standards and survey process and, therefore, could go away. Of the 87, they fell into two categories. The first is new expectations; there are about 37 of those. And the other are category expectations that have already been handled in existing language but not to the level of specificity. Let me quickly go over the new expectations for the deemed programs. The biggest single group is related to restraint and seclusion. There are about 27 of those. We decided to take our existing restraint and seclusion standards and remove those and replace in

wholesale fashion all the ones from CMS, and the reason for that is if you look at our current restraint seclusion standards they are driven specifically by the purpose of the restraint and seclusion. Was it a medical reason or was it a psychiatric reason? This, in fact, was the way that CMS set it up several years ago. CMS has re-thought this, and they have now moved to a behavioral-based decision for the need of restraint and seclusion regardless of the etiology of behavior. When we looked at the two strategies, we realized that they were incompatible and, even though we believe we have a number of good Elements of Performance in the existing ones, rather than sort of mix apples and oranges here, we decided to replace them completely with the new CMS requirements. As time goes on, we will see whether there were any important criteria that were left out and those at some future date may be replaced. The other new expectations relate to an updating of history and physical and also some requirements around the pre- and post-anesthesia. That represents about another 10. The remaining are the expectations that we believe we've already been handling but now there's a little bit of greater specificity, and those are the ones related to blood transfusion and the handling of infected blood and that's about 40 standards. But I do want to emphasize that, with few exceptions, if you have been meeting The Joint Commission's standards in the past, then you will continue to meet The Joint Commission's standards with very little addition.

CATHY BARRY-IPEMA: We would now like to take questions.

QUESTION: You stated that if you are currently meeting the standards with few exceptions you'll be meeting the new revisions. What are those few exceptions?

ROBERT WISE: The exceptions are the ones that I mentioned—they are in several areas. One is restraint and seclusion. There are new ones that require mention now and again they are based on behavior and not the purpose. And the other two areas were in the updating of the

history and physical. There's some time issues there, and also some requirements on the pre- and post-anesthesia. Those are the groups that we're talking about.

QUESTION: My question is, for me to have a complete standards manual, do I throw away the document you gave me in January and do I have simply the manuals that we purchased and the 86-page document or the 27-page document?

CATHY HINCKLEY, EXECUTIVE DIRECTOR OF PUBLICATIONS: I would recommend that you keep the print manual that you received and the new documents that are online. You can disregard the January 5 version because this now supersedes it. If you have E-dition, that's also another place to go because these publications will be posted on E-dition as of March 31. So, E-dition is another place you can go to get the complete set of standards that are applicable.

QUESTION: My question is relating to the PPR and those of us who have to have PPRs done this year, at least in the first half of the year. What are these changes and how are they going to affect that? And then also, what about any PPR completion as far as critical access hospitals go?

ANN SCOTT BLOUIN: For the PPR, our expectations are that you'll use The Joint Commission's standards in the 2009 manual and that, as I mentioned prior to June 30 of this year, we would be looking at the Conditions of Participation as currently amended March 26 from an educative standpoint. Once we go past that July 1 deadline, those new considerations, those new Elements of Performance and standards will be part of the expectations that we look at from July 1 of 2009 on. So, depending on the timing of your PPR submission, that would answer your question.

QUESTION: Our question was partially answered concerning the PPR but, when do you anticipate the PPR being revised to accommodate the new standards?

ANN SCOTT BLOUIN: The PPR and the AMP will be updated with the information posted on March 26 by July 1.

QUESTION: How will this affect critical laboratories, these changes that have occurred this year, if any.

ANN SCOTT BLOUIN: As far as we're aware, there are no changes at this time for the clinical laboratories.

QUESTION: Will these changes also affect the critical access hospital?

ANN SCOTT BLOUIN: No. There were changes to the critical access hospitals that were updated, I believe, in the fall of last year with the Deemed Provider Units.

QUESTION: Will you send out a list of the standards related to restraints that will no longer be in effect? I didn't see that in the documents.

ROBERT WISE: That is correct. The ones that we're removing are not in the documents but you would see those in the current 2009 manual.

