Effective July 2: Revised hospital and critical access hospital requirements align with CMS CoPs

As part of The Joint Commission’s application to renew its hospital deeming authority, several elements of performance (EPs) have been revised for hospitals and for rehabilitation and psychiatric distinct part units in critical access hospitals. The requirements were revised to demonstrate equivalency with the Centers for Medicare & Medicaid Services (CMS) current Medicare Conditions of Participation (CoPs). The revisions, effective July 2, 2014, will be published in the July 2014 E-dition® update as well as the 2014 Update 2 to the Comprehensive Accreditation Manual for Hospitals (CAMH) and Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH), scheduled for release in fall 2014. An updated hospital crosswalk will be published in the July 2014 E-dition update. (Contact: Laura Smith, lsmith@jointcommission.org)

FINAL NOTICE: Overdue PFIs previously accepted during survey must be addressed by July 1

Since May 28, The Joint Commission has issued a number of communications notifying organizations that they need to complete, or request an extension for, any Plans For Improvement (PFIs) in their Statement of Conditions™ (SOC) by July 1, 2014. Overdue PFIs are those that exceed the projected completion date by more than six months. Failure to address overdue PFIs by July 1 will result in a follow-up call by a member of The Joint Commission’s Department of Engineering. Further delay in resolving a PFI may result in an on-site survey. Organizations with outstanding PFIs were sent emails on May 30, June 12 and June 24, with instructions on how to address outstanding PFIs. For more information, go to the May 28 issue of Joint Commission Online. (Contact: George Mills, gmills@jointcommission.org)

REMINDER: Accreditation and certification decision reports to change after July 1

Changes to The Joint Commission’s accreditation and certification decision reports will be effective July 1, 2014, to align with requirements of the Centers for Medicare & Medicaid Services (CMS). This alignment is part of The Joint Commission’s application to renew its hospital deeming authority. Changes include the addition of two new sections – the Opportunities For Improvement (OFI) section listing single observations of noncompliance with Category C EPs, and the Open Plans For Improvement (PFIs) section. Another change is that CMS Regional Offices will now be approving Life Safety Code® equivalency requests. To see a table highlighting what to expect after July 1, go to the June 4 issue of Joint Commission Online. (Contact: Eric Danielson, edanielson@jointcommission.org or Carrie Mayer, cmayer@jointcommission.org)

Update: Comprehensive Stroke Center case volume requirements will delay change in 2014

The Joint Commission will be delaying the implementation of the increased case volume requirements for certified Comprehensive Stroke Centers (CSCs) that were to go into effect July 1, 2014. Instead, the current 2013-2014 volume requirements will continue to be used for all new and existing CSC customers until further notice. The requirements are listed at Performance Measurement (DSPM) standard 1, element of performance (EP) 5:

- The Comprehensive Stroke Center demonstrates that care is provided to 20 or more patients per year with a diagnosis of subarachnoid hemorrhage.

- The Comprehensive Stroke Center demonstrates that 15 or more endovascular coiling or surgical clipping procedures for aneurysm are performed per year.

Since CSC certification became available in September 2012, the volume requirements have been modified due to rapidly changing research and a lack of consensus. The decision to continue to use the existing volume requirements was made after careful consideration of the impact on quality of care and
safety for stroke patients. During the next year, The Joint Commission will work with the American Heart Association/American Stroke Association and their Hospital Accreditation Science Committee to collect and analyze data on CSC volumes from certified programs. The data will provide information on actual case volumes that are occurring in CSCs and will aid in the development of any future volume revisions. Analysis of these data will also include assessing the overall quality of care of CSC programs (during the on-site reviews) at different volume levels. (Contact: Kelly Podgorny, kpodgorny@jointcommission.org)

Resources

New on the web
- BHC Accreditation Tips and Topics
- 2014 Disease-Specific Care Review Process Guide
- Blog posts:
  - Leadership Blog: **Thinking about big data.** Paula Wilson, president and CEO, Joint Commission Resources, talks about how the ability to analyze large amounts of data is opening new ways to evaluate opportunities and make decisions in health care.
  - JC Physician Blog: **The Integration of Mental Health and Medical Care – The Future.** Anne C. Bauer, M.D., field director, Accreditation and Certification Operations, discusses the outlook for care integration.
  - Ambulatory Buzz: **Two ambulatory blogs merge to improve ease, consistency.**

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