

The Joint Commission Ambulatory Advisor

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Executive Director

Improve your current state of quality. That's what we ask of you, and that's what we ask of ourselves at The Joint Commission.

The Joint Commission's internal Robust Process Improvement initiative, which began in mid-2008 to improve internal processes and to better meet customers' needs, is making substantial progress. We have a number of projects in varying stages, including a pilot test aimed at improving the consistency of interpretation of standards and elements of performance.

We are also conducting Work Outs that focus on making The Joint Commission's internal systems and processes more efficient and effective. Examples include:

- increased flexibility and customization of survey agendas
- improved scheduling practices
- improved turnaround time for survey results posting on The Joint Commission Connect extranet

Though not directly related to these initiatives, another improvement is heading your way. Over the next few months, account representatives will be realigned into accreditation program specific teams to better support the unique nature of each type of Joint Commission customer. Let us know how it's working. Contact me at mkulczycki@jointcommission.org or (630) 792-5290.

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Accreditation from the urgent care view

Read what Cindi Lang, R.N., M.S., chief operating officer and practice administrator, DocNow Urgent Care, Rochester Hills, Mich.; and Barbara McKee, chief operating officer, Millennium Healthcare Management, LLC, Metairie, La., say about their recent survey experience.

Tell us about your survey experience.

Cindi Lang: As we prepared for survey, our staff absolutely embraced the process. It reinforced that we were already doing the right things; however, we may not have always documented the way we should. The actual survey was all about education for our staff and administration.

What surprised you about the survey?

Barbara McKee: The survey was so interactive and educational. It was not about The Joint Commission giving us the rules. It was about The Joint Commission helping us understand the standards and finding the best way to apply them at our organization. What I heard from every medical director at each of our seven clinics was that the survey was a helpful process.

How did preparing for survey contribute to safety and quality?

Lang: While we thought all of our staff was familiar with all of our policies and protocols, this was not the case. They are

now. Staff and physician education continues to be a priority even after our survey. Communication was good before; now it is even better.

What is the biggest benefit of Joint Commission accreditation?

McKee: Internally, we've experienced more cohesiveness between our clinics, more consistency and standardization in our processes and procedures, and better information flow from clinic to clinic. Externally, we have distinguished ourselves in the marketplace.

What advice would you give to other urgent care centers?

Lang: I would recommend this process to anyone. It is a lot of work; however, you are a better organization as a result. Without a doubt, it was one of the best things we have done.

Your impression of the surveyors?

Lang: They wanted us to be successful. They complimented protocols that they felt exceeded the standards, and if they had a concern it was presented in an educational format.

McKee: The surveyors were friendly, fair, knowledgeable and engaging.

[Read more](#) about The Joint Commission and Urgent Care Association of America partnership.



Extension surveys changed to 12 months for newly acquired services, sites

The timeframe for conducting extension surveys has been changed to 12 months from four- to six-months for organizations that acquire a new service, program or site. The timeframe change was made to allow organizations a reasonable period of time to bring a new service or site up to its standard of performance. Extension surveys are conducted to ensure that the accreditation decision previously awarded to the organization is still appropriate under changed conditions. For details, contact your account representative or review the May 2009 issue of [The Joint Commission Perspectives](#).

Joint Commission, partners release “Measuring Hand Hygiene Adherence”

Effective hand hygiene practices have long been recognized as the most important way to reduce the transmission of potentially deadly germs in all types of health care settings. To help health care organizations target their efforts in measuring hygiene performance, The Joint Commission recently released “Measuring Hand Hygiene Adherence: Overcoming the Challenges.”

The monograph provides a framework to help health care workers make necessary decisions about when, why and how to measure compliance with hand hygiene. Examples of measurement methods and tools in the monograph were submitted by organizations. One example features an outpatient clinic that used patients as observers of staff hand hygiene.

“Though ambulatory organizations may be constrained regarding the use of

observation to measure adherence, they have a unique opportunity to engage patients in measurement—as described in the outpatient clinic example,” says Barbara Braun, Ph.D., principal investigator of the project and project director, Department of Health Services Research, The Joint Commission. “Research in Canada has shown that patients are more satisfied with their care if they see evidence that the organization is concerned about hand hygiene and trying to improve it. It is also important to educate patients and staff so they share common expectations about hand hygiene.”

The monograph is the result of a two-year collaboration between The Joint Commission and major infection prevention and control leadership organizations. [Downloadable copies](#) of the monograph are available on The Joint Commission’s Web site.

New E-dition release coming your way

Beginning July 1, ambulatory care and office-based surgery customers will see improvements in The Joint Commission’s electronic manual—the E-dition. Refinements include the ability to:

- View only what is new or changed since January 1, 2009
- View only the Elements of Performance associated with the Early Survey Policy Option 1
- Exclude Elements of Performance that do not apply if your organization does not use The Joint Commission for deemed status

- View corrections that have been published in *The Joint Commission Perspectives*

This release includes standards changes that take effect July 1. If you haven’t accessed E-dition yet, log on to The Joint Commission Connect extranet and click on the E-dition link. All accredited ambulatory care organizations and office-based surgery practices receive a complimentary, single-user license as part of their accreditation package.

NPSGs under review

The Joint Commission is conducting an extensive review of its National Patient Safety Goals to identify how to increase the value of the requirements in helping organizations provide safe, quality care. As a result, there will be no new NPSGs developed for 2010. According to field input, the most challenging requirements are:

- NPSG 8 (medication reconciliation)
- The Universal Protocol, in particular, the site marking requirement
- NPSG.02.03.01 (reporting of critical tests, results and values)

Suggestions from the field for improving these requirements include making them less prescriptive and using clearer language. The Joint Commission is engaging focus groups and inviting field comment on proposed requirements.

TakeNote

Save the date

Joint Commission Resources’ 14th Annual Ambulatory Care Conference, “*Ambulatory Accreditation Compliance 2010: Keys to Success*,” will be held Nov. 3-4, in Chicago. Details will be available soon at www.jcrinc.com.

Update 1 “in the mail”

Update 1 to the 2009 *Comprehensive Accreditation Manual for Ambulatory Care* has been mailed. Changes include:

- Appendix of Medicare Requirements for Ambulatory Surgical Centers
- Accreditation requirements for ASCs that use The Joint Commission deemed status option
- Updated “Standards Applicability Process” and “Required Written Documentation” chapters and new “Early Survey Policy Option” chapter
- Updated Glossary

If you have not received your update by July 15, contact your account representative. In the fall, ambulatory care organizations will receive Update 2, and office-based surgery practices will receive replacement pages for the 2009 manual.

Look for us

- American Healthcare Radiology Association, Las Vegas, Nev., Aug. 9-13, booth 310
- National Association of Community Health Centers, Chicago, Ill., Aug. 21-25, booth 402
- OR Excellence, San Francisco, Calif., Sept. 30-Oct. 2
- California Ambulatory Surgery Association, Irvine, Calif., Oct. 1-2

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