

**THE JOINT COMMISSION  
THURSDAY, JULY 31, 2008  
STANDARDS IMPROVEMENT INITIATIVE FOR AMBULATORY CARE  
ORGANIZATIONS AND OFFICE-BASED SURGERY PRACTICES**

**CATHY BARRY-IPEMA:** Welcome to today's telephone conference call on the 2009 Standards Revisions for ambulatory care organizations and office-based surgery practices. Our speakers are Dr. Robert Wise, vice president of the Division of Standards and Survey Methods, Carol Gilhooley, director of Standards and Survey Methods, and Mary Brockway, associate director of Standards. We also have with us today Michael Kulczycki, executive director of the Ambulatory Care and Office-Based Surgery Accreditation Programs. I am Cathy Barry-Ipema, chief communications officer for The Joint Commission. Dr. Wise, Carol Gilhooley, and Mary Brockway will give an overview of the Standards Improvement Initiative and discuss the ambulatory care and office-based surgery revisions, the electronic E-edition of the manual, enhancement to the print manual, and how to locate standards and elements of performance in the 2009 manual. When they complete their comments, we will take questions from the audience regarding the Standards Improvement Initiative. I'd also like to state that if you have standards interpretation questions, call our Standards Interpretation number at (630) 792-5900, and for ambulatory care organizations, press option "6," and get somebody who will be able to help you with any questions you have regarding ambulatory care standards. It is now my pleasure to introduce Bob Wise.

**DR. ROBERT WISE:** Thank you for this opportunity to discuss this very important initiative. This is actually one of the largest initiatives The Joint Commission has

undertaken in years and, not surprisingly, it has drawn a huge amount of field attention. And, in fact, as we have been developing and making changes to our standards, we have gotten a huge amount of field input, in fact, probably the most input in any series of standards changes. And it is this input that has significantly influenced the final version that you are now looking at. Thank you for your interest. And with that, I would like to turn this over to Carol Gilhooley.

**CAROL GILHOOLEY:** Thank you, Bob. Welcome and thank you for tuning into the call for ambulatory. As part of our continuous quality improvement efforts, The Joint Commission launched the Standards Improvement Initiative in August of 2006. This project is using a two-phased approach. 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 take a few minutes now to provide some overall information on changes that will be implemented in January 2009, and then Mary Brockway will provide some specific details related to the ambulatory and office-based surgery programs.

The project relied heavily on extensive field engagement to reach our goal. Participants in this field engagement included accredited and nonaccredited organizations, advisory groups, payors, purchasers, consumers, and governmental agencies. In some cases, we brought in experts; for example, for infection control discussions, and we also relied heavily on our surveyors. Participation was through online surveys, meetings, one-on-one interviews, and focus groups. These groups helped The Joint Commission with goals in three areas. First area is standards and elements of performance. These were revised to enhance clarity and objectivity and to

reflect program-specific language. The second area is the manual. The print manual was enhanced for ease of use, and the electronic manual was developed. You'll hear more about the electronic manual that we call the E-dition. And, thirdly, the scoring and decision process was refined to more accurately reflect organizational performance.

First, I'll discuss what we did and what we did not do with standards as part of the SII initiative. Although the structure and wording of many of the standards and elements of performance have changed, the SII revisions have not introduced new requirements. Suggestions for additional requirements will be addressed using routine development processes. Let me just add one note to that. There are new requirements under the National Patient Safety Goals. The National Patient Safety Goals were not part of the SII initiative, and will be looked at at a later time for an enhancement or revisions, but were not part of this initial review.

In SII, requirements were retained, deleted, split, or consolidated. Teams asked questions about language. Is the language clear? Is it program-specific? Questions were also asked about structure. Is the requirement logically placed? Is it duplicative of other requirements? And, of most importance, is it essential to quality and safety in the ambulatory environment? Guidelines were used, such as: use simple, direct language; conform to style; speaking one voice; and avoid hard to measure words, for example, "adequate," "appropriate," "as needed." Minimize bulleted requirements. Avoid compound requirements. Avoid the same requirement in two places. The teams also worked to create a logical flow of EPs within a standard, and standards within a chapter.

