

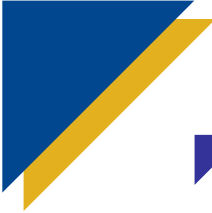


The Joint Commission's Primary Care Home Initiative & Updates to Accreditation Care Accreditation Standards/Survey Process

CHC Association of New York State
Clinical Forum & Statewide Conference
Albany, NY
October 3, 2010


Lon Berkeley, Joint Commission Project Director
Community Health Center Accreditation

AGENDA OVERVIEW

- 
- ▶ Update of HRSA/BPHC Accreditation Initiative
 - ▶ Benefits & Value of Joint Commission Accreditation
 - NYSDOH Collaborative Agreement
 - ▶ Joint Commission Updates (Mission & Vision; On-site Survey Process; E-dition; Center for Transforming Healthcare)
 - ▶ 2009 Challenging Standards & 2010-2011
 - ▶ Primary Care Home Initiative Developments
 - ▶ Q & A

Who Are You?

Write on Post-It Note:

- 
- ▶ Your Name, Health Center, Location, Position/Role
 - ▶ Place Post-It on one of the following flipcharts:
 - a) Accredited & around for last survey
 - b) Accredited, but not around for last survey
 - c) Not accredited, but have plan by 2012
 - d) Not accredited, just researching



Key Components of QI Strategy



Program Assistance Letter

DATE: December 7, 2009

DOCUMENT NUMBER: 2009 - 12

DOCUMENT TITLE: Accreditation
Initiative Update

TO: Health Center Program Grantees
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. PURPOSE

This Program Assistance Letter (PAL) supersedes both Program Information Notice 2007-17 (PIN 2007-17) and its amendment, PAL 2009-01. This PAL describes the accrediting organizations that are contracted to provide surveys and educational services under the Accreditation Initiative Program for the new three-year contract period (October 2009 – September 2012). Furthermore, this PAL outlines the processes and requirements for applying for accreditation and highlights the broad array of technical supports that are available under the Accreditation Initiative.

II. INTRODUCTION


The Health Resources and Services Administration (HRSA) encourages and supports health centers to undergo rigorous and comprehensive survey processes and achieve national benchmarks that demonstrate the highest standards of health care quality. Survey status

HRSA/BPHC ACCREDITATION INITIATIVE



- ▶ **Goal:** Improve quality health care and outcomes for Health Center populations
- ▶ **Benefits:**
 - Accreditation by a nationally recognized organization is an **indicator of quality** of care.
 - Accreditation increases health centers' **competitiveness** in the marketplace.
 - The accreditation process **provides structure and resources** to support health centers' quality improvement and risk management.

HRSA/BPHC ACCREDITATION INITIATIVE

- 
- ▶ The Accreditation Initiative **encourages and supports** health centers in undergoing rigorous and comprehensive survey processes.
 - ▶ Participation is **voluntary** and provides an opportunity for health centers to achieve accreditation and at the same time **satisfy regulatory and program requirements** of HRSA/BPHC.
 - ▶ HRSA/BPHC supports this effort by **paying for health centers' survey costs**.


BPHC Payment Policy

- ▶ Includes annual and on-site survey fees for:
 - Ambulatory Care
 - Behavioral Health
 - Laboratory Services (all fees as of 9/08)
 - Certain extension survey fees
 - Future: Primary Care Home

- ▶ Does not include fees for:
 - Conditional or On-site ESC follow-up surveys
 - Home Care
 - Long Term Care
 - Critical Access Hospital
 - Opioid Treatment Program

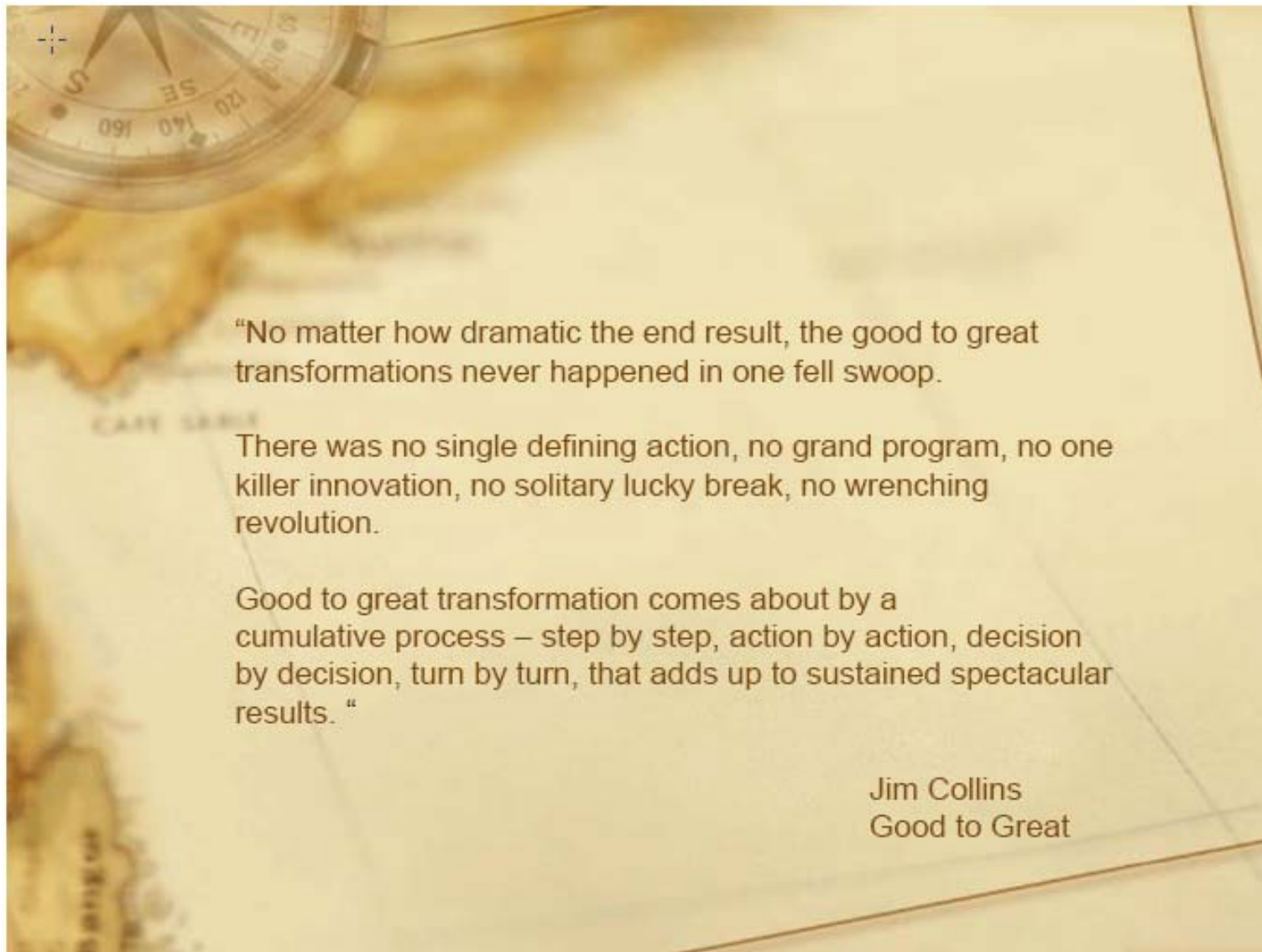
- ▶ CHC must sign Joint Commission contract

BPHC-related Review Process

- 
- ▶ Assessment of BPHC Statutory/Regulatory Requirements using “Health Center Self-Report Tool” (minor changes in 2009 re FTCA)
 - ▶ Agenda includes:
 - Governance Discussion Session
 - Clinical Leadership/Staff Discussion Session
 - Attention to Special Populations

BPHC-related Follow-up Process

- ▶ Findings incorporated into Joint Commission scoring and decision process
 - Under Leadership standard (LD.04.01.01):
“...org complies with applicable law and regulation”
 - Part of Joint Commission’s follow-up process
 - (cleared through “Evidence of Standards Compliance”)
 - Consultation w/ BPHC if necessary
- ▶ Report sent to BPHC Central Office and available to Center’s Project Officer



“No matter how dramatic the end result, the good to great transformations never happened in one fell swoop.

There was no single defining action, no grand program, no one killer innovation, no solitary lucky break, no wrenching revolution.

Good to great transformation comes about by a cumulative process – step by step, action by action, decision by decision, turn by turn, that adds up to sustained spectacular results. “

Jim Collins
Good to Great



Accreditation Progress for BPHC-Supported Health Centers (see list)

As of July 2010:

- ▶ 282 Accredited Health Centers
(includes freestanding ambulatory care & hospital-sponsored)

- ▶ 8 states with over 1/2 of all centers accredited:
 - CT, MA, MI, UT, MD, AL, PR, NE

16 Joint Commission Accredited New York CHCs



Since 1984:	Morris Heights Health Center*	Bronx
Prior to 1991:	Sunset Park Family Hlth Ctr Netwk (part of Lutheran Medical Center)	Brooklyn
Since 1991:	Anthony Jordan Health Center*	Rochester
Since 1992:	Syracuse CHC*	Syracuse
Since 1998:	Urban Health Plan* Mt Vernon NHC* Open Door Family Medical Group* Hudson River Healthcare* Brownsville Cmty Devmt Corp*	Bronx Mt Vernon Ossining Peekskill Brooklyn
Since 1999:	Soundview Healthcare Network* William F. Ryan Health Center*	Bronx Manhattan

**Have signed NYSDOH agreement to accept Joint Commission accreditation in lieu of full routine onsite survey.*

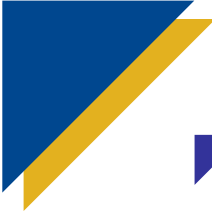
16 Joint Commission Accredited New York CHCs



Since 2000:	Northern Oswego County Hlth Svcs*	Pulaski
Since 2003:	Urban Health Plan	Bronx
Since 2004:	Institute for Urban Family Health	Manhattan
Since 2006:	Ryan-Clinton CHC	Manhattan
Since 2008:	Settlement Health & Med'l Services	Manhattan

*Have signed NYSDOH agreement to accept Joint Commission accreditation in lieu of full routine onsite survey.