MARY BROCKWAY, ASSOCIATE DIRECTOR, DIVISION OF STANDARDS: Those are
PC.03.02.01 – PC.03.03.31

ROBERT WISE: And those are the ones that are being removed and the ones in the document you now have are what will replace this for the deemed facilities.

MARY BROCKWAY: To repeat, PC.03.02.01 through PC.03.03.31 are the current ones that will no longer be in effect in July.

CALLER: Okay. It might be helpful just to post that specific information on the site, please?

ANN SCOTT BLOUIN: That's a good suggestion.

QUESTION: You mentioned that as of July 1 when the new EPs, as a result of integrating the COPs, will impact those survey decisions and an ESC will be required. My question is, between now and July 1, are ESCs required based on the supplemental report and the survey findings?

ANN SCOTT BLOUIN: No, they are not. No ESCs are required until beginning July 1.

QUESTION: I just want to clarify about the AMP that we currently have. That will not be changed until it gets updated later this year. Is that correct?

SARA RANDALL: That's correct. This is Sara Randall, the software product manager for Accreditation Manager Plus, or AMP. We'll always keep it in sync with the PPR, so the changes for both the PPR and the AMP will be updated July 1.

QUESTION: I'm calling about standard MS.01.01.01. The point that says the medical staff bylaws includes the following and then says requirements for completing and documenting

medical and physical examinations. Is it a problem if that is contained in a document that's called "Rules and Reqs" and is part of the medical staff bylaws? You know, there are two separate documents, but they're bound together and given as a whole.

ROBERT WISE: The question you're asking can get a little complicated depending upon on how your organization ends up defining the bylaws. They must be in the bylaws, so there are some organizations who have created some documents next to the bylaws but have ended up referring to those as part of the bylaws. It really is semantics but, when push comes to shove, the question will be, is that requirement written in the bylaws and the answer has to be "yes."

QUESTION: Is there going to be a crosswalk in the new E-dition of the standards between CMS requirements and The Joint Commission standards? Is that right? It will be printed right in one document?

ANN SCOTT BLOUIN: Not a crosswalk. Once CMS has given us their final disposition in the E-dition, we will have the Condition of Participation, the new Elements of Performance that we've been discussing right within the body of the standards for ease of reference.

QUESTION: If you do not get deemed status from CMS what does that do for all the hospitals that are Joint Commission accredited?

ANN SCOTT BLOUIN: Based on our discussions and our work to date, we don't think that that will be an issue. So, candidly, we're not anticipating that under any circumstances. We work very closely with CMS, and they've been very positive about us retaining our current deemed status, and we expect that will be renewed.

MARGARET VANAMRINGE, VICE PRESIDENT, PUBLIC POLICY AND GOVERNMENT

RELATIONS: Let me add to Ann's statement. I totally agree. We fully expect to get deemed status. The Medicare statute, however, did permit a transition period after July of 2010 for any accredited hospitals that are in the accreditation cycle to complete that cycle. But, again, we have full confidence that we will be getting deeming authority continued.

QUESTION: I thought I heard you say that the E-dition would be up with these standards as of March 31 and then I thought I heard you say that the PPR would not be updated until the end of the year. Am I hearing correctly?

SARA RANDALL: Yes. Before the end of this month we're putting out release 1.2. With that release, what you'll see in conjunction with any of these standards that have EPs that are changing is a link that says "What's new for this standard?" or "view changes associated with this standard." If you click on that link, it will bring up a PDF list that we've been talking about, that shows you the changes for that standard, for each of the Elements of Performance. It will bring you to that page for that particular standard. So, you'll be flagged that there's a change. You'll be able to see that change. What will not happen until the PPR is updated, is that on July 1, you will see that as a scoreable EP. Does that answer your question?

CALLER: Yes. But I think that's going to be really difficult.

SARA RANDALL: Certainly until the PPR is updated, we need to stay in sync with them.

CALLER: Okay. I guess I'm just wondering if there's any place where all of these standards will be integrated any time soon.

