

JCAHO Accreditation: The New Accreditation Process and its Impact on Compliance

Health Care Compliance Association
Annual Compliance Institute
LTC Industry Immersion Session
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Session Objectives

- Discuss key components of JCAHO's new accreditation process
- Distinguish LTC accreditation options
- Identify how LTC accreditation is a framework for enhancing organizational compliance by creating a culture of safety and quality



About the Joint Commission

- A private, independent, not-for-profit organization
- The nation's oldest and largest standards-setting and accrediting body in health care
- Evaluates and accredits nearly 18,000 health care organizations and programs in the US, including almost 11,000 hospitals and home care organizations, and 7,000 other health care organizations that provide long term care, assisted living, behavioral health care, laboratory and ambulatory care services
- Also accredits health plans, integrated delivery networks, and other managed care entities
- Accreditation through the Joint Commission is voluntary



JCAHO MISSION

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.



Investing in Resident Safety

- Ethical imperative for resident safety: Do no harm
- Contemporary Health Care: Relief of suffering, function restoration, safe treatment, and resident satisfaction
- Modern mandate: Cost control
- Business imperative:
 - Not quite as clear as the ethical imperative;
 - Needs to be compelling because of the considerable costs associated with implementing needed systems for safety improvements.



Benefits of Accreditation

- Fosters interdisciplinary communication and planning and establishes accountability
- Accreditation provides a framework for thinking about quality, safety and improving performance
- Enhances contract opportunities
- Provides access to consultation, best practices and innovation *ongoing* (not just at survey time)



Benefits of Accreditation, Cont'd

- Provides framework for demonstrating compliance to the Quality First Covenant, thereby enhancing public trust
- Serves as a Risk management tool
 - Reduces liability exposure
 - Consistent with a corporate compliance framework
 - Focuses on proactive self-improvement
- Better prepared for state agency surveys, improved MDS QI results, and fewer complaints (LTCQ data, 2002)



The LTCQ Study: Empirical Data

- In 2002 an analysis of public access data by LTCQ, Incorporated
 - Focused on correlates that differentiated accredited from unaccredited LTC facilities and concluded there was a difference
 - Quality
 - Risk management



LTCQ: Correlates of Accreditation - Severe Health Deficiencies

- Accredited facilities were less likely to have deficiency involving
 - immediate jeopardy (scope/severity level J, K, or L)*
 - a pattern of harm (level H) or widespread harm (level I)*

*Difference significant with or without adjustment for control factors



LTCQ: Correlates of Accreditation- Findings on Complaint Surveys

Accredited facilities had

- Fewer complaints
- Fewer allegations
- Fewer substantiated allegations
- Fewer abuse allegations
- Fewer substantiated abuse allegations



LTCQ: Correlates of Accreditation - Adjusted Quality Indicators

- After adjustment for geography, number of beds, occupancy, and ownership, accredited facilities had
 - Lower prevalence/lower incidence of restraint use
 - Lower prevalence/lower incidence of contractures
 - Lower incidence of weight loss
- Adjusted rates for pressure ulcers and catheters did not differ with accreditation status



LTCQ: Conclusions

- JCAHO accreditation associated with
 - Fewer survey deficiencies
 - Fewer high-level survey deficiencies
 - Fewer complaints, allegations, and substantiated allegations
 - Lower rates of restraint use, contractures, and weight loss

For more information : www.LTCQ.com

LTCQ is an independent information services and consulting company whose mission is to improve the quality of care in all long term care settings by providing information based products that enable providers, payers, regulators, suppliers and consumers to measure quality and to understand the requirements for Quality Improvement.

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The New Accreditation Process: A Shared Vision

- Health care organizations are dedicated to providing safe, high-quality care.
- JCAHO shares this vision and provides an accreditation process to support a health care organization's quality and safety efforts.

And New pathways:

- A new set of approaches or “pathways” to the accreditation process that will support “shared visions.”



