

**THE JOINT COMMISSION TELECONFERENCE
STANDARDS IMPROVEMENT INITIATIVE FOR HOSPITALS
AND CRITICAL ACCESS HOSPITALS
JULY 28, 2008**

CATHY BARRY-IPEMA: Welcome to today's telephone conference call on the 2009 standards revisions for hospitals and critical access hospitals. Our speakers are Dr. Robert Wise, vice president of Division of Standards and Survey Methods; Carol Gilhooley, director of Standards and Survey Methods; and Klaus Nether, associate director of Standards. I am Cathy Barry-Ipema, chief communications officer for The Joint Commission. Dr. Wise, Carol Gilhooley, and Klaus Nether will give an overview of the Standards Improvement Initiative and discuss hospital standards revisions, the electronic edition or E-manual, enhancements to the print manual, and how to locate standards and elements of performance in the 2009 manual. When they've completed their comments we will take questions from the audience regarding the Standards Improvement Initiative.

And now it is my pleasure to introduce Dr. Wise.

DR. ROBERT WISE: Thank you for this opportunity to discuss this very important initiative. In fact, this is probably the largest initiative that The Joint Commission has undertaken in a number of years, and because of that it has drawn a large amount of field attention. We included more field input than in any other review of our standards, and it's from that field input that there has been significant influence on the final standards, as you will see them in 2009. I would like to thank you for your interest in being part of this conference call.

CAROL GILHOOLEY: As part of our continuous quality improvement efforts The Joint Commission launched the Standard Improvement Initiative in August of 2006. Phase I, which has just been completed, included revisions for the home care, hospital, critical

access hospital, ambulatory, and office-based surgery programs. I will provide some overall information on changes that will be implemented in January 2009, and Klaus Nether will provide some specific details related to hospital and critical access hospitals.

I would like to mention that the project relied extensively on field engagement, as Dr. Wise indicated. Participants in this field engagement included accredited and non-accredited health care organizations, program advisory groups, payers, purchasers, consumers, governmental agencies, experts as needed for a particular topic such as infection control, and surveyors. Participation was through online surveys, meetings, one-on-one interviews, and focus groups. These groups helped The Joint Commission staff with goals in three areas. The first area was standards and elements of performance. These were revised to enhance clarity and objectivity, and to reflect program-specific information. The second area was the manuals. Print manuals were enhanced for ease of use, and additionally the electronic manual was developed. We are calling that the E-dition. Thirdly, scoring and the decision process was refined to more accurately reflect organizational performance.

Now I'd like to go back and talk a little bit about what we did and 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 did not introduce new requirements. Suggestions for additional requirements will be addressed using the standard development processes. In SII, requirements were retained, deleted, split or consolidated. Some of the questions we asked as we did our review regarding language were: Is it clear? Is it program specific? We also asked questions about logical flow. Is the requirement logically placed? Is it duplicative of other requirements? Is it essential to quality and safety? Guidelines we developed such as: use simple, direct language; conform to style, speaking with one voice; avoid hard to measure words such as consider, adequate, appropriate, or as needed; and avoid compound sentences and bulleted requirements. Bulleted requirements

were extremely difficult for scoring purposes, and it's the one area that really led to the most splitting of requirements. We also took the bullets and split them into their own separate elements of performance. Additional guidelines: avoid the same requirement in two places; and create a logical flow of elements of performance within a standard and standards within a chapter. Other changes of note: outlines were created for each chapter. This allowed us to create and maintain this logical flow. We also asked ourselves frequently when we saw redundant requirements why was this happening, and we noticed that often concepts were associated across chapters. To address this issue without creating duplicative elements of performance, we added links between elements of performance where needed. So you'll see in the revised elements of performance that occasionally there's a link that says see also, and it directs the readers to another chapter and element of performance that might be associated with the idea.

For hospitals and critical access hospitals, five new chapters were created: emergency management, life safety, record of care, treatment and services, transplant safety, and waived testing. More specifics about these chapters of interest will be provided by Klaus. Standards have also been renumbered to allow electronic sorting and to allow the addition of any new requirements that may occur in the future without having to renumber the standard. You'll note the numbering matches the outline. In order to help with the transition from the current to the revised requirements, reports comparing language and numbers of current requirements compared to the revised requirements have been developed. All of these revisions are apparent in the documents that are currently on our website. These documents include the actual final chapters, the outline, and the comparison or history tracking reports of current to revised requirements.

