10 Things You Need to Know about Joint Commission’s Ambulatory Accreditation Program

~Michael Kulczycki
Executive Director, Ambulatory Care Accreditation Program
Your ASC achieves accreditation success with The Joint Commission, if you ….

- Embrace continuous compliance
- Adopt on-site survey guidance
- Address hot topic—steam sterilization
- Learn from others—challenging standards
- Watch for next challenge—CMS Medicare survey changes
…..ASC accreditation success, if you …..

- “Own” patient safety issues for your ASC
- Take on future achievement as “high reliability organization”
- Network/Listen to what others say about accreditation
- Invest in patient safety
- Use Joint Commission tools for tackling safety & quality challenges
1: Embrace continuous compliance

- “Every standard…..every day”
- First survey is announced (except ‘deemed status’), ASC resurveys are “short notice”
- Safety is a team effort – not sole role for accreditation staff
- Use electronic, self-assessment tool to assess readiness
2: On-site survey guidance

- Surveyors are flexible to your needs:
  - Adjust agenda based on staff availability
  - Avoid impact on ASC delivery of patient care

- Develop “ready to go” materials at front desk for surveyors on arrival

- Model survey process for ASC staff
  - Patient tracers
  - Frontline staff…what they do, why do they do it that way
  - “Don’t know” is acceptable answer…if can identify staff who can answer query
…2: On-site survey guidance

- Expect your preliminary results at close of survey
- You can immediately begin improvements/fixes to achieve accreditation decision
- Phone consultation available to assist ASC responses
- Joint Commission promises delivery of final accreditation decision in less than 10 days
3: Hot topic—steam sterilization

- In 2008-2009, partner with industry to refocus survey process
- Issue new guidance on sterilization (June 2009):
  - Guides Joint Commission surveyors
  - Focus on complete process
  - Review process issues for how given sterilization method is executed
- Watch other sources, eg AAMI, AORN
... 3: Hot topic—steam sterilization

Joint Commission revises stance:

4: Learn from others’ experience

- Joint Commission annually publishes “challenging standards” by program

- Based on nearly 500 surveys in 2008, focus on challenges from others, eg:
  - Waived testing, to include quality controls in clinical records (WT.05.01.01, EP3)
  - Medication storage (MM.03.01.01, EP2, 8)
  - Medication labeling for procedures (NPSG.03.04.01, EP1)
5: Responsive—Staying on top of CMS Medicare changes

In 2008, CMS revised Conditions for Coverage (CfCs) for ASCs

These changes, effective May 18:
- Revision of existing CfCs.
- Added several new CfCs

Joint Commission, mid-year, adjusted 10% of 2009 AHC standards to match CMS (only for ASCs using “deemed status” option)
.... 5: Changes to Joint Commission standards

For full text, go to website at:  
http://www.jointcommission.org/AccreditationPrograms/AmbulatoryCare/
... 5: Challenge—CMS changes—survey process...

There were **no changes** to current Joint Commission survey process in response to new CfCs. Process already accounts for:

- Disaster preparedness
- Patient rights
- Infection control
- Performance Improvement activities

There **may be** future changes:

- Survey length
- Survey agenda, eg record review & infection control worksheet

Pilot tested revised “deemed status” process with 3 ASCs in Sept.
5: Challenge—CMS changes—survey process...

New focus on Infection Control:
- Mandate use of new ‘worksheet’ to measure compliance with CDC guidelines on infection control
- CMS pilot tested in 3 states in 2008
- Implemented by states & accreditors Oct. ‘09

Review worksheet via ASCA:
- PDF document, see pg 152
… 5: Challenge—CMS changes—survey process…

Worksheet contains two parts:

- “ASC characteristics” with 36 items, eg:
  - Primary procedures performed?
  - Which infection prevention guidelines selected?
  - Tracking process to obtain post-surgical infection rates?

- “Infection Control & Related Practices”, requiring surveyor observations in nearly 70 areas, eg:
  - Hand hygiene
  - Injection practices, including multi-dose
  - Cleaning single use devices
  - Sterilization practices
  - Environmental infection control
### Sample worksheet—hand hygiene

#### I. Hand Hygiene

**Additional Instructions:**
- Observations are to focus on staff directly involved in patient care (nurses, doctors, CRNAs, etc.). Hand hygiene should be observed for at least 1 minute while making other observations in the AS, but observations should provide additional evidence for what the subject reports. Direct observation to support a citation of deficiency should result in a deficiency citation.