The New Accreditation Process represents an accreditation culture change...

Shifts the paradigm from survey preparation to systems improvement

- Focus away from the “exam” and “score”
- Focus toward using the standards as a guide to achieve and maintain excellent operational systems
- Avoid “ramping up”
- Focus on “execution” and away from “potential”; focus on direct care received by the resident
- Results in a rigorous and fair accreditation process



Accreditation Culture Change

- Requires *continuous* compliance with standards and organizational improvement
- Provides better pre-survey and post-survey information
- Promotes safe, quality care
- Focus on issues *most relevant* to the specific organization



Strategies

- Complete review and rewrite of standards
- Enhanced use of the extranet
- Periodic Performance Review (PPR)
- Priority Focus Process (PFP)
- Continued use of ORYX/performance measurement data
- New on-site survey agenda
- Enhanced surveyor development initiatives
- Revised complex organization on-site survey process
- New accreditation decision and reporting approach



New Accreditation Manuals

- Chapter overview
- List of standards
- Description of the components of a standard
- Scoring guidelines
- Standards, rationales, and Elements of Performance (EP's) accompanied by a Periodic Performance Review grid



Components of the new accreditation process

- Periodic Performance Review (PPR)
 - PPR Plan of Action and Measures of Success
- Priority Focus Process (PFP)
 - Priority Focus Areas
 - Clinical Service Groups
 - Relevant standards
 - Tracer Methodology
- Continued use of measurement data
- Customized on-site agenda



Periodic Performance Review

- Accreditation Participation Requirement
- Employs the same tool as used by surveyors
- Expands intra-cycle interaction with JCAHO
- Supports continuous operational improvement
- Assists HCO's in their quest for the 100% compliance, 100% of the time



Full Periodic Performance Review

- Will include HCO self-assessment of all applicable standards, and development of plans of action and measures of success (MOS) for any standard evaluated as noncompliant
- Will include submission of PPR data to JCAHO
- Will involve telephone interaction between the HCO and the Joint Commission for review and approval of plans of action



Options to the Full PPR

Available for organizations that have substantive reasons not to participate in the full PPR (i.e., legal concerns regarding potential discoverability of PPR information shared with JCAHO)

- Option 1: Org performs PPR but does not submit to JCAHO
- Option 2: Org undergoes mid-cycle on-site survey with written report
- Option 3: Org undergoes mid-cycle on-site survey with *no written report* (findings conveyed verbally)



Key Characteristics of Full PPR and Options

- All accredited organizations develop Plans of Action and MOS, as appropriate at mid-point of accreditation cycle
- All accredited organizations share MOS information with surveyors at time of full survey
- All accredited organizations demonstrate a 12 month track record of standards compliance at time of full survey
- Any area of non-compliance discovered at time of full survey will be scored



PPR Plan of Action

- For each standard evaluated as “not compliant” the organization will
 - Describe the planned action for each Element of Performance (EP) marked as partial or not compliant
 - Develop a measure of success (MOS)
 - A numerical or other quantitative measure usually related to an audit that validates that an action was effective and sustained



Link Between Periodic Performance Review and On-site Survey

- Surveyor will ask for data related to the measure of success for each area of standards non-compliance identified on the PPR
- Track record requirements remain
- All standards are “on the table” at the time of on-site survey



PFP: Priority Focus Areas (PFAs) include:

- Assessment and Care/Service
- Communication
- Credentialed and Privileged Practitioners
- Equipment use
- Infection control
- Information Management
- Medication Management
- Rights and Ethics
- Physical Environment
- Orientation and Training
- Quality Improvement Expertise and Activity
- Organization Structure
- Resident Safety
- Staffing



