



# Joint Commission Overview

**Medical Board of California  
April 25, 2013**


James L. Bersot, MD  
Ambulatory Care Surveyor  
The Joint Commission

Jennifer M. Hoppe, MPH  
Senior Associate Director  
State & External Relations  
The Joint Commission


# Today's Discussion

- ▶ Overview of Joint Commission
- ▶ Accreditation Requirements
- ▶ Onsite survey process
- ▶ Post Survey Activities
- ▶ Complaint Process


# About The Joint Commission

- 
- ▶ The Joint Commission evaluates and accredits more than 20,000 health care organizations and programs in the United States
  - ▶ An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care

# Mission and Vision

- 
- ▶ Mission: Continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.
  - ▶ Vision: All people always experience the safest, highest quality, best-value health care across all settings

# Governance

- 
- ▶ The Joint Commission is governed by a 32-member Board of Commissioners including physicians, administrators, nurses, employers, a labor representative, quality experts, a consumer advocate, and educators
  - ▶ The Joint Commission's corporate members are the: American College of Physicians, American College of Surgeons, American Dental Association, American Hospital Association, and American Medical Association


# Accreditation Services




The Joint Commission provides accreditation services for more than 4,000 hospitals and more than 13,000 other health care organizations including:

- General, psychiatric, children’s, rehabilitation, and critical access hospitals
- Home care organizations, including medical equipment services and hospice services
- Nursing homes and other long term care facilities
- Independent or freestanding clinical laboratories
- Behavioral health care organizations and addiction services
- **Ambulatory care providers, including ambulatory surgery centers and office-based surgery practices**

# Goals of Accreditation Process


- 
- ▶ Emphasizes direct on-site observations, staff and patient interviews
  - ▶ Evaluates staff effectiveness and organization-wide performance
  - ▶ Focuses on integration of systems across the organization
  - ▶ Fosters team-building
  - ▶ Provides education and consultative feedback

# Initial accreditation surveys

- 
- ▶ Application for survey
    - questions specific to California law included
  - ▶ Early Survey Option process
    - Two onsite surveys conducted
    - 1<sup>st</sup> survey prior to services being offered – limited set of standards
      - Preliminary Accreditation awarded
    - 2<sup>nd</sup> survey (full) conducted approximately 4 – 6 months




# Renewal Process

- 
- ▶ Accreditation cycle is 36 month
  - ▶ Triennial survey could occur anywhere between 18-36 months
  - ▶ Intra-cycle monitoring requirement
    - Focus Standard Assessments
    - Unannounced Compliance Validation Survey
    - For-cause surveys
    - Extension Surveys



# Standards and Survey Process

# Standards Development

- 
- ▶ The Joint Commission develops its standards in consultation with health care experts, providers, measurement experts, purchasers and consumers
  
  - ▶ The standards are designed to
    - address the organization’s level of performance in key functional areas such as patient rights, patient treatment, medication safety, and infection control
  
    - focus on setting expectations for an organization’s actual performance and for assessing its ability to provide safe, high quality care

# Accreditation Requirements



- ▶ Accreditation Participation Requirements
- ▶ Environment of Care
- ▶ Emergency Management
- ▶ Human Resources
- ▶ Infection Control
- ▶ Information Management
- ▶ Leadership
- ▶ Life Safety
- ▶ Medication Management
- ▶ National Patient Safety Goals
- ▶ Performance Improvement
- ▶ Provision of Care
- ▶ Record of Care
- ▶ Rights of the Individual
- ▶ Sentinel Events
- ▶ Transplant Safety
- ▶ Waived Testing

# On-Site Survey Process



- ▶ The objectives of the on-site survey process are to evaluate the organization, and provide education and good practice guidance to help staff continually improve the organization's performance
  
- ▶ The on-site survey process
  - is data-driven, patient-centered, and focused on evaluating actual care processes
  - is designed to be organization-specific, consistent, and support the organization's efforts to improve performance
  - includes tracer methodology, an evaluation method in which surveyors select a patient, resident or client and use that individual's record as a roadmap to move through an organization to assess and evaluate the organization's compliance with selected standards and the organization's systems of providing care and services

# Tracer Methodology



## Individual Tracers

- Surveyors trace by observing and talking to staff in areas where the patient received care.


## System Tracers

- Interactive session that explores important organization-wide processes/functions related to safety and quality of care.
- Key system tracers: Medication Management, Data Use, Infection control

## Program Specific Tracers

- Targeted tracers that explore high priority issues for each of the accreditation programs (AHC: Continuity of Care and Imaging Services)

# Additional Survey Components

- 
- ▶ Competence Assessment and Credentialing & Privileging
  - ▶ Leadership Session
  - ▶ Environment of Care and Emergency Management
    - Life Safety Code Building Assessment (when applicable)



# Post Survey Activities



# Post Survey Findings

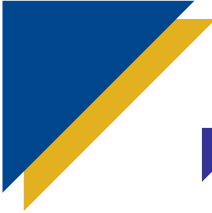
- ▶ Following the survey, the organization is provided with a report of preliminary findings
- ▶ The preliminary findings will undergo a comprehensive review by TJC central office staff
- ▶ Accreditation reports are posted to the organization w/in 10 days
- ▶ Organizations are afforded the opportunity to request a clarification
- ▶ Accreditation decisions are not final until all noncompliant standards are resolved\*

