

The Physician's Guide to The Joint Commission's Hospital Standards and Accreditation Process

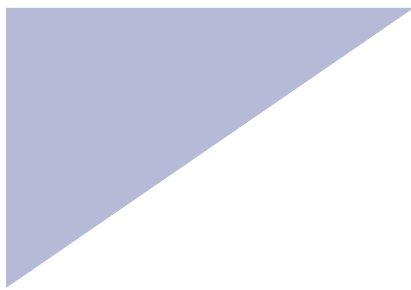




Table of Contents

I. Physicians and The Joint Commission	4
II. An Overview of The Joint Commission	7
III. Focus on Patient Safety.....	9
• Sentinel Events	10
• <i>Sentinel Event Alerts</i>	10
• National Patient Safety Goals	11
• The Universal Protocol	13
IV. Hospital Standards	14
V. The Standards Development Process	24
VI. The On-Site Survey Process	25
VII. Performance Measurement to Improve Patient Care.....	28
VIII. The Future of Patient Safety	29
IX. Center for Transforming Healthcare	30
X. For More Information	31



I. Physicians and The Joint Commission

Physician leadership and involvement are critically important to the success of patient care and patient safety improvement efforts. Physicians must be fully engaged in patient safety and quality because their knowledge, skills, and experience are essential to ensuring positive patient care experiences.

This Guide is provided as a resource for physicians so that they might develop a better understanding of the Joint Commission's role in evaluating and inspiring health care organizations in a concerted effort to achieve consistent excellence in patient care.

Enhancing Physician Involvement in Accreditation

Physicians were responsible for the formation of the original hospital standardization program in 1918 by the American College of Surgeons, the precursor to the formation of The

Joint Commission and its hospital accreditation program in 1951. Through the support of the American College of Physicians, American Hospital Association, American Medical Association, American Dental Association and the American College of Surgeons, The Joint Commission has, for almost 60 years, been a national leader in driving improvements in the quality and safety of care provided to the public. Physicians have been involved in every aspect of The Joint Commission, as president and other senior leaders of the organization, as surveyors, and as administrators over key areas of Joint Commission activities like standards development. Currently, 16 of The Joint Commission's 29 Board members are physicians.

Building on this history of collaboration between physicians and The Joint Commission, The Joint Commission's Board of Commissioners has made enhancing physician engagement in accreditation and other quality improvement initiatives one of its top strategic priorities.



There are many ways that The Joint Commission engages physicians, such as through standards review, the on-site survey process, National Patient Safety Goals, health care summits, and selection of *Sentinel Event Alert* topics. The **Physician Engagement Advisory Group**, established in 2005, is another important avenue of discussion with and input from physicians. This group advises The Joint Commission on expanding physician participation in the accreditation process and broadening physician engagement in all quality of care and patient safety initiatives. Members of the Physician Engagement Advisory Group include physician quality directors and educators, chief medical officers, private practice physicians, and other physician leaders from urban and rural areas.



II. An Overview of The Joint Commission

The Joint Commission is dedicated to helping health care organizations help patients, a fact that is clear in its mission and vision statement:

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.*

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

A not-for-profit organization, The Joint Commission accredits and certifies more than 18,000 health care organizations and programs in the United States. These include general, psychiatric, children's, and rehabilitation hospitals and critical access hospitals.

The Joint Commission also accredits home health agencies, home medical equipment services, hospice services, and other home care organizations; nursing homes and other long term care facilities; behavioral health care organizations and addiction services; rehabilitation centers, group practices, office-based surgery centers and other ambulatory care providers; and independent or freestanding clinical laboratories.

The Joint Commission awards Disease-Specific Care Certification to primary stroke centers, inpatient diabetes programs, chronic kidney disease programs, asthma management programs, and many other chronic disease programs. Certification is also offered for firms providing health care staffing services.

Joint Commission accreditation is recognized nationally as a symbol of quality that reflects an organization's commitment to consistent excellence. To earn and maintain The Joint Commission's Gold Seal of Approval™, an organization must undergo an on-site survey or review by The Joint Commission at least every three years (two years for laboratories and certification programs). The Joint Commission's comprehensive accreditation process evaluates an organization's compliance with state-of-the-art standards, National Patient Safety Goals, and other accreditation requirements.



III. Focus on Patient Safety

The Joint Commission's continuous, data-driven accreditation process focuses on operational systems critical to patient safety and quality patient care. The positive impact of accreditation was illustrated in a 2007 study published in the *Journal of Healthcare Management*. The study found that:

“Joint Commission accreditation was the key predictor of hospital patient safety system implementation. [Joint Commission] accreditation status was the only organizational characteristic that consistently emerged in identifying which hospitals have more extensively implemented patient safety systems. Joint Commission accreditation was uniformly, strongly, and consistently associated with more extensive implementation of patient safety systems....”