Now I'd like to take a few minutes to talk about the manuals. The print manual we designed was heavily influenced by customer input. Print manuals have been redesigned

for ease of use. All requirements are in the front of the manual and support materials at the back. In the new manuals, the chapters are in alphabetical order, and instead of the large binder, accredited organizations will receive a complimentary manual in a portable binder format. Colored tabs have been added—gold for standards and blue for additional chapters. We are still offering the spiral bound standards book and the larger manual for those who prefer. Additionally, we've added icons to help the reader for particular things that may be of interest. For example, many of our customers said that they would like to know requirements that require documentation, so you'll see a documentation icon. It's a small 'd' in a circle next to every element of performance that requires documentation to demonstrate compliance. We also show in the manual the scoring and decision category. We've redesigned the applicability grid, and enhanced the glossary. The manuals will publish in September, as will the accreditation process guides.

Also, we will be introducing a web-based version of the standards, the E-dition. This electronic version will allow search and filtering capability. It will also include the comparison or history tracking report that I mentioned earlier, and other enhancements that will allow ease of navigation for the user. The E-dition will be available in November of 2008. There will be one complimentary single user license for all accredited organization. Additional user licenses and site licenses will be available by subscription.

And finally, I'd like to take just a minute or two to address the changes to scoring and the decision process that you can expect for 2009. Our Board of Commissioners has approved a new methodology for a decision process that relies on categorization of elements of performance 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. At the very top tier are immediate threat to life situations. These do not correspond to an EP, but depend on a particular issue at an organization that is apparent when the surveyor is on

site. The second tier is the situational decision rule category. This is the tier that you're all familiar with when a certain element of performance of noncompliance leads to a decision of conditional or preliminary denial of accreditation. Tier three is called direct impact tier, and tier four is called indirect. All findings must be addressed via the evidence of standards compliance process, but there is a difference depending on whether the tier is tier three—direct, or tier four—indirect. For the tier three indirect impact requirements, the evidence of standards compliance is based on immediate risk and is due within 45 days. A requirement has a direct impact if noncompliance is likely to create an immediate risk to patient safety or quality of care. The immediate risk usually results because there are no or few processes that protect the patient. There's nothing intervening between the noncompliance and the impact on the safety or quality of a patient's care. Tier four, indirect impact requirements, requires an evidence of standards compliance to be submitted to The Joint Commission within 60 days. Noncompliance with the requirement that does not have a direct impact, that is the indirect requirement, is likely to create risk over time, a risk that may ultimately even exceed in scope or severity and immediate risk. If compliance issues in these two categories 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 to conditional accreditation, and will include a follow-up survey.

Some areas yet to be finalized relate to thresholds. Fixed thresholds may be established based on the number of less than compliant direct impact requirements; fixed thresholds may be established based on the number of less than compliant requirements at the time of survey in total. Final determinations regarding thresholds will be reached in late 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, Klaus, you can expect communication by various methods over the coming months. Expect to see articles in *The Joint Commission Perspectives*, additional materials on our website, and at Executive Briefings, which our executive director will describe to you at the end of the session today. Joint Commission Resources will also be discussing SII in their Accreditation Essentials programs. You can also use our e-mail address standardsimprovement@jointcommission.org at any time. Thank you.

KLAUS NETHER: I want to take a few minutes to talk about some of the revisions that were made to the standards and elements of performance for the hospital and critical access hospital program. As Carol mentioned, five new chapters were added to the hospital and critical access hospital programs for 2009. All these chapters are applicable to both hospitals and critical access hospitals, except for the waived-testing chapter, which is only applicable to hospitals. The goal of these new chapters was to have standards and elements of performance related to a focused area placed in one specific chapter. What I want to do now is give you a brief overview of each of the new chapters.

The Emergency Management chapter consists of the emergency management standards that are currently located in the Environment of Care chapter, as well as the disaster responsibilities, privileges standards for volunteers that are currently located in the Management of Human Resources chapter, and the Medical Staff chapter. The requirements in the Emergency Management chapter recognize that the effort to prepare for and respond to emergencies requires the involvement of all areas of the organization should not be limited to the Environment of Care activities and staff. The chapter supports this collaboration in planning and decision-making that is critical for effective response to emergencies for all types.

The next chapter is the Life Safety chapter. The creation of this separate chapter will remove the confusion that some organizations have had with the current Environment of Care chapter. The Environment of Care chapter currently consists of one element of performance which requires compliance with the Life Safety Code® requirement. This chapter has taken the Life Safety Code requirement and transformed them into standards and elements of performance. The creation of this new chapter was actually suggested by the field, and like the other new chapters, was well received based on the feedback that we received. The hospitals and critical access hospitals will no longer have to look up all the Life Safety Code requirements, as they are now incorporated into the new chapter, making it easier for hospitals and critical access hospitals to assess themselves.

The third chapter is the Record of Care, Treatment, and Services chapter, which is also applicable to both the hospitals and critical access hospitals. This chapter contains requirements that are currently found in the Management of Information chapter and the Provision of Care, Treatment, and Services chapter with regard to the information contained in the medical record. These documentation of care requirements have been placed in one chapter to provide ease of use for organizations. Cross-references have been added to this chapter to link the documentation requirements to the corresponding implementation requirement. As a result of this new chapter, the Information Management chapter's focus specifically addresses the structure, functions, and support effective management of health and knowledge-based information.