ANN SCOTT BLOUIN: The reason why we have to wait until the end of the year is until CMS makes its final disposition on the way that the standards and the Elements of Performance is worded. We wouldn't want to publish something only to have to rescind it within the next several weeks. So, as Sarah said, you'll be able to take a look at where it's located and what's new as of March. That won't be a problem but the actual integration of that specific new Element of Performance into the current 2009 standards won't occur until CMS makes its language disposition and gives it its blessing on the wording of that particular Element of Performance.

CALLER: Okay. Thank you.

QUESTION: My question is related to restraints, the behavior restraints. Since they've all been transitioned over to the CMS, does The Joint Commission anticipate soon providing some clarification through FAQs on these updated standards?

ANN SCOTT BLOUIN: Yes.

QUESTION: We would like to know how these elements will be scored. Are they A standards? B standards?

ANN SCOTT BLOUIN: They're both. As you probably know from our change to this process this year, we look at two things. As I'm sure you're aware with the current 2009 standards, the first is whether or not it is a direct or an indirect, tier-three which is a direct, or a tier-four which is indirect. Most of the indirect, as you know, are documentation requirements. The second, I think, question that you're asking is it an A or is a C? All the Bs have been deleted, eliminated. Depending upon the standard or the Element of Performance they are different. Some are As and some are Cs. Some are direct, some are indirect.

ROBERT WISE: We're in the process of putting those numbers on the Elements of Performance, and there will be a re-post that delineates the direct and the indirect (It is now available on-line).

QUESTION: My question is around the PPR. I'm still a little confused. Our PPR is due the very end of June. It sounds like the standards won't probably be approved until the end of 2009, but we'll be held accountable for them starting July 1, 2009.

ANN SCOTT BLOUIN: Actually, I might have been confusing. Let me restate. The submission that went in February 9 actually submitted the standards that existed at that time. We've worked with CMS over these past eight weeks to reduce the number of standards and Elements of Performance, so the 87 that you see on the current posting is what we've resubmitted to CMS. CMS has permitted us to give the field six months notice for the purpose of education to get familiar with the COPs. They recognize that these are explicitly stated. Previously, The Joint Commission didn't explicitly state the COPs in our standards, and so they're allowing us this transition time for the field to get used to the new standards. Effective July 1, CMS anticipates and expects that we will take these 87 Elements of Performance, and they will be fully integrated into the survey process. As it relates to the PPR, depending on when you submit that, if it's due at the end of June, you may want to submit that, you know, even a little bit earlier and you'll be working with the current 2009 standards.

CALLER: Right. But if we, starting at July 1, I mean, we may do our PPR based on the old standards and July 1, we now can get findings based on those new ones. Right?

ANN SCOTT BLOUIN: That is correct. So, another alternative that you could do would be to submit your PPR after July 1 with the new COPs, the standards and Elements of Performance that we've been discussing today as of March 26, because that's the best information that you and we have at that time. CMS will continue to work with us, perhaps with some luck, they will allow us to reduce them even further, if that's a possibility. Or re-word some of those, and the number would then be fewer. One option you may wish to consider is an on-site PPR this year which allows you to take a look at that with a Joint Commission surveyor on-site to see what that would look like after July 1.

CALLER: Right. Because, if we're going to put the effort into doing our PPR right now, we don't want to miss those new standards, because we're going to be expected to have them by July 1.

ANN SCOTT BLOUIN: Yes, ma'am.

QUESTION: We have a question regarding an MS standard. Here's the question: Regarding 03.01.03 EP number three, we would like some clarification with regard to certified midwives. Is it expected that they also have a physician as the admitting physician?

ROBERT WISE: I see this. What you're reading is, a patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. And your question is how would it affect, in this case, a midwife but it also could be a podiatrist, a dentist, or whatever. What this means is that a number of different people can admit to the hospital. For instance, a midwife, if that's allowed in that state and that's probably only a few states or podiatrists which can admit. Then the question is that the license of that person, while in some states allows you to do the admission, it does not allow that person to do the complete management of the medical care. So, what the expectation is is that there is a physician then who is responsible for

the overall review of the medical care. So, it does not impact who can admit, but it does create the expectation that there is someone there who is able to coordinate care beyond the license of that person.