\*except for adverse accreditation decisions

# Follow Up Activities

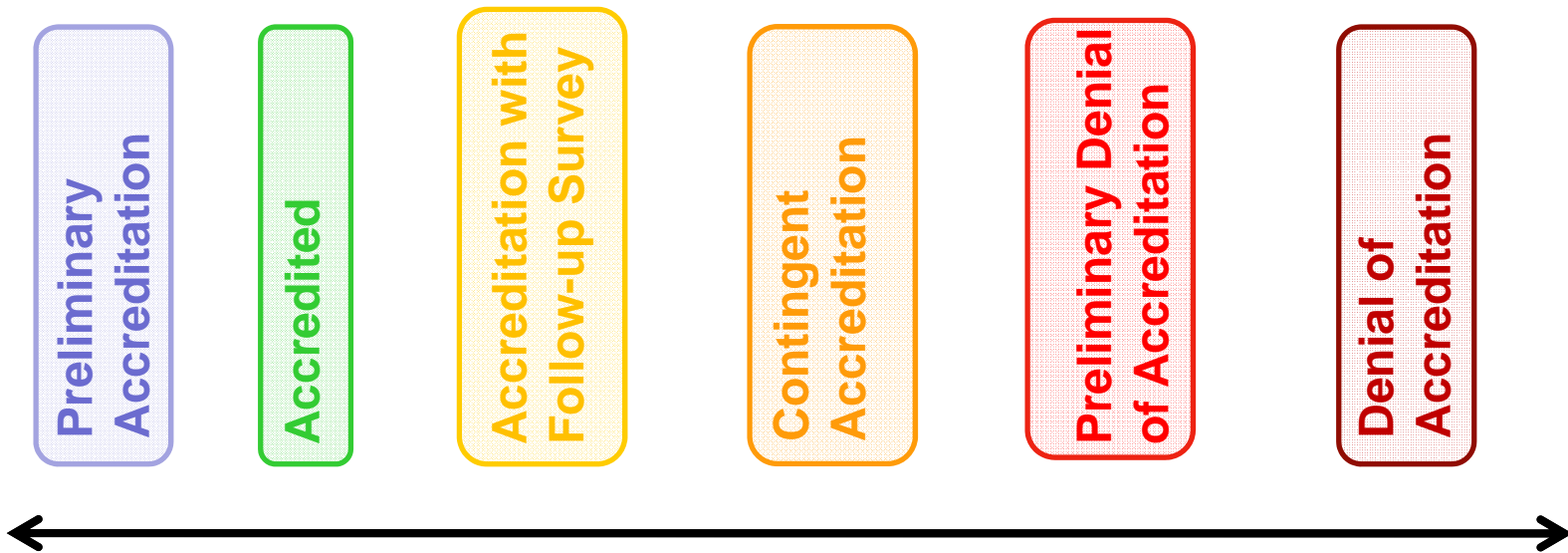
- ▶ Majority of organization will have Requirements for Improvement (RFI)
- ▶ Organization must submit Evidence of Standards Compliance (ESC) for all standards that were less than fully compliant
- ▶ Based on the criticality of the finding the ESC is due within 45 days or 60 days
- ▶ If compliance is not resolved within the established timeframes, a progressively more adverse accreditation decision may result

# Adverse Accreditation Decisions

- 
- ▶ Central office staff may recommend an adverse accreditation decision if:
    - The findings at the time of survey meet one the Joint Commission rules for adverse decisions
    - Based on findings that demonstrate systemic patterns, trends, or repeat findings from previous surveys
    - The organization is not able to submit an acceptable ESC within the established timeframe
  - ▶ All adverse decisions are reviewed and approved by a sub-committee of the Board



# Continuum of the 2013 Joint Commission Accreditation Decisions






# Complaint Process

# How The Joint Commission Responds to Complaints

- ▶ Depending on the nature of the complaint, The Joint Commission will take one of the following actions:
  - Conduct an unannounced on-site evaluation of the organization
  - Ask the organization to provide a written response to the complaint.
  - Review the complaint and compliance with related standards at the time of the organization's next accreditation survey, if it is scheduled in the near future.
  - Incorporate the complaint into the quality monitoring database that is used to track health care organizations over time to identify trends or patterns in their performance.

# Complaint Review Process

- 
- ▶ The Joint Commission has established objective criteria to guide its analysis of complaints:
    - An initial review is conducted to determine if the complaint information is relevant to Joint Commission standards and relates to the organization's performance within the past three years.
    - The complaint is categorized into one of three incident levels

# Complaint Priority Incident Levels

## Low Priority Incidents

- Because of the importance of all complaints, low priority complaints are acknowledged as having been received and maintained on file, but not pursued actively.

## Medium Priority Incidents

- These complaints are processed within 10 business days

## High Priority Incidents

- Processed within 2 business days of receipt and a determination of appropriate action is made



# Onsite Review of Complaint

- ▶ Focus of survey is on the nature of the complaint, but other areas of concern may be identified
- ▶ Depending on nature of complaint
  - Review records for type of procedure
  - Review record over a specified date range
  - Focus on organization process for a specific issue (IC, EC, HR etc)
- ▶ Post survey requirements are consistent with full accreditation process



# Questions?