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Other Accreditation Benefits/Impact (see handouts):

- ▶ **Management Tool for Risk Reduction**
- ▶ **Framework to improve infrastructure and operations**
- ▶ Positive external recognition/Increases community confidence
- ▶ Better prepared for emergencies
- ▶ Data-driven approach to changes
- ▶ Addresses FTCA requirements
- ▶ **Help Organize & Strengthen Patient Safety Efforts**
- ▶ **Enhances Staff Recruitment and Development**
- ▶ Let's You Know How Well You Are Doing
- ▶ Additional Funding/Pay for Performance
- ▶ **Substitute for state inspection**

- ▶ 2 Studies Published:
 - Quality-related Activities in Health Centers (JACM: Oct '08)
 - Emergency Planning Community Linkages



“Quality-Related Activities in Federally Supported Health Centers”

(Journal of Ambulatory Care Quality Oct-Dec 2008)

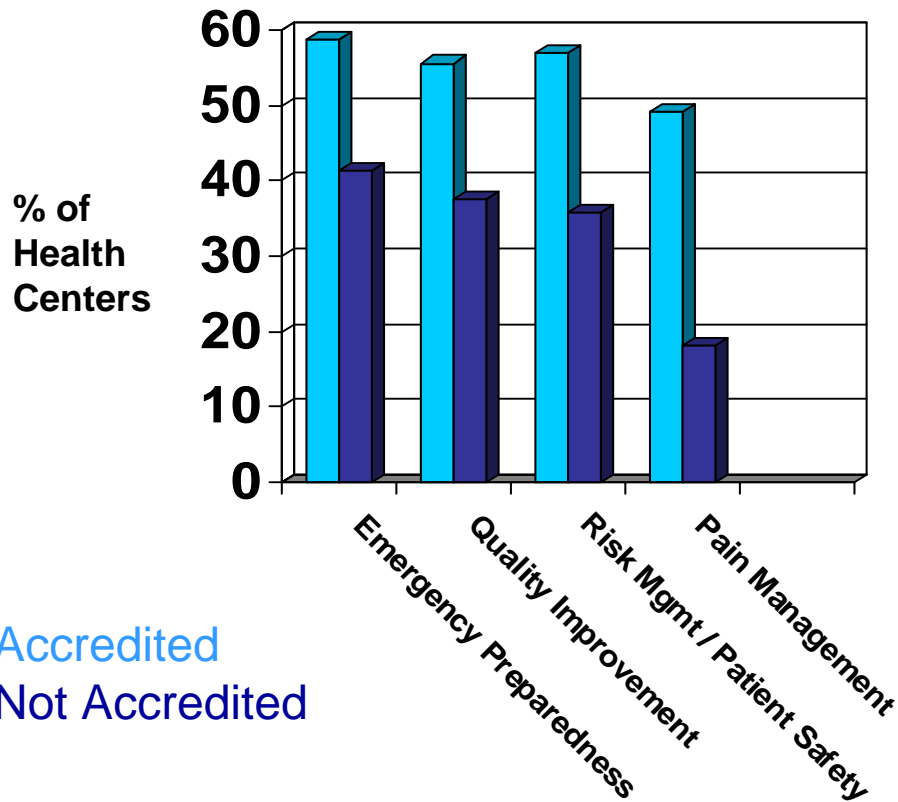
Methodology

- ▶ Funded by HRSA/BPHC
- ▶ A Collaboration Between:
 - University of Illinois Survey Research Lab
 - Bureau of Primary Health Care
 - The Joint Commission
- ▶ Questionnaire developed/pilot tested; IRB approval
- ▶ UI/SRL mailed revised questionnaire (9/1-11/30/05) to 830 HRSA/BPHC-supported Health Centers

Accreditation Makes a Difference: Staff Training

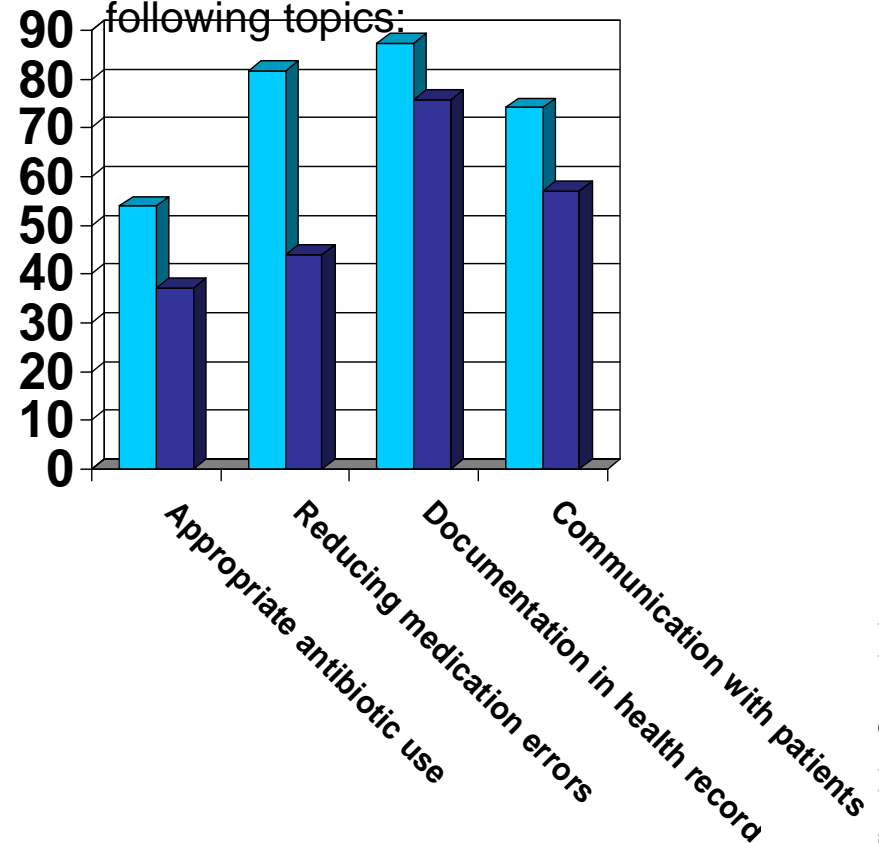


Over 75% of clinical staff had training/education in the past 2 years on the following topics:



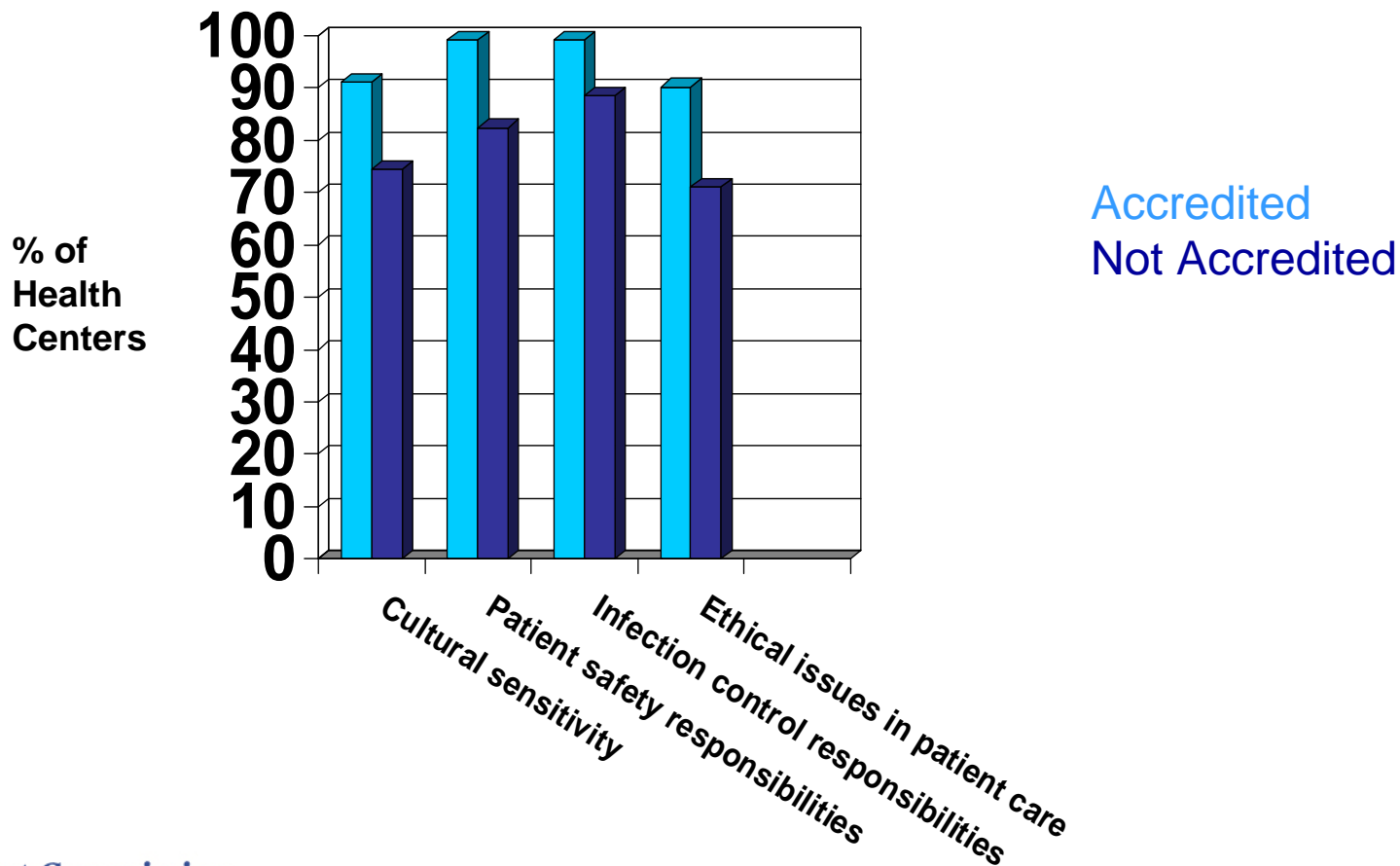
Accredited
Not Accredited

Health Center has required in-service training over the past 2 years on the following topics:



Accreditation Makes a Difference: Employee Orientation

Health Center requires new employee orientation on the following topics:

