Improving Patient Care through Joint Commission Accreditation for Long Term Care Providers

December 2, 2010

Gina Zimmermann, MS, Executive Director, Home Care and Long Term Care Accreditation

Nancy Gorman, MS, RN, NHA, Field Director, Surveyor Management and Development

Ed Smith, MSN, Associate Director, Standards Group
Objectives

- Accreditation requirements
- Accreditation options
- What to expect during the onsite survey
- Resources available before, during and after the survey
- Checklist for Accreditation
- Updates for 2011
- Provide an opportunity for questions
The Joint Commission

- The leader in accreditation and standards development promoting quality and safety in health care organizations for nearly 60 years

- The Joint Commission began accrediting long term care facilities in 1966

- Joint Commission accreditation of a long term care facility is a widely recognized standard for evaluating and demonstrating high quality services

- Subsidiary companies include Joint Commission Resources, Joint Commission International, and the Center for Transforming Healthcare
Why Accreditation?

- An objective, third party evaluation of the quality and safety of services provided
- Often a requirement for contracting with managed care and other payers
- Organizes and strengthens your improvement efforts by providing a leadership and management framework for high-quality and safe practices for a long term care organization
- Provides a competitive advantage in your market
- Strengthens community confidence and validates quality care to your residents and their families
- Enhances staff recruitment and retention
Requirements for Accreditation

- **Standards**
  - *Comprehensive Accreditation Manual for Long Term Care* (effective January 2011)

- **National Patient Safety Goals**

- **On-Site Survey**
Standards-Leadership

- A culture that fosters safety as a priority for everyone who works in the organization
- Planning and provision of services that meet the needs of residents
- Provision of resources—human, financial, and physical—for providing care, treatment and services
- Existence of competent staff and other care providers
- Ongoing evaluation of and improvement in performance
Standards-Rights and Responsibilities of the Individual

- Identification of fundamental resident rights
- The right to effective communication
- The right to participate in care decisions
- The right to informed consent
- The right to participate in end-of-life decisions
- Individual rights of residents
- Resident responsibilities
Standards-Provision of Care, Treatment and Services

- Accepting the resident for care, treatment and services
- Assessing and reassessing the resident
- Planning the resident’s care
- Providing the resident with care, treatment, and services
- Coordinating the resident’s care, treatment, and services
- Providing the resident with education
- Designing a system to care for residents in an environment that minimizes the use of restraint
- Meeting the resident’s need for continuing care, treatment, and services after discharge or transfer
Standards-Infection Prevention and Control

- Planning, implementing, and evaluating the organization-wide infection prevention and control program
- Leadership commitment through endorsing and participating in the organization’s efforts to control infection
- Staff collaborate in designing and implementing the program
- Provide visitors guidance on steps they can take to minimize the spread of infections when they visit
- Regularly assess the infection prevention and control program
Standards-Medication Management

- Standards provide a framework for an effective and safe medication management system
- Critical areas of performance
  - Managing high-alert and hazardous medications
  - Selecting, procuring, and storing medications
  - Managing emergency medications
  - Controlling medications brought into the facility by residents, their families, or licensed independent practitioners
  - Managing medication orders
  - Preparing, labeling, dispensing, and administering medications
  - Retrieving recalled or discontinued medications
  - Managing investigational medication
  - Monitoring residents’ reactions to medications
  - Responding to real or potential adverse drug events, adverse drug reactions, and medication errors
Standards-Performance Improvement

- Measuring performance of processes that support care and using data to make improvements
- Leaders set performance improvement priorities and provide resources needed to achieve improvement
- Collecting data
- Analysis to identify trends, patterns, and performance levels that suggest opportunities for improvement
- Monitoring change to make sure the desired improvement is achieved and sustained
Standards-Human Resources

- The quality of the organization’s staff and licensed independent practitioners will, in large part, determine the quality of the care, treatment, and services provided.

