THE JOINT COMMISSION

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.
WHO AM I?
MEGAN MACKIERNAN, PA-C

• Hi!

• Physician Assistant working with the Norton Sound Health Corporation in Nome, Alaska for the Norton Sound region.

• In August 2016 I accepted the position as the director of quality improvement and risk management.

• I lead the quality programs for the outpatient clinic (Nome Primary Care Center), 15 village clinics, nursing home (Quyanna Care Center), and inpatient unit (Norton Sound Regional Hospital)
NORTON SOUND REGIONAL HOSPITAL

18 BED CRITICAL ACCESS HOSPITAL

2 BED MOTHER/BABY UNIT

JOINT COMMISSION ACCREDITED

CRITICAL ACCESS HOSPITAL

LABORATORY
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 or certified over 21,000 organizations and programs

• What's the difference between accreditation and certification?

• Accreditation can be earned by an entire health care organization, for example, hospitals, nursing homes, ambulatory care centers, office-based surgery practices, home care providers and laboratories.

• Certification is earned by programs or services that may be based within or associated with a health care organization. For example, a joint commission-accredited medical center can have joint commission-certified programs or services for diabetes or heart disease care. These programs could be within the medical center or in the community.

• Both accreditation and certification require an evaluation by the Joint Commission. The evaluation covers compliance with the standards and other requirements and verifies improvement activities. After earning accreditation or certification, health care organizations receive the Joint Commission's Gold Seal of Approval®, a mark of quality.
• What Are The Accreditation Programs?
  • Ambulatory Care Accreditation
  • Behavioral Health Care Accreditation
  • Critical Access Hospital Accreditation
  • Home Care Accreditation
  • Hospital Accreditation
  • Laboratory Services Accreditation
  • Nursing Care Center Accreditation
  • Office-based Surgery Accreditation

• What Are The Certification Programs?
  • Advanced Certification In Disease-specific Care
  • Advanced Certification For Palliative Care
  • Behavioral Health Home Certification
  • Disease-specific Care Certification
  • Health Care Staffing Certification
  • Integrated Care Certification
  • Primary Care Medical Home Certification For Ambulatory Care Facilities
  • Primary Care Medical Home Certification For Hospitals
BENEFITS OF TJC ACCREDITATION

• HELPS ORGANIZE AND STRENGTHEN PATIENT SAFETY EFFORTS
• 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
• MAY REDUCE LIABILITY INSURANCE COSTS
• PROVIDES EDUCATION TO IMPROVE BUSINESS OPERATIONS
• PROVIDES PROFESSIONAL ADVICE AND COUNSEL,
• ENHANCING STAFF EDUCATION
• PROVIDES A CUSTOMIZED, INTENSIVE REVIEW
• ENHANCES STAFF RECRUITMENT AND DEVELOPMENT
• PROVIDES DEEMING AUTHORITY FOR MEDICARE CERTIFICATION
• RECOGNIZED BY INSURERS AND OTHER THIRD PARTIES
• PROVIDES A FRAMEWORK FOR ORGANIZATIONAL STRUCTURE AND MANAGEMENT
• MAY FULFILL REGULATORY REQUIREMENTS IN SELECT STATES
• PROVIDES PRACTICAL TOOLS TO STRENGTHEN OR MAINTAIN PERFORMANCE EXCELLENCE
WHAT TO DO TO BECOME ACCREDITED?

- WHAT TO DO BEFORE YOUR INITIAL JOINT COMMISSION HOSPITAL SURVEY IS CONDUCTED:
  - FULFILL YOUR STATE'S LICENSURE REQUIREMENTS (IF APPLICABLE IN YOUR SPECIFIC STATE).
  - IF YOUR HOSPITAL PLANS TO SEEK MEDICARE REIMBURSEMENT, COMPLETE AND SUBMIT THE CMS 855 APPLICATION TO MEDICARE. WE REQUIRE VERIFICATION THAT YOUR 855A APPLICATION HAS BEEN ACCEPTED BY CMS BEFORE WE CAN SCHEDULE YOUR ON-SITE SURVEY. THE FORM CAN BE FOUND AT CMS WEBSITE (WWW.CMS.HHS.GOV).
  - IF YOUR HOSPITAL PLANS TO SEEK MEDICARE REIMBURSEMENT, NOTIFY CMS AND THE STATE DEPARTMENT OF HEALTH BY LETTER THAT THE JOINT COMMISSION WILL BE CONDUCTING YOUR DEEMED STATUS SURVEY.
  - MEET THE FOLLOWING MINIMUM INPATIENT ELIGIBILITY REQUIREMENTS:
    - A HOSPITAL THAT IS NEW TO THE JOINT COMMISSION MUST HAVE ONE ACTIVE INPATIENT CASE AND 10 INPATIENT RECORDS AT THE TIME OF THE SURVEY.
    - A HOSPITAL THAT IS SEEKING MEDICARE CERTIFICATION AND IS NEW TO THE JOINT COMMISSION MUST HAVE ONE ACTIVE INPATIENT CASE AT THE TIME OF THE SURVEY IN ADDITION TO THE FOLLOWING REQUIRED BY CMS:
      - IF YOUR AVERAGE DAILY CENSUS IS 21 OR MORE OR YOUR ORGANIZATION IS A SPECIALTY HOSPITAL (CARDIAC, ORTHOPEDIC OR SURGICAL), YOU MUST BE ABLE TO PROVIDE INPATIENT RECORDS FOR AT LEAST 10 PERCENT OF THE ADC, BUT NOT LESS THAN 30 INPATIENT RECORDS.
      - IF YOUR ADC IS LESS THAN 21 (1-20), YOU MUST BE ABLE TO PROVIDE 20 INPATIENT RECORDS.
This manual outlines all of the requirements for a TJC facility and provides the cross-mapping to the applicable CMS requirements.

- Guidelines are very clear
  - Doesn’t mean easy……

- Updated quarterly online, reprinted annually.
QUALITY AND TJC

• ORYX
  • System of core measures utilized to review quality and provide focused improvement goals. Allows comparison to other facilities.

• Toolkits
  • CLABSI, CAUTI, Falls, Pain Management, Etc.
• Utilize your account representative and others for shared solutions, resources and training.

• Access to consultants, familiar with systems like yours.