CALLER: It's somewhat confusing because then as you read number 12, we do have an in-house 24/7 physician but if the case is uncomplicated and the patient is there for the exclusive purpose of delivery and the patient comes in, delivered, and goes home, there is not necessarily oversight or involvement by a direct physician and that is in accordance with our state law.

ANN SCOTT BLOUIN: Two things in the State of Illinois: One is back to your bylaws and your rules and regs. You have to look at what your bylaws permit, in terms of advance practice nurses, so you might need to look at Rush Copley's bylaws and see how they articulate the role of a nurse/midwife or a nurse/practitioner, an APN, in those bylaws. And the second, of course, and you just hit it, is the allowable limits in the State of Illinois by which, I think, if it's for that purpose and your bylaws permit that then that is generally not a problem for The Joint Commission. It's when the state law which supersedes Joint Commission, as you know, comments that they must have an attending physician and/or if there is a medical complication. I think that's what Dr. Wise was saying. If they're there for something and something occurs that is not consistent within the scope of practice of a nurse/midwife.

CALLER: And we clearly have that articulated in our bylaws.

ANN SCOTT BLOUIN: Okay. That's great. Thanks.

QUESTION: I wanted to ask about some rumors we've heard about the ways hospitals are surveyed. Is there any kind of indication that CMS is going to require surveys according to Medicare numbers?

Ann Scott Blouin: Yes. Part of the requirements that CMS has as part of our deeming application, when we started to work with them and we have a transition plan to work with those organizations that have what might be viewed as unusual circumstances around Medicare provider numbers. CMS does require all accrediting organizations, including The Joint Commission now, to survey in accordance with their Medicare provider number. We've started to reach out to organizations that either have one Medicare provider number but, many different sites or have many different Medicare provider numbers to look at how best to accommodate them, and we'd be happy to talk with you off-line on that.

CALLER: Okay. Who should we contact for that?

ANN SCOTT BLOUIN: Why don't you just reach out to me directly and then I'll hook you up with the right people.

QUESTION: I've been reviewing these crosswalks—the side-by-side, and the 27-page document, and there's some discrepancies. On the 27-pager, on page 21 standard EC.04.01.05 is listed, there but it's not listed in the side-by-side and there's several others that are also not listed or they're listed on the side-by-side and not in the 27-pager. Which do we go by?

MARY BROCKWAY: Hi. This is Mary from Standards and Survey Methods. If you look at the side-by-side on page 64, EC.04.01.05 is there. I don't know if you're looking at a hard copy or if you're looking at an electronic copy.

CALLER: Another one is in the 86-page one the EC standards, 06.02.01, did I overlook that one also?

MARY BROCKWAY: Okay. That standard has been eliminated. It's one of the ones that we reduced. So, you won't see it in the 27-page document and, in the 86-page document, we're demonstrating that it was there in January and it is no longer there in March.

QUESTION: When we were surveyed back in January against the CMS requirements, if the report that we got that was consultative and educative, if it had things in there that are no longer included, then do we consider that we're okay?

ANN SCOTT BLOUIN: If they're no longer included, I would just ignore them. The reason why we were so inclusive, candidly, we were very conscious of needing to make sure that we protected our health care organizations, and that we interpreted CMS rather literally with those requirements. As we started to work with CMS over the last eight weeks, we've actually felt much better, and felt very good about their willingness to look at our survey process and our previous standards and Elements of Performance which they were very impressed with as they understood them better. So, you don't have to pay attention to those that no longer exist, ma'am.

QUESTION: We want to go back to the PPR for a minute. Our PPR is due in November, and based on our understanding, we should evaluate whether or not we're in compliance with these new EPs, but we have nowhere to submit that to you and it's your expectation that we do this. So, how do we document that, and how do we submit that information if the PPR tool is not going to be updated?

ANN SCOTT BLOUIN: We will come out with clear instructions on how to submit prior to the AMP and PPR tool being technically updated so you know how to do that. We're in this odd transition period of time as we wait for CMS' response. If we knew that CMS would take what we submitted March 26, and take it exactly as is, we would updated the PPR and AMP tool tomorrow electronically. So, we will send that material out, ma'am, so that you have some clear expectations on how to submit your PPR.