- Standards address establishing and verifying staff qualifications, orienting staff, and providing staff with the training they need to support care, treatment and services the organization provides.
Standards-Information Management

- A well planned system meets the internal and external information needs of the organization with efficiency and accuracy.
- Planning provides for continuity if the organization’s operations are disrupted or fail.
- Protect the privacy, security, and integrity of the data and information collected, resulting in the preservation of confidentiality.
Standards-Record of Care, Treatment, and Services

- Components of a complete clinical record
- A historical record of a resident’s episode(s) of care
- A method of communication between practitioners and staff that facilitates the continuity of care and aids in clinical decision making
- Paper or electronic records
Standards-Environment of Care

- Promoting a safe, functional, and supportive environment within the organization so that quality and safety are preserved
- Safety and security issues in the physical environment, access to security-sensitive areas, product recalls, and smoking
- Hazardous materials and waste
- Fire safety
- Medical equipment
- Utilities
Standards-Emergency Management

Plan for responding effectively to an emergency

- Communications
- Resources and assets
- Safety and security
- Staff responsibilities
- Utilities
- Resident clinical and support activities
Standards-Life Safety

Standards in this chapter are based on the National Fire Protection Association’s (NFPA) *Life Safety Code®* for health care occupancies and address protection of individuals from fire.

- General life safety design and building construction
- Means of egress, including design of space, travel distances, egress illumination, and signage
- Protection provided by door features, fire windows, stairs; smoke barriers; and interior features
- Fire alarm notification
- Suppression of fires
- Building services such as elevators and chutes
- Decorations, furnishings and portable heaters
Standards-Waived Testing

- Standards apply when the staff of the organization perform testing with instruments either owned by the organization or by the resident.
- Standards do not apply to waived tests performed by the resident.
- The standards also do not apply if staff members are providing instruction or cueing the resident.
National Patient Safety Goals

- Improve the accuracy of resident identification
- Improve the safety of using medications
- Reduce the risk of health care-associated infections
- Reduce the risk of resident harm resulting from falls
- Prevent health care-associated pressure ulcers (decubitus ulcers)
Accreditation Options

Traditional Long Term Care Accreditation Option
- All Joint Commission standards, providing a framework for leadership and management that enables the provision of high-quality, safe resident care
- Three-year accreditation fees for a facility with an average daily census of 100 approximates $9,700
- The survey length for this facility size would be 1 surveyor for 2 days
- Additional value from surveyor consultation for improvement during the on-site survey

Medicare/Medicaid Certification-Based Accreditation Option
- Only those standards not evaluated during the annual certification inspection are used during the survey process, assuming compliance with many Joint Commission standards based on an organization’s certification by Medicare/Medicaid
- Abbreviated survey focuses on LTC standards that are not addressed by the SNF/NF Federal Conditions of Participation (COPs), therefore raising the bar beyond regulatory requirements
- Three-year accreditation fees for a facility with an average daily census of 100 approximates $6,100
- The survey length for this facility size would be 1 surveyor for 1 day

© Copyright, The Joint Commission
Multiorganization Accreditation Option

- An accreditation option for corporations or systems that own or lease at least two nursing facilities

- Each facility within a system receives its own accreditation decision

- Features of the accreditation option include—
  - Corporate orientation
  - Surveys of participating facilities with the same surveyor(s)
  - Corporate summation
The Surveyors

- Professionals experienced in long term care
- Masters-prepared nurse or administrator
- Intensive training and management oversight
- All surveyors must pass a rigorous certification exam
The Survey Process

- On-site observations and interviews by Joint Commission surveyors
- Verbal and written information provided to the surveyor
- Tracing care delivered to residents
  - Resident care tracer
  - Resident-based system tracer
- Documentation provided by the organization
- Emphasis on continuous compliance with standards
A Typical Survey Day

Day 1 for the Traditional Long Term Care Accreditation Option:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-9:00 a.m.</td>
<td>Surveyor Arrival and Preliminary Planning</td>
</tr>
<tr>
<td>9:00-9:30 a.m.</td>
<td>Opening Conference and Orientation to Facility</td>
</tr>
<tr>
<td>9:30-10:00 a.m.</td>
<td>Continued Surveyor Planning</td>
</tr>
<tr>
<td>10:00-11:00 a.m.</td>
<td>Life Safety Code® Building Assessment</td>
</tr>
<tr>
<td>11:00-12:30 p.m.</td>
<td>Individual Resident Tracer Activity</td>
</tr>
<tr>
<td>1:00-2:30 p.m.</td>
<td>Individual Resident Tracer Activity</td>
</tr>
<tr>
<td>2:30-3:30 p.m.</td>
<td>System Tracer-Data Management</td>
</tr>
<tr>
<td>3:30-4:00 p.m.</td>
<td>Special Issue Resolution</td>
</tr>
<tr>
<td>4:00-4:30 p.m.</td>
<td>Surveyor Meeting/Planning Session</td>
</tr>
</tbody>
</table>
A Typical Survey Day