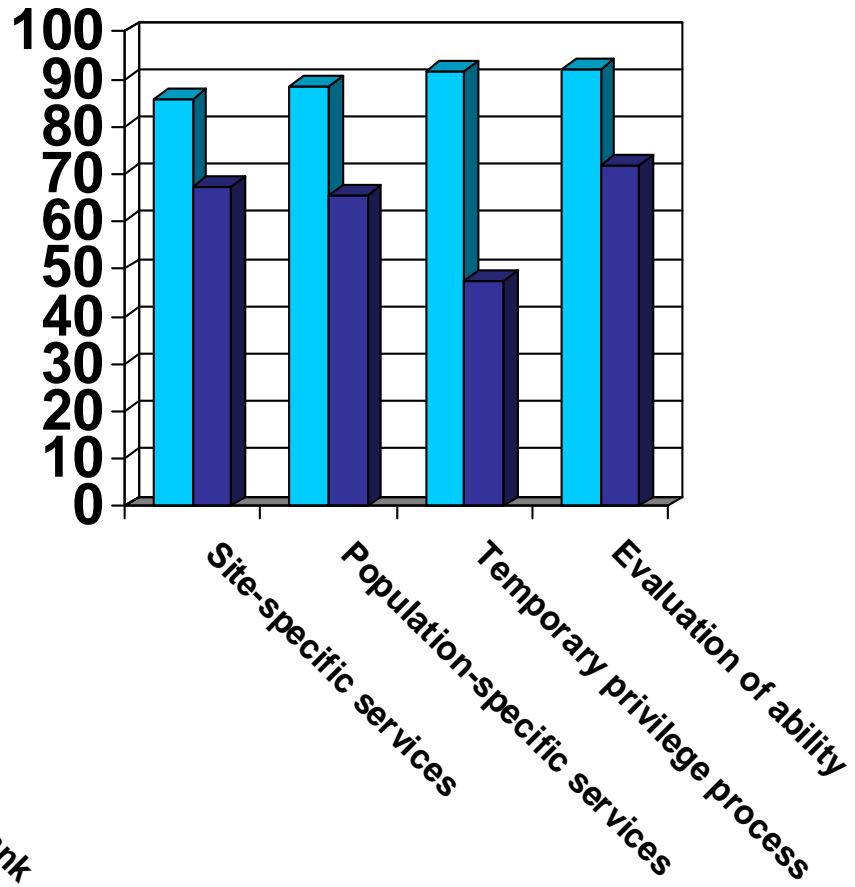
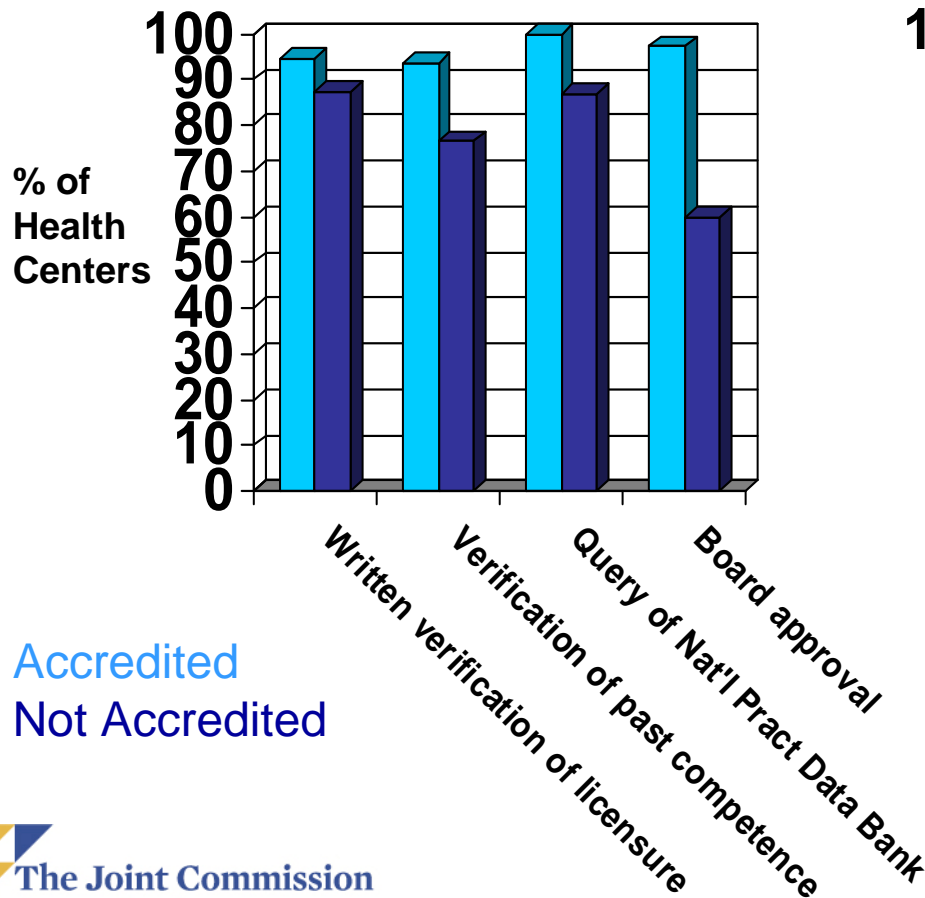


Accreditation Makes a Difference: Credentialing and Privileging



Characteristics that have always occurred as part of provider **credentialing** over the past 2 years:

Characteristics that have been required as part of provider **privileging** over the past 2 years:

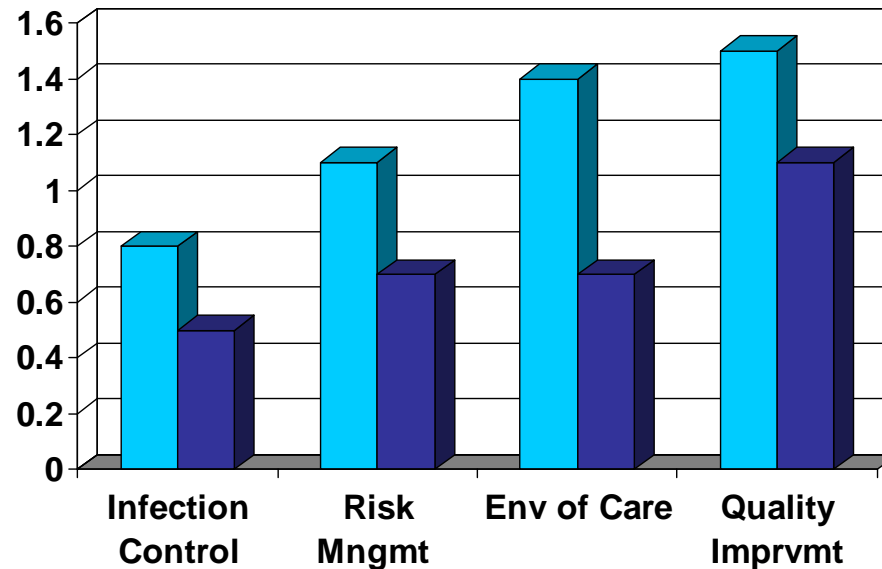


Accredited
Not Accredited

Accreditation Makes a Difference: Staff Dedicated to Quality

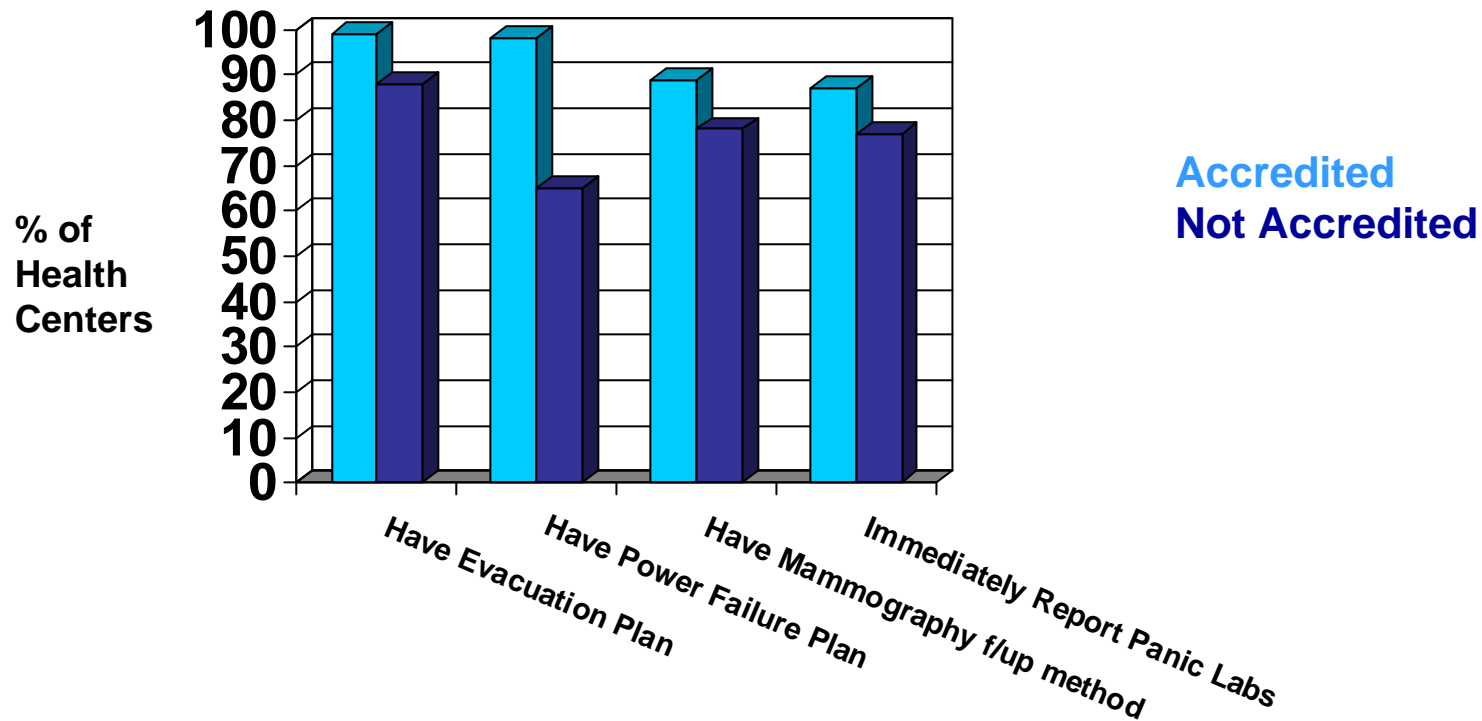


Dedicated
FTE staff



Accredited
Not Accredited


Accreditation Makes a Difference: Diagnostic Studies Follow-up & Environment of Care




Most Differences by Accreditation

- ▶ Dedicated Resources
 - Risk Management, Quality Improvement, Environmental safety, Infection Control
- ▶ Frequency and Focus of Training/Education Topics
 - Orientation, Risk Management, Laboratory
- ▶ Infection Control Activities
 - Acceptable handling of child with measles, Committee/TF
- ▶ Quality Improvement
 - # QI projects, Use of Data
- ▶ Competency Assessment
 - # and types of methods used for audit and credentialing
- ▶ Emergency Equipment Monitoring


Some Differences by Size (# FTE)

- 
- ▶ **Dedicated Resources**
 - Risk Management, Quality Improvement, Environmental Safety (large)
 - Meetings on risk management and infection control (large)
 - ▶ **Tracking**
 - Lab tests results follow-up (medium)
 - ▶ **Infection Control Activities**
 - Acceptable monitoring of autoclave/sterilizers (large)
 - ▶ **Human Resources**
 - Formal process to issue temporary privileges (large)

Very Few Differences by Location

- 
- ▶ Frequency of Reviewing Privileging
 - Urban
 - ▶ Consistent follow-up method for patient specialist referral
 - Rural
 - ▶ Risk Management
 - FTEs dedicated to credentialing/privileging (urban)
 - Committee meetings (urban)