CALLER: Thank you. And just as a suggestion for the E-dition, a lot of our people like to print the entire chapter and we've not found a way to do that. Is there a way to do that we're unaware of?

SARA RANDALL: That will actually be part of our June release. You'll be able to print at the chapter level.

QUESTION: My question is, if you're a hospital with other programs, like a behavioral health or a long term care program, and they are surveyed all together, do they follow behavioral health or long term care standards relating to restraint and seclusion standards or should they follow the hospital?

ROBERT WISE: The information that you have is only related to the hospital programs so they are not impacting the other programs that may be surveyed at the same time.

ANN SCOTT BLOUIN: If your behavioral health is part of your cost report for your hospital, it is surveyed under the hospital.

CALLER: Well, we're getting different manuals.

ANN SCOTT BLOUIN: Well, then it does not affect your accreditation in behavioral health.

CALLER: Okay. Thank you.

QUESTION: We have is a psychiatric hospital, but we're licensed as an acute care facility. So I think we're called an integrated survey. That was my question related to the presentation as applicable to the hospital that had the behavior health standards—have they changed yet?

ANN SCOTT BLOUIN: Let me clarify this for everyone on the call because this is an important question. If you have a behavioral health program that is functionally integrated with the hospital program that usually lives under your Medicare cost report and is part of your hospital organizational structure and it's surveyed in an integrated survey model, then, yes, these standards would apply as opposed to a behavioral health program that is not integrated with the hospital. That would be freestanding, if you would, and does not live under a hospital's Medicare cost report. They have their own sets of standards and those are different.

QUESTION: Within this CMS briefing that you provided, I didn't hear any changes related to the medical staff Elements of Performance, particularly related to credentialing. However, during our recent systems surveys, we were made aware of some enhancement with the credentialing expectations. Could you review any changes?

ROBERT WISE: I'm not sure of the specifics of the systems which you're talking about, but within these 87 changes here, there are no changes to credentialing and privileging. If there was something specific that happened in your organization, there would really be a need to deal with

that separately. But these do not affect the current credentialing and privileging standards that are in play.

CATHY BARRY-IPEMA: And, if you have questions specific about credentialing and privileging, please call our Standards Interpretation Group at 630-792-5900.

QUESTION: I have a question about the communication between The Joint Commission and CMS during this period related to the reports that we get. Post the education period ending June 30. Will there be communication between them, if for example, the Joint Commission is indicated to be out of compliance?

ANN SCOTT BLOUIN: Yes, ma'am. By law, we have to communicate that to CMS.

QUESTION: I had a question regarding restraints. Could you please restate the numbers of the provisions of care standards that are no longer applicable, that are going to be replaced now by the new ones online?

MARY BROCKWAY: Yes. PC.03.02.01 through PC.03.03.31.

QUESTION: My question is about the status of the deeming application that was granted for critical access hospitals and that six month timeframe. I wanted to know how that was progressing.

ANN SCOTT BLOUIN: Very well, ma'am. We actually had a recent site visit with CMS. They've come on-site here to The Joint Commission, as well as one our customers. It went extremely well, and we believe we will have a positive response to that shortly.

QUESTION: Hi. I know this question has been asked a few times and I feel kind of like a dunce, but our PPR is due at the beginning of June. We're being held to these standards until July 1. Our teams have been launched. I know the PPR is a continuous survey readiness activity. What I need is concrete information and how to get it. If I can't have my team's document compliance because the tool's not available, how do I operationalize these changes into the PPR process?

ANN SCOTT BLOUIN: Two comments. One is, we'll get out some information for you on how you can document that even if the electronic version isn't updated which is what I think you're asking. How do I document that readiness? The other thing you may want to think about is whether or not, given the transition that CMS has agreed to allow Joint Commission for this transition period of six months education would be to consider whether or not you would want an on-site PPR option this year and perhaps that would occur with the new requirements built into that so you'd have some additional sense of confidence, ma'am.

