

The Joint Commission Ambulatory Advisor

A complimentary publication of
The Joint Commission

Issue One 2009

Executive Director

The current economic environment has caused most of us to carefully consider how we are allocating resources. The good news about Joint Commission accreditation is that it is all about the value equation.

When you invest in Joint Commission accreditation, you get an objective evaluation of your systems and processes. Our surveyors are ambulatory care leaders with strong educational backgrounds and advanced clinical or professional degrees. These experienced professionals not only assess your organization's performance with our quality and safety standards, but also offer practical tips and leading examples gleaned from ambulatory organizations of all sizes from around the country.

In addition, Joint Commission ambulatory accreditation is used by insurers and other payers as a screen for participating in managed care contracts and often as a substitute for an on-site review. Also, The Joint Commission's Gold Seal is a quality indicator for patients seeking health care services. Quality Check, our online directory of accredited health care organizations, is used by more than 200,000 consumers each month.

These are just a few reasons to invest in Joint Commission accreditation. Our goal is to provide a credible, rigorous evaluation that helps your organization find innovative solutions to the most vexing safety and quality issues.

Michael Kulczycki, MBA, CAE



Additional unannounced survey exceptions



Additional exemptions from completely unannounced surveys take effect immediately for ambulatory care

organizations and office-based surgery practices. These organizations will receive seven business days advance notice of a full survey. This seven-day advance notice also applies to those organizations that currently receive five business days advance notice.

“Since The Joint Commission introduced unannounced surveys in January 2006, we’ve been looking at the impact on different types of organizations,” says Michael Kulczycki, executive director, Ambulatory Care and Office-Based Surgery Accreditation Programs. “We found that unannounced surveys can disrupt the delivery of patient care in very small organizations. Also, there were times when a surveyor showed up on a day when an organization wasn’t providing patient care services, and that was challenging for both parties.”

Here is a list of organizations that now receive seven business days advance notice for resurveys.

- Organizations that provide non-deemed ambulatory surgery
- All office-based surgery practices
- Ambulatory organizations that only provide medical/dental services and have fewer than 5,000 annual visits or less than three licensed independent practitioners
- Ambulatory organizations that provide specified diagnostic and therapeutic services and have fewer than 3,000 annual visits or four or fewer licensed independent practitioners
- Bureau of Prison facilities
- Department of Defense facilities
- Immigration health care
- Organizations that provide mobile diagnostic services
- Telehealth organizations
- Sleep diagnostic centers

Additional exceptions to unannounced surveys for organizations accredited under other Joint Commission programs are listed in the March 2009 issue of *The Joint Commission Perspectives*.

CMS recognizes Joint Commission accreditation; EPs reflect changes

The Department of Health and Human Services’ Centers for Medicare & Medicaid Services has again granted The Joint Commission deeming authority for ambulatory surgical centers for its maximum six-year period. The designation means that ambulatory surgical centers accredited by The Joint Commission will be “deemed” as meeting Medicare certification requirements. CMS found that The Joint Commission’s standards for ambulatory

surgical centers meet or exceed those established for the Medicare program.

Subsequent to this deeming approval, CMS revised its Medicare Conditions for Coverage for ASCs. To ensure alignment with CMS’ new and revised Medicare requirements, The Joint Commission is updating its standards. “We anticipate no significant changes to our survey process,” says Joyce Webb, associate project director, Division of

continued on next page

Joint Commission Accreditation Summit

On April 28 and 29, The Joint Commission's Accreditation Summit will be held at the Donald E. Stephens Convention Center in Rosemont, Illinois. The Summit will provide accreditation-focused solutions designed to achieve and sustain safe, quality care.

A customized accreditation track for ambulatory organizations will feature surveyors and members of the Standards Interpretation Group as faculty.

Summit attendees will:

- Prepare their organization to meet standards and other requirements

- Obtain new facts about the accreditation process re-design
- Receive detailed compliance tips about challenging standards and the 2009 National Patient Safety Goals
- Share experiences and sustainable solutions unique to their organization's environment

A pre-conference, "A Primer for Beginners: Designing and Managing Your Accreditation Program," will be held on April 27. For more information or to register, visit www.jcrinc.com, or phone (877) 223-6866.

CMS recognizes Joint Commission... from page 1

Standards and Survey Methods. "Although our accredited surgical centers will notice several new Elements of Performance, most of the changes merely add a level of clarity and specificity to requirements that were already addressed in our current standards. For example, the Medicare requirements in the areas of Disaster Preparedness and Patient Rights reflect

requirements already covered in our survey process."

CMS' new Medicare Conditions for Coverage for ambulatory surgical centers take effect May 18, 2009. Read the April issue of *The Joint Commission Perspectives* for details about the changes, along with a link to the new and revised EPs on The Joint Commission [Web site](#).

Ask the expert

Can you clarify the requirements for National Patient Safety Goal 02.03.01—timely reporting of critical tests and critical results?

According to Ginny McCollum, associate director, Standards Interpretation Group, "Organizations are required to measure, assess, and if needed, take action to improve the timeliness of reporting and receipt of critical tests and critical results or values by the responsible licensed caregiver. To meet this Goal, organizations should assess their patient population to determine which tests, if any, are critical, meaning the results would always be communicated rapidly, even if normal. An example of those types of tests might be a blood gas or PTT. The next step is to define critical values or panic values, meaning test results that are outside the normal range, even if on routine tests."

In addition,

- Once the organization identifies critical tests and critical results or values, it determines how the tests, results or values will be processed.
- When the organization receives test results that have been defined as a critical test, result or value, the critical test, result or value process is initiated.
- With respect to timeliness, the organization determines the acceptable length of time from ordering to reporting of critical tests, results or values; and the acceptable length of time between availability of critical tests, results or values and receipt by the responsible licensed caregiver.
- The organization collects, aggregates and analyzes data on the critical test, result, or value process. Joint Commission standards do not specify methods for data collection.

TakeNote

Calling all urgent care clinics

If you're considering accreditation, take advantage of The Joint Commission's free online resources. For a standards sampler, Urgent Care Applicability Grid and pricing information, visit The Joint Commission [Web site](#).

Hit the links

- Read the January 2009 issue of *MGMA Connexion* for articles on safety and emergency readiness. "Map Your Path to a Safer Practice" and "Ready or not, here comes disaster" are available for free online by registering at www.mgma.org.
- To find out how your staff views patient safety, consider using the Medical Office Survey on Patient Safety Culture developed by the Agency of Healthcare Research and Quality. The survey is designed for outpatient medical office providers. Visit the AHRQ [Web site](#).

Look for us

- American Society of Cataract/Refractive Surgery, San Francisco, Calif., April 4-7, booth 3037
- Urgent Care Association of America, Las Vegas, Nev., April 20-22, booth 301
- Ambulatory Surgery Center Association, Nashville, Tenn., April 22-24, booth 604
- American Association of Orthopaedic Executives, Austin, Texas, May 3-5, booth 721

Contact us

Michael Kulczycki, executive director
(630) 792-5290
Mike Dye, senior associate director
(630) 792-5259
Darrell Anderson, senior specialist
(630) 792-5292
Account representative
(630) 792-3007
Standards Interpretation Group
(630) 792-5900
JCR Customer Service
(877) 223-6866