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Accreditation

SAFER™: New scoring methodology helps organizations prioritize, focus corrective actions
Project REFRESH, The Joint Commission’s multiphase process improvement project, includes a transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys. This Survey Analysis for Evaluating Risk (SAFER™) approach provides organizations with additional information related to risk of deficiencies to help prioritize and focus corrective actions. See the SAFER matrix™ to the right.

This approach allows the organization to see areas of noncompliance at an aggregate level — one that shows significant components of risk analysis, including the likelihood to harm a patient, staff or visitor and the scope of a cited deficiency.

Beginning June 6, psychiatric hospitals that use Joint Commission accreditation to meet the Centers for Medicare & Medicaid (CMS) deemed status requirements will be provided with a SAFER matrix™ within their Accreditation of Survey Findings Report. All other accreditation and certification programs will begin receiving this matrix in their reports after Jan. 1, 2017.

See the table (on Page 2) for the changes related to the implementation of the SAFER matrix™. The SAFER webinar replays will be available soon.

Questions may be directed to your organization’s assigned account executive, or email safer@jointcommission.org.
Joint Commission aligns with CMS on acceptable control materials policy and PSV compliance

Effective in early April, The Joint Commission has begun to allow the use of onboard controls after the Centers for Medicare and Medicaid Services (CMS) recently clarified the policy on acceptable control materials, including function checks and procedural controls, and guidance on acceptance control materials was provided to surveyors.

In alignment with CMS’ acceptance of onboard quality controls — examples of which are ampules or cartridges containing the same quality control (QC) material that would traditionally be considered as external QC — The Joint Commission began allowing the use of onboard controls as long as the QC specimens follow the same physical pathway as a patient specimen, in compliance with QSA 02.09.01, Elements of Performance (EP) 1 and 2.

Laboratories must demonstrate and show records, such as:
- Instrument manuals
- Manufacturer’s instructions

Also in early April, to align with CMS’ acceptance of primary source verification (PSV) as evidence of compliance with personnel qualifications, The Joint Commission is now allowing PSV in lieu of a direct evidence of academic records, such as transcripts, diploma and certificates.

In cases where the laboratory is in a state that does not require licensure, proof of license alone (whether via PSV or actual documentation/copy of license) is not sufficient and the laboratory must show proof of meeting educational requirements for their respective job responsibilities. Additionally, licenses must be verified. In cases where the laboratory is in a state that requires licensure, no further documentation is required.

HR 01.02.05, EP 3 states, “The laboratory verifies and documents that the applicant has the education and experience required by the job responsibilities.” The phrase “verifies and documents” in this EP simply indicates the organization should provide a documented verification of education and experience. There is no need to have both paper copies of diplomas/transcripts in addition to the PSV report.

If the PSV report does not provide all required personnel data, laboratories must provide additional documentation that meets all the requirements.

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Joint Commission aligns with CMS on acceptable control materials policy and PSV compliance

<table>
<thead>
<tr>
<th>Change</th>
<th>New process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scoring methodology</td>
<td>Elimination of Category A and C scoring designations, and direct and indirect impact EPs.</td>
</tr>
<tr>
<td>Post-survey, follow-up activities</td>
<td>Opportunities for Improvement (single observations of noncompliance at Category C EPs) will no longer exist. Also, Measures of Success (MOS) will no longer be required.</td>
</tr>
<tr>
<td>Submission time frame for Evidence of Standards Compliance (ESC)</td>
<td>EPs will no longer be identified as direct impact (with 45 days for submission) or indirect impact (with 60 days for submission).</td>
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</table>
The Joint Commission receives deeming authority for California clinical laboratories

The Joint Commission has received deeming authority for California clinical laboratories from the California Department of Public Health’s Laboratory Field Services (LFS). California clinical laboratories are now able to demonstrate compliance with federal and state laws and regulations through The Joint Commission’s Laboratory Accreditation program.