The final two new chapters are the Transplant Safety and Waived Testing chapters, and they were created for consistency across all programs. Currently, the standards and elements of performance related to tissue storage and issuance are located in the Provision of Care, Treatment, and Services chapter for both the hospitals and critical access hospitals, and in the Quality Control chapter for the laboratory program. Also, in the past three years,

events related to organization and tissue transplants have raised questions with regards to safety of transplantation. The creation of this new chapter has built the infrastructure for future development of new requirements to address safety concerns as transplantation continues to grow. In addition to finding the tissue storage and issuance requirements in this new chapter, requirements for procurement and organ safety, which are currently located in the Leadership chapter were also placed in this chapter. Waived testing, which applies only to hospitals, follows the same pattern as the Transplant Safety chapter. Currently, the waived testing requirements are found in the Provision of Care chapter for the hospital program, but in the Waived Testing chapter for the laboratory program. Again, this chapter was created to provide consistency across all accreditation programs. In addition, this new chapter also created the infrastructure for future development of new requirements to address the concerns the field has raised regarding the quality of waived testing as this area continues to grow.

This has been a short introduction to the new chapters that you will see in the manuals for 2009. Again, I wanted to emphasize that these are newly created chapters that contain existing requirements.

Another revision was moving the two standards on managing sentinel events and proactive risk assessments from the Performance Improvement chapter to the Leadership chapter. Requirements have been incorporated as elements of performance in the existing standards and the organization-wide safety program. The Joint Commission believes that locating these requirements with other components of the safety program brings a better focus to their role in safety activities. As a final note, I also wanted to talk about the services and lead-ins for the critical access hospital programs. The electronic versions of the critical access hospital manual will give critical access hospitals the ability to select service-specific standards and elements of performance. Critical access hospitals will be able to select the

standards and elements of performance that apply to an acute care critical care access hospital, a critical access hospital with a psychiatric distinct part unit, and a critical access hospital with a rehabilitation distinct part unit. The requirements for swing beds, psychiatric distinct part units only, rehabilitation distinct part units only, and psychiatric and rehabilitation distinct part units only will be identifiable to these lead-ins that will appear in the elements of performance themselves.

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

QUESTION: On page nine of the SII overview on the website, the third level was called immediate impact requirements and the fourth was less immediate impact requirements. Now they've been changed to direct impact and indirect impact. Is that correct?

CAROL GILHOOLEY: That's correct.

QUESTION: OK. And, since these are not new standards, they'll just go into effect January 2009, correct?

CAROL GILHOOLEY: That's also correct.

QUESTION: When is the print manual going to be available?

CAROL GILHOOLEY: That will be available in September.

QUESTION: How soon do you anticipate updating the PPR tool for the new standards?

CAROL GILHOOLEY: They're still in the decision-making process regarding the PPR.

There's some discussion about whether there will be an extension provided, especially for those organizations that are due in the first quarter because it will be necessary for those organizations to enter their findings into the new format.

LOUISE KUHNY, ASSOCIATE DIRECTOR, STANDARDS INTERPRETATION GROUP:

We would encourage you at this time to continue to do your self-analysis as you have done for the last several years. I know we received feedback from many of you that that's a very valuable process. Please continue to do that. Continue to submit it through your extranet as you have been doing, and we will notify you if there's any change to that submission process.

QUESTION: Can you tell us the cost of the electronic version of the manual for our budgeting purposes?

CATHY HINCKLEY, EXECUTIVE DIRECTOR OF PUBLICATIONS: Every accredited health care organization will get one free, single-user electronic license. You will get that as part of your accreditation, and that E-dition will be available to you in November, and you'll be getting information about how to access that.

CALLER: I was asking about the cost of the site licenses.

CATHY HINCKLEY: The cost of the site licenses has not been set yet. It should be less than the current Accreditation Manager Plus product if you purchased that, but I'm not sure of the exact pricing at this time.

QUESTION: Could you repeat the second layer of your criticality pyramid that you alluded to at the very beginning of this presentation?

CAROL GILHOOLEY: You were talking about the tier two, which is related to situational decision roles. An example would be those kinds of things like evidence of a non-licensed facility, an unlicensed individual who requires a license is found on site, failure to implement corrective actions in response to the identified life safety deficiencies. These are the rules that we have had for years in the accreditation manual that in and of themselves would indicate a very serious situation and one that could lead to a recommendation of preliminary denial of accreditation based on a specific situation at the time of survey.