Clinical Service Groups (CSGs) for Long Term Care

- **Long Term Care – Hospital Operated**
- **Long Term Care – Freestanding**
- **Subacute Care**
- **CMS Quality Indicators:**
 - **Loss of ability in Basic Daily Tasks**
 - **Pressure ulcers**
 - **Pain control**
 - **Physical restraints**
 - **Infections – UTI, Respiratory, Wound, Sepsis**
 - **Delirium**
 - **Mobility Concerns**



Goals of the New On-Site Survey Process

- Incorporate the use of the Priority Focus Process and Periodic Performance Review
- Incorporate the use of the tracer methodology to focus on direct care
- Allow more time for education on high-priority issues
- Better engage physicians and other direct care providers
- Provide an organization systems analysis



Tracer methodology – a systems approach to evaluation

- The approach, known as the tracer methodology, traces a number of residents through the organization's entire health care process
- As cases are examined, the surveyor may identify performance issues in one or more steps of the process – or in the interfaces between processes



Example of Long Term Care Tracer

- Subacute care is one of top CSG's
- Resident safety is one of top PFA's
- Surveyor will select a subacute resident from an active resident list, follow care provided to that resident and focus on safety systems, for example,
 - Equipment use
 - Compliance with the national Patient Safety Goals



The On-site Survey Agenda: Systems Analysis & Education

- The on-site survey agenda will be in sync with the organization's normal operational systems
- Few formal interviews – more attention to actual individuals receiving care
- Use of pre-survey, focused information and the tracer methodology will allow the on-site survey process to be customized to the settings, services and populations specific to the organization



Elements of the New Agenda

- Opening and closing conferences
- Leadership conference
- Validation of corrective action plan implementation from the Periodic Performance Review (MOS)
- PFP-guided visits to resident care areas using the tracer methodology
- In-depth evaluation and education regarding high priority safety and quality of care issues – systems tracers
- Environment of Care review and conference



Accreditation Decisions

- Accredited
- Provisional Accreditation (only if ESC fails)
- Conditional Accreditation
- Preliminary Denial of Accreditation
- Denial Of Accreditation
- Preliminary accreditation (early survey option)



Performance improvement pathways for long term care settings

- Traditional LTC accreditation
- Medicare/Medicaid certification-based LTC accreditation
- Assisted Living accreditation
- Integrated Delivery Network accreditation
- Disease Specific Care Certification



Functional Framework 2004: Traditional Accreditation Standards

CAMLTC Chapters:

- Rights and Ethics (RI)
- Provision of Care (PC)
- Medication Management (MM)
- Infection Control (IC)
- Performance Improvement (PI)
- Leadership (LD)
- Environment of Care (EC)
- Human Resources (HR)
- Information Management (IM)



Medicare/Medicaid Certification Based Long Term Care Accreditation: A new survey option



Medicare/Medicaid Certification Based LTC Accreditation

- Why change
 - Field response to financial pressures
 - Overlap with state agency SNF/NF certification survey
- Market analysis
- Eligibility
 - Requirement: Medicare/Medicaid SNF/NF provider agreement



Medicare/Medicaid Certification Based LTC Accreditation

- The on-site survey is one day in length regardless of the organization's ADC.
- The cost is \$4300 regardless of size
- Subacute elements of performance are not included in this accreditation option
- Standards included
 - A subset of long term care standards (28%)
 - Standards focus on areas not covered by SNF/NF Conditions of Participation



Priority Focus Areas are derived from the applicable standards in the *CAM LTC*

- Ethics, Rights, and Responsibilities (4 standards)
- Provision of Care, Treatment, and Services (8)
- Improving Organization Performance (5)
- Leadership (13)
- Management of the Environment of Care (13)
- Management of Human Resources (10)
- Management of Information (6)



Medicare/Medicaid Certification Based LTC Accreditation: Priority Focus Areas

- PFAs will *not* focus on medication management or infection control (other than areas addressed by the NPSGs)
- PFAs will be associated with areas concerned with:
 - Resident safety systems
 - Performance improvement systems
 - Resident pain management
 - Credentialing and privileging
 - Staffing/staffing effectiveness
 - Point of care testing
 - Resident/family education
 - Communication
 - Information Management