Day 2 for the Traditional Long Term Care Accreditation Option:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30 a.m.</td>
<td>Daily Briefing</td>
</tr>
<tr>
<td>8:30-9:30 a.m.</td>
<td>Leadership Session</td>
</tr>
<tr>
<td>9:30-11:30 a.m.</td>
<td>Individual Resident Tracer Activity</td>
</tr>
<tr>
<td>11:30-12:00 p.m.</td>
<td>Competence Assessment</td>
</tr>
<tr>
<td>12:00-12:30 p.m.</td>
<td>Credentialing of Licensed Independent Practitioners</td>
</tr>
<tr>
<td>1:00-1:30 p.m.</td>
<td>Environment of Care and Emergency Management</td>
</tr>
<tr>
<td>1:30-2:00 p.m.</td>
<td>Special Issue Resolution</td>
</tr>
<tr>
<td>2:00-3:30 p.m.</td>
<td>Surveyor Report Preparation</td>
</tr>
<tr>
<td>3:30-4:30 p.m.</td>
<td>CEO Exit Briefing and Organization Exit Conference</td>
</tr>
</tbody>
</table>

© Copyright, The Joint Commission
A Typical Survey Day

Day 1 for the Medicare/Medicaid Certification-Based Accreditation Option:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-9:00 a.m.</td>
<td>Surveyor Arrival and Preliminary Planning</td>
</tr>
<tr>
<td>9:00-10:00 a.m.</td>
<td>Opening Conference and Orientation to Facility</td>
</tr>
<tr>
<td>10:00-10:30 a.m.</td>
<td>Continued Surveyor Planning</td>
</tr>
<tr>
<td>10:30-12:00 p.m.</td>
<td>Individual Resident Tracer Activity</td>
</tr>
<tr>
<td>12:00-12:30 p.m.</td>
<td>Competence Assessment and Credentialing of Licensed Independent Practitioners</td>
</tr>
<tr>
<td>1:00-1:30 p.m.</td>
<td>System Tracer-Data Management</td>
</tr>
<tr>
<td>1:30-2:00 p.m.</td>
<td>Individual Resident Tracer Activity</td>
</tr>
<tr>
<td>2:00-2:30 p.m.</td>
<td>Environment of Care and Emergency Management</td>
</tr>
<tr>
<td>2:30-4:00 p.m.</td>
<td>Surveyor Report Preparation</td>
</tr>
<tr>
<td>4:00-4:30 p.m.</td>
<td>CEO Exit Briefing and Organization Exit Conference</td>
</tr>
</tbody>
</table>
After the Survey

- Surveyor electronically transmits survey findings to The Joint Commission central office.

- Your facilities’ official survey report will be posted to your secure extranet site within 10 days of the survey.

- Each Element of Performance found not in compliance at the time of survey will generate a Requirement for Improvement.

- The facility must submit an Evidence of Standards Compliance within 45 or 60 days after the survey (as specified in your Accreditation Survey Findings Report) to show that the organization is now in full compliance with the standards and elements of performance.

- Once the Evidence of Standards Compliance is approved by The Joint Commission, the organization is officially accredited.
After the Survey

- An accreditation award is continuous until the organization has its next full survey—between 18 and 36 months after its previous full survey—unless accreditation is revoked.

- A facility may request a full accreditation survey more frequently than when it is due to have a survey.

- Continuous compliance with standards.

- Self-assessment and ongoing improvements.

- Periodic Performance Review and other tools are available to assist organizations.
Resources

- **2011 Comprehensive Accreditation Manual for Long Term Care**
  - Print or electronic, web-based (E-dition)
  - Contact the Joint Commission Resources Customer Service Center at (877) 223-6866 or [www.jcrinc.com](http://www.jcrinc.com)

- **Joint Commission Connect®**
  - A private, secure Web site that is customized specifically for your organization and serves as a vehicle for communication with The Joint Commission and management of your organization’s accreditation process
  - Available once you request an Application for Accreditation
  - Updates on standards and National Patient Safety Goals and policies for accreditation
  - Survey Activity Guide provides detail about the on-site survey agenda, what to expect during the survey, and other details around preparation for the on-site visit
  - Periodic Performance Review allows you to assess your facilities’ compliance with applicable standards and develop and implement plans of action to come into compliance with requirements for accreditation