Accreditation in lieu of DOH Inspection

- 
- ▶ Joint Commission – New York State Dep’t of Health Collaborative Agreement (see handout)
 - ▶ Need to submit “Collaborative Survey Process Authorization” Response Form
 - 4 health centers must complete
 - ▶ Renewal includes new provision to share high priority complaints



Distinguishing Features of Joint Commission Accreditation

▶ **Name Recognition** (beyond largest/oldest)

- All Settings (Lab/Beh'l Health) - International presence
- Major player in national health policy arena

▶ **Leader in Standard Setting**

- National Patient Safety Goals - Performance Measures
- Medication Management - Pain Management

▶ **Accreditation Process**

- Onsite survey tracers & written report - PPR
- Unannounced re-surveys - Criticality of standards



Distinguishing Features of Joint Commission Accreditation

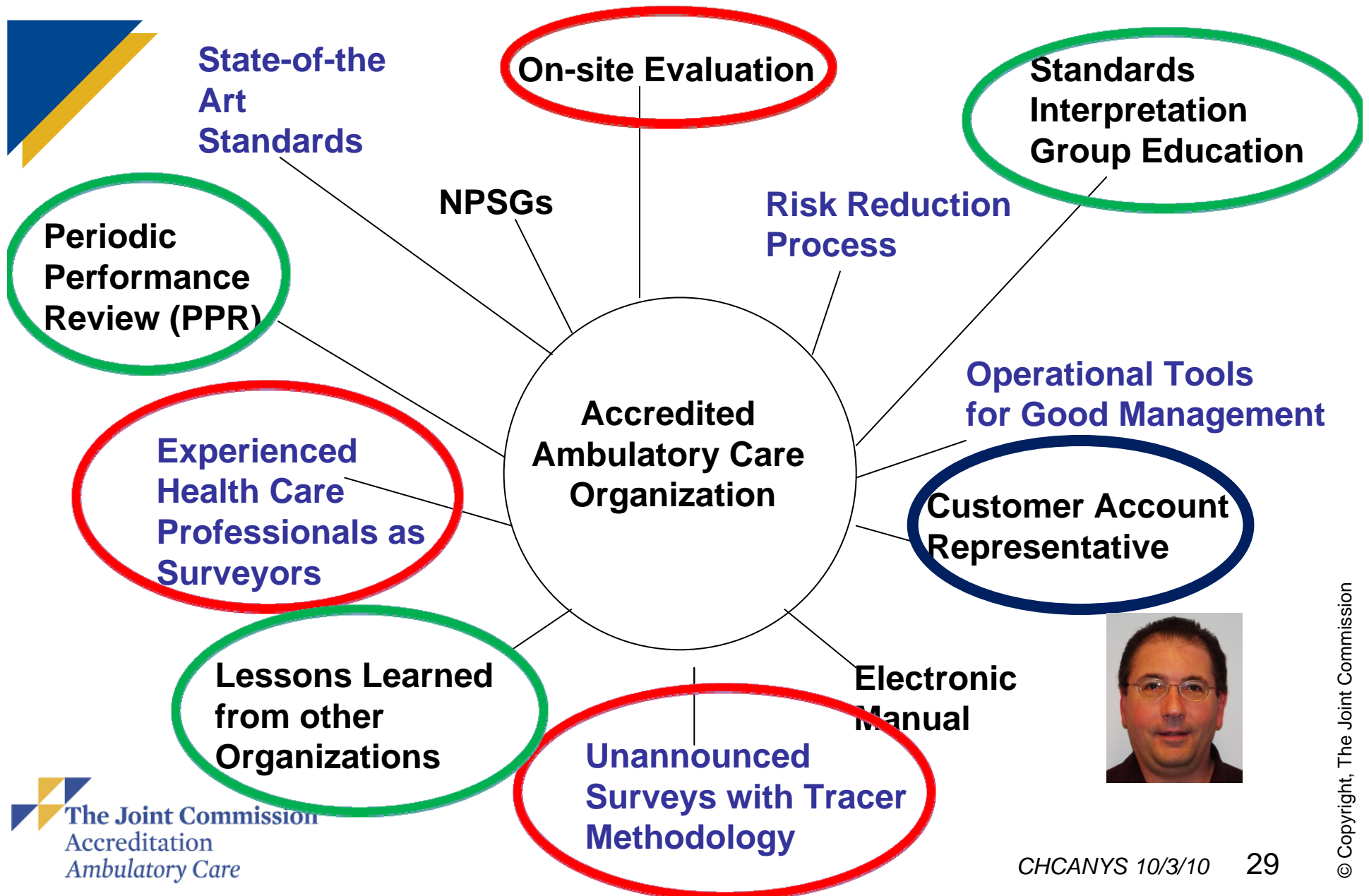
► Staff & Service

- Dedicated Account Executive/Project Director
- Certified and salaried surveyors: ongoing training & evaluation
- Standards Interpretation Staff
- Electronic Manual (“E-dition”)
- Short report turn-around time

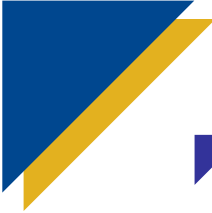
► Education & Training Resources

- Publications - Webinars & Teleconferences
- Mock surveys - Training Conferences

Features of Joint Commission Accreditation



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The Joint Commission's Vision & Mission Statements

Vision:

All people always experience the safest, highest quality, best-value health care across all settings.

Mission:

*To 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.*


Emphasizes twin aims:

- 1) Thorough evaluation against Joint Commission standards
- 2) Effective motivation of organizations to use the results of that evaluation to drive improvement.

NEW NAME = NEW THEMES:

- ▶ Organizations don't need to prepare for their next survey.....THEY NEED TO PREPARE FOR THEIR NEXT PATIENT
- ▶ Helping Organizations Help Patients
- ▶ Accreditation as Management Tool Toward Systems Improvement
- ▶ Accreditation is a by-product of doing the right thing.
- ▶ Shift from Provider-centric to Patient-centric Care (partnering with patients)

Joint Commission model

- 
- ▶ Accreditation ***partnership*** =
 - Independent, outside evaluation
 - Components = continuous compliance with ambulatory care standards:
 - On-site survey, every 3 years
 - Annual self-assessment during interim
 - Focus on processes for ensuring patient (and staff) safety
 - Patient-centered accreditation process

2009-2010 *E-dition*

- ▶ An electronic version of the manual
- ▶ Access via 1 **free** single-user license for accredited organizations
- ▶ Other access options available

Sample – Standard/EPs

The screenshot displays the website interface for The Joint Commission. At the top left is the logo and name 'The Joint Commission'. On the top right, there are links for 'Comments and Feedback' and 'Current Filtering: None'. Below this is a search bar and navigation tools including 'History Tracker', 'My Favorites', 'Apply Filter', and 'Logout'. A left-hand navigation menu lists various accreditation categories such as 'Ambulatory', 'Hospital', and 'Infection Prevention and Control'. The main content area shows the breadcrumb path 'Home > Hospital > Infection Prevention and Control' and a dropdown for 'Cycle: 2009'. The primary heading is 'Select a standard from the list below to see the Standard description, Rationale and Elements of Performance.' The selected standard is 'IC.01.01.01 : The hospital identifies the individual(s) responsible for the infection prevention and control program.' Below this, the 'Rationale for IC.01.01.01' is shown as '(None)'. To the right of the rationale are 'Options' for 'Add to My Favorites', 'Email Standard', and 'Print Standard'. The 'Elements of Performance' section contains a table with three entries:

MDS	SC	Description
	A	The hospital assigns responsibility for the daily management of infection prevention and control activities. (See also HR.01.02.01, EP 1 and LD.02.01.01, EP 3) Note: Number and skill mix of the individual(s) assigned should be determined by the goals and objectives of the infection prevention and control program.
	A	The hospital identifies the individual(s) with clinical authority over the infection prevention and control program.
	A	When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, he or she consults with someone who has such expertise in order to make knowledgeable decisions. (See also IC.01.02.01, EP 1)

On the right side of the main content area, there is a 'Related links' section with several links including 'Hospital Accreditation Main Page', 'FAQs - Hospital Accreditation', and 'Infection Control Related Sentinel Events'.

Full Text Searching

The screenshot shows a search interface with a top navigation bar containing 'History Tracker', 'My Favorites', 'Apply Filter', and 'Logout'. A left sidebar lists categories: Ambulatory, Behavioral Health, Home Care, Hospital, Long Term Care, and Laboratory. The main search area includes a search bar with 'discharge planning', a 'Program' filter with checkboxes for Ambulatory, Behavioral Health, Home Care, Hospital, Laboratory, and Long Term Care, and a 'Fields' filter with checkboxes for Standard, Elements of Performance, and Rationale. The 'Match' options are 'any of the words' (selected), 'all of the words', 'word starts with', and 'exact phrase'. A callout box labeled 'Multi-term searching' points to the search bar. Another callout box labeled 'Search across programs' points to the 'Program' filter. Below the search results, a snippet of text from a manual entry is shown, with a callout box labeled 'Snippets of text show where the search terms were found' pointing to the words 'discharge' and 'planning' in the text.

Search manual for:

Multi-term searching

Home > Search Last search: [discharge planning](#)

Search Manual

Search for:

Program: Ambulatory Behavioral Health Home Care Hospital Laboratory Long Term Care

Fields: Standard Elements of Performance Rationale

Match: any of the words all of the words word starts with exact phrase

Search results for: discharge planning - 148 results found in 0.296 seconds

PC.15.20: The transfer or **discharge** of a patient to another level of care, treatment, and services, different professionals, or different settings is based on the patient's assessed needs and the organization's capabilities.

Program: Ambulatory
Chapter: PC: Provision of Care
Rationale: For some patients, effective **planning** addresses how needs will be met as they move to the next level of care, treatment, and services. For other patients, **planning** will consist of a clear understanding of how to access services in the future should the need arise.
Elements of Performance: 1. The patient's needs for continuing care to meet physical and psychosocial needs are identified. 2. Patients are told in a timely manner of the need to plan for **discharge** or transfer to another organization or level of care. 3. **Planning** for transfer or **discharge** involves the patient and all appropriate licensed independent practitioners, staff, and family members involved in the patient's care, treatment, and services. 7. When indicated, the patient is educated about how to obtain further care, treatment, and services to meet his or her identified needs. 8. When indicated and before **discharge**, the organization arranges for or helps the family arrange for services needed to meet the patient's needs after **discharge**. 9. Written **discharge** instructions in a form the patient can understand are given to the patient and/or those responsible for providing continuing care.

PC.15.20: The transfer or **discharge** of a patient to another level of care, treatment, and services, different professionals, or different settings is based on the patient's assessed needs and the hospital's capabilities.