Other changes of note: outlines were created for each chapter, and you'll see these in the front of each chapter. Links between standards were also created. What I mean by that is, when we had discussions internally about why there was some

redundancy in standards, we asked ourselves why that redundancy existed and came to the conclusion that it was often because ideas or concepts were closely associated. So, in order to keep that association and provide the reader with context, we created a link between associated elements of performance. We eliminated redundancy, but we created links between chapters so that the reader would know when things were closely linked.

Five new chapters were created: Emergency Management; Life Safety; Record of Care, Treatment, and Services; Transplant Safety; and Waived Testing. More specifics about the chapters will be provided later. Our standards have also been renumbered to allow electronic sorting and to allow the addition of new requirements that may occur in the future, without having to renumber the standards. The numbering was designed to match the outline.

In order to help with the transition from the current to the revised requirement, reports comparing language and the number of the current versus the revised requirements have also been developed. All of these revisions are apparent in the documents that are on the website. If you go to our website, you'll find the actual chapters, program-specific chapters with the outlines, and a comparison or History Tracking Report, which shows how the current requirement was revised in the new manual.

Now, I'll provide a little bit of information about the manuals. The print manual design was heavily influenced by customer input. Paper manuals have been redesigned for ease of use. All requirements will appear in the front of the manual and support material at the back of the manual. Colored tabs will be used to assist the reader: gold tabs for standards, blue for other chapters. Chapters will appear in alphabetical order.

Instead of the large binder, accredited organizations will receive a smaller manual in a portable binder format. We will still offer the spiral-bound standards book and the larger manual. We also take advantage of the use of icons in manuals. Our customers were loud and clear telling us that it would be very helpful to them if they knew which elements of performance required documentation to demonstrate compliance. So, you'll see in the new manuals that there's a small "d" in a circle to indicate documentation next to elements of performance that require documentation. Also, icons will be used to indicate scoring in decision categories next to every element of performance. We have redesigned applicability grids and an enhanced glossary. The manuals will publish in September, as will the accreditation process guides.

We will also 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 History Tracking or comparison report that I described 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 organizations, and additional user licenses and site licenses will be available by subscription.

Finally, I would like to address the changes to scoring and decision processes that you can expect for 2009. The Board of Commissioners approved a new methodology for the decision process that relies on the categorization of EPs by criticality. In other words, the more critical the requirement, the more immediate the attention required. Visualize, if you will, a pyramid with four layers or tiers. In the top tier would be immediate threats to life situations. These situations are organization-specific discovered on-site, and are not linked to elements of performance. The bottom three

tiers are linked to elements of performance. The second top tier relates to situational decision rules; in other words, those rules that would automatically, if an organization was noncompliant, trip a decision of conditional or preliminary denial. The third tier is called "Direct Impact" category. This category is used to categorize requirements that have 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, or no or few protected defenses, intervening between noncompliance and the impact on the safety or quality of a patient's care. Submission deadlines for those requirements are 45 days. In other words, an Evidence of Standards Compliance would need to be submitted in 45 days for those noncompliant areas that are in the Direct Impact tier. The bottommost tier is called "Indirect Impact" requirements. For these, Evidence of Standards Compliance would be due within 60 days. Noncompliance with a requirement with an indirect impact is likely to create a risk over time to patient safety and quality of care. This risk may ultimately even exceed in scope or severity an immediate risk, but the timeframe for a submission of Evidence of Standards Compliance is slightly longer. If compliance issues are not resolved within time frames assigned, a progressively more adverse accreditation decision may result. Other aspects of the model include the immediate threat to life process will be modified. Upon resolution of the threat, the accreditation status will change from preliminary denial of accreditation to conditional accreditation, and a follow-up survey will be scheduled.