- **Account Executive**
  - Your point of contact throughout the accreditation process
NEW! Resources Available through Joint Commission Connect®

- **Leading Practices Library**
  - Complimentary tool available to organizations accredited or seeking accreditation
  - Real-life solutions that have been successfully implemented by health care organizations and reviewed by Joint Commission standards experts
  - Access the Library link from your organization’s extranet page and browse through specific topics of interest
  - Documents are cross-reference to the corresponding chapter in Joint Commission accreditation manuals

- **Targeted Solutions Tool™**
  - Web-based application that guides health care organizations through a step-by-step process to measure performance, identify barriers to excellence, and guidance to proven solutions that are customized to address their particular barriers
NEW! Joint Commission Web site at www.jointcommission.org

- Enhanced features and capabilities to provide customers and the public with better accessibility to the wealth of information on the site. Some of the highlights of the new site are:
  - Ability to sign up for updates and alerts about events, field reviews, new and updated FAQs, newsletter, and more
  - A Daily Update section highlight new information that has been posted within the last 24 hours
  - Interactive opportunities via blogs and real-time discussion forums
  - Clear identification of new FAQs and easier navigation of standards FAQs, including the ability to search for specific topics
  - An Event Calendar highlights upcoming conferences, teleconferences and webinars, and provides for easy, online registration
  - Enhanced and advance search functionality
## Checklist for Accreditation

**6 to 12 months before your anticipated survey**

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>√</td>
</tr>
</tbody>
</table>
| √ | **Request an Application for Accreditation.**  
  Call 630-792-5235 or email ecalderon@jointcommission.org to request access to the online Application for Accreditation. Gain access to tools and information available on Joint Commission Connect® Web site. |
| √ | **Determine your facilities’ baseline of performance.**  
  Establish inter-disciplinary teams to assess your organization’s compliance with the standards. Use the Periodic Performance Review available through the Joint Commission Connect® Web site. Use the scoring tools available in the accreditation manual or E-dition. |
| √ | **Develop a work plan to bring the organization into compliance with standards.**  
  Review FAQs available on The Joint Commission’s website. Seek input from The Joint Commission’s Standards Group. Network with other accredited organizations. Require teams to report on progress towards compliance with standards on a regular basis. |
# Checklist for Accreditation

4 to 6 months before your anticipated survey

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Submit your Application for Accreditation and Survey Deposit.</td>
</tr>
</tbody>
</table>
| ✓ Touch base with your assigned Account Executive to go over any final details.  
  Finalize any outstanding information on the Application for Accreditation. Discuss your organization’s preferred survey timeframe and dates to avoid. |
| ✓ Conduct a mock survey.  
  Use the Survey Activity Guide available on The Joint Commission Connect® Web site to help simulate a survey. Discuss the survey process and other details during staff meetings so everyone knows what to expect when the survey day arrives. |
## Checklist for Accreditation

<table>
<thead>
<tr>
<th>Count down to survey</th>
<th>Activity</th>
</tr>
</thead>
</table>
| ✓                    | Assign a staff member to monitor your organization’s Joint Commission Connect® Web site for notification of survey date.  
  *Your first survey will be announced approximately 4 weeks prior to the survey. Review any notices of standards or policy changes and identify any impacts to your organization.* |
| ✓                    | Identify a location where the surveyor can work during the on-site survey. |
| ✓                    | Gather documentation to be available for the surveyor. |
## Checklist for Accreditation

### After the survey

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
</table>
| √ **Respond to any Requirements for Improvement.**  
*Submit any requested Evidence of Standards Compliance documents within 45 to 60 days of your on-site survey, as specified in your report of survey findings.* |
| √ **Once the accreditation decision is finalized, promote your accreditation.** |
| √ **Plan a staff celebration.** |
Questions?
Contact Information

Gina Zimmermann, MS
Executive Director, Home Care and Long Term Care Accreditation
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL  60181
630-792-5293
gzimmermann@jointcommission.org

Ed Smith, MSN
Associate Director, Standards Group
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL  60181
630-792-5764
esmith@jointcommission.org

Nancy Gorman, MS, RN, NHA
Field Director, Surveyor Management and Development
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL  60181
630-792-5707
ngorman@jointcommission.org