Snippets of text show where the search terms were found

Summary *E-edition* Features

- ▶ Fast, easy navigation to standards
- ▶ Search full text of standards
- ▶ Filter standards to your service level
- ▶ View history tracking
- ▶ Automatic updates
- ▶ Suggest related content
- ▶ Provide tools such as bookmarks, printing, and e-mail

Anne-Claire France, Ph.D.

Master Black Belt
Memorial Hermann Healthcare System
Houston, Texas

The Joint Commission Center for Transforming Healthcare is the link from what to improve to how to improve by identifying challenging issues in care delivery, facilitating rigorous collaborative projects to design, test and provide interventions to health care organizations across the country.



1 2 3 4 5 6 7 8 9

Featured News

"Simplifying Quality" - A feature interview - 01/22/2010
[Read More](#)

JAMA: Hand Washing, a Key Anti-Flu Strategy, Often Neglected by Health Care Workers - 11/05/2009
[Read More](#)

Don't Just Talk the Talk: The Joint Commission tackles its own processes with Lean and Six Sigma, Quality Progress - 10/05/2009
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TARGETED SOLUTIONS TOOL™

The Targeted Solutions Tool™ is an application that guides health care organizations through a step-by-step process to accurately measure their organization's actual performance, identify their barriers to excellent performance, and direct them to proven solutions that are customized to address their particular barriers.

Joint Commission accredited organizations can access the TST application by logging on to their [Joint Commission Connect extranet](#) site. If you do not have a login and password for your extranet site, you should contact your organization's Joint Commission Connect security administrator.

Learn more about the TST:

- [Dear Colleague Letter: Mark Chassin, M.D.](#) 
- [About the Targeted Solutions Tool™](#)
- [Targeted Solutions Tool™ brochure](#) 
- [Targeted Solutions Tool FAQs](#) 
- [Hand Hygiene Factors and Solutions](#) 
- [Targeted Solutions Tool™ images](#) 
- [About the Joint Commission Center for Transforming Healthcare](#)
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**GOJO Industries,
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Project**

Featured Participant



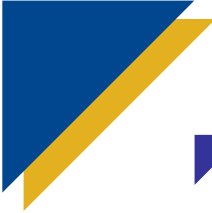
**Northwestern
Memorial Hospital
Chicago, IL**

Featured News


**The Joint Commission Launches
Targeted Solutions Tool™**

Florida Quality News "Helping

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Accreditation is “simple”:

- 
- ▶ We have **standards** to guide your operations that have been shown to improve patient safety and outcomes, and reduce adverse events
 - ▶ We have **resources** to help you achieve compliance with the standards
 - ▶ We have surveyors who come on-site to **assess** whether you were successful

Standards – The Foundation

Origins and Sources:

- ▶ Public forums
- ▶ Safety issues / Quality of patient care
- ▶ Changes in technology
- ▶ Evidence-based practice
- ▶ Legislation or regulations
- ▶ Professional organization concerns
- ▶ Phone calls or letters

2010 Ambulatory Care Standards (applicable to Health Centers)

■ Patient-focused Functions

- Ethics, Rights, & Responsibilities (RI)
- Provision of Care, Treatment, & Services (PC)
- Waived Testing (WT)*
- Medication Management (MM)
- Surveillance, Prevention, & Infection Control (IC)

* Effective 2009 (part of PC until then)

2010 Ambulatory Care Standards (applicable to Health Centers)

Organization Functions

- Leadership (LD)
- Improving Organization Performance (PI)
- Management of the Environment of Care (EC)
- Emergency Management (EM)*
- Management of Human Resources (HR)
- Management of Information (IM)
- Record of Care (RM)**

* Effective 2009 (part of EC until then)

** Effective 2009 (part of IM until then)

2010 National Patient Safety Goals (NPSGs)



Changes for Ambulatory Health Care

- ▶ 2009 goals: 17
- ▶ 2010 goals: 7
- ▶ Integrated with standards: 5
- ▶ Deleted: 4
- ▶ Medication Reconciliation TBD

Retained as Goals...



- ▶ .01.01.01 Two Identifiers
- ▶ .01.03.01 Transfusion ID
- ▶ .03.04.01 Label Meds
- ▶ .03.05.01 Anticoagulant
- ▶ .07.01.01 Hand Hygiene
- ▶ .07.05.01 Surgical Site Infection
- ▶ Universal Protocol

Changes in NPSG Medication Reconciliation Scoring

- ▶ Effective January 1, 2009
- ▶ Medication reconciliation processes will continue to be evaluated during survey
- ▶ Findings will not generate RFIs
- ▶ Findings will not appear on accreditation report
- ▶ Revision expected for July 2011

Challenging Standards for CHCs (see new Dental Challenging Standards)



HEALTH CENTERS' MOST CHALLENGING STANDARDS/NPSGs/APRs 2009

Joint Commission Ambulatory Care Standards Generating FINDINGS in 20%+ CHCs Surveyed*
[Standard/Element of Performance from 2009 CAMAC]

ENVIRONMENT OF CARE

- Fire safety equipment is maintained. *EC.02.03.05/EP #15 (inspect fire extinguishers monthly)*
- Collect information to monitor conditions in the environment.
 - *EC.04.01.01/EP#15 (Evaluate each environment of care plan annually) DIRECT IMPACT*
- Medical equipment is maintained, tested, and inspected. *DIRECT IMPACT*
 - *EC.02.04.03/EPs #1 (perform medical equipment check before initial use), #3 (test & maintain medical equipment on inventory) & #4 (document testing/maintenance of sterilizers)*

HUMAN RESOURCES

- Clinical privileges are granted to licensed independent practitioners.
 - *HR.02.01.03/EPs #3 (primary source verify training), #5 (licensure), #16 (query NPDB), #21 (re-privilege every 2 years)*

INFECTION CONTROL

- Reduce the risk of infections associated with medical equipment, devices, supplies.
 - *IC.02.02.01/EP#1&2 (Implement infection prevention and control activities when cleaning, performing disinfection, sterilizing, and storing) DIRECT IMPACT*

INFORMATION MANAGEMENT

- Implement policy to prohibit use of certain abbreviations, acronyms, symbols, and dose designations. [*09:NPSG.02.02.01; '10: IM.02.02.01/EP#3 DIRECT IMPACT*]

MEDICATION MANAGEMENT


- Medications are stored safely.
 - *MM.03.01.01/EPs #2 (store meds per mfgs' reqs), #6 (prevent unauthorized people from obtaining), #8 (remove expired/contaminated meds & store separately)*
- Safely manage any emergency medications/supplies.
 - *MM.03.01.03/EP2 (emergency meds/supplies are readily accessible)*

NATIONAL PATIENT SAFETY GOALS (NPSGs)

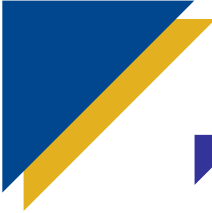
- Use at least 2 patient identifiers when providing care, treatment, or services.
 - *NPSG.01.01.01/EP#2 (label containers used for specimens/blood in patient's presence)*

UNIVERSAL PROTOCOL

NEW FOR 2011

- 
- ▶ NO NEW Standards/Elements of Performance in 2011
 - ▶ NO NEW National Patient Safety Goals in 2011, EXCEPT for possible Revisions to Medication Reconciliation (including name to “Reconciling Medication Information”)

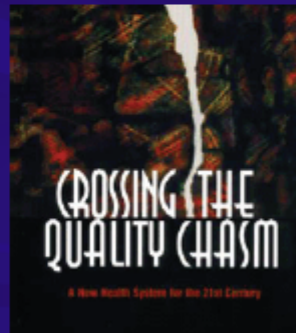
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Reinventing Primary Care

“Current care systems cannot do the job. Trying harder will not work. Changing systems of care will.”



Institute of Medicine. Crossing the Quality Chasm. 2001

Primary Care Home Initiative Planning

- ▶ Approved by Joint Commission's Board of Commissioners in 2009 as part of the Enterprise-wide 2010-2012 strategic plan
- ▶ Ambulatory "strategic business unit" team implementing development under a two-year work plan and budget
- ▶ Expert Panel convened to assist with development of additional standards & survey process in addition to current AHC program standards

... Initiative Planning cont.

- ▶ Review and input on draft standards by Ambulatory “Professional & Technical Advisory Committee” (in Sept.) prior to release of field review of draft expected late this year
- ▶ Advisory & Resource Group created in Fall 2010 to advise on broader implementation issues
- ▶ Board’s “Standards & Survey Process” committee expected to discuss draft standards in Fall 2010, and approve final standards & survey process Spring 2011
- ▶ Targeting implementation for accreditation process July 2011


 Ambulatory Advisor
 Bureau of Primary Health Care

Primary Care Home Initiative

National Patient Safety Goals

Standards

How To Become Accredited

[Home](#) > [Accreditation Programs](#) > [Ambulatory Care](#) > [Primary Care Home Initiative](#)

Primary Care Home Initiative

Purpose:

Recognizing the benefits of increased access to health care, continuity of care, and patient-centered care, The Joint Commission is developing a Primary Care Home Initiative for its accredited Ambulatory Care customers. This Initiative will enable the improvements in quality of care and patient safety achieved through accreditation to be combined with increased reimbursement when the additional requirements of a Primary Care Home are met.

Approach:

The Primary Care Home Initiative will utilize the following resources to help implement this Initiative:

- A Primary Care Home Initiative Expert Panel to guide the development of future changes to ambulatory accreditation standards/elements of performance, the on-site survey process, and the "designation" process.
- A broader Advisory and Resource Group to provide additional guidance and assistance in the implementation of the Initiative, including input from national state organizations, trade associations, and other interested stakeholders.
- Third party payors (e.g., commercial insurance companies), and Federal and state funders (e.g. Medicare and Medicaid) to ensure the Initiative requirements reflect the principles of a Primary Care Home model.

Timetable:

Implementation is planned for mid-2011, based on Initiative development and field testing in 2010, and release of Primary Care Home designation requirements in early 2011.

Stay Informed

[Sign up](#) to receive updates on the Primary Care Home Initiative

News & Events

6/4/10 - An expert panel of members was convened at The Joint Commission on June 4th to guide the development of standards and requirements for this designation.

[Review the list of the panel](#)

Articles/Videos

- [Defining and Measuring the Patient-Centered Medical Home](#). 2010
- For a "roadmap to successful accreditation", read article from Group Practice Journal - June 2009.