Some areas are not yet finalized related to the decision process, and these related to thresholds. Fixed thresholds may be established based on the number of less than compliant Direct Impact requirements or it could be based on the total number of less than compliant requirements in total at the time of survey. Final determinations on

these thresholds will be reached in late summer or early fall, and will be published in *The Joint Commission Perspectives*.

You can expect SII communication through various methods over the coming months; *The Joint Commission Perspectives*, the website, and executive briefings. JCR will also be discussing SII in their Accreditation Essentials programs. And, as always, the e-mail address, [standardsimprovement@jointcommission.org](mailto:standardsimprovement@jointcommission.org), can be used at anytime.

Thank you and I would like to introduce Mary Brockway to give you some specifics about the ambulatory and office-based surgery programs.

**MARY BROCKWAY:** Thank you, Carol. I am going to give a brief overview and some highlights regarding the structure and focus of the chapters, and a few examples of how we clarified language, and mention some of the deletions that occurred for elements of performance.

For the Environment of Care chapter, the chapter was split into three distinct chapters. The Environment of Care chapter; the Life Safety Code chapter, which includes all of the requirements from the Statement of Condition; and the Emergency Management chapter, which addresses the full spectrum of potential emergencies within the organization and community. The Information Management chapter was split into two distinct chapters: Management of Information, which addresses the structure and functions that support effective management of health and knowledge-based information; and the Record of Care, Treatment, and Services chapter, which focuses on ensuring that the clinical record contains the necessary information to support clinical decision-making. The Performance Improvement chapter was organized to provide the

steps of the performance Improvement process, including the collection, aggregation or compilation, analysis identification of data; and prioritizing, implementing, and evaluating improvement. The Infection Control chapter now focuses on all infections or potential sources of infection within an organization. The Provision of Care, Treatment, and Services chapter was split into three distinct chapters: the Provision of Care, which focuses on providing care through admission and discharge; the Waived Testing chapter was created to house the waived testing requirements and the CLIA requirements; and the Tissue or Transplant Safety chapter to locate those for consistency across all programs. Those were located in separate chapters in other programs, so we did that to maintain consistency. In addition to the structure and the focus of the chapters, the revisions provided some language clarification. An example of this is, in the IC chapter, there's a requirement for the investigation of outbreaks of infectious disease. For the ambulatory environment, the EP included an addition of the phrase "within the organization" to help clarify to the organization that the expectation is not to investigate outbreaks of disease within the community but within their own organization. Also, through the Standards Improvement Initiative process, requirements were identified that would be considered nonessential for a program. For example, the provision of food within the ambulatory environment is somewhat limited, so there were deletions of several EPs regarding food preparations and preferences for food. Also, requirements that were duplicative of the HIPAA requirements were removed, and in the Performance Improvement chapter, the proactive risk assessment was deleted.

The program teams also used customer feedback to address applicability at the service levels, and the outcome is that the requirements are more specific to a program and/or service level.

That concludes my brief overview, and thank you very much for your attention.

**QUESTION:** Hi, I just wanted clarification for the phone number that you gave at the very beginning for the Interpretation Standards Group?

**CATHY BARRY-IPEMA:** Sure. It is (630) 792-5900, and press option "6."

**CALLER:** Thank you very much.

**QUESTION:** I am looking for clarification on proactive risk assessment.

**CAROL GILHOOLEY:** It was deleted.

**MICHAEL KULCZYCKI:** I do want to comment on that. A description of the FMEA process is still included as appendix material in the manual to provide a resource to organizations because there still is a requirement in the Leadership chapter for an overall patient safety risk assessment. But what we advise is that FMEA is only one of a number of pools that organizations can use, so that's the purpose of us deleting it as a requirement, but we included it as a reference for some organizations where it's entirely applicable.