QUESTION: I have a question regarding the information that's already in the Accreditation Manual Plus. How will that be loaded, or will it be able to be loaded into the new software with the upgrade in standards?

CATHY HINCKLEY: Yes, the Accreditation Manager Plus product will be synced to the E-dition, however, we've not yet determined how existing data would be migrated. We're not sure with the standards changes if that's going to be possible. But the new E-dition will be the base of the new Accreditation Manager Plus product.

CALLER: OK. So you don't anticipate that some of the data might be lost coming across because there might not be a standard that it would go into?

CATHY HINCKLEY: I don't know if that's going to be possible simply because of the way that the standards have been revised and split and consolidated. It'd be very difficult to make sure that we accurately moved your data, your information to the correct standard, so you will have to review that as part of SII.

CALLER: OK. So will the scoring migrate over like it has in the past as well, in addition to the data?

CATHY HINCKLEY: No, that won't be able to migrate simply as I said because of the complexity of the standards changes, the consolidation and the splitting. So it will necessitate you looking at all the standards again. Remember, there are no new requirements. You'll just need to be looking at the data that you currently input into your AMP, and look at it with a new version.

CALLER: OK. Thank you.

QUESTION: The other day I was listening to the presentation for home care, and if my understanding was correct, the proactive risk assessment is no longer a requirement. Is that true of the manual for the hospitals?

CAROL GILHOOLEY: No, that's not true for hospitals. That requirement has been moved from the PI chapter to the Leadership chapter for hospitals.

CALLER: So one still is required?

CAROL GILHOOLEY: That's correct for hospitals..

KLAUS NETHER: We had actual steps in the process that told you how to perform a risk assessment, and those steps have now been eliminated. So we are just basically looking for the outcome of the proactive risk assessment.

QUESTION: If we have purchased a multi-year subscription to the manual will that subscription carry over to the new manual?

CATHY HINCKLEY: Yes, it will.

QUESTION: You indicated that there will be a D icon for required documentation in the new manual. Will the M icon still exist?

CAROL GILHOOLEY: Yes it will. The M icon that indicates measure of success will still exist.

QUESTION: Who does the electronic manual that each organization gets go to?

CATHY HINCKLEY: I believe, as with the print manual, it will be directed to the attention of the CEO. So that information will be sent, but anybody can access it. There'll be a

password that everyone should be able to use. You need to work with your CEO to coordinate access.

CALLER: Is there a process whereby we could request that it be sent to the accreditation coordinator, or does it have to go to the CEO?

DR. ROBERT WISE: I think the confusion has to do with what it means to have a single user license. What it means is that anybody in the organization can use this, but only one user can use it at a time. So I think you're thinking that if it's in the CEO's office only that person can use it, while in fact it'll probably just go on your server in some way. People will have the code to get in, and if one person's on and another person tries to get in they will be blocked. That's really what the single-user license means.

QUESTION: If we're due for a survey in early 2009 and our survey comes in 2008, will we be surveyed under the current standards?

CAROL GILHOOLEY: The revised standards and elements of performance are effective January 2009, so if your survey happens in December 2008, you will be surveyed under the 2008 standards.

QUESTION: You made a comment that the chapter on waived testing was only added to the hospital manual, but not the critical access hospital manual? For critical access hospitals, where are those standards located?

KLAUS NETHER: With regard to waived testing they were not applicable for the critical access hospitals. So they're not new for hospitals either; they've existed, but they did not exist for the critical access hospitals.

CALLER: Would they exist in a separate laboratory standards manual?

KLAUS NETHER: They do exist in a laboratory accreditation manual, correct.

QUESTION: You mentioned that there are two sections that have been moved from the PI chapter to the leadership. I heard the first of which is management of sentinel events. What is the second?

KLAUS NETHER: That was the proactive risk assessment.

CALLER: In other words the FMEA?

KLAUS NETHER: Correct.

QUESTION: I'd just like a clarification on the "d" icon for documentation. Does that "d" icon indicate not only that documentation's required, but what type of documentation you're looking for?

CAROL GILHOOLEY: No, the type of documentation is usually left up to the discretion of the organization. Typically, documentation could include minutes, a policy, or a procedure.

Something of that nature that the surveyor, if drilling down during a tracer, wanted to see, he could ask the people at your organization to provide.

CALLER: So you also indicated that the scoring mechanism's a little bit changed, so are the A, B, and C standards no longer there?

CAROL GILHOOLEY: Every element of performance is categorized now as either an A or a C. The B category was very problematic and that has been eliminated.

CALLER: But we're still keeping A and C.

CAROL GILHOOLEY: A and C.

QUESTION: I noticed that in the Environment of Care chapter they had removed the meeting requirements for the multidisciplinary committee. Do you know if that was moved or if that was completely deleted? I know that you mentioned something about a safety committee meeting moved over to the Leadership chapter.