CALLER: At the beginning of our call today, you talked about the changes that have taken place in four different areas. You said restraint and seclusion and I understand you explained what standards were removed, but then you mentioned history and physical, pre- and post-anesthesia and blood transfusions. Where would I find the changes that are the updates to those? Would it be in these two documents?

CATHY BARRY-IPEMA: Yes. They would be.

CALLER: And the question I wanted to ask was in reference to the Accreditation Manager Plus. People keep referring to the E-dition, which I have still not been able to access even though I have an Extranet version of AMP.

SARA RANDALL: What you should probably do is call our Support Line and they can walk you through how to get into E-dition since it's the same way as you access AMP. You just go to the E-dition site, but they can also tell you how to set up your guest log-in for all your people that you want to have access the E-dition without logging in. That support number, if you log in to AMP, is at the bottom of that initial page.

QUESTION: I'm trying to think of the easiest way for those of us who are not looking for deemed status to recognize the changes that apply to us. Am I correct that if we go through and any changes that are not prefaced by that statement we can assume would apply to us, right?

MARY BROCKWAY: That's correct. That header that you see where it says, "For Hospitals That Use Joint Commission Accreditation for Deemed Status Purposes," those EPs are applicable only to those hospitals. All the others would be applicable.

QUESTION: The only thing I was going to say was, realistically, we need to be paying attention to the 27-page document. Is that the bottom line?

ANN SCOTT BLOUIN: Yes, ma'am. That is correct.

QUESTION: We're a psychiatric state hospital that was recently surveyed, and we were told by our surveyor that because of a new CMS requirement that we would have to credential any practitioner that ever touches our patients, like, out in the community hospitals. This is an unduly

burdensome requirement that I don't think The Joint Commission is really looking at. We've talked to our account representative who has not been helpful. I'm afraid we're one of about 200 state mental hospitals across the nation that are going to have to come up with an answer to this RFI, and I don't know what to say.

ROBERT WISE: There is nothing in the new requirements that would change the expectations to credential and privilege a practitioner that is not in the organization. What I would suggest is that this be a SIG call.

QUESTION: I'm sorry, but I called. We've talked to our account representative, and she's not been able to give us an answer on this. Are you suggesting I call somebody else?

ANN SCOTT BLOUIN: Yes. This is Ann. You've got my name, I think, on the information, Ann Blouin. If you would just contact me via e-mail, we'll look into this since the surveyors reports up to me.

QUESTION: Will CPI or CPI-like education be required for anyone who applies restraints, based on the new behavioral standards? They already have education on application of types of restraints in their yearly evaluation.

A MARY BROCKWAY: That's not a requirement that's currently in our standard.

CALLER: Training on CPI is not a requirement. Okay. She'll be glad to hear that.

MARY BROCKWAY: It's a methodology that can be used for compliance, but we do not dictate what is used.

QUESTION: We are going to have our disease specific certification in December or expected about December. How do these affect that?

Ann Scott Blouin: They do not affect it.

CALLERL: Thank you very much.

QUESTION: My question goes back to the PPR and the AMP and the practicality. Our PPR is due beginning of April, and we generally use the AMP to drive our improvement plan. So, we won't have that for these 27 pages of additional requirements, nor do we know if there's a Measurement of Success or how these are classified yet. Our window opens in August for a survey. So, to work with that, then we use what's available in the AMP, for what's in the current published manual and then manually review the rest of these requirements and put some sort of other action plan together to adjunct what we have on the AMP.

ANN SCOTT BLOUIN: Yes. We will work on getting some type of interim tool out. Again, the PPR and AMP will be updated with the March 26 information by July 1. Updated 1 to the *Comprehensive Accreditation Manual for Hospitals* will be released in late June and will also include the March 26 information.

CALLER: Okay. So, if we were surveyed in August and we didn't have a Measurement of Success for something that's in these 27 pages, they wouldn't hold us to having to produce that since it's not rated as yet.

ANN SCOTT BLOUIN: You may be aware there's been a fair amount of changes with the new requirements from CMS since last July. We will have to look at some of these things manually

because we recognize that you as a customer, are in a transition state and you can't help that you are due in August. So, we understand that. We'll work with you on that.

