

JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

OBJECTIVES:

- ◉ Identify the purpose of JCAHO
- ◉ Describe areas that impact nutrition services
- ◉ Identify resources for Joint Commission reviews



MISSION STATEMENT:

"The mission of The Joint Commission is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations."

BACKGROUND

History:

- Founded in 1951
- Nonprofit organization
- Establishes standards to: *address a facility's level of performance in areas such as patient rights, patient treatment, and infection control.*

PURPOSE: ASSURE STANDARDS OF CARE

Benefits of Joint Commission accreditation and certification

- "Strengthens community confidence in the quality and safety of care, treatment and services
- Provides a competitive edge in the marketplace
- Improves risk management and risk reduction
- Provides education on good practices to improve business operations
- Provides professional advice and counsel, enhancing staff education
- Enhances staff recruitment and development
- Recognized by select insurers and other third parties
- May fulfill regulatory requirements in select states" JCAHO Web

FUNCTIONS

- ◉ Conducts on site evaluations of facilities
"Accreditation Surveys"
- ◉ Issues a certificate of accreditation valid for 3 years
- ◉ In 2006 moved to 'unannounced surveys' to encourage a system of continuous quality improvement rather than preparation focused specifically on a site visit

SCOPE

- ◉ Accredited 4365 hospitals in 2005; Total 18,000 organizations and programs
 - Types of hospitals general, psychiatric, children's, rehabilitation
 - Others: Managed care networks, PPOs, home care systems, long-term care, subacute care, heavioral health facilities (mental health, mental retardation and chemical dependency), ambulatory care centers, clinical laboratories



Quality Report

Summary of Quality Information



Children's Hospital and Regional Medical Center
 Org ID: 9614
 4800 Sand Point Way, Northeast
 Seattle, WA 98105
 (206)987-6000
www.cshmc.org

Accreditation Decision:
Accredited
Decision Effective Date: April 09, 2005
 This organization is in full compliance with all applicable standards.

Special Quality Awards
 •2006 [The Medal of Honor for Organ Donation](#)

OUTCOME OF AN ACCREDITATION REVIEW

- ◉ Accreditation with full standards compliance
- ◉ Accreditation with recommendations for improvement
- ◉ Provisional accreditation
- ◉ Conditional accreditation
- ◉ Preliminary accreditation
- ◉ Not accredited



Quality Report

Summary of Quality Information

Overlake Health Care Association
 Org ID: 9573; 1035 116th Avenue Northeast; Bellevue, WA 98004; (425)688-5000

Accreditation Decision: [Conditional Accreditation](#) **Decision Effective Date:** January 27, 2007

This organization is not in full compliance with all applicable standards.

Requirements for Improvement

- Hospital -** The hospital complies with applicable law and regulation.
- Staff qualifications are consistent with his or her job responsibilities.
 - The hospital manages its hazardous materials and waste risks.
 - Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®.
 - The hospital maintains fire-safety equipment and building features.
 - The hospital maintains, tests, and inspects its medical gas and vacuum systems.
 - Medications are properly and safely stored.
 - Pain is assessed in all patients.
 - Operative or other procedures and/or the administration of moderate or deep sedation or anesthesia are planned.
 - Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.
 - Based on risks, the hospital establishes priorities and sets goals for preventing the development of health care-associated infections within the hospital.
 - Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.
 - Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

WHY?

- ◉ Required by CMS for reimbursement
- ◉ Required by insurance companies
- ◉ Required for state licensure
- ◉ Good PR

ACCREDITATION MANUAL

- ◉ Provides the standards

See "Top standards compliance issues for 2004"

ADA assists members to monitor new or changed standards that impact nutrition services

OTHER JACHO STANDARDS

JCAHO

PI = Performance Improvement

PI.1.10

The organization collects data to monitor its performance.

PI.2.10

Data are systematically aggregated and analyzed

American Dietetic Association

OTHER JACHO STANDARDS

PI.2.20

Undesirable patterns or trends in performance are analyzed

PI.3.10

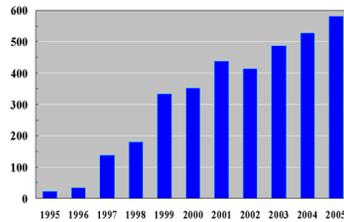
Information from data analysis is used to make changes that improve performance

American Dietetic Association

SENTINAL EVENTS

Something that causes serious injury or death.
3000 in US in 2004

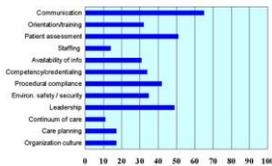
Sentinel Event Trends:
Total Sentinel Events Reported by Year