**QUESTION:** I joined the call a little bit late, and I just wanted to know when the AMP edition would be coming out?

**CATHY HINCKLEY, EXECUTIVE DIRECTOR OF PUBLICATIONS, JCR:** The Accreditation Manager Plus is scheduled to come out in December.

**QUESTION:** As far as a report being left with the organization on the day of survey, is that no longer going to exist? Is it now going to committee?

**CAROL GILHOOLEY:** The post survey process will change. The report left onsite will include a summary of the survey findings, and it will be sorted by the manual chapters. The content will include the standards, elements of performance, and requirements found to be less than fully compliant. But the report will no longer include supplemental findings, and it will not include the potential accreditation decision because, as you could tell from my earlier remark, the accreditation decision will not be impacted unless there's an immediate threat to life or a situational decision rule, unless the organization fails to complete their Evidence of Standards Compliance in 45 or 60 days, as applicable. So, the actual decision will not be rendered. The survey reports will also be posted on the extranet within 24 to 48 hours after the survey unless the report requires Central Office review.

**CALLER:** OK, so after a survey, 24 to 48 hours, it will be posted on the extranet. So this committee really isn't going to lengthen the official accreditation decision, you know, in getting a certificate? Is that the plan?

**CAROL GILHOOLEY:** Let me clarify. There is no committee that will be reviewing the survey findings. The accreditation decision will not be impacted unless the organization

fails to submit its Evidence of Standards Compliance within the required time frame. So, in other words, if you have a survey, and you have some findings in Tier 3, the Direct Impact tier, the Evidence of Standards Compliance would need to be submitted in 45 days. If you fail to submit your Evidence of Standards Compliance in 45 days, then your organization could move from accredited to a conditional status.

**CALLER:** So, in other words, you would assume even on initial survey, then, that you're accredited?

**CAROL GILHOOLEY:** The initial survey is not accredited until the final decision is reached.

**CALLER:** Will this still be in the same time frame that it is now?

**CAROL GILHOOLEY:** If you submit your corrective ESC right away—then, the decision would be made to accredited.

**QUESTION:** The books that you are telling us are available, is it going to be mailed out to us, the pamphlet, the book, or can we go online and print it off? I didn't understand.

**CATHY HINKLEY:** If you are an accredited organization, you automatically will get a copy of the Comprehensive Accreditation Manual for Ambulatory Care. That will be automatically sent to the CEO or president of your company. But we automatically mail it to you in September.

**CALLER:** OK, that's what I needed to know.

**CATHY BARRY-IPEMA:** Right, that's the print manual, and then in November, each organization will get an E-dition of the manual.

**CALLER:** OK.

**CATHY HINCKLEY:** You'll get information about how to access this web-based online manual, and you'll receive information about that in November. And, again, that information will be sent to your CEO or president, letting you know how to access that electronic manual, which we call the "E-dition." The same content as the print manual, you'll get in September, the November E-dition online.

**CATHY BARRY-IPEMA:** However, I would like add that, for the E-dition, the nice thing about this is you'll be able to pull the standards specifically relevant to your program.

**CATHY HINCKLEY:** You can filter which standards would apply to you. So, if you're a sleep center, you could set it up so that you would see only the standards and EPs that apply to a sleep center.

**QUESTION:** Actually, you answered my question about the E-dition and the printed manual, but could you also, in the interim, give me your e-mail address?

**CAROL GILHOOLEY:** That's *standardsimprovement@ointcommission.org*.

**QUESTION:** Hi. We actually have two questions. And the first question is, in the new Standards Improvement Initiative process, will there still be an opportunity for clarification with the Evidence of Standards Compliance?

**CAROL GILHOOLEY:** I believe that there will be that opportunity for clarification is in the current process.

**QUESTION:** The next question actually has to do with the hospital program. There is information that there was an addition of a Treatment and Services chapter, and I'm not able to locate that online.

