

January 2009

Accreditation

Overview of accreditation changes for 2009

Of the changes that will affect the accreditation process for 2009, The Joint Commission wants to bring to your attention three changes that deal with standards, scoring and the submission of The Joint Commission's hospital deeming application to the Centers for Medicare & Medicaid Services (CMS):

- 1) The Standards Improvement Initiative (SII) resulted in the elimination of some elements of performance and the "unbundling" of other elements of performance (typically bulleted EPs with multiple requirements). The SII process did not create new requirements but there is an increased number of EPs to improve clarity and measurability. Please note that any increase in EPs cited as RFIs will not automatically indicate that there are more significant problems than found during surveys prior to 2009. This is especially true if EPs cited are indirect impact requirements, which pose less immediate risk to patient care and safety. Organizations will have the opportunity to address all RFIs in the Evidence of Standards Compliance (ESC) submission.
- 2) Other results of SII were improved scoring and decision processes and the elimination of thresholds. The scoring and decision processes now focus more on direct impact requirements than indirect impact requirements (see the August issue of [Joint Commission Online](#) or your standards manual for more information). Instead of thresholds, program-specific "screening bands" will be used to identify organizations whose survey findings should be subject to a more intensive review by Joint Commission Central Office staff. The screens for this review are based on the number of noncompliant direct impact requirements, which pose an immediate risk to patient safety or quality of care.
- 3) As part of The Joint Commission's hospital deeming application to the Centers for Medicare & Medicaid Services (CMS), language changes have been made to the hospital standards to meet CMS requirements (see the changes at [The Joint Commission Web site](#)). Some of these changes simply add specificity to existing Joint Commission standards; other changes could potentially lead to new requirements. Compliance with any potential new deeming-related requirements, including compliance with the areas of specificity added to meet CMS regulations, will be reviewed by surveyors beginning January 1, 2009, but will not impact an organization's accreditation decision until July 1, 2009. Non-compliance with these new CMS expectations will be reported to the surveyed organization after the survey in a separate document, for informational purposes. The changes scheduled for July 1, 2009 are subject to some modification pending further Joint Commission discussions with CMS. The Joint Commission is working closely with CMS to understand its expectations, timetable and process for accepting a hospital deeming application from The Joint Commission, and to ensure a seamless transition under the new law. These changes are being made to ensure conformity with Medicare's Hospital Conditions of Participation, which all deemed accrediting bodies must assess.

The Joint Commission will be monitoring the impact of these changes closely in 2009 based on the field experience gathered through surveys and will make corrections as needed during 2009. Also, the hospital deeming application process may necessitate additional changes during 2009. (Contact: Margaret VanAmringe, mvanamringe@jointcommission.org)

Hospital deeming application: Work with CMS continues on hospital deeming application

The Joint Commission continues to work with the Centers for Medicare & Medicaid Services (CMS) on aspects of its application for hospital deeming authority. CMS' final decision on the hospital deeming application is expected by the end of 2009. The Joint Commission fully expects to receive a positive decision from CMS for the continuation of its Medicare recognition under the regulatory process. As mentioned in the August 2008 [Joint Commission Online](#) article, the law provides for a transition period in order to minimize any potential disruption to our accredited hospitals. Specifically, any Joint Commission hospital accreditation award – and corresponding Medicare deemed status – granted prior to July 15, 2010, will remain in effect for

the full term of that hospital's accreditation. For example, a hospital receiving an accreditation award in May 2010 will continue to have deemed status for the duration of its three-year accreditation period ending May 2013, subject to current Joint Commission policies and procedures. (Contact: Patricia Kurtz, pkurtz@jointcommission.org and Kevin Hickey, khickey@jointcommission.org)

Annual Invitational Conference focuses on improving health care, The Joint Commission

The Joint Commission held its Annual Invitational Training Conference in Chicago on January 5-7 for surveyors, reviewers and life safety code specialists. The conference focused on changes to the standards and survey process for 2009, for example the changes related to the Standards Improvement Initiative (SII). Joint Commission President Mark R. Chassin, M.D., set the tone for the conference with a discussion on the current state of quality in health care. His talk focused on his experiences in meeting and talking with health care leaders and professionals from around the country during his first year as president. Dr. Chassin also talked about the challenges that face Joint Commission accredited organizations today in relation to quality and safety. "Despite our best efforts, serious quality and safety problems persist," said Dr. Chassin. "Many of these problems are highly visible, and stakeholders are demanding higher and higher levels of excellence from the health care system." Dr. Chassin acknowledged that hospitals are also facing additional financial challenges in the current economic environment. "We have an obligation to our customers to maximize the health benefit of our standards and our performance measures."

