

New Accreditation Survey: One Health System's Transition

Save to myBoK

by Judith A. Miller, MHSA, RHIA, CHP

The accreditation survey changes launched with the Joint Commission's 2002 "Shared Visions - New Pathways" program will soon be a reality. Every client hospital should be preparing for this new approach to demonstrating quality patient care.

Advocate Health Care, a large, fully integrated not-for-profit healthcare delivery system in metropolitan Chicago, has been preparing for the January 1, 2004, implementation date of the new survey program for months. All eight Advocate Health Care hospitals will undergo a triennial Joint Commission accreditation survey in 2004.

How does an organization with eight hospitals, 3,500 beds, the state's largest privately held full-service home healthcare company, more than 200 sites of care, more than 24,500 employees, and 4,600 affiliated physicians begin such an undertaking? This article will look at the "Shared Visions - New Pathways" program and provide a practical example by showing how Advocate is preparing.

Focus on Patient Safety, Quality of Care

The focus of the "Shared Visions" program is to move the accreditation process toward greater impact on patient safety and quality of care.

Collegial review of the hospital standards was required many months before completion in June 2003. The effort resulted in new, revised, deleted, renamed, and moved standards as redundant standards were eliminated and greater efficacy was introduced. Pre-publication versions of the standards were posted on the Joint Commission Web site (www.jcaho.org) in June, pending release of the final standards in fall 2003.

A mid-survey cycle, periodic performance review (PPR), formerly called self-assessment, is a significant program component. The PPR involves a self-evaluation of compliance with Joint Commission standards and the development of plans of correction (including monitoring plans) for any areas falling short. The PPR is very comprehensive, requiring an evaluation of every relevant standard. During the survey, surveyors will validate the findings of the PPR and compliance with any plans of correction.

Surveyors will use the priority focus process (PFP), which aggregates organization-specific information collected throughout the accreditation cycle, to personalize the survey to the organization. Included will be ORYX core measure data, previous Joint Commission survey recommendations, demographic data related to clinical service diagnostic-related groups, complaints, sentinel event information, and MedPAR data.¹

The survey process will highlight the actual care of patients, as opposed to surveyor documentation review, meetings with hospital staff, and closed medical record review. Tracer methodology will become commonplace. Surveyors will "trace" a patient's care through system processes, for example, tracking system flow from start to finish when an MRI is ordered. The intention is to expose problems that affect patient safety and quality by watching the actual experience of selected patients.

Following a survey, hospitals will have a relatively short time to develop and implement plans of correction for any standards found to be out of compliance. Plans must be submitted to the Joint Commission within 90 days of survey end. After an adjustment period, the deadline will shorten to 45 days. Specific monitoring requirements to measure success must be reflected.

Continuous Quality Improvement

A primary goal of "Shared Visions" is to shift focus away from survey preparation to continuous quality improvement. While this change is commendable and necessary, it will have an effect on how organizations prepare. This is particularly the case for

organizations undergoing survey in 2004, such as the Advocate hospitals, as the revised standards and new process will have just become effective January 1, 2004.

The Advocate system undergoes a “system” Joint Commission hospital survey in which each hospital applies for survey separately but a single opening orientation conference with the surveyors is held at the corporate office. Individual hospital surveys then take place over a two-month period following the orientation day. An advantage of a system survey is that surveyors learn about common system policies and procedures at one time, such as competency assessments, planning and budgeting, and certain performance improvement activities.

Advocate's Approach

Because Advocate hospitals will be surveyed within 12 months of publication of the revised standards, the new standards and survey process needs to be learned, understood, and implemented throughout the system quickly. This affects thousands of employees and management throughout the eight hospitals. The approach taken by the Advocate system involves:

- Formation of a central Joint Commission task force with representatives (Joint Commission coordinators) from each of the hospitals. This task force is responsible for coordinating the survey application process, scheduling the surveys, educating staff and physicians concerning the Joint Commission standards and survey process, developing policies and procedures, and coordinating the performance of mock surveys
- Formation of Joint Commission task forces at all hospitals led by that site's Joint Commission coordinator. The site task force is responsible for ensuring that the site is in compliance with all Joint Commission standards
- Central Joint Commission task force review of 2004 Patient Safety Goals during July and August 2003. The task force is responsible for developing system policies and procedures to address patient safety goals at all Advocate hospitals
- Provision of education about the revised and new Joint Commission hospital standards and survey process to the members of the Joint Commission task forces. Dissemination of pre-publication revised standards to key staff started this process in June 2003. Classroom education about all the standards was provided to task force members in September. Implementation of mock surveys at all hospitals began in October and November 2003. The goal for this time period is to ensure that all “numerical” standards are being met, so that 12 months of compliant data is available for surveyors in 2004
- Completion and submission of Joint Commission hospital survey applications by January 2004. This will be done at several Joint Commission task force meetings by reviewing the applications together and resolving application questions jointly
- Completion of periodic performance review at all hospitals, winter 2004, including specific plans for correction

An Evolving Process

A key element for making a rapid transition to the revised standards and survey process is to begin the transformation as early as possible. Advocate Health Care is confident that the approach being taken will be successful for the next surveys, as well as ensuring the hospitals' ongoing compliance. It is important to also remember that beginning in 2006, surveys will be unannounced as the Joint Commission continues to revamp its survey process.

Note

1. For more information about the ORYX core data measures, visit <http://www.jcaho.org/accredited+organizations/hospitals/oryx/oryx+facts.htm>.

Judith A. Miller (judi.miller@advocatehealth.com) is director of decision support and regulatory compliance and chief privacy officer for Advocate Health System and AHIMA's member on the Joint Commission's Hospital Professional and Technical Advisory Committee.

Article citation:

Miller, Judith A. "The New Accreditation Survey: One Health System's Transition." *Journal of AHIMA* 74, no.9 (October 2003): 66,68,70.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.