Medicare/Medicaid Certification Based LTC Accreditation

- Changes
 - No ORYX Performance Measurement transmission requirement
 - Emphasis on Nursing Home QI/QM Reports, 2567 reports and integration of priorities into the organization PI program
 - No Statement Of Conditions/No LSC survey



Medicare/Medicaid Certification Based LTC Accreditation

- All JCAHO Corporate policies apply
 - Sentinel Event policy
 - National Patient safety Goals
 - Public Information Policy
 - Random Unannounced Surveys



Accreditation VS Certification

- Accreditation: Determination by the Joint Commission's accrediting body that an eligible health care organization complies with applicable Joint Commission standards (The organization is accredited)
- Certification: Designed to evaluate disease management and chronic care services that are provided by health plans, disease management service companies, hospitals and other care delivery settings (The services, such as stroke care, are certified)



JCAHO 2004 National Patient Safety Goals



National Patient Safety Goals

- Each year, a set of Goals will be identified from topics published in *Sentinel Event Alert*
- One or two specific requirements for each of the Goals will be identified for survey the following year
- The Goals and their requirements will be published by mid-year
- Selection of the Goals and requirements will be guided by a panel of experts: the *Sentinel Event Alert* Advisory Group



The JCAHO 2004

National Patient Safety Goals

1. Patient identification
2. Communication among caregivers
3. High-alert medications
4. Wrong-site surgery
5. Infusion pumps
6. Clinical alarm systems
7. Health care-associated infections



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National Patient Safety Goals for LTC

Goal #1: Improve the accuracy of resident identification.

Requirement #1.a.

Use at least 2 resident identifiers (neither to be the resident's room number) whenever taking blood samples or administering medications or blood products.

Requirement #1.b.

Prior to the start of any invasive procedure, conduct a verification "time out" to confirm the correct resident, procedure, and site, using active-not passive-communication techniques.



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National Patient Safety Goals for LTC

Goal #2: Improve the effectiveness of communication among caregivers.

Requirement #2.a.

Implement a “read-back” process for taking verbal or telephone orders, or reports of critical test results.

Requirement #2.b.

Standardize abbreviations, acronyms, and symbols used throughout the organization, including a list of those not to be used.



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National Patient Safety Goals for LTC

Goal #3: Improve the safety of using high-alert medications.

Requirement #3.a.

Remove concentrated electrolytes from resident care units (including KCl, KPO_4 , NaCl > 0.9%)

Requirement #3.b.

Standardize and limit the number of drug concentrations available in the organization.

Goal #3 deleted for AL



Goal #4: Eliminate wrong-site, wrong-patient, wrong-procedure surgery.

Deleted for both LTC and AL



The JCAHO 2004

National Patient Safety Goals for LTC

Goal #5: Improve the safety of using infusion pumps.

Requirement #5.a.

Ensure free-flow protection on all general-use and PCA intravenous infusion pumps used in the organization.



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National Patient Safety Goals for LTC

Goal #6: Improve the effectiveness of clinical alarm systems.

Requirement #6.a.

Implement regular preventive maintenance and testing of alarm systems.

Requirement #6.b.

Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.



Goal #7: Reduce the risk of health care-acquired infections.

Requirement #7.a.

Comply with current CDC hand hygiene guidelines.

Requirement #7.b.

Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.