JCAHO Web Accessed 8/13/07

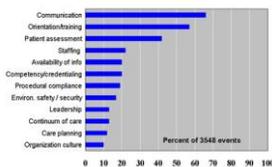
Root Causes of Sentinel Events

(All categories; 2006)



Root Causes of Sentinel Events

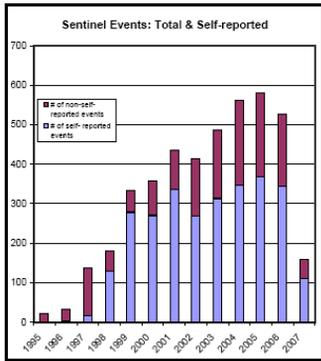
(All categories; 1995-2005)



JCAHO Web Accessed 8/13/07

Type of Sentinel Event	#	%
Wrong-site surgery	562	13.0%
Suicide	633	12.6%
Op/post-op complication	604	11.9%
Medication error	392	9.3%
Delay in treatment	347	7.5%
Patient fall	235	5.6%
Patient death/injury in restraints	166	3.7%
Assault/rape/homicide	166	3.7%
Perinatal death/loss of function	129	3.0%
Transfusion error	102	2.4%
Infection-related event	90	2.1%
Unintended retention of foreign body	88	2.1%
Anesthesia-related event	77	1.8%
Patient elopement	73	1.7%
Medical equipment-related	66	1.6%
Fire	66	1.6%
Maternal death	65	1.5%
Ventilator death/injury	49	1.2%
Abduction	22	0.5%
Utility systems-related event	20	0.5%
Infant discharge to wrong family	7	0.2%
Other less frequent types	636	12.6%

JCAHO Web Accessed 8/13/07



JCAHO Web Accessed 8/13/07

NATIONAL PATIENT SAFETY GOALS

THE JOINT COMMISSION NATIONAL PATIENT SAFETY GOALS

- Approved by the Joint Commission's Board of Commissioners
- The Goals and Requirements are program-specific

PATIENT IDENTIFICATION

Goal: Improve the accuracy of patient identification.

Requirement: Use at least two patient identifiers when providing care, treatment or services.

Applies to: Ambulatory Care, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery

PATIENT IDENTIFICATION

- Requirement: Prior to the start of any invasive procedure, conduct a final verification process, (such as a "time out,") to confirm the correct patient, procedure and site, using active—not passive—communication techniques.

Applies to: Assisted Living, Home Care, Lab, Long Term Care

IMPROVE COMMUNICATION

Goal: Improve the effectiveness of communication among caregivers.

Requirement: For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.

IMPROVE COMMUNICATION

- **Requirement:** Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

Applies to: Ambulatory Care, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery

IMPROVE COMMUNICATION

- **Requirement:** Measure, assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical tests and critical results and values.

Applies to: Ambulatory Care, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery

New for Long Term Care in 2008

IMPROVE COMMUNICATION

- **Requirement:** Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.

Applies to: Ambulatory Care, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery

MEDICATION SAFETY

Goal: Improve the safety of using medications.

Requirement: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.

Applies to: Ambulatory Care, Behavioral Health Care, Critical Access Hospital, Home Care, Hospital, Long Term Care, Office-Based Surgery

MEDICATION SAFETY

- **Requirement:** Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

Applies to: Ambulatory Care, Critical Access Hospital, Hospital, Office-Based Surgery

HEALTH CARE-ASSOCIATED INFECTIONS

Goal: Reduce the risk of health care-associated infections.

Requirement: Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

RECONCILE MEDICATIONS

Goal: Accurately and completely reconcile medications across the continuum of care.

RECONCILE MEDICATIONS

- Requirement: A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

Applies to: Ambulatory Care, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Long Term Care, Office-Based Surgery

PATIENT INVOLVEMENT

Goal: Encourage patients' active involvement in their own care as a patient safety strategy.

Requirement: Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

REFERENCES:

- Escott-Stump S et. al.: Joint commission on accreditation of healthcare organizations: friends not foe. JADA 2000;100:839-4.
- McLaughlin S: What to know about JCAHO. Health Facilities Management Magazine, March 2006; 35-37.
- JCAHO web site:<http://www.jointcommission.org/>
- ADA member information on JCAHO [http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_selectedqa_ENU_HTML_\(Draft\).htm](http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_selectedqa_ENU_HTML_(Draft).htm)