CAROL GILHOOLEY: I'm not familiar with the exact answer to that question, but if you look on our website, particularly at our history tracking report, you can look at the current requirement on the report and then look to the right side and see what became of that requirement now, where it moved to, if it moved, or if it was deleted. So that document should provide exactly what you need.

CALLER: It did say in there that the meeting requirements, bimonthly that that was deleted, but I thought you had mentioned something in there about safety meetings moved over to the Leadership chapter.

CAROL GILHOOLEY: No, I think what Klaus was referring to was the current structure in the Leadership chapter that talks about safety.

QUESTION: I was wondering in this new environment will the E-PPR tool be enhanced to more closely follow Accreditation Manager Plus? I guess we're going to be struggling with whether to pay a license. You know we have to pay a license fee for this. Are we going to continue with our AMP?

DARLENE CHRISTIANSEN: At the current time we are not anticipating any changes to the current E-PPR. We will continue to look at it, and certainly your feedback relative to proposed changes would be very valuable to us, but the tool itself will not change.

CALLER: Well, I can give you one hint right now. In the past there was only one person who really could get into the E-PPR. We would have to give all our team coordinators who handle all the different standards access through a password. Would that be right?

DARLENE CHRISTIANSEN: They would have to have some type of a password, yes.

CALLER: OK.

DARLENE CHRISTIANSEN: We do have an internal committee that's evaluating that, and I'll take that feedback to them, and you can feel free to send in any additional feedback directly to me.

CALLER: How do we reach you?

DARLENE CHRISTIANSEN: dchristiansen@jointcommission.org.

QUESTION: Many hospitals are starting to evaluate whether they want to become accredited for DME. Have the HME standards in the home care manual been revised? I didn't see that they were addressed in the SII website.

CAROL GILHOOLEY: Yes, they have been revised along with all the other elements of performance requirements in the home care program. DME/HME is part of that.

QUESTION: How are the National Patient Safety Goals being incorporated into the new manuals?

CAROL GILHOOLEY: The National Patient Safety Goals will be a chapter in the manual. In the print manual they will be in alphabetical order so you'll see the chapter on National Patient Safety Goals in about the middle of the manual. In the electronic manual, of course, you can click on National Patient Safety Goals and go right to that particular chapter.

Another issue related to the previous question, I just wanted everyone to know that we will be reposting our requirements mid-August to indicate service applicability. So that gentleman that was asking about the DME/HME requirements will be able to see those that

we specifically related to that particular service group in the reports that are being posted later in August.

DR. ROBERT WISE: I do want to make one comment about the National Patient Safety Goals. While they're certainly going to be in the 2009 manual, they, in fact, will not have gone through the process that you're hearing about the other standards: consolidation, splitting, et cetera. So the same way the National Patient Safety Goals are being presented in '08 will be the way they're being presented in '09.

QUESTION: You said that there would be a documentation icon where documentation is required, and I believe you said that there would be additional icons as well. And if I heard that right, is there an icon that tells us what The Joint Commission is requiring for data collection?

CAROL GILHOOLEY: There is no icon that is specific to data collection other than the documentation requirement.

QUESTION: I'm a little concerned about the access to information. We have nine hospitals in our system, eight of which are up for triennial surveys next year. To be getting the information, not have the PPRs updated, and have the electronic manual be a single user only for folks that are getting surveyed under these standards the beginning of next year, that's a little unnerving. It's a little hard to get all this information out and have people know what they're doing. I would request that you reconsider either getting earlier updates made to the PPR or for this first year when there's been so much change to allow the electronic manual to be a multi-user manual so that those of us that are undergoing a survey can

actually make sure that people can access the information and the changes and the updates.

DR. ROBERT WISE: You have an organization that has nine separate organizations within it?

CALLER: I work for the system, and each of those hospitals is going to be undergoing their triennial survey in 2009. So they're going to be surveyed under these standards. We're supposed to be telling everybody continue your prep and make sure you're paying attention to the new stuff, but we're not really going to give you access to it. It's very confusing to not have the PPR. We've trained people to be using the PPR and making their notes in the PPR, but the PPR is not going to match the standards. And then we're going to have the printed version, which we probably are not actually going to get into people's hands until very late in the year. The electronic manual, which will come out in November—only one user at a time in a hospital that's the size of, some of ours are licensed for 500 beds. That's a barrier to getting people the information that they need to make sure they're meeting the standards. Does that make sense?

DR. ROBERT WISE: It does. Understand that each hospital will have a free electronic manual. You will still get also the print manual as you always have done. The free electronic manual was really just given as that, as something free to let you understand what the capabilities are. There is a site license available if you prefer the electronic manual over the other manual. The PPR question is a useful one and I think your comment is useful. We will talk about that internally.