Requesting Review of an Alternative Approach to NPSG Requirements

- Requests for Review (RFR) of an alternative to one of the NPSG requirements must be submitted at least 60 days prior to scheduled survey
- RFR form and procedure available on www.jcaho.org
- Review by *Sentinel Event Alert* Advisory Group
- Decision on acceptability by the JCAHO
- Evaluation of implementation by surveyor



Top Areas of Non-Compliance to NPSGs for LTC

- 2b: Standardize abbreviations
- 6b: Alarms set properly and audible
- 1a: Two resident identifiers
- 2a: Read back verbal orders
- 5a: Infusion pump free-flow protection



Surveying and Scoring the National Patient Safety Goals

- In 2004 NPSGs were modified to be program specific (program specific goals will be identified for 2005)
- Compliance is evaluated during all full surveys and unannounced surveys
- Must implement all Goals/Requirements that are relevant to services provided, or implement an acceptable alternative(s)
- Surveyors evaluate actual performance, not just intent
- The requirements for Goals 1-3 are also in the 2004 standards and will be scored there (no “double jeopardy”)
- For Goals 4-7, failure to comply with one or both requirements of a Goal will result in a “Requirement for Improvement”



Surveying and Scoring the National Patient Safety Goals

- Based on services provided, which NPSG requirements are applicable?
- Leadership interview:
 - How are the Goals being met?
 - How well are the Goals being met?
 - How do you know how well the Goals are being met?



Surveying and Scoring the National Patient Safety Goals

- Documentation review:

- There are few documentation requirements and no formal documentation review in 2004.
- Surveyors will use whatever documentation the organization has developed for communicating, implementing, and monitoring its response to the Patient Safety Goals. For example:
 - Verification checklist
 - List of abbreviations not to be used
 - Equipment management records



Surveying and Scoring the National Patient Safety Goals

- Resident care unit visits:
 - Surveyors will spend most of their on-site time on resident care units
 - Survey of the NPSGs will be integrated with the rest of the survey process, including tracer activities
 - Multiple interviews with caregivers
 - Some interviews with residents or families
 - Direct observation of the processes of care and the care environment



Public Disclosure of Compliance with the National Patient Safety Goals

- Aggregate data
 - On web site
- Individual health care organizations:
 - Compliance with specific requirements
(whether scored in the standards or NPSGs)
 - Revised “Quality Reports” — 2004
 - On web site in 2004



For More Information on the NPSGs



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National Patient Safety Goals

On July 18, the Joint Commission's Board of Commissioners approved the 2004 National Patient Safety Goals (NPSGs). These goals include the six 2003 and their accompanying requirements, and add one new goal with two requirements that focus on reducing the risk of health care-acquired infections.

2004 National Patient Safety Goals (Effective January 1, 2004)

- [FAQs about the 2004 NPSG - Updated 10/27/03](#)
- [Facts about the 2004 National Patient Safety Goals](#)
- [Form to Request for Review of an Alternative Approach to a 2004 NPSG Recommendation](#)

2003 National Patient Safety Goals (Effective January 1, 2003)

- [FAQs about the 2003 NPSG](#)
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Sentinel Event Statistics Update

- Sentinel event data base implemented 1/95
- From 1/95 to 12/04, JCAHO has received 2405 reports of sentinel events
- 2450 patients were affected with 1840 (75%) resulting in death
- Most frequently reported:
 - Patient suicide
 - Operative complications
 - Wrong-site surgery
 - Medication error
 - Delay in treatment
 - Restraint death/injury
 - Patient fall
 - Assault/rape/homicide
 - Transfusion error
 - Perinatal death/loss of function



Using the LTC Standards as a Risk Reduction Framework *

- *Admission Process inclusive of nursing Mgmt/ attending MD/family* – Assessment coordinated by RN; collaborative approach to assessment; resident/family education; resident/family responsibility; resident/family satisfaction.
- *Physician's Assistant or Nurse Practitioner on staff-* Attending physician or LIP (any one permitted by law/org to provide care & services, without direction or supervision, within the scope of the ind. license, consistent with ind. granted clinical privileges) performs assessment within org's timeframe; The criteria covered with these standards help ensure the residents will receive quality care.