QUESTION: I suppose this sounds unrealistic because I know it would be a lot of work on your end but, for those of us that are due for survey or for PPRs this year, this is incredibly difficult. Have you considered the option of putting together a comprehensive collated tool for hospitals to use, knowing that you'll then have to replace it with another version later on?

ANN SCOTT BLOUIN: There's a couple of timeframes for the PPR, we're working on a couple of different updates and I don't want to promise something and then call that we can't meet but I understand your point about the importance of having an updated PPR tool so that you can use the most current practice. Maybe there's some ways we can use some types of Excel or other type of option as an interim step until the entire thing is re-automated. The challenge is hearing back from CMS and how many changes they will make to our proposed language. Therein lies our challenge (The PPR tool and AMP will be updated by July 1, 2009.)

QUESTION: My question is around restraint audits. In the new standards, are there requirements for specific audit information being done on restraints?

MARY BROCKWAY: There is no requirement in the new set to do that.

CALLER: Okay. Thank you.

QUESTION: Is there any way to put together a summary because I think it would be much easier to reconcile that with the 87-page document as opposed to having to go through each one and identify it?

ANN SCOTT BLOUIN: Sure. We'll put that in *Perspectives*. We were already planning on giving an update in *Perspectives*, but we wanted to have a conference call so people could ask questions.

QUESTION: In reference to the PPRs, we are due for our survey just any moment now. Our PPR is due the first of April. So, what we are doing is, notating on a hard copy as to whether or not we're in compliance with those standards and if not, what our corrective plan of action is and things like that. So, if we get surveyed next week, we should be okay with that, correct?

ANN SCOTT BLOUIN: Yes, ma'am. That's actually a perfect way to do it right now and then the surveyors will talk with you about your assessment of your being in compliance and they'll use that as a coaching, a collaborative tool.

QUESTION: To tell everybody in my organization that they have their book, that the 27-page is addendum, and that to have everything correct they need to go to PC.03.02.01 and delete everything from that standard to PC.03.03.31. Is that correct?

CATHY BARRY-IPEMA: Yes. Just restraints, remember. PC.03.02.01 to PC.03.03.31, those, are talking about the restraints standards. That's not including the history and physical and the pre- and post-anesthesia.

CALLER: So, I need to take 03.02.01 to 03.03.31, read all of that and anything to do with restraints I need to delete it?

ROBERT WISE: Yes, I think there was a previous question of asking if we could put something out in *Perspectives* to clarify exactly which standards would require new efforts and, in that article we will also be clear of which of the restraints standards which are coming out will replace our current ones. So, we appreciate the question and we will make that clear in the article.

CALLER: By the article, you mean in *Perspectives*, right?

ROBERT WISE: I do. Yes.

CALLER: Well, when's that going to come out? I mean, I think if I need to get this e-mail out today. It will be difficult to tell them in the next couple of months I'll give you the correct information.

ANN SCOTT BLOUIN: Ma'am, the easiest way, let me tell you clearly, the easiest way is to take your 2009 standards manual and then take the current 27-page document and basically take those two and look at those two until you have the additional information in *Perspectives*.

CALLER: And I don't have a problem with that being an addendum, we did this in January. Now they need to trash that one, use this as a new addendum, I understand that. My concern is on what's deleted for 03.02.01 to 03.03.31.

ROBERT WISE: Let me just clarify something. If you just take that group of standards, restraint and seclusion which you've just listed, and you get rid of them, and then you take the 27-page document and you add it to the existing standards, you will have the full set of standards.

CALLER: Okay. So, basically what I said at the beginning is I can just say cross a line through PC.03.02.01 to PC.03.03.31 and use the addendum in its place. We're fine.

ROBERT WISE: Yes. I think that's a simple and clear way to say it.

CALLER: Okay. So, I'm going to tell everybody to delete that section.

QUESTION: It's my understanding that as part of the deemed status application process CMS traditionally opens up a public comment period for the field to comment on The Joint Commission process to give CMS additional input into survey process, into the standards, how they're scored, that sort of thing. Do we know yet when the comment period is going to be for CMS?