Additionally, Dr. Chassin highlighted the Robust Process Improvement efforts taking place internally at The Joint Commission and how field staff will be more involved in RPI in 2009. In conclusion, Dr. Chassin talked about the major improvements that have been made to the standards over the past five years, and that The Joint Commission will continue to aggressively improve the standards and survey processes. "We need to help increase our customer's confidence that by complying with the standards and improving on performance measures they will improve health care outcomes for the patients they serve." Following Dr. Chassin's talk, sessions were held to reinforce the practical application of these concepts during 2009 surveys. (Contact: Ann Blouin, ablouin@jointcommission.org)

Accreditation decisions in tailored surveys are "unlinked"

Effective January 1, 2009, the accreditation decisions of tailored components, for example, laboratory services or home care services, will no longer have a direct impact on the parent organization's (for example, hospitals) accreditation decision. All services that are owned and operated by an applicant organization for accreditation are required to be surveyed, but there will be no organization-wide accreditation decision generated as a result of the survey of all of the required components. Each component will receive its own accreditation decision, and each component's decision would not impact another component's decision. If one of the services or programs is denied accreditation, the organization would have six months to obtain accreditation again for the particular service or program. Failure to obtain accreditation for the particular service or program would result in the organization receiving a Requirement for Improvement (RFI). The organization would be required to resolve the RFI through the regular Evidence of Standards Compliance (ESC) process. (Contact: Gail Weinberger, gweinberger@jointcommission.org)

Standard MS.1.20 Task Force to meet in March

The MS.1.20 Task Force will meet in March to continue its work of determining the best approach to revise Standard MS.1.20 relating to Medical Staff bylaws. Any recommended changes would be the subject of a field review and consideration by the Board of Commissioners. At its June 2007 meeting, the Board of Commissioners approved revisions to the hospital standard MS.1.20 related to medical staff bylaws and associated rules and regulations and policies. Following concerns received from hospitals, the 19-member Task Force was convened in January 2008 by the Board to analyze the potential impact of implementing the revised standard. One aspect of the revised standard the Task Force was asked to examine is the perceived prescriptiveness of the standard regarding the level of associated details related to the requirements that must be in the medical staff bylaws. The Task Force will consider whether these associated details should be in the medical staff bylaws or can reside in rules and regulations or policies. At its May 2008 meeting, the Board suspended the July 2009 implementation of the June 2007 revisions. The Standard MS.1.20 in the 2008 Hospital Accreditation Manual (MS.01.01.01 in the 2009 manual) will remain in effect until further notice. Note: There is an indefinite moratorium on the implementation of Element of Performance 19 of the current MS.1.20/MS.01.01.01. Therefore, the Joint Commission survey

assesses whether each of the topics identified in EPs 1 through 18 are addressed in the bylaws, and whether necessary detail is addressed in either the bylaws, or rules and regulations, or policies. The survey does not assess how much of the detail is placed in rules and regulations or policies, rather than in bylaws; that decision is left to each medical staff and governing body. (Chuck Mowll, cmowll@jointcommission.org)

Public Information

Updated sentinel event statistics

The Joint Commission's sentinel event statistics have been updated on the Web site, www.jointcommission.org. Since the sentinel event database was implemented in January 1995 through December 31, 2008, The Joint Commission has received 5,632 reports of sentinel events. A total of 5,765 patients were affected by these events, with 3,977, or 69 percent, resulting in patient death. The 10 most frequently reported sentinel events are:

Wrong-site surgery	741
Suicide	698
Operative/post-operative complication	631
Medication error	492
Delay in treatment	442
Patient fall	341
Assault, rape or homicide	218
Unintended retention of foreign body*	212
Patient death or injury in restraints	189
Perinatal death or loss of function	175

* Added to reviewable events in June 2005; data represents events reviewed since that time.
(Contact: Anita Giuntoli, agiuntoli@jointcommission.org)