*Underwriting Model Criteria



Risk Reduction Framework, Cont'd

- *Staffing geared to acuity levels* - Addresses adequate numbers of staff; adequacy based on residents needs including activity, environment, functional, infection control, nursing care, nutrition, oral health, rehabilitation and social service.
- *Data tracking and trending (at corp levels) to include incident & variance data* - Addresses the org's data collection system to monitor performance, target areas between surveys that need study, analyze data on an ongoing basis and use information to improve performance and reduce sentinel events.
- *Wound care* - Addresses appropriateness of services; designing the care planning process, coordination/collaboration approach to individualized plan.



Risk Reduction Framework, Cont'd

- *Corporate Quality Assurance oversight* - Includes leadership responsibility in improving org performance; responsible for collaborative approach; standards address PI areas; resident rights in resolving complaints and leadership involvement with PI.
- *Quality Assurance Coordinator in house* - The leaders must assign responsibility for implementing performance improvement activities.
- *Quality Assurance/CQI meeting monthly* - Focus on continually measuring, analyzing and improving the performance of the organization, While monitoring performance is indicated, the Federal Guidelines would drive the frequency of the meetings
- *CQI program in-house utilizing MDS quality indicators* - Leaders must adopt and implement the improvement process from setting priorities to assessing performance and implementing improvements based on assessment.



Risk Reduction Framework, Cont'd

- *Quarterly In-service/Education directed by Corporate: Quality agenda, RM, loss prevention* - Leaders allow for adequate resources (staff time and education) for assessing and improving org performance.
- *Family council (active)* - This standard addresses the development of a family council; family involvement in complaint process; .
- *Resident council (active)* - Addresses the development of a resident council; resident rights regarding complaints.
- *Data tracking & trending (corp & facility levels) include incident/variance data* - The org collects data to monitor its performance, including processes that involve risks or sentinel events; areas targeted for further study.



Risk Reduction Framework, Cont'd

- *Stable Management Team* - The leaders develop programs that address staff recruitment, retention, and development.
- *Turnover (less than 100%)*- Standard addresses the retention of staff since retention activities provide more long-term benefit than recruitment.
- *Surveys Scope & Severity (A,B,C,D,E or Level I/II deficiencies* - This would be covered in both the survey process and in the assessment of data and the continuous performance improvement process.
- *Use of industry specified/ accepted MDS forms* - Joint Commission stds focus on monitoring performance through data collection; this includes processes that are high-risk, high-volume or targeted by the facility for further study.
- *Use of industry specified/accepted Assessment forms* - As above



Risk Reduction Framework, Cont'd

- *High Risk Assessment within 4 hrs of Admission including skin integrity/fall potential*- Covers the initial assessment of the resident includes functional assessment, physical status; the full scope of the assessment process. The timeframe is completed per facility policy.
- *Physical Plant (less than 7 yrs old)* - While the JC does not focus on the age of the building, the environment is carefully considered to maximize the effect on the residents, and the organizational process of continuing to monitor and improve the environment.
- *Floor Plan (one floor)*- Again, while the JC does not stipulate a specific floor plan, EC stds maintain an environment that is safe as well as sensitive to resident needs, comfort and social interaction.



Risk Reduction Framework, Cont'd

- *Rural Environment (Population 0-50,000)*- The org's ability to meet residents' needs w/safe, effective care depends in part on attracting and retaining adequate numbers and types of qualified, competent staff.
- *Clinically Complex* – JC standards address the clinically complex resident issues with elements of performance specifically related to sub-acute areas of the facility. In addition, HR standards also address the issue of adequate staff, increased competency, etc.
- *Alzheimer's* - Dementia special care units are also surveyed under the LTC manual.
- *Wound Care* - Staff play a major role in the management of wound care, therefore, staff must be in adequate numbers and competent to provide specialized care.