ANN SCOTT BLOUIN: No, not yet. We're not familiar with that, but, yes, that is usual practice.

CALLER: Would CMS have that?

ANN SCOT BLOUIN: I don't know. They haven't informed us yet what the comment period is.

QUESTION: Hi. I just wondered if you would help me understand your thought process on the enforcement of the new CMS standards prior to a formal agreement between The Joint Commission and CMS on exactly what the final ones will look like. As you know, it creates great confusion to our teams and we understand it here but to explain to all of our teams at the hospitals is really challenging. Why are you not waiting to enforce the new standards if the current deemed status is effective until July of 2010? Thank you.

ANN SCOTT BLOUIN: It's a great question. The challenge is to be able to give people six months notice which is actually what The Joint Commission has always promised our accredited organizations. We've always said that when there were going to be major changes we would give the field six months notice to allow for education and transition. When Dr. Chassin, the president of The Joint Commission, met with the folks in Congress, he asked for that six months to allow the hospitals to get used to that. And also for us to give time for us to educate our surveyors so they understood, as well. So, the purpose is to take the six months, and we honestly were very pleased that CMS allowed us to continue to have the six month transition time. Although, it may seem, in some ways, it would be better to say, right now we start this, but that would not have been our previous history, where we left people time to read, to understand, to get used to it from an educative standpoint. So, that's the thinking behind it.

CALLER: My question is, if we have deemed status through 2010 why would anything change effectively now? Why couldn't we, the hospitals, have to comply as of the new deemed status period?

ANN SCOTT BLOUIN: Good question. If you are currently accredited by The Joint Commission through July 15, 2010, you are accredited. There's nothing that changes with regard to that. We can't wait until July 15 of 2010 to apply, which might be really your question. Why can't we just do an on/off switch July 15, 2010? And the reason for that is, in all CMS applications there's a period of time both for the inquiries that the previous questioner requested or asked about, as well as CMS has the right to ask us to change things. They do have that authority. So, we need a little bit of time to work with them to make sure that if they like the language change, that we have the time to be able to do that. I'm not sure if you know their timeframe, but they take about seven months to be able to make those review processes occur, including on-site reviews at some of our hospitals with our surveyors to make sure we are

surveying as we said we would. They want to be sure that we're telling the truth, and also here in our Central Office we spend several days with them to go over all of our documents on our survey process, all of our findings, how we document if we do find a condition out, etc. So, they need that length of time, so, if you took the July 15 timeframe and backed that up seven months for their review plus another three-to-six months for the assessment of whether the application is complete. They actually have a separate process that, if you don't fill it out exactly as they wish, much like a grant application, they deem it incomplete.

CALLER: I just feel like we're being held to comply with a law that hasn't been finalized yet.

CATHY BARRY-IPEMA: But the thing is, CMS will be going into organizations this summer and that's part of their review process. It's all part of the deeming application process, so we just need to make sure that hospitals are doing what they need to be doing. Does that make sense?

CALLER: It's really CMS watching the surveyors review the new standards.

ANN SCOTT BLOUIN: Yes. It was last July that the law was passed by Congress to require The Joint Commission to no longer have its unique deeming authority, which was passed in the Medicare Act in the 1960s. So now we apply for deeming authority in the hospital program just like we do in our other programs. We do this routinely for our other programs, so we're used to it. It's not unusual. It's just that we have this very special position in the hospital program.

QUESTION: I just want to verify using that 27-page document. We're in our survey window so the July 1 deadline, it's only applying to the accreditation decision, right?

CATHY BARRY-IPEMA: That is correct. I'd like to thank everyone who took the time to participate in today's call. I know we went about a half hour over, but I'm glad we were able to answer people's questions. We hope it was of value to you. You will receive an e-mail with a toll-free number that you can call to hear a playback of today's call and a written transcript will also be available on our Web site and on the Extranet site in the next few weeks. Again, the documents that have been referenced today are posted on The Joint Commission Web site and on the Extranet. Thank you very much for your time and have a good day.