The Joint Commission's focus on safety in its accreditation standards is bolstered by a number of patient safety initiatives including its sentinel event reporting policy, the publication of *Sentinel Event Alerts*, and requiring adherence to National Patient Safety Goals.

Sentinel Events

The Joint Commission defines a sentinel event as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. These events are called "sentinel" because they signal the need for immediate investigation and response. Any time a sentinel event occurs, Joint Commission-accredited organizations are expected to complete a root cause analysis, implement improvements to reduce the risk of reoccurrence, and monitor the effectiveness of those improvements. Since January 1995 (through September 30, 2010), The Joint Commission has received reports of more than 7,147 sentinel events at accredited organizations.

Sentinel Event Alerts

Information from these reports and resulting root cause analyses is an important source of information for "lessons learned" that help prevent similar adverse events from occurring.

The Joint Commission's patient safety advisory, *Sentinel Event Alert*, is largely drawn from the Joint Commission's Sentinel Event Database and is designed to help organizations and caregivers reduce the harmful effects of errors on patient care. The *Alerts* raise awareness about specific types of events and ways that they can be prevented. Topics and recommendations are guided by the Patient Safety Advisory Group, a group of physicians, nurses, pharmacists, and other patient safety experts. Statistics about the types and causes of sentinel events reported to The Joint Commission and all issues of *Sentinel Event Alert* are available at www.jointcommission.org under Topics.

National Patient Safety Goals

The Joint Commission National Patient Safety Goals promote specific improvements in patient safety by providing health care organizations with proven solutions to persistent patient safety problems. These Goals apply to the more than 18,000 Joint Commission-accredited health care organizations. The Goals represent ongoing opportunities for improvement that can immediately benefit patients. By taking action to consistently meet the Goals, physicians and the health care organizations in which they practice, can substantially improve the safety of care provided to their patients.



Goals differ by health care setting and can change based on recommendations from the Patient Safety Advisory Group. For 2011, hospitals must be in compliance with the following:

- Identify patients correctly
- Improve staff communication
- Use medicines safety
- Prevent infection
- Check patient medicines
- Identify patient safety risks
- Universal Protocol

A detailed description of the Goals, along with the detailed requirements, can be found on The Joint Commission Web site, www.jointcommission.org, under Standards.

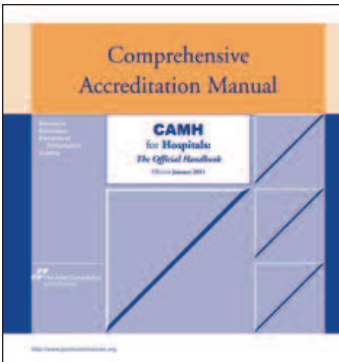
The Universal Protocol

Wrong surgical procedures or surgery on the wrong person or wrong body part should never occur. Yet, these events continue to occur all too often. Since the inception of the Joint Commission's Sentinel Event Policy and reporting requirement, 908 wrong site, person, or procedure related sentinel events have been reported: 149 new cases (14.4 percent of all reported events) were reported during 2009.

To help health care professionals and health care organizations prevent these devastating errors, The Joint Commission established the Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery™. The Universal Protocol, which is endorsed by more than 50 leading professional associations and organizations such as the American Medical Association and American College of Surgeons, applies to all surgical and non-surgical invasive procedures. The components of the protocol include:

- Pre-operative verification process
- Marking the operative site
- Taking a "time out" immediately before starting the procedure

The entire Protocol can be found on The Joint Commission Web site, www.jointcommission.org, under Standards.



IV. Hospital Standards

A strong focus on patient safety is at the center of the Joint Commission's standards. More than half of all accreditation standards are directly related to safety, addressing issues such as medication use, infection control, surgery and anesthesia, transfusions, restraint and seclusion, staffing and staff competence, fire safety, medical equipment, emergency management, and security. Moreover, there are standards related to responding to and preventing adverse events, analyzing and redesigning vulnerable patient systems to prevent accidental harm, and informing patients about the outcomes of their care (good or bad). All Joint Commission standards directly or indirectly contribute to a high-quality, safe patient care experience.

Hospital standards are organized to reflect the way care is actually delivered: through a cooperative, coordinated effort among various professionals.