CATHY BARRY-IPEMA: Just to be clear, the print manual will be available in September. And that is part of the reason why we did post all the standards on our website right now. We posted them so people would have an opportunity to get familiar with them and use them, recognizing that getting them at the end of the year would be difficult.

CATHY HINCKLEY: Also, do remember that you're allowed to make up to 10 free complete copies of your print manual, and you can make copies of any given chapter to disseminate without permission. So you have access to be able to disseminate the print manual, and I can guarantee you will get your manuals in September. They are going to the printer as we speak, so they are ready to roll.

CALLER: What I had heard earlier in the discussion was that the multi-user ability to the electronic manual was not going to be available in November. Am I misunderstanding that?

CATHY BARRY-IPEMA: That's true. What's happened in the past, we only gave out a print manual and people had to purchase an electronic. This is the first year that we're giving the electronic manual, for free.

DR. ROBERT WISE: Let me understand the question. I think you're asking whether the multi-licensed manual is going to be available in November?

CALLER: Correct.

DR. ROBERT WISE: And the answer is yes, both the free manual, the free electronic manual will be distributed, and if you're interested in getting the site license, that will also be available.

CALLER: Thank you.

QUESTION: I just want to clarify for home health, the proactive risk assessment is no longer required, or did it just move to the Leadership chapter as well?

CAROL GILHOOLEY: It is no longer required.

CALLER: Thank you.

QUESTION: Did I read somewhere that the data requirement for 12 months is no longer there?

DARLENE CHRISTIANSEN: For a resurvey, or an organization being reaccredited, we could go back within that period. What you may have read about is for our initial organizations that have never been surveyed before, where we do not look for that initial form of track record. We come back 12 months later for a second survey. So, for initial organizations that are brand new organizations with their own, separate identification number, that track record prior to our coming in is no longer there. But for organizations being reaccredited, yes, we still go back.

CALLER: Can you give me an idea of how the scoring might be affected with this new criticality—kind of the vision of what you see happening to the actual scoring?

DR. ROBERT WISE: You know you're asking a pretty general question. The scoring is really an attempt to categorize our standards to determine whether they have a direct impact, meaning that if there's a problem that it could have immediately have impact on the safety, versus an indirect. Other than that, the standards haven't changed. You just get a different amount of time to make the correction, the 30 days versus the 45. Other than that they really should be the same.

CALLER: So what you're saying is, it's mostly the timeframe versus the actual calculation, that is going to be affected.

DR. ROBERT WISE: If I understood what you said, yes. That is really what we're limiting the difference to.

CALLER: OK. Thank you.

CAROL GILHOOLEY: I just wanted to clarify though, that unless an organization hits a fixed threshold, which would be very high for a total, or a direct impact requirement, that the decision will not be rendered on-site. The organization will get a summary report of findings, and they will have some findings potentially due with an evidence of standards compliance due in 45 days, some with an evidence of standards compliance due in 60 days, but their accreditation decision will not change unless they fail to submit those evidence of standards compliances reports.

QUESTION: In talking about the National Patient Safety Goals for 2009, we have tried to access your Standard Interpretation Group without success. We were hoping that when you

do publish this, because we want to be very proactive in getting these 2009 National Patient Safety Goal changes in place, it would be helpful if you had an FAQ or a better explanation of some of those goals, or a teleconference.

LOUISE KUHNY: I would encourage you to continue to try to contact Standards Interpretation Group. We are in the process of developing the FAQs for 2009. We will have those out as quickly as possible. We're making every effort in the meantime to try to provide you with the answers that we can. So please do feel free to submit that, and you can contact me directly if there's an issue with the response. You can send me an e-mail at lkuhny@jointcommission.org

QUESTION: You mentioned that there are no new requirements, and I'm assuming that is including the National Patient Safety Goals?

CATHY BARRY-IPEMA: No, it excludes National Patient Safety Goals.

DR. ROBERT WISE: Let me clarify something. You may be mixing up two things here. What we're saying is that anything that was changed in SII, it was maybe a simplification, a rewording, but there were no new requirements connected to SII. There may be some other requirements that have nothing to do with SII that are coming forward, for instance, the National Patient Safety Goals. But this project, the one that looked at all the standards, there were no new standards added to that process.

QUESTION: For the M standards that require measurement, have you made any changes in those? Some of those there's really no way to measure. For instance, like concentrated

electrolytes are removed from care units or areas is an M standard, but there's no really way to measure that. Did you clarify that when you re-did some of the standards?

LOUISE KUHNY: Remember that when there's a measure of success next to an element of performance we're not requiring a continual measurement of success for your triennial accreditation period. That measure of success is only required by The Joint Commission if a) you either score yourself as non-compliant during the PPR process, or b) our surveyors find you to be non-compliant on a survey.

Caller: OK.