Risk Reduction Framework, Cont'd

- *Registered Dietician consults more than 16 hrs per month* - Nutrition like many other resident care issues is an interdisciplinary process. The resident must first be assessed then standards regarding nutrition care are implemented. Weight loss may also be a performance improvement initiative the facility may choose to develop.
- *Hospice Contract* - The resident of the facility should be reassessed periodically to determine the need for a different level of care, should the need arise.
- *Rehab dept in-house w/PT, OT, ST daily* - The resident is assessed and once the need is determined, rehabilitation services help residents achieve their optimal level of functioning, independence and quality of life.



Risk Reduction Framework, Cont'd

- *Formalized Restorative Nursing Program w/full-time Aide-* Rehab services are available to residents by qualified professionals; there is adequate staff to determine and to fulfill the residents' rehab needs.
- *Full-time staff development coordinator* - Adequate staff must be available; staff learning needs are also assessed and maintained to improve staff competence.
- *Full-time Infection Control Nurse* - Infection control is addressed by surveillance, identification and prevention. This plan is then implemented at the facility.



Risk Reduction Framework, Cont'd

- *Less than 150 beds* –JC standards focus not on the number of beds, rather leadership focus on the design and planning of services. Resident satisfaction with these services are also continuously monitored.
- *Staffing geared to acuity levels* - Addresses adequate numbers of staff; adequacy based on residents needs including activity, environment, functional, infection control, nursing care, nutrition, oral health, rehabilitation and social service.
- *Personal Resident alarms/door alarms*- The safety and security of the physical environment is addressed and implemented.
- *Formal QRM program*: Fall reduction, Pressure Ulcer protocols, Hydration/Weight loss; restraint reduction - The facility needs to monitor their performance in areas that are identified as being problematic (i.e., weight loss, pressure ulcer reduction).



Risk Reduction Framework, Cont'd

- *Formal Ethics Committee* - Stds address org issues as well as resident rights to formulate an advance directive; a medical assessment is preformed; advance directive is incorporated into the care plan; also inclusion of resident/family education in this care decision.
- *Certified Medical Director/Med Dir without dual positions* - Medical director's responsibilities clearly delineated in these standards
- *There is a full-time RN to direct nursing services* - an RN coordinates the completion of each resident's assessment; medical assessment is completed by MD or LIP; the resident has access to appropriate levels of care based on this assessment process.



Risk Reduction Framework, Cont'd

- *24 hr RN supervision other than nursing management-* Nursing care is provided to residents 24/7 and a registered supervisor supervises nursing care; if a resident requires nursing services, an RN is on duty 24/7.
- *Clinically complex residents (IV antibiotics, TPN, Central line care, trach, dialysis) maintained on sub-acute unit with 24hr RN coverage-* JC standards address the clinically complex resident issues with elements of performance specifically related to sub-acute residents of the facility. In addition, HR standards also address the issue of adequate staff, increased competency, etc.
- *Respiratory therapist for inhalation therapy -* Initially after an assessment of the resident's needs is completed, an interdisciplinary care plan (including resp. therapists if needed) is developed.



Risk Reduction Framework, Cont'd

- *More than 16 hrs of New hire orientation w/mentor system, competency process, skill assessment* - Orientation process is used to assess each staff member competence; familiarize staff w/jobs; participate in on-going in-services which comply w/laws and regulations.
- *New Hire background checks to include drug scores, licenses verification, reference follow-up*- The qualifications and performance expectations of staff are identified; leadership takes an active role in ensuring that competence is assessed, maintained and improved.
- *Grievance procedures, reviewed and addressed by administrator*- The resident has the right to have complaints heard, reviewed and when possible resolved by the facility; the facility should also monitor resident/family satisfaction feedback as an indicator of how well the facility is meeting their needs.



For More Information

- Visit the JCAHO web site at www.jcaho.org for information about the new accreditation process (SV-NP), sentinel events, NPSGs, and the LTCQ study
- Crosswalk of the Underwriting Model Criteria to JCAHO LTC standards available from mgrachek@jcaho.org
- Crosswalk of the Quality First Principles to JCAHO LTC standards available from mgrachek@jcaho.org