The genesis of these practice-based or evidence-based standards is the health care community itself with the broad input of physicians, nurses, risk managers, health care engineers, and other experts who are on the frontline of patient care.

The Joint Commission standards are statements that define performance expectations, structures or processes that must be in place for a hospital to provide safe, high quality care. Standards are divided into 16 core areas or chapters having a direct impact on patient care. The following summary provides a brief overview of each of the standards areas:

Medical Staff: The organized medical staff in a hospital has a critical role in the process of providing oversight of safe, high-quality care. The organized medical staff, which is a self-governing body, is charged with overseeing the quality of care delivered by practitioners who are credentialed and privileged through the medical staff process. The responsibilities and duties of the organized medical staff include credentialing and privileging all licensed independent practitioners. (Any individual permitted by law to provide care or services without direction or supervision within the scope of their license and privileges.) The Medical Staff standards address the following areas:

- Organized medical staff structure
- Medical executive committee
- Medical staff bylaws

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- Management of patient care
 - Graduate education programs
 - Performance improvement
 - Credentialing and privileging
 - Analysis and use of information
 - Focused professional practice evaluation
 - Expedited credentialing and privileging process
 - Ongoing professional practice evaluation (maintaining privileges)
 - Fair hearing and appeal process for adverse privileging decisions
 - Appointment to membership on the medical staff
 - Peer recommendation
 - Licensed independent practitioner health
 - Temporary privileges
 - Telemedicine
 - Continuing education

Rights and Responsibilities of the Individual: These standards focus on the importance of respecting the wishes of patients and conducting business in an ethical manner. These standards, for example, deal with issues such as end-of-life decisions, communicating with patients who speak another language or are hard of hearing or have poor eyesight. Additionally, the standards address patient confidentiality, resolving complaints, and pain management. The standards also cover the importance of patients taking responsibility as members of the health care team.



Provision of Care, Treatment, and Services: The four core processes defined in this section are assessing patient needs, planning care, providing the care that the patient needs, and coordinating care. Within the four core elements, other activities influenced by the standards include providing access to the appropriate levels of care for patients, providing interventions based on the care plan, teaching patients what they need to know about their care, and coordinating any care needed when the patient is referred, transferred, or discharged. These standards address the central precept that certain interrelated activities are necessary to meet patient needs and maintain continuity of care.

Medication Management: The Institute of Medicine has found that medication errors are one of the most common health care errors, with 400,000 preventable drug-related injuries occurring in hospitals each year. Medication errors are also among the most frequently reported types of adverse events to the Joint Commission's Sentinel Event Database. Medication management standards help hospitals support

patient safety and improve the quality of care by creating a system for selecting and procuring, storing, ordering and transcribing, preparing and dispensing, administering, and monitoring medications. The standards are designed to reduce practice variations, errors, and misuse and encourage monitoring of the efficiency, quality and safety of medication management processes, as well as the use of evidence-based good practices and standardize processes throughout the hospital.

Infection Prevention and Control:

Prevention of health care-associated infections (HAIs) represents one of the major safety initiatives a hospital can undertake. The Centers for Disease Control and Prevention (CDC) estimates that approximately 2 million patients admitted annually to acute care hospitals in the U.S. acquire infections that were not related to the condition for which they were hospitalized. These infections result in approximately 99,000 deaths and add between \$4.5 to \$5.7 billion per year to patient costs. The Joint Commission's infection prevention and control standards provide the framework for hospitals to develop and implement plans to prevent and control infections by using an integrated approach across all programs, services, and settings. The standards call on hospitals to educate and collaborate with leaders throughout the hospital, including physicians, to participate in the design and implementation of an effective infection control program.

Performance Improvement: These standards focus on a systematic approach to using data to measure performance, assess current performance, and improve performance. This continuous process focuses on outcomes of care, and must include reducing actual and potential risks to patient safety. To achieve this goal, the standards emphasize processes and systems and individual behaviors that reduce the likelihood of unanticipated adverse events. Physicians should be involved in all stages of improvement. They can help design patient care processes, identify data necessary to measure performance and help analyze those data, and suggest and implement process improvements.

Leadership: These standards provide the structure to help leaders effectively work together to enhance organizational performance. To meet their obligations effectively, leaders must collaborate, which means working together in a spirit of collegiality to achieve a common end. Good relationships thrive when leaders work together to develop the mission, vision, and goals of the organization, encourage honest and open communication, and address conflicts of interest.