Contact Us

Lon Berkeley
 Project Director
 CHC Accreditation
 Phone: 630-792-5787
 Email: lberkeley@jointcommission.org

Resources

Joint Commission Ambulatory Care Accreditation Plus Primary Care Home Designation



Increasing
Patient-Centeredness

**COMPARISON TABLE OF REQUIREMENTS
PATIENT-CENTERED MEDICAL/HEALTH CARE HOME &
JOINT COMMISSION ACCREDITATION + PRIMARY CARE HOME**

REQUIREMENTS (Chapters)	PATIENT-CENTERED MEDICAL/HEALTH CARE HOME	JOINT COMMISSION AMBULATORY CARE ACCREDITATION	JOINT COMMISSION AMBULATORY CARE ACCREDITATION + PRIMARY CARE HOME
1. Superb Access to Care	X		X
2. Personal Primary Care Practitioner	X		X
3. Comprehensive Care - Interdisciplinary Team-based	X		X
4. Coordination of Care	X		X
5. Patient-Centered Care	X		X
6. Systems-based approach to Quality & Safety	X		X
7. Performance Improvement (PI)	X	X	X
8. <u>Environment of Care</u> : Implements Plans & Policies: Safety, Security, Fire Safety, Hazardous Materials, Medical Equipment, Utilities (EC)		X	X
9. <u>Emergency Management</u> : Planning, Implementation, Evaluation (EM)		X	X
10. <u>Human Resources</u> (Staff, Licensed Independent Practitioners): Credentialing & Privileging, Orientation, Training, Evaluating (HR)		X	X
11. <u>Infection Control</u> : Risks, Goals, Activities, Influx (IC)		X	X
12. <u>Information Management</u> : Planning, Protecting, Storing, Monitoring (IM)		X	X
13. <u>Leadership Structure</u> (LD)		X	X
14. <u>Leadership Relationships</u> (LD)		X	X
15. <u>Organization Culture & System</u>		X	X



Joint Commission Standards (by Functional Area)	BPHC Disparities Collaboratives	Federal Tort Claims Act	OIG Corporate Compliance Program	OSHA	HIPAA
Rights, Ethics, & Responsibilities					XXX
Provision of Care	XXX	XXX	XXX		
Medication Management	XXX				
Infection Control				XXX	
Leadership	XXX	XXX	XXX		XXX
Performance Improvement	XXX	XXX	XXX		
Environment of Care				XXX	
Human Resources	XXX	XXX	XXX		
Information Management	XXX	XXX	XXX		XXX

Features of Joint Commission's Primary Care Home Option

- ▶ Only applies to an ambulatory care organization that is **accredited**
- ▶ **Onsite survey** process to confirm compliance with additional requirements
- ▶ **Organization-wide designation** (potential for site-specific if requested)
- ▶ **One "level"** of designation
- ▶ **Extension survey** possible
- ▶ Included as **part of BPHC contract**



Ambulatory Advisor

Ambulatory Care Accreditation for Urgent Care Centers

Bureau of Primary Health Care

HRSA Grantee Technical Assistance Teleconferences

How To Become Accredited

National Patient Safety Goals

Standards

[Home](#) > [Accreditation Programs](#) > [Ambulatory Care](#) > [Bureau of Primary Health Care](#)

Bureau of Primary Health Care

Bureau of Primary Health Care

In October, 1996, the federal BPHC began an initiative to promote accreditation of BPHC-supported health centers and reduce duplication with its own monitoring. Under the current Accreditation Initiative, and the Joint Commission's 3 year contract (April 2006 – March 2009), BPHC's statutory requirements described in their Program Expectations (formerly called the Primary Care Effectiveness Review or PCER) and the Joint Commission ambulatory care survey are combined into one unified process. [Read more.](#)

- [View List of Accredited BPHC Supported Health Centers - \(2/18/09\)](#)
- [Click here for a list of HRSA Grantee Technical Assistance Teleconferences](#)

BPHC-Related Review Tools

- [Self-Report Tool](#)
- [Joint Commission Ambulatory Care Standards Cross Walk to PCER Module 1 Mission & Strategy](#)
- [Joint Commission Ambulatory Care Standards Cross Walk to PCER Module II Clinical](#)
- [Joint Commission Ambulatory Care Standards Cross Walk to PCER Module III Governance](#)
- [Joint Commission](#)

On-Site Survey Process

- [Sample Survey Agenda - One Surveyor for Three Days *](#)
- [Sample Survey Agenda - Two Surveyors for Three Days *](#)
- [Sample Survey Agenda - Two Surveyors for Two Days *](#)

* Requires [Adobe Reader](#).

Preparing for Survey

- [Health Center Penetration Map *](#)
- [Sources for Accreditation-Related Technical Assistance](#)
- [Most Challenging Standards*](#)
- [Summary Description of Accredited Health Centers *](#)
- [Accredited Health Centers by State *](#)
- [Top BPHC Program Expectation Not In Compliance *](#)
- [Timeline of BPHC - Joint Commission Accreditation](#)

DISCUSSION

▶ Questions ???

▶ Comments

▶ Resources Available:

– Standards Interpretation Group

– Ginny McCollum:

630-792-5900 option 6

– www.jointcommission.org/standards

– Frequently Asked Questions

– Institute for Safe Medication Practices
(ismp.org)



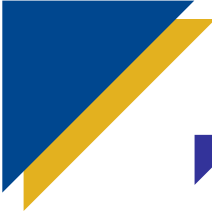
CONTACTS

For BPHC-specific ambulatory accreditation information, call:

- Rex Zordan, Account Representative
630-792-5509
(rzordan@jointcommission.org)
- Lon Berkeley, Project Director
630-792-5787
(lberkeley@jointcommission.org)



AGENDA OVERVIEW

- 
- ▶ Update of HRSA/BPHC Accreditation Initiative
 - ▶ Benefits & Value of Joint Commission Accreditation
 - NYSDOH Collaborative Agreement
 - ▶ Joint Commission Updates (Mission & Vision; On-site Survey Process; E-dition; Center for Transforming Healthcare)
 - ▶ 2009 Challenging Standards & 2010-2011
 - ▶ Primary Care Home Initiative Developments
 - ▶ Q & A

Top Story

How to Become Accredited/Certified

Top Spots



Accreditation provides a hard, critical look at your organization in order to make it better. The process led us to re-engineer various aspects of the practice, including credentialing, scope of practice, infection control and communication.

Hal Teitelbaum, M.D., MBA
 Managing Partner & CEO
 Crystal Run Healthcare
 Middletown, New York

< Previous

Next >

The Joint Commission Connect™ [GO](#)

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JOINT COMMISSION NEWS

CMS Recognizes The Joint Commission's Critical Access Hospital Accreditation - 7/8/09
[Read More](#)

Joint Commission *Online* - 7/8/09
[Read Newsletter](#)

SII Chapters for Phase II Programs Now Available - 7/1/09
[Read More](#)

Standards Field Review: Staffing Effectiveness - 6/10/09
[Read More](#)

[RSS](#)

Have a Complaint?

Report a complaint about a health care organization

[Report a Complaint >](#)

Information for...

- Physicians
- General Public
- Nurses
- Business Community
- Pharmacists
- State/Federal Officials

Quality Check: Find a Health Care Organization

We can help with your search

[Find an Organization >](#)



WHO Collaborating Centre for Patient Safety Solutions

Interested in free e-mail, newsletters & information?

[Sign Up >](#)



The Joint Commission
Connect™

Northeast Ohio Neighborhood Health Services, Inc.
8300 Hough Ave Cleveland, OH 44103
HCO ID: 21



> Accreditation Home

WHAT'S DUE

PPR	10/4/2007
MOS	7/25/2007

NEW REPORTS

No new reports posted in last 30 days

**Notification of
Scheduled Events
Click Here**

**Your Account
Representative:**

Zordan, Rex
(630) 792-5509

rzordan@JointCommission.org

Account Representatives are available for support

Monday - Friday
8 a.m. - 5 p.m. CT

Quicklinks

- [Official Email](#)
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Welcome to the new Joint Commission Connect Extranet

Learn more about this new site:

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- Security and Access Presentation - Available in two versions
 - [PowerPoint Version](#) (Large file please be patient)
 - [Adobe Reader PDF version](#)
- Tell us what you think of the redesigned extranet. Complete this [short survey](#).

Accreditation Tools

Continuous Compliance Tools

- ▶ Periodic Performance Review (PPR)
- ▶ e-Statement of Conditions
- ▶ Complaint Response
- ▶ Self-Report Sentinel Event
- ▶ Sentinel Event Activities

Application for Accreditation

- ▶ Application
- ▶ Quality Check Service Profile

Reports

- ▶ Accreditation Report
- ▶ Priority Focus Process
- ▶ Quality Report
- ▶ ORYX Performance Measure Report
- ▶ Correspondence

Pre-Survey

- ▶ Survey Agenda
- ▶ Survey Activity Guides



> Accreditation Home

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The Joint Commission Connect™

Northeast Ohio Neighborhood Health Services, Inc.
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> Accreditation Home

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Accreditation Tools

Continuous Compliance Tools

- ▶ Periodic Performance Review (PPR)
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- ▶ Sentinel Event Activities

Application for Accreditation

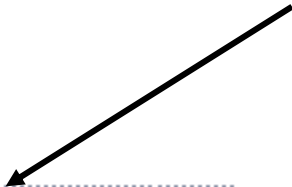
- ▶ Application
- ▶ Quality Check Service Profile

Reports

- ▶ Accreditation Report
- ▶ Priority Focus Process
- ▶ Quality Report
- ▶ QRYX Performance Measure Report

Pre-Survey

- ▶ Survey Agenda
- ▶ Survey Activity Guides



Joint Commission Typical Survey for Community Health Centers

- ▶ 2 Surveyors (Administrator, Clinician)
- ▶ 2 - 3 days:
 - Depends on # sites, volume, distance between sites
 - Minimum of 50% of the sites visited

**Ambulatory Care Accreditation Program
Office-Based Surgery Accreditation Program
Document List**

As an Ambulatory Care or Office-Based Surgery organization, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Surveyor Planning Session, which occurs on the first day of survey.

Note: The 12-month reference in the following items is not applicable to initial surveys.