The Joint Commission to include patient satisfaction data on Quality Check™

People seeking information about how patients perceive the care they received at a particular hospital can now find this information on The Joint Commission's Quality Check™ Web site, www.qualitycheck.org. The Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) data from the Centers for Medicare & Medicaid Services' (CMS) Hospital Compare Web site is posted on Quality Check™ beginning this month. This information will be updated quarterly. HCAHPS information comes from patient ratings of communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness and quietness of the hospital, pain management, communication about medications, and discharge information. HCAHPS data is only available for hospitals that are eligible for and choose to participate in the HCAHPS program. In addition to information about patient satisfaction, Quality Check also includes data from CMS on 30-day mortality rates for heart attack, heart failure and pneumonia. Thousands of people use Quality Check each month to find information about the more than 15,000 accredited health care organizations that have earned The Joint Commission "Gold Seal of Approval." Quality Check provides details about an organization's accreditation status, efforts to prevent medical mistakes by complying with National Patient Safety Goals, and comparison information about how hospitals comply with National Quality Improvement Goals such as giving heart attack patients aspirin within a specified timeframe. (Dawn Allbee, dallbee@jointcommission.org)

In the news

Study finds failure to include nurses in process of admitting errors to patients, families

Even though nurses routinely disclose nursing errors to their patients, a new study published in the January 2009 issue of *The Joint Commission Journal on Quality and Patient Safety* shows that nurses often are not included when physicians tell patients about more serious mistakes. Nurses play such a hands-on role at the bedside of their patients that the study's authors conclude that the absence of nurses from discussions to plan for or disclose errors can diminish the quality of the disclosure experienced by the patient or their family. For example, when nurses are not involved in the planning for disclosure, they may seem evasive in answering patients' questions or stall by encouraging families to write down their questions or set up a meeting with doctors. The study, "Disclosing Errors to Patients:

Perspectives of Registered Nurses,” systematically explores nurses’ attitudes toward and experiences with error disclosure to patients.

The study of nearly 100 nurses reports that nurses say they talk with patients about errors that are within their control, such as late or missed medications or treatments. But nurses in the study said they hesitate to independently disclose errors that involved serious harm or actions by other members of the health care team. In these situations, the nurses said the responsibility fell to the patient’s attending physician. The nurses said, however, that they would like a role in the disclosure process as a way to both communicate directly with the patient about nursing’s role in the event and to avoid being blamed for the event. The study also found low awareness of institutional disclosure policies. The study’s authors—three nurses and one physician—conclude that a team disclosure process is best and recommend that health care organizations establish policies that permit nurses and other caregivers to participate in and raise concerns about the disclosure process. The authors point out that a lack of collaboration and communication in the disclosure process may lead to moral distress, increased job dissatisfaction, and job turnover among nurses. In addition, the authors suggest that nurse managers should receive training on how to tell patients and families that a mistake has occurred. To subscribe to *The Joint Commission Journal on Quality and Patient Safety*, call Joint Commission Resources Service toll-free at 800-746-6578 or visit www.jcrinc.com. (Steve Berman, sberman@jcrinc.com)

People

Joint Commission appoints Mark G. Pelletier, RN, MS, Executive Director, Hospital Programs, Accreditation and Certification Services

The Joint Commission announced the appointment of Mark G. Pelletier, R.N., M.S., as the executive director for Hospital Programs and Accreditation and Certification Services. Pelletier is a health care executive with more than 20 years of experience in hospital operations, performance and quality improvement, process redesign and program development. He was most recently the senior vice president and chief operating officer of Condell Medical Center, Libertyville, Illinois. He has also served in executive positions in the Chicago area at Resurrection Health Care, Northwestern Memorial Hospital and Children’s Memorial Medical Center. At The Joint Commission, Pelletier will serve as the executive director for the hospital and critical access hospital accreditation programs and help direct customer accounts across all accreditation and certification programs. In this role, he will be responsible for working with accredited organizations seeking to be resurveyed and new organizations seeking to become accredited. He will oversee staff involved in pre-survey support, analysis of organizational data to design survey duration and will supervise the account representatives’ role in the post-survey process, including the issuance of accreditation decisions and reports. Pelletier will also be responsible for business development in the hospital and critical access hospital accreditation programs. Pelletier earned a bachelor of science and a master of science in nursing administration from DePaul University. He received his diploma in nursing from Mennonite College of Nursing at Illinois State University. (Ann Scott Blouin, ablouin@jointcommission.org)