<table>
<thead>
<tr>
<th>Practices to be Assessed</th>
<th>What have you observed?</th>
<th>Manner of confirmation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. All patient care areas have:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> 42 CFR 416.51(a) should be cited only if the answer to both a and b is &quot;No.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Soap and water available</td>
<td>Yes No</td>
<td>Observation Interview Both</td>
</tr>
<tr>
<td>b. Alcohol-based hand rubs available</td>
<td>Yes No</td>
<td>Observation Interview Both</td>
</tr>
<tr>
<td>l. If alcohol-based hand rub is available in patient care areas, it is installed as required</td>
<td>Yes No</td>
<td>There are LSC requirements at 42 CFR 416.44(b)(5) for installation of alcohol-based hand rubs</td>
</tr>
</tbody>
</table>
5: Joint Commission testing new, required CMS process

- Hosted call with 3 states who pilot-tested CDC survey
- Conducted 3 pilot surveys:
  - ASC volunteers for onsite “mock” surveys
  - Focus on new standards to meet CfCs
  - Test ability to collect data on CDC ‘worksheet’
  - May impact ASC onsite survey process
- Communicating with Ambulatory Surgery Center Association on process
6: ‘Own’ patient safety issues

- Evidence shows ‘inadequate leadership’ factor in 50% of ’06 sentinel events reported
- *Sentinel Event Alert* advises **14 actions** for leaders to develop a safety culture
7: Aim for ‘high reliability’

- Vision to move health care providers to same level of effectiveness as ‘high reliability industries’, like aviation
- If even 1% of airplanes crashed, public and regulators would be in uproar
- Yet healthcare errors persist at much higher levels
- Joint Commission launches “robust process improvement” initiative
…7: Robust Process Improvement™

- Capacity for process improvement in health care delivery system is limited
- But improvements are critical to move health care providers to “high reliability organizations”
- Joint Commission is adopting a widely recognized set of tools:
  - Focusing – first – on internal improvements, and then
  - Assist customers in applying tools to develop solutions to vexing problems (e.g., hand hygiene)
...7: What is Robust Process Improvement?

- Set of strategies, tools, methods, and training programs proven in other sectors to greatly improve work processes.
- Broadly applicable, not just manufacturing
- Health care organizations, including ambulatory providers, starting to adopt
...7: Joint Commission is changing

- Adopting tools (lean, six sigma, and change acceleration) to ‘hard wire’ improvements & change our internal culture:
  - Focus on customers and improved service
  - Simplify processes
  - Reduce errors and share cost efficiencies with customers

- Internal projects now underway, eg:
  - Improve customer pre-survey processes
  - Consistency in standards interpretation
  - Reduce standards development cycle time
Don’t Just Talk the Talk

by Nicole Adrian, contributing editor

In 50 Words Or Less

The Joint Commission tackles its own processes with lean and Six Sigma


16th Annual ASC Conference. Chicago. 10.09 - 22
8: Network with other ASCs

“We feel we are ‘top notch’ all the time thanks to accreditation…While other ASCs may struggle with credentialing & quality assurance, we excel in these areas because we have The Joint Commission as our guide.”
~ Rebecca Craig, Harmony Surgery Center LLC

“Internally, the standards guide the ASC in areas such as patient care processes, facility safety and governance, and build the foundation to the patient care we provide.”
~ Charlene Black, Pain Diagnostic & Treatment Center

“Joint Commission accreditation makes good business sense. Since we’ve been accredited, we have excellent patient safety results and no losses from patient claims…a direct result of compliance with the standards.”
~ Thomas Buckley, Naples Day Surgery
8: Network with Joint Commission-accredited ASCs

Website search function (www.qualitycheck.org)
- Patients, payers, referral sources find you
- ASCs can network outside of your community market
9: Invest in patient safety

Perceptions of accreditation costs often 2x the actual investment

ASCs make investment choice based on this comparison:

– Accreditation = $9/day for average ASC
– Compare to other fixed costs:
  – $329/day for rent/landlord services
  – $ 85/day for service contracts
  – $ 68/day for liability insurance
  – $ 55/day for equipment/utility maintenance

Other costs by not making investment?

10: Use Joint Commission resources for tackling safety & quality challenges

- FREE Monograph on infection prevention
- “Center” launches collaborative projects, first on hand hygiene
- Resources to be made available to accredited organizations
…10: FREE Web resource on infection prevention

Monograph on hand hygiene

MEASURING HAND HYGIENE ADHERENCE: OVERCOMING THE CHALLENGES

"Measuring Hand Hygiene Adherence: Overcoming the Challenge"

Download Monograph (Requires Adobe Reader)

The Joint Commission is releasing “Measuring Hand Hygiene Adherence: Overcoming the Challenge.” This monograph was designed to address “everything you ever wanted to know about hand hygiene measurement but didn’t ask.” The aim of the monograph is to broaden understanding of the issues and provide practical tools for strengthening measurement and improvement activities.
...10: Launching new Center for Transforming Healthcare

- Collaborating with physician and hospital leaders
- Using RPI tools with hospital teams to develop and prove interventions
- Build knowledge base and share with customers without RPI expertise
10: Initial center focus—hand hygiene

- Measure hand hygiene compliance
- Identify sample of causes of failures, eg:
  - Dispensers improperly placed
  - Hands full
  - Distractions
- Test interventions
- Speed distribution of solutions to customers
...10: For information

www.centerfortransforminghealthcare.org

Hand Hygiene Solutions

Improving patient safety to limit hospital acquired infections through the increased use of hand hygiene techniques.

- View the Hand Hygiene Project Storyboard for solutions.
Joint Commission

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Free Resources:
- ASC Process Handbook
- ASC Standards Sampler

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or
www.jointcommission.org/HTBAC/AHC/
Thank You!