LOUISE KUHNY: So keep that in mind. While we would encourage you to do continuous improvements and be taking a look at those, you don't need to be continuously measuring everything.

CALLER: And then my second question, I guess is just a clarification about the National Patient Safety Goals.

DR. ROBERT WISE: I think we're getting two things confused here, which is that SII looked at all of the standards in all the manuals. It did not look at the National Patient Safety Goals. So that there was no change in the scope of the standards, but for National Patient Safety Goals there were some additions. So even though they will be in the 2009 manual, they'll be included in that manual, there in fact are some changes in the National Patient Safety Goals.

CALLER: OK.

CATHY BARRY-IPEMA: The National Patient Safety Goals were not part of the SII project.

QUESTION: The question is whether you are obligated to send all of the information about the standards, the electronic book or the hardcopy to the CEO, or can you choose a different name? Things often get lost when they're sent to the CEO. They never get disseminated.

CATHY BARRY-IPEMA: We're obligated to send it to the CEO. I would suggest that you contact your CEO's office.

CALLER: I think you need to revisit your process because it really isn't efficient to expect the CEO to deal with stuff like this. This is your policy, I understand, but I would highly recommend you revisit your policy because it is inefficient.

CATHY HINCKLEY: It's a legal communication, which is why we need to give it to the CEO. The standards, when we send them, are considered part of our contract, if you will, with the health care organizations, as part of your accreditation process. And so we're obligated, legally, to send them to your CEO. And while we'd love to be able to copy other interested parties on it, as Cathy Barry pointed out, it's very difficult for us to keep track of that.

CATHY BARRY-IPEMA: Again, I would suggest you contact your CEO's office and make sure that when he or she receives the information that they do contact you.

QUESTION: I'm confused. I thought I heard two different things. In one respect I thought I heard that the proactive risk assessments were coming from the PI chapter over to the Leadership Chapter, and that there still would be a requirement for home care to do a risk assessment. And then I last heard that there was not a requirement for home care to do a risk assessment. Can you just clarify for us?

CAROL GILHOOLEY: It's been deleted for the home care program. It has not been deleted for the hospital and critical access process program.

DR. ROBERT WISE: This can get quite confusing, so that's why so much effort has been put into the history tracking. You'll have the capability of asking for any standard that is in '08 and finding out what happened to it in '09. So for instance, in home care, if you look for the proactive risk assessment and you track it, you'll see it's deleted. But the other possibility that if you're looking at a new standard in '09 you'll also be able to track it back to where it came from in '08. Many of these questions are going to come up. Really, our suggestion is to use the history tracking, and I think it'll give you a huge amount of information. We spent a lot of time to make sure that it was easy to use because we knew that these types of questions would be coming up quite commonly.

QUESTION: I had a question regarding the scoring of the standards, and in the new draft standards that we have there's nothing that says whether it's an A or a C or if there's a measure of success. Is that going to be added?

CAROL GILHOOLEY: Yes, that will be posted later in August. Mid-August we will post new reports that will have the icons, that will have the scoring A or C, will have the documentation icon, the measure of success icon, and will also indicate what tier the element of performance is in, if it's in either two or three. In mid-August we will post them on our website. It will be in the print manuals in September and the electronic manual in November.

QUESTION: If you were due for a survey in 2008 and they did not come, will we end up being surveyed under the 2009 standards or the 2008?

DARLENE CHRISTIANSEN: You would be surveyed under the 2009 standards. Remember, as Carol and Bob Wise and Klaus have said, if you look at the SII project, within the SII there were no changes, so that there will be different numbering, but you will be surveyed under the 2009 set, which would include the additional requirements for the National Patient Safety Goals.

QUESTION: I had a question about the use of Accreditation Manager Plus. We purchased that program, the feature that it would have of being able to refer to past years' responses and track back so that people would know where to look the next time we did our PPR, and from what I'm hearing it sounds like that information will not be migrated from the old standards in 2008 to the new standards.

CATHY HINCKLEY: You are understanding correctly. That is indeed true. Normally, we are able to migrate the data, but the changes to standards in terms of the consolidation and

splitting make it too complex for us to be able to do that. So we will not be able to do that with Accreditation Manager Plus.

CALLER: Will there be any effort to reference the old standards on the new standards so people can go back and switch over to the previous year within that and look at what was there?

CATHY HINCKLEY: Absolutely. I referenced earlier that the Accreditation Manager Plus will be built on the new E-dition, and the E-dition and the AMP will both include history tracking. In the E-dition and AMP when you're in the new 2009 standard, if you want to know what that standard used to be in 2008, and remember it might be multiple standards, there's a way to toggle back and forth. Also, in the print manual there will be a similar history tracking, although obviously you won't have that toggle back and forth. So you will be able to search history both print and electronically, and that should assist with the transition.