**CAROL GILHOOLEY:** I think the chapter is called a "Record of Care Treatment and Services," and it has the requirements that were primarily in Information Management before related to the medical record or the clinical record.

**CALLER:** Yes, thank you. I was able to find that one, so that helps clarify that for me. Thank you.

**MICHAEL KULCZYCKI:** The clarification process will continue going forward into 2009, but there will be a 10-day limit placed on the ability to clarify. So, there will be a time period of 10 days after the survey for organizations to submit a clarification request.

**CALLER:** Thank you. That makes sense.

**CAROL GILHOOLEY:** And, that's the current process, just so that everyone is aware.

**QUESTION:** Our PPR date changed to 2009 due to our survey this year, and I just wanted to make sure that when we submit our PPR, it will be based upon these new or revised 2009 standards?

**CAROL GILHOOLEY:** The PPR will change drastically because of the changes in modifications to the standards and elements of performance. So, depending on when you complete your PPR, if you've completed it using the 2008 standards, we will not be able to migrate your findings to the 2009 standards. So, if your PPR is due in 2009, you will need to enter into the 2009 version. That said, we're still working through a transition process to alleviate some of the burden, especially in that first quarter of 2009 for those organizations that will have the burden of re-entry.

**CALLER:** Right. OK, thank you.

**QUESTION:** You said something about one complimentary web-based manual that we all get for each facility, is that what you were saying?

**CATHY BARRY-IPEMA:** Right, it's one single-user license, meaning that the organization will have access to it, but only one person can use it at a time, and multiple people can have access to it, but they can't have access to it at the same time.

**CALLER:** So, if I'm online, then somebody else from the facility can't get into the web-based manual?

**CATHY BARRY-IPEMA:** That is correct. They cannot log-in. Now, you can purchase a multi-user license if you want so you can have multiple people get into the manual at the same time.

**CALLER:** OK.

**CATHY BARRY-IPEMA:** What we're providing, free of charge, is one single license.

**CALLER:** And that's for how long? For the complimentary?

**CATHY BARRY-IPEMA:** Forever. That's something new that we're offering for the first time.

**CALLER:** OK, and that would be when?

**CATHY BARRY-IPEMA:** You will receive it in November of 2008.

**CALLER:** Now, my other question is that when you were going through the pyramid, obviously the immediate risk is immediate. I didn't get when you said--situational, the next tier after that, How long is that? You said "automatically," so what does that mean? Does it mean, in two days we have to respond, a week, what's that time frame?

**CAROL GILHOOLEY:** Situational decision rules in tier 2 can, at the time of survey, result in a recommendation of preliminary denial of accreditation or conditional accreditation based on the specific situation that's involved. Organizations would immediately be put in those decision categories, and they must demonstrate resolution of those issues within 45 days, and then also, would be subject to a follow-up survey onsite to validate that implementation of their corrective action has been sustained.

**CALLER:** OK, and then the Direct Impact category wouldn't be the preliminary denial, you would just be required to respond to it in 45 days.

**CAROL GILHOOLEY:** Right.

**CALLER:** So, that's the difference?

**CAROL GILHOOLEY:** Right. You stay accredited unless you fail to submit your Evidence of Standards Compliance.

**QUESTION:** I'd like to ask about the new chapters that are changing in 2009. I only have Emergency Management, Waived Testing, and what's the other three?

**CAROL GILHOOLEY:** Emergency Management is a new chapter. As you recall, Environment of Care previously had only one element of performance, I think it was EC.520 that was related to the Environment of Care, and that just basically said, "Refer to the NFPA Code." Now, we've actually taken all the requirements from the Code and

put them in a chapter so the user does not have to go to multiple places to find those requirements. So, you'll find all those in the Life Safety chapter. And there's the chapter, Record of Care, Treatment, and Services, which is primarily from Information Management, primarily related the clinical record. And then, Transplant Safety and the final one is Waived Testing.