- Performance / Quality Improvement Data from the past 12-months
- Infection Control surveillance data from the past 12-months
- Infection Control Plan
- Environment of Care data including the Statement of Conditions (SOC), if applicable
- Environment of Care, Plans for Improvement from last survey, if applicable
- Access to a computer for surveyor to sign off on current Environment of Care, Plans for Improvement
- Environment of Care management plans and annual evaluations
- Environment of Care team meeting minutes for the 12-months prior to survey
- An organization chart
- A map of the organization, if available
- List of all sites that are eligible for survey (AHC only, as applicable)
- List of locations where services are provided, including anesthetizing locations (AHC only, as applicable)
- Any reports or lists of patient appointment schedules or surgery schedules for each day of the survey
- A list of contracted services
- Name and extension of key contacts who can assist surveyors in planning tracer selection
- Measures of Success (MOS) identified in the Plan of Action from the Periodic Performance Review (PPR) (AHC only)

For Ambulatory Surgery Center (ASC) Deemed Status surveys:

- List of surgeries from the past six months
- List of cases in the past 12-months, if any, where the patient was transferred to a hospital or the patient died (**Note: The 12-month time frame for this data applies to all ASC organizations seeking deemed status, whether undergoing a Joint Commission initial survey or resurvey.**)
- Documents related to the infection control program (e.g., description, policy, procedures, surveillance data)

For Bureau of Primary Health Care (BPHC) surveys:

Tracer Methodology – A Systems Approach to Evaluation

- ▶ Traces a number of patients through the organization's entire health care process
- ▶ Assess relationships among disciplines and important functions
- ▶ As cases are examined, surveyor identifies performance issues in one or more steps of the process – or in the interfaces between processes

Patient Care Tracer Activity

- ▶ Comprises 50 – 60 percent of on-site survey time
- ▶ Will be approximately 90 minutes in length
- ▶ Starts in the setting/unit where tracer patient is located
- ▶ May include sequential following of the course of care – but no mandated order for visits to other care areas


Patient Care Tracer Selection Criteria

- For BPHC-supported Health Centers (330e)
 - Special populations being funded:
 - Migrant and seasonal farmworkers (330g)
 - Homeless (330h)
 - Residents in public housing (330i)
 - Students in school-based clinics (Healthy Schools/Healthy Communities)
 - Patients with HIV/AIDS (Ryan White Title III)
 - At least one patient from each “Lifecycle” served
 - Perinatal
 - Pediatric
 - Adolescent
 - Adult
 - Seniors

Systems Tracers, Interactive and Scheduled

- ▶ Provide forum for discussion of important topics related to the safety and quality of care at the systems level
- ▶ Relate to organization findings and structure
- ▶ Allow exchange of educational information on key topics including
 - Medication management
 - Data Management
 - Infection control
 - Continuity of Care

Scoring/Accreditation Decision Model - Summary

- 
- ▶ Elements of Performance (EP) will be categorized by common scoring characteristics (e.g., Category A - yes/no, Category C - multiple observations of non-compliance).
 - The use of Category B EPs (qualitative and quantitative components) will be discontinued.

 - ▶ The frequency of “Bulleled” (multi-concept) EPs will be reduced.

 - ▶ Elements of Performance and other accreditation requirements will be tagged based on their “criticality” – immediacy of the impact on quality of care and patient safety as the result of non-compliance.
 - Direct Impact requirements
 - Indirect Impact requirements

 - ▶ EPs will be evaluated on a 3-point scale - satisfactory compliance, partial compliance, or insufficient compliance.

Criticality (*cont'd.*)



▶ The levels of criticality fall into four categories:

1. Immediate Threat to Life
2. Situational Decision Rules
3. Direct Impact Requirements
4. Indirect Impact Requirements

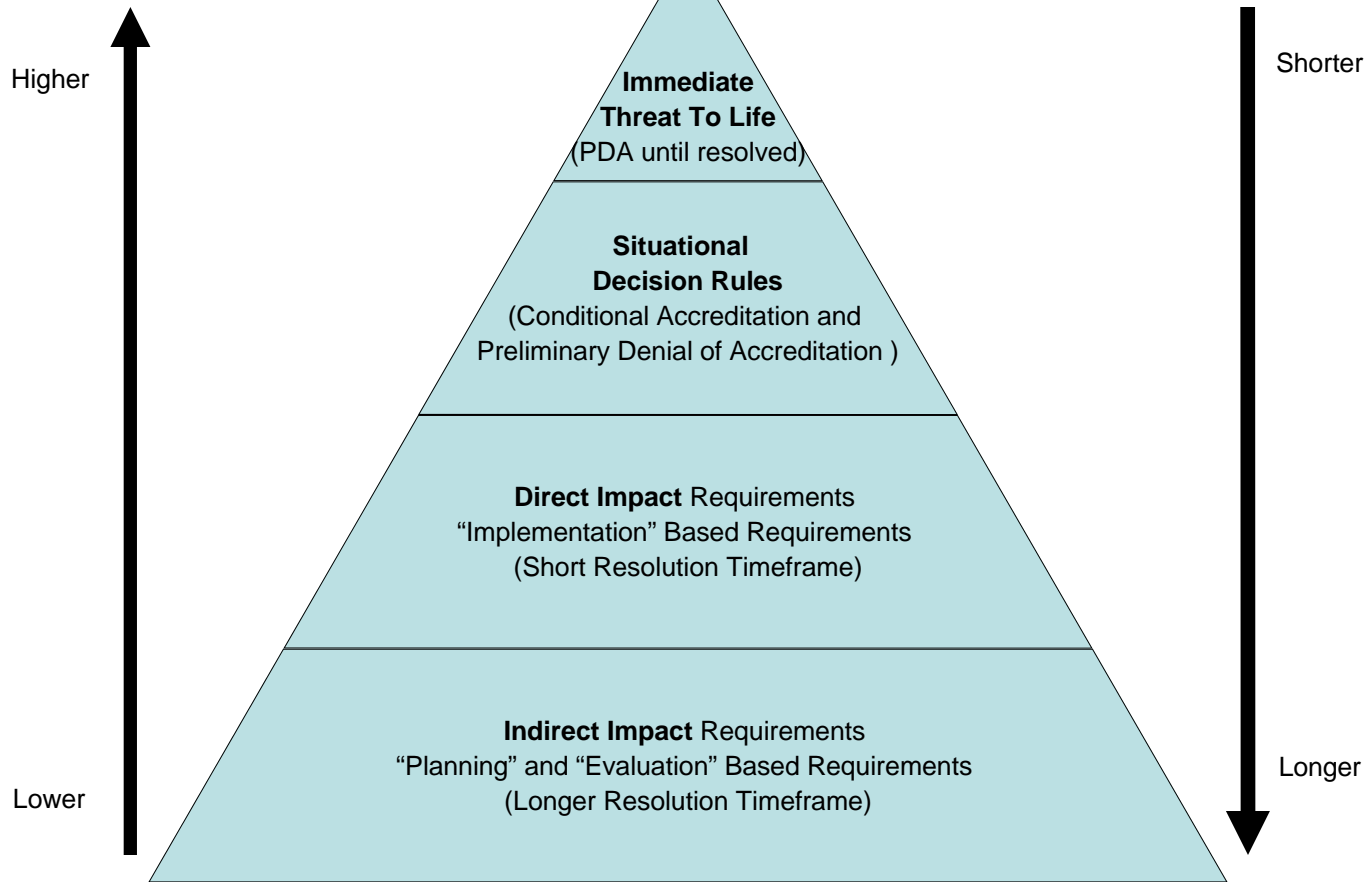
Accreditation Based on Impact on Patient Care



Immediacy of risk to patient care and the organization's accreditation status

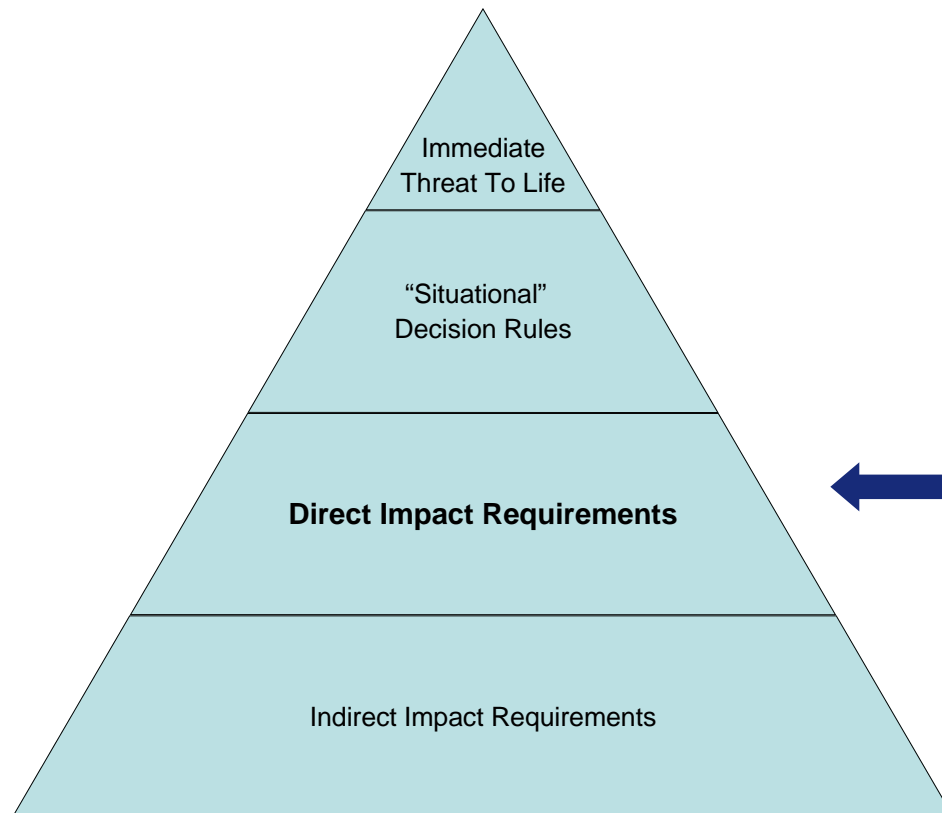
"Sharp End"

Timeline for resolution of non-compliant findings



"Blunt End"

Scoring/Accreditation Decision Model



Direct Impact Requirements

- Non-compliance = more direct impact on quality of care and patient safety.
- "Implementation" based requirements.
- Evaluation via the tracer methodology.
- All less than fully compliant requirements must be addressed, via the ESC submission process, in a short time-frame (45 days).
- Accreditation decision is pending submission of ESC within established timeframe.
- Failure to resolve = progressively more adverse accreditation decision (e.g., Provisional, Conditional, PDA).

