The New Year Brings Significant Changes to the Joint Commission’s Accreditation Process for Healthcare Organizations

To Our Health Care Clients and Friends:

As we forward our first publication for 2004, we wish you a Happy New Year! The New Year is typically a time for celebrations, reflections on the past, and making resolutions to achieve specific goals during the coming year. Effective January 1, 2004, for healthcare organizations served by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO), it is the beginning of a new accreditation process. It is important to understand the key components of the revised accreditation process and strategies for compliance since JCAHO has “deemed” authority for accredited organizations to meet federal Conditions of Participation.

BACKGROUND ON CHANGES TO JCAHO ACCREDITATION PROCESS

JCAHO has implemented significant changes to the accreditation process, entitled – Shared Visions-New Pathways. This change in the accreditation process will shift an organization’s focus from a periodic survey preparation to a continuous organizational compliance process that is data-driven and patient-centered with a focus on operational systems critical to the safety and quality of patient care. Other enhancements to the accreditation process include an electronic application for accreditation (available on a secure, password-protected web space), formal certification for surveyors, and a consolidated database of standards for all of JCAHO’s accreditation programs.

Shared Visions represents a vision that JCAHO has with healthcare organizations, as well as work conducted with other organizations such as Centers for Medicare and Medicaid Services (CMS), the Leapfrog Group, National Quality Forum and the public to address concerns related to the current state of healthcare and the goal to provide safer, higher quality care. In fact, the JCAHO is now using the identical measures used by the CMS for acute MI, heart failure and pneumonia.

New Pathways represents a number of initiatives that support fulfillment of the shared visions objectives via the accreditation process to include:

- Consolidation of the standards and an increased focus on patient safety and healthcare quality.
- A required 18-month, mid-cycle performance review (PPR) during which the healthcare organization evaluates its own compliance with applicable standards and develops a Statement of Correction (Plan of Action) for identified areas of non-compliance. Validation of corrections and other randomly selected PPR findings will occur during the triennial on-site survey. This new requirement is explained in further detail later.
- A focused, on-site survey based upon a priority focus process (PFP). The process survey will aggregate organization-specific information through an automated, rules-based tool to identify areas that the surveyors may use to better understand what is occurring in an organization relative to the quality of care being provided. Input information will include demographic data related to clinical service groups and diagnostic-related groups, sentinel event information, MedPar data, ORYX core measure data, previous JCAHO recommendations and complaints.
- Initiatives that facilitate the improvement of systems and processes that are relevant to patient safety and healthcare quality reflective of the characteristics of the organization and are a component of its daily operations.
- On-site evaluation of standards compliance in relation to the care experience of actual patients.
- Revision of individual organization performance reports to provide performance information not portrayed in the current reports.
- Active engagement of physicians, nurses and other direct caregivers in the new accreditation process.

Since the new process is focusing on continuous improvement in the safety and quality areas, organizations will either receive an accreditation or not be accredited. Scores will not be disclosed to the organization or to the public.
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PREPARING FOR THE 18-MONTH SELF-ASSESSMENT

Period Performance Review – This review will be against all standards for which the organization is accountable. The organization will be requested to attest to their level of compliance with the standards that are specific to that organization, as well as performance against National Patient Safety Goals (refer below) and Accreditation Participation Requirement. It is highly recommended that each organization determines how this process will be managed prior to the 15th month of their survey cycle. A number of organizations have identified concerns related to their right of discoverability.

The PPR tool will be accessible via the Extranet, which is a secure website, 15 months following an organization’s full survey. An organization will be provided up to three months to complete it and it will be due to the JCAHO at the 18-month point. The first organizations that will have access to the PPR are those that are at their 18-month point in January 2004 (this may be applicable to you if your organization was surveyed in July 2002 and are due for re-survey in July 2005). If an organization is not in compliance with a standard, then a Statement of Correction is to be submitted to the JCAHO. At the time of the 36-month survey, there will be validation related to the Statement of Correction.

In response to concerns regarding discoverability for the PPR, the JCAHO has developed two optional approaches to full periodic performance review.

➢ Option I – This is designed for organizations that may have some concern about sharing information with the JCAHO that has been self-addressed. This provides organizations with the option to not participate in the full PPR. The organization will be able to review all the standards, print the elements of performance in the tool but not submit information electronically to the JCAHO. However, the organization will submit an affirmation that they have completed a self-assessment and plan of action, if appropriate for those areas or standards identified as non-compliant.

➢ Option II – This was developed for organizations that are concerned about doing a formal self-assessment and that they would waive their right to discoverability. Selecting Option II requires that the organization notifies the JCAHO that they have decided not to participate in the full PPR and they will select an on-site survey at the 18-month point. A surveyor will provide on-site services to score the organization using the PPR tool. The organization will develop a plan of action, if required. With this option, a fee will be assessed for the on-site survey. Such an option will cost ~$3,500 per surveyor day for the first day and ~$1,695 per surveyor day for each additional day.