The Joint Commission was granted deemed status following a rigorous review by LFS. During the review, The Joint Commission demonstrated its standards were in accordance with requirements unique to California clinical laboratory law. The review included a detailed analysis of Joint Commission standards, requirements and survey processes, including survey forms, surveyor qualifications, survey deficiency, and writing policies and procedures for investigating patient safety concerns.

“We are pleased to receive this important deeming authority from LFS and are prepared to take on the responsibilities of inspection and oversight for clinical laboratories to ensure ongoing compliance with California law,” said Stacy Olea, MT(ASCP), FACHE, executive director, Laboratory Accreditation program, The Joint Commission. “As a quality improvement organization, the deemed status will allow us to bring our dedication to patient safety and quality care to the forefront of clinical laboratories across California.”

Epner highlights ICE, to support moving from fee-for-service to value-based system in labs

Reimbursement in health care is shifting from a fee-for-service model to one based on value, i.e., “volume to value.” This has led laboratories to reconsider shifting their focus from cost savings and productivity to impact on patient outcomes. To support laboratory leaders in making the shift, the Clinical Laboratory Management Association introduced the Increasing Clinical Effectiveness (ICE) program.

To participate in ICE, labs must submit abstracts describing testing-related interventions that demonstrate quantifiable positive impact for patients.

In June, The Joint Commission invited Paul Epner, MBA, MEd, to participate in a webinar on integrating lab services into patient care during which he described how to share the good work being done by laboratorians through ICE. Epner is the Immediate Past President of CLMA and is also the cofounder and Executive Vice President of the Society to Improve Diagnosis in Medicine.

Epner said the ICE program provides laboratorians resources to grow their value, including the portal for abstract submissions, the scoring criteria that will be used, training materials including access to past submissions, and a description of incentives (like a trip to the International Federation of Clinical Chemistry and Laboratory Medicine EuroMedlab meeting in Athens from June 11-15, 2017, with full speaker benefits).

The Joint Commission webinar in June, he said, described the reasons laboratory professionals should get engaged with ICE and how to do it.

“I described the shift from fee-for-service to value-based reimbursement,” he said. “I talked about diagnostic errors and the harm caused by inappropriately applied laboratory medicine. I reviewed malpractice payouts, of which diagnostic error is the biggest source. And I provided a new approach to thinking about quality improvement shifting from defect frequency to patient harm.”

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Jon DePaolis, editor
His taxonomy of the five causes of all harm associated with lab medicine are:
- Ordering of inappropriate tests
- Failure to order appropriate tests
- Misapplication by clinicians of appropriate test results
- Delays anywhere in the system from order to result retrieval and utilization
- Inaccurate results

Epner said the health care system exists to help patients be well and stay well.

“Laboratory medicine can make a major contribution to that, but systems miss the mark when they force lab departments to focus on cutting budgets which leads to a more silo-focused and limited scope,” he said.

See the presentation slides from the June 13 webinar.

See you there!
Laboratory staff will be at the following meetings and conferences in 2016:
- Heart of America POCT Group (Sept. 6) webinar on lab’s most challenging standards, with Stacy Olea, executive director of the Laboratory Accreditation program
- ASCP Annual Meeting (Sept. 14-16) in Las Vegas, Nevada
- SABM Annual Meeting (Sept. 29-Oct. 1) in Grand Rapids, Michigan, exhibiting with AABB
- Lab Webinar for California labs (Oct. 4) at 2 p.m. CT
- Lab Quality Confab (Oct. 18-19) in New Orleans, Louisiana. Stacy Olea is to speak.
- AABB Annual Meeting (Oct. 22-25) in Orlando, Florida, exhibiting with AABB. Stacy Olea is to speak.
- BayState POC Group (Nov. 10) for a webinar on waived testing tips, with Stacy Olea
- California Society of Pathologist (Nov. 29-Dec. 3) in San Francisco, California