Many hospitals have three leadership groups—the senior managers, governing body, and organized

medical staff—who work together to deliver safe, high quality care. The Leadership standards address topics such as creating a culture that fosters safety as a priority; planning and providing services that meet patient needs; ensuring the availability of the human, financial, and physical resources necessary to provide care; providing competent staff and other caregivers; and engaging in performance improvement. The standards make clear that management of these functions is the direct responsibility of all of the leaders and that a well-functioning relationship among the leadership groups enhances the care the hospital provides to patients.

Record of Care, Treatment, and Services: These standards address the components of a complete medical record, a highly detailed document that contains all data and information gathered about a patient from the moment he or she enters the hospital to the moment of discharge or transfer. This record is important because it provides a history of care and serves as a method for communication between practitioners and staff that is crucial to continuity of care and good clinical decision-making.



Environment of Care: Hospitals use the Environment of Care standards to create a safe and effective setting to deliver care. The environment of care is made up of three basic components: buildings, equipment, and people. Effective management of the environment of care includes using processes and activities, such as reducing and controlling environmental hazards and risks, preventing accidents and injuries and maintaining safe conditions for patients, staff, and others coming to the hospital's facilities. Creating an environment that meets patient needs for comfort and social interaction is important to ensuring a positive patient care experience. Standards contained in the Emergency Management and Life Safety chapters also relate to creating a safe environment. The Emergency Management standards are organized to allow hospitals to plan to respond to the effects of emergencies that vary from disruptions to disasters. The Life Safety chapter addresses fire protection, a special concern because patients are often unable to move to safety by themselves.

Human Resources: The goal of Human Resources standards is to ensure that the hospital determines the qualifications and competencies for staff positions that match the organization's mission, patient population, and patient care needs. Hospitals must also provide the right number of competent staff to meet patient care requirements. To meet this goal, the standards require hospitals to plan for staffing, provide competent staff, orient, educate, and train staff, assess, maintain, and improve staff competence, and promote self-development and learning.

Information Management: The Information Management standards emphasize the fact that patient care is highly dependent upon information, and that the work of physicians and staff throughout the hospital must be facilitated by timely and accurate information to provide coordinated, integrated care. In addition, it is important to protect the privacy of the data collected and to limit unauthorized access. While computerization and other technologies are increasingly being used to enhance the efficiency, effectiveness, safety, and the quality of care, the standards are designed to be equally compatible with paper-based systems, electronic systems, or hybrid systems.

Nursing: These standards recognize the important role of nurse executives, department level nurse managers, and staff nurses in hospitals. The standards require a nurse executive (a licensed, professional registered nurse qualified by advanced education and management experience) to direct the hospital's nursing services and establish nursing policies and procedures, nursing standards, and nurse staffing plans.

Waived Testing and Transplant Safety: Finally, the hospital accreditation manual contains standards for Waived Testing which address the risk to patient safety when waived testing is improperly performed and Transplant Safety, which focus on the development and implementation of policies and procedures for safe organ and tissue donation, procurement, and transplantation.



V. The Standards Development Process

Physicians influence the standards development process in a number of ways: serving on expert panels, providing expert opinion, and participating in electronic and written field reviews.

The newest way physicians provide input is through [WikiHealthCare™](#), a collaborative approach to the development of accreditation and certification standards that encourages a forum for discussion by all users interested in improving health care quality.

Standards are created to address challenging quality and safety problems, with the broad input of those on the “sharp end” of health care. This participation by those on the front lines of health care ensures that standards are contemporary, practical, and expert-based.

New standards are added only if they relate to patient safety or quality of care, have a positive impact on health outcomes, and can be accurately and readily measured. For example, The Joint Commission recently introduced new requirements for influenza immunizations for health care professionals, emergency management standards to create an all-hazards approach that ensures organizational readiness, and rules for pharmacists to review medications in the emergency department. In the case of both existing and new standards, The Joint Commission seeks the best evidence available such as well-designed studies and – expert opinion – to ensure relevance.



VI. The On-Site Survey Process

The Joint Commission unannounced survey process is data-driven and patient-centered, and physician participation in the survey is critically important to effectively evaluate the quality of the care that patients receive at an organization.

Physicians and Joint Commission surveyors interact in several ways:

Engaging physicians in productive dialogue makes a difference, before, during and after the on-site accreditation process. The Joint Commission surveyors evaluate whether an organization's written processes and procedures are actually being carried out for the benefit and safety of patients. This means that surveyors and individual physicians interact in both formal and informal settings, discussing how care is actually provided. (Surveyors are not seeking to evaluate the clinical decisions, only how an organization's systems provide the foundation for safe, effective treatment.) The Joint Commission wants to learn about physician priorities and strategies for improving the quality and safety of care provided to their patients. This communication forges a strategically important partnership between physicians and The Joint Commission.