**MICHAEL KULCZYCKI:** I also want to point out that the recategorization of these new chapters is also designed to make it easy for customers, that if a chapter doesn't apply, they don't have to be looking through the former chapters to figure out what does apply and does not. It's very easy to decide and then skip over that chapter. An example is that the Life Safety Code chapter for ambulatory only applies to ambulatory health care occupancy organizations, typically, surgery centers, higher impact places like that.

So, for an imaging center or a sleep center or a medical practice, that chapter would not apply, and they can simply skip over that chapter. The same thing that applies for Transplant Safety. If your organization isn't involved in use of tissues or transplants, none of those requirements will apply.

**QUESTION:** I have a question about any changes that we might anticipate occurring to the prepublication versions that we now have access to before they're actually put into print in November and December. Would there be any further refinements that we could expect, or not?

**CAROL GILHOOLEY:** We will be posting a new report in August that will indicate the scoring tiers and the service applicability, so you'll see new reports there. And then

there are a very few requirements that we have added to the ambulatory surgical centers for CMS, so those will also be added for 2009.

**QUESTION:** Any new additions being added for office-based surgical centers?

**CAROL GILHOOLEY:** No, the SII Initiative did not add any new requirements.

**CALLER:** That's fantastic. Thank you very much for your time.

**CAROL GILHOOLEY:** You're welcome.

**QUESTION:** Our PPR has historically been due the end of November, so if we're going to get the new standards for 2009 in September, when we submit our PPR, are we to use the 2008 standards?

**CAROL GILHOOLEY:** I believe, because it's due in November of 2008 that you would use the 2008 standards.

**CALLERY:** Could we use the 2009 if we have to go ahead and make ourselves familiar with that concept, or shall we just wait?

**LOUISE KUHN, ASOCIATE DIRECTOR OF STANDARDS INTERPRETATION**

**GROUP:** At this point the PPR tool is templated with the 2008 standards. As Carol said earlier, we're not absolutely sure yet how we're going to transition the PPR at the end of

2008 to the beginning of 2009. So, at this point, we would encourage you to continue to do your PPR self-assessment profits and input your data, and we'll work through that, but you should anticipate having a PPR in November at this point.

**CALLER:** Thank you.

**QUESTION:** My question has to do with the one free license that we're going to have for the manual that is online. If we are surveyed under two sets of standards, ambulatory and behavioral health, will we get a license for each one, or do you have to pick?

**CATHY HINKLEY:** As you would with the print manual, you will get access to the E-ditions that are applicable to your health care organization. So, if you normally would get two print manuals, one for ambulatory and one for behavioral health care, you will get access also for E-ditions for behavioral health and ambulatory, so it mirrors exactly what you're getting in print, in the hard copy print, that's what you'll get in the electronic version.

**QUESTION:** I have two quick questions. One is in relationship to the three-tier pyramid that you were talking about. I thought it might be part of the PowerPoint presentation.

**CATHY BARRY-IPEMA:** I don't have the slides right in front of me, but I know that it is part of the presentation.

**CALLER:** Secondly, we just received our first accreditation after initial survey, and we were accredited in December of 2007. So, we're looking at the clock, and we realize that The Joint Commission could come back any time between, I think it is June of 2009 through March of 2011 as far as the 18 to 39 months. Are we told when our PPR is due, or is it a pretty standard time frame that you're supposed to submit your PPR before that possible window of an unannounced survey?

**LOUISE KUHNY:** The PPR gives you, automatically through your Extranet site, a warning three months prior to it being due.

**CALLER:** So, I'm sure, by the time we receive that, most likely we will be entering the—we'll be using the 2009 version for filling out the PPR?

**LOUISE KUHNY:** Probably.

**CALLER:** Thank you so much.

**QUESTION:** We just put in our application for accreditation due in 2009. Now, because of the 18-month window, could we possibly have someone come out to re-accredit us in 2008? So, again, as one person was asking, should we prepare the 2008 standards?