Direct Impact Examples (*Tier 3*)

- ▶ Sedation (PC.03.01.01)
 - **EP 6:** For operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia: The organization has equipment available to monitor the patient's physiological status

- ▶ Pain (PC.01.02.07)
 - **EP 3:** The organization reassesses and responds to the patient's pain, based on its reassessment criteria

- ▶ Emergency Medications (MM.03.01.03)
 - **EP 2:** Emergency medications and their associated supplies are readily accessible in patient care areas

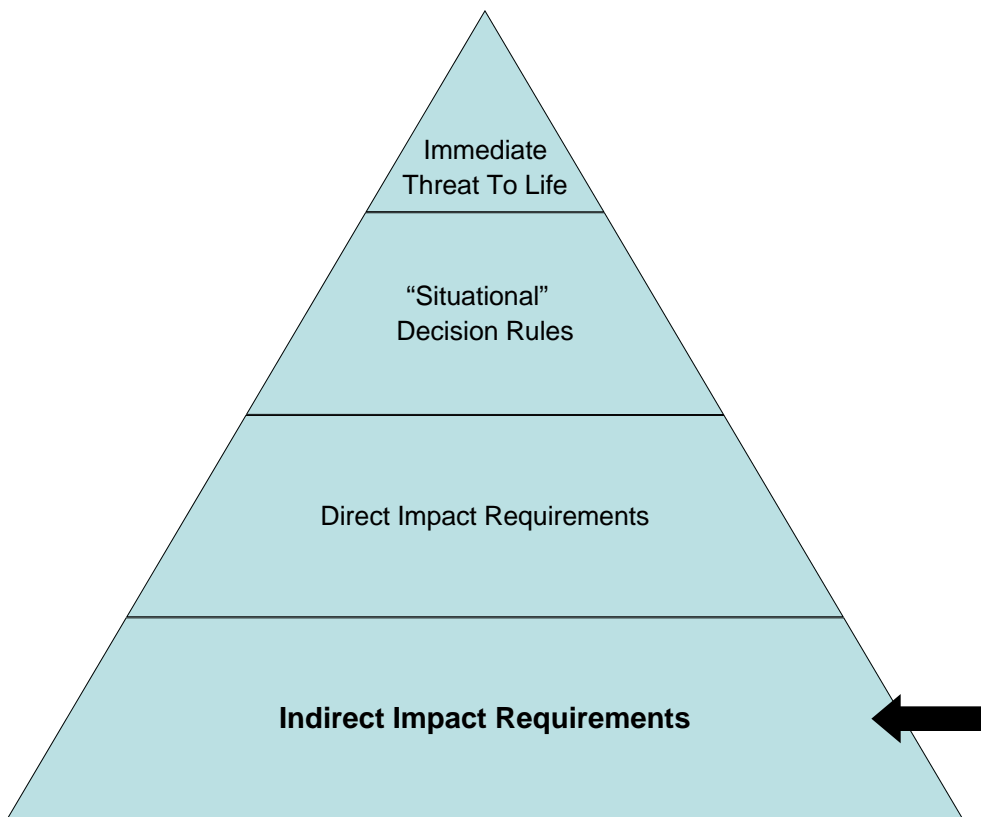
- ▶ Other general areas include time out, site marking, and look alike-sound alike drugs

2009 Scoring/Accreditation Decision Model




Indirect Impact Requirements

- Initially less immediacy of risk, but failure to resolve non-compliance increases risk.
- “Planning” and “Evaluation” based requirements.
- Evaluation via the tracer methodology.
- All less than fully compliant requirements must be addressed, via the ESC submission process, in a longer time-frame (60 days).
- Accreditation decision is pending submission of ESC within established timeframe.
- Failure to resolve = progressively more adverse accreditation decision (e.g., Provisional, Conditional, PDA).



Indirect Impact Examples (*Tier 4*)



Leadership (LD.01.04.01)

- **EP 11:** When the chief executive is absent, a qualified individual is designated to perform the duties of this position

Human Resource (HR.01.04.01)

- **EP 2:** The organization orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented. (See also IC.01.05.01, EP 6)

Infection Control (IC.01.01.01)

- **EP 1:** The organization identifies the individual(s) with clinical authority over the infection prevention and control program.

Scoring/Accreditation Decision Model



Program specific “**screening points**”, based on the number of less than fully compliant “Direct Impact” requirements (e.g., Standards and National Patient Safety Goal) serve as a quantitative measure for identifying organizations whose survey findings should be subject to more intensive review by Central Office staff members. (RFIs Bands 1 – 5)

In programs where it is statistically justified, “**bands**” of screening points have been established to adjust for differences in size and complexity of surveyed organizations (as determined by surveyor days). (Surveyor Days – Bands 1 – 5)

The 2009 Ambulatory Care Program “screening points” for more intensive Central Office review are:

<u>Surveyor Days</u>	<u># Not Compliant Direct Impact Standards</u>
2	5
3	6
4	7
= > 5	9

Scoring/Accreditation Decision Model - Summary



- ▶ All partially compliant and insufficiently compliant EPs must be addressed via the Evidence of Standards Compliance (ESC) submission process - No “Supplemental” findings.

- ▶ Potentially multiple submission deadlines based on the “immediacy” of risk.
 - Direct Impact Requirements: ESC due within 45 days.
 - Indirect Impact Requirements: ESC due within 60 days.

- ▶ If partial compliance or insufficient compliance is not resolved, a progressively more adverse accreditation decision may result: Provisional, Conditional, Preliminary Denial of Accreditation.

Post Survey Process



- ▶ Accreditation decision is based on number of requirements for improvement and submission of an acceptable Evidence of Standards Compliance within an established time frame
- ▶ The report left onsite at conclusion of survey renamed to “Summary of Survey Findings Report”
 - Summary of Survey Findings Report will be sorted by manual chapters (additional sorting functionality will be developed)
 - Content will include standards, elements of performance, and other accreditation requirements found to be less than fully compliant at the time of survey, plus survey team observations
 - The report will no longer include supplemental findings

HRSA 2010 ACCREDITATION INITIATIVE



Initial Surveys

- ▶ Submit a Notice of Interest (NOI) to HRSA/BPHC by email: accreditationinitiative@hrsa.gov.
- ▶ To complete and submit the NOI form, go to: <http://bphc.hrsa.gov/policy/pal0912/AccreditationNOIform.pdf> to access PAL 2009-12.
- ▶ HRSA will review the NOI , alert your requested accrediting organization and email you on status.
- ▶ The accrediting organization will directly contact the health center to begin the survey process.

HRSA 2010 ACCREDITATION INITIATIVE



Re-Accreditation Surveys

- ▶ Eligible health centers may preserve their accreditation status through re-accreditation.
- ▶ Health centers seeking re-accreditation are **not required** to submit an NOI and supporting documentation.
- ▶ The accrediting organization will contact eligible health centers for resurvey under the HRSA Accreditation Initiative.
- ▶ An NOI is required if an accredited health center seeks to change its status with one survey organization and seek status with the other accrediting organization.

BPHC Payment Policy

- ▶ Includes annual and on-site survey fees for:
 - Ambulatory Care
 - Behavioral Health
 - Laboratory Services (all fees as of 9/08)
 - Certain extension survey fees

- ▶ Does not include fees for:
 - Conditional follow-up surveys
 - Home Care
 - Long Term Care
 - Critical Access Hospital
 - Opioid Treatment Program

- ▶ CHC must sign Joint Commission contract

BPHC-related Follow-up Process

- ▶ Findings incorporated into Joint Commission scoring and decision process
 - Under Leadership standard (LD.04.01.01):
“...org complies with applicable law and regulation”
 - Part of Joint Commission’s follow-up process
 - (cleared through “Evidence of Standards Compliance”)
 - Consultation w/ BPHC if necessary
- ▶ Report sent to BPHC Central Office and available to Center’s Project Officer



ACCREDITATION PROGRAMS

CERTIFICATION PROGRAMS

STANDARDS

PATIENT SAFETY

SENTINEL EVENT

PUBLIC POLICY REPORTS

PERFORMANCE MEASUREMENT

LIBRARY

ABOUT US

Ambulatory Advisor

Ambulatory Care Accreditation for Urgent Care Centers

Bureau of Primary Health Care

How To Become Accredited

National Patient Safety Goals

Standards

Life Safety Code

Home > [Accreditation Programs](#) > [Ambulatory Care](#)

Ambulatory Care

Ambulatory Care Accreditation - Fast Track

The Joint Commission established the Ambulatory Health Care accreditation program in 1975 to encourage quality patient care in all types of freestanding ambulatory care facilities. [Read more.](#)

Is your Ambulatory Care facility considering Joint Commission accreditation or certification? [Learn more.](#)

Whats New

- [Ambulatory Advisor - Issue 2, 2009 *](#) (6/26/09)
- [Steam Sterilization - Update on The Joint Commission's Position](#) (6/15/09)
- [Accepted Changes for ASC Deemed Status - Updated 4/8/09](#)
This updated file contains revisions to standards and elements of performance in the *Comprehensive Accreditation Manual for Ambulatory Care* to align them with CMS requirements for ambulatory surgery centers receiving deemed status. These changes are effective May 18, 2009. [This file updates some scoring information from the information posted 4/5/09.]
- [Medicare "Deemed Status" Standards Changes \(effective 5/18/09\) *](#)



Michael Kulczycki,
Executive Director

What You Need to Know About The Joint Commission

- ▶ 13 year experience with HRSA/BPHC's Accreditation Initiative
- ▶ Advantages of the "Gold Seal of Approval"™ accreditation for Health Centers
- ▶ Ongoing support and resources from dedicated and experienced staff



**Ginny
McCollum**



**Donna
Blaszczyk**



**Beverly
Robins**



**Rex
Zordan**

- ▶ Recent changes to standards & survey process
- ▶ Opportunities for training and education

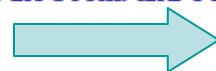
Identify 10 days to avoid

- Instructions
- ▶ Applicant
- ▶ Site
- ▶ Organization Volumes
- ▶ Survey Specifics
 - Deemed Status
 - Applicable Manuals
 - Survey Dates
 - Travel Instruction
 - Comments
- ▶ Final Tour Dates
- ▶ Forms/Reports
- Feedback
- Exit

Subsequent *unannounced* surveys for non-laboratory services may occur between 18 and 39 months from your organization's last onsite full survey event. The timing of this resurvey and all succeeding unannounced surveys will be based on pre-established criteria generated from your organization's priority focus process (PFP) data. Click [here](#) to access the April 2008 Perspectives article for additional information. Please identify up to a MAXIMUM of 10 dates within your survey eligibility range to avoid (Monday through Friday), excluding the following federal holidays: New Year's Day, Birthday of Martin Luther King, Jr., President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day and Christmas Day. Every effort will be made to accommodate your request.

All accredited, resurvey customers will be invoiced an annual fee at the beginning of each year. You will be billed an on-site fee when the Survey event concludes. Annual Fee and Survey invoices are due in full upon receipt of invoice. Failure to pay any invoice may be viewed by the Joint Commission as withdrawal from the accreditation process and lead to a loss of accreditation and possible placement with a collection agency.

Enter desired avoid date range and Click "Add". To add a single avoid date, enter the same date in both the From: and To: boxes. To remove a date range select the desired range and click "Remove".



Survey Eligibility Range: 8/16/2008 - 5/16/2010

(Enter desired Avoid Dates in "mm/dd/yyyy" format)

Desired Avoid Dates:

06/29/2009 to 07/03/2009
05/18/2009 to 05/22/2009

From: To:

FTCA Malpractice Incident Summary

Nature of Allegation, 1992-2008