As part of the on-site process, surveyors use an **“individual tracer” methodology** to trace a patient's care experiences and the organization's systems for providing care and services. This process means that surveyors spend a majority of their time talking to direct caregivers, including physicians, and observing direct care.

Less time is devoted to examining written policies and procedures. By following the care of selected patients and assessing how staff from various disciplines work together and communicate across services, surveyors are able to evaluate how organizations use accreditation requirements to provide safe, high-quality care. In addition to individual tracers, surveyors also use systems tracers to analyze key operational systems that directly affect the quality and safety of patient care. **System tracers** involve discussion and education about the use of data in performance improvement, medication management, infection control, emergency management and other current topics of interest to the organization. Both types of tracers provide opportunities to share best practices from other health care organizations, and engage in discussions with staff and leaders.

As part of the tracer methodology, surveyors talk with physicians about their involvement in activities such as meeting the National Patient Safety Goals, complying with the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery, and performance measurement/improvement activities.

Surveyors do not expect a recitation of accreditation standards and the hospital's mission statement. Instead, they want to discuss the systems and processes of patient care – an area with which physicians are acutely familiar as part of their work at the organization. Surveyors understand that a primary objective physicians want to accomplish is that their patients receive high-quality, safe patient care.



VII. Performance Measurement to Improve Patient Care

Performance measurement is an integral part of Joint Commission accreditation. Since 1997, The Joint Commission has led a national effort to review data trends to improve patient care. The Joint Commission and CMS currently work together to collect data on standardized or “core” measures in hospitals related to heart attack, heart failure, pneumonia, and surgical care.

Using data to guide performance improvement activities is a critical, but not singular use of performance measurement results. Consumers, insurers, business purchasers, and other stakeholders are increasingly demanding greater transparency and accountability for performance. Quality information is needed to assist these key stakeholders to make informed health care decisions. The Joint Commission makes hospital performance information available through its Quality Check Web site (www.qualitycheck.org) as well as in its annual report of hospital performance “Improving America’s Hospitals” (www.jointcommission.org/annualreport.aspx).

VIII. The Future of Patient Safety

The biggest challenge – and opportunity for improvement – in health care today is the persistence of patient safety problems. The Joint Commission’s vision is to stimulate improvements that will lead to a transformation of health care to a high-reliability industry where “all people always experience the safest, highest quality, best-value health care across all settings.” The goal of all stakeholders must be to drive the delivery system to achieve major, durable improvement. Put simply, a little better is not good enough.

IX. Center for Transforming Healthcare

Major barriers impede the achievement of a significant reduction in the rate of serious adverse events. These include the absence of a strong leadership commitment to improvement, limited capacity to execute robust process improvement methods, and the failure to adopt a safety culture.

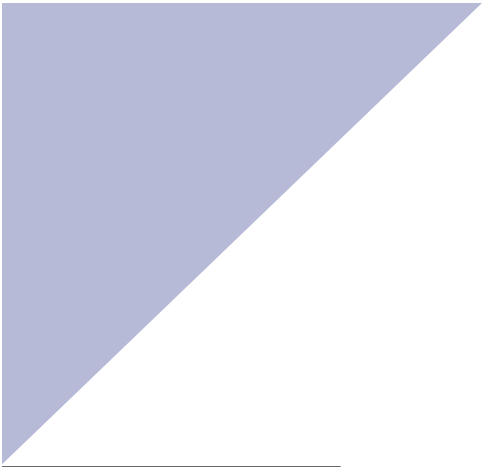
Robust process improvement and error reduction are essential to producing health care excellence on a consistent basis. Although capacity for such improvements in the delivery system is limited, The Joint Commission can and is leading the effort to facilitate more rapid, widespread development and adoption of generalizable, proven solutions and training programs that address these patient safety challenges. Through its **Center for Transforming Healthcare**, The Joint Commission is making an investment in producing new knowledge and tools to guide hospital efforts to effectively address quality and patient safety problems such as hand hygiene compliance, hand-off communications and surgical site infections (www.centerfortransforminghealthcare.org).

X. For More Information

For more information about any of the topics addressed in this publication, please visit www.jointcommission.org. The Web site allows physicians to receive physician-specific information and other information about patient safety, access to evidence-based data, solutions related to persistent patient quality and safety problems, and receive notification of field reviews and other news and events.

A complete copy of The Joint Commission's hospital standards can be obtained in print or electronic format through Joint Commission Resources at <http://www.jcrinc.com/> or by calling (877) 223-6866.





The Joint Commission