**ROBERT WISE, M.D.:** The issue is that, even though the standards will look different in 2009, remember, the process did not add any standards. So, you are looking at the

same standards, though in a different format. And with the unannounced, if you are prepared for the 2008 standards, then you are prepared for the 2009 standards.

**CALLER:** Wonderful. That's answers my question. Thank you.

**MICHAEL KULCZYCKI:** The other thing to point out about the 18 to 39-month window is, it is a data driven process to determine when an organization might be pulled forward. Within the ambulatory program, it's been estimated that there will only be a very small number of organizations that might occur in 18 months. So, that will not be a common occurrence within the ambulatory program.

**QUESTION:** I noticed on your website, that you do not expect to continue doing FAQs on the standards, is that correct?

**CAROL GILHOOLEY:** One of the goals of the Standards Improvement Initiative was to write the requirements so clearly that we could minimize the use of FAQs, that was one of our measures of success. I don't believe that we will totally eliminate them, but we are striving to write clearly enough that we can minimize their use.

**CALLER:** Thank you.

**QUESTION:** If we were completing a PPR for the next year, and we came across a new standard from SII that had an EP that would be scored partial compliant, will we have extra time to complete our plan of action, or will it remain 45 days?

**CAROL GILHOOLEY:** I'm not sure I am understanding the question, but I just want to reiterate, there are no new requirements as part of the Standards Improvement Initiative.

**QUESTION:** Is there a list of which standards require policies?

**CAROL GILHOOLEY:** Yes, I think there will be a list in each of the manuals that will say which requirements require something to be in a written format, whether it's a policy procedure or just a written demonstration of compliance. Also, that icon that I referred to, that "d" icon will be in the print manual next to the elements of performance so that you can clearly see where documentation is required to demonstrate compliance.

**CATHY HINKLEY:** Also, in the E-dition, you can search on standards that require documentation, and it will pull up the list for you. So, it will be available both in print and electronic, you'll be able to see if you want a list.

**CATHY BARRY-IPEMA:** I just want to make a quick clarification, that there are no new standards, and as Carol pointed out, they've been redirected to eliminate duplicity, redundancy. However, someone who'd asked a question about the PPR. There are some new requirements for National Patient Safety Goals, and those are included in the PPR, so there could be some new Goals and Requirements there. So that's an important thing to keep in mind, we're separating the goals from the standards. This goes back to the question someone had about the PPR.

**CAROL GILHOOLEY:** Also, the Leadership chapter that's been out for probably 18 months will be implemented in January 2009.

**CATHY BARRY-IPEMA:** I'd like to thank everyone for participating today in today's call, all of our speakers and, of course, all of the accredited organizations who joined us. For more information, please check out The Joint Commission website at *jointcommission.org/standards/sii* or your secure Extranet site. There's lots of information up there, including the PowerPoint presentation that's been referred to a couple of times, in addition the standards tracking history information, et cetera. You will also receive an email with a toll free number that you can call to hear a playback of today's call, and a written transcript of today's call will be posted to our website within the next few weeks.

**MICHAEL KULCZYCKI:** For our ambulatory organizations, a couple of opportunities are being offered by Joint Commission's Resources coming up later this fall. October 2<sup>nd</sup> and 3<sup>rd</sup> is our Annual Ambulatory Care Conference, and Carol Gilhooley will be featured as a primary speaker. And also, importantly, on October 1<sup>st</sup> there'll be a separate pre-conference workshop offered that will go into quite extensive detail on standards and the scoring related to SII. And finally, November 6<sup>th</sup> and 7<sup>th</sup> is our JCR Accreditation Essentials for Ambulatory Care, and obviously, that offering in November will entirely be built around the 2009 version of the standards. So, information about all those offerings can be found at the JCR website at [www.jcrinc.com](http://www.jcrinc.com).