STRATEGIES FOR COMPLIANCE WITH THE 2004 NATIONAL PATIENT SAFETY GOALS

JCAHO will announce the Annual National Patient Safety Goals (NPSGs) by July of each year, and assess health care organizations’ compliance with the goals and associated recommendations beginning January 1 of the following year. If an organizations chooses to identify alternatives, they must be at least as effective as the published requirements to achieve the goals and must be approved by the Sentinel Event Alert Advisory Group. The 2004 National Patient Safety Goals include:

1. Improve the accuracy of patient identification.
2. Improve the effectiveness of communication among caregivers.
3. Improve the safety of using high-alert medications.
5. Improve the safety of using infusion pumps.
TIPS FOR COMPLYING WITH NATIONAL PATIENT SAFETY GOALS

1. “Do Not Use” List - A "minimum list" of dangerous abbreviations, acronyms and symbols has been approved by JCAHO. The intent of this standard is to protect patients from the effects of miscommunication. The National Patient Safety goals focus on a shorter list of abbreviations, acronyms and symbols not to use. Beginning January 1, 2004, the following items must be included on each accredited organization’s "Do Not Use" List:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Potential Problem</th>
<th>Preferred Term</th>
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<tbody>
<tr>
<td>U (for unit)</td>
<td>Mistaken as zero, four or cc.</td>
<td>Write &quot;unit&quot;</td>
</tr>
<tr>
<td>IU (for international unit)</td>
<td>Mistaken as IV (intravenous) or 10 (ten).</td>
<td>Write &quot;international unit&quot;</td>
</tr>
<tr>
<td>Q.D.</td>
<td>Mistaken for each other. The period after the Q can be mistaken for an &quot;I&quot; and the &quot;O&quot; can be mistaken for &quot;I&quot;.</td>
<td>Write &quot;daily&quot; and &quot;every other day&quot;</td>
</tr>
<tr>
<td>Q.O.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trailing zero (X.0 mg), Lack of leading zero (.X mg)</td>
<td>Decimal point is missed. Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)</td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>Confused for one another. Can mean morphine sulfate or magnesium sulfate.</td>
<td>Write &quot;morphine sulfate&quot; or &quot;magnesium sulfate&quot;</td>
</tr>
<tr>
<td>MSO₄</td>
<td></td>
<td></td>
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</tbody>
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http://www.jchaco.org

Effective April 1, 2004, each organization must identify and apply at least another three "do not use" abbreviations, acronyms or symbols of its own choosing. There are a number of useful references available for identifying “approved abbreviations”, such as Stedman’s or SNOMED or some other medical terminology resource that is acceptable under the standards. Additionally, The Institute for Safe Medication Practices (ISMP) has published a list of dangerous abbreviations relating to medication use that it recommends should be explicitly prohibited. This list is available on the ISMP website: http://www.ismp.org/.

2. Reduce the Risk of Healthcare Acquired Infections. Fundamental to achieving compliance with this goal is appropriate hand hygiene. The Center for Disease Control and Prevention (CDC) has published hand hygiene guidelines that are available via their website at http://www.cdc.gov/handhygiene/. Highlights of the guidelines focus on categorizing the recommendations that must be implemented, “Category I” recommendations (including categories IA, IB, and IC) that must be implemented. Category II recommendations should be considered for implementation but are not required for accreditation purposes.

“Artificial nails” is a category IA recommendation. Therefore, it will be required that health care personnel should not wear artificial nails and should keep natural nails less than one quarter of an inch long if they care for patients at high risk of acquiring infections (e.g. patients in intensive care units or in transplant units). However, the “1/4-inch nail” recommendation is a Category II, so it should be considered for implementation but will not be required.
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➢ “Use of the alcohol-based hand rub cleaners” - The guidelines describe when this type of cleaner may be used instead of soap and water. Consideration must also be given to the location of these dispensers. As per the National Fire Protection Association (NFPA) 101 Life Safety Code (2000 edition), the installation of alcohol-based hand sanitizing gel dispensers in egress corridors is prohibited. JCAHO recommends that organizations install these dispensers just inside each patient's room (and whichever other rooms the organization deems necessary), or just outside the room if this is not an egress corridor. Do not install them in egress corridors, above heat/ignition sources, electrical outlets, or light switches. Local or state fire code requirements may differ from the national codes; therefore, you should determine and follow the requirements for your particular locale.

SUMMARY / IMPACT ANALYSIS

With the implementation of the revised JCAHO accreditation, Shared Visions – New Pathways it is anticipated that healthcare organizations will focus on a continuous, outcomes driven, patient-focused accreditation process thus reducing the “ramp-up” efforts that organizations typically undertake prior to an onsite survey. The true value is the focus on the quality of care provided to patients. A secondary value is the elimination of the expenses associated with the “ramp-up” process.

Furthermore, organizations seeking to participate and receive payment from Medicare or Medicaid programs must be certified as complying with the Conditions of Participation. Although the accreditation process provided by the JCAHO is voluntary, it is a “deemed” authority that may deem each accredited organization as meeting Medicare and Medicaid certification requirements. There are additional advantages for seeking deemed status through JCAHO accreditation, including but not limited to:

➢ Recommended by The Accreditation Council for Graduate Medical Education for post-graduate medical residents placement
➢ Meets insurer and other third party requirements
➢ Attracts professional referrals
➢ Improves liability insurance coverage
➢ Provides a competitive marketing advantage
➢ Meets lender conditions

For an in-depth look at the accreditation process, refer to the special edition of Joint Commission Perspectives, published in October 2002 and available at Joint Commission Resources' website at www.jcrinc.com/perspectives.

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We are pleased to have the opportunity to provide this information to you. If you have any questions or would like assistance in determining your compliance with JCAHO standards, please do not hesitate to contact Mary Ann Holt at 610.659.9530 or IMA Consulting at 484.840.1984.

Very Truly Yours,

Bob

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