QUESTION: I was just going back to the comment that somebody had made before about the CEO getting the information. I'm also concerned because if the CEO's on vacation for two weeks that really puts a delay in getting information, and I just would really like to ask that one other person at least in the organization have the option of getting information.

CATHY BARRY-IPEMA: We will post on the extranet when the electronic manuals are available. All of you who are the coordinators for The Joint Commission, I'm sure, visit the extranet regularly. So, we'll make sure that it is posted when they are available and sent to the CEOs.

QUESTION: We were wondering if you had any plans to distribute an index?

CATHY BARRY-IPEMA: An index? What do you mean by that?

CALLER: Well in all the other manuals you had an index where you could look up a topic quickly and then you could find all the places in the standards where it might be. You can't really just copy a chapter and give it to a chapter owner because they're cross-referenced so much.

DR. ROBERT WISE: We also view indexing as a very important function to use the manual. In the paper manual we have redone the indexing so that it has been improved, but you can never index in paper in the same way that you can index in electronic manual. The E-edition's indexing capability is going to be much more robust because that's a whole lot easier to do in a computer environment. So, while both of them will have indexing, and the paper will be improved, you will certainly get the best indexing out of your electronic version.

CALLER: Will there be a search function?

DR. ROBERT WISE: Yes. The search function and the indexing function would be part of the same thing.

CALLER: My question is, do we need to prepare anything electronically in order to access the electronic manual? Any particular platform, or it's just in Adobe Acrobat document, or how will it work?

CATHY BARRY-IPEMA: No, it's going to be web-based, so you'll be getting a password. Your CEOs will be getting a password and a code to be able to get into it, and as long as you have access to the web you'll have access to that.

CATHY HINCKLEY: And it does come with a tutorial to show you how to use it. It's very simple, very intuitive.

CATHY BARRY-IPEMA: It's very user-friendly. We're very excited about the fact that we are making this available for the first time free of charge to all of our customers.

QUESTION: Our health care system currently gets a Comprehensive Accreditation Manual for Hospitals on a CD, and we put it on our Intranet so that all employees can access the standards manual. I'm wondering about the option of the E-dition being multi-user. You had said it's single-user only. Is there going to be an option, perhaps for an extra cost, so that it could be multi-user?

CATHY HINCKLEY: Yes, absolutely. When we're referring to the site license, we are referring to a multi-user license that would be available for purchase.

CALLER: OK. So for extra cost, you can get a multi-user so that it could be put on our Intranet and all staff could access it and access it at the same time?

CATHY HINCKLEY: I want to clarify about the free license that we're talking about. Anybody in the organization can use it, so it's not like it's restricted to only one user. It's just

for only one user at a time. The license that you're talking about would enable multiple people to access the material at the same time.

CALLER: OK. How many at the same time?

CATHY HINCKLEY: I really don't know the technical specs on that. That's certainly something you could talk with our customer service about if you decide to purchase, they could walk you through the details of how it works.

CALLER: If I contact Joint Commission Resources now inquiring about a multi-user E-dition, will they have the information about it?

CATHY HINCKLEY: Actually, let me give you the name of the person you could contact directly. The person you'd contact is Sara Randall, and her phone number is (630) 268-7404. She's the project manager. She could walk you through the technical specifications.

QUESTION: We're curious since you said the E-dition is web-based, what kind of platform is it on if it's not a PDF file?

CATHY BARRY-IPEMA: Please contact Sara Randall, she's the product manager. Again, she can be reached at (630) 268-7404.

QUESTION: I've been listening to the program, which has been very insightful. I appreciate it. I've been trying to search for these home medical equipment standards, and I even

downloaded all chapters under the home care program, and it's not in there. It's its own chapter when you look at the 2008 manual. Can someone help me find it?

CAROL GILHOOLEY: There's a new chapter in 2009 called equipment, and primarily that whole chapter is relative to home medical equipment.

CALLER: I looked at the history for equipment and it doesn't reference the old HME previous chapter. Because the HME standards deal with their own subchapters like infection control, medication management, and all that.

CAROL GILHOOLEY: You're referring to service applicability rather than chapters. In the old manual you could look at service applicability in that grid and you would click HME and then you would see the standards that were related to HME. When we post in mid-August we will post the service applicability as well, and then you will see for HME, which particular elements of performance relate to that particular setting.

CALLER: All right. I'll wait for August. Thank you.

CATHY BARRY-IPEMA: I'd like to thank everyone for participating in today's call. We hope it was of value to you. We will be posting a playback of today's call on our website later today, and a written transcript will also be available on our website within the next few weeks. In the meantime, if you have any additional questions, please feel free to visit our website at www.jointcommission.org/standards/sii or your secure extranet site. Again, thank you so much for joining us, and have a good day.