

Taking a Second Look at Joint Commission Standards

Save to myBoK

by Jean S. Clark, RHIA

HIM professionals are well aware of the challenge of meeting Joint Commission standards. Now, however, a recently established review committee has the opportunity to recommend changes to the standards—and may even be able to reduce the burden of compliance.

That's the goal of the Joint Commission Standards Review Task Force, created in May 2001. This group of 21 healthcare professionals from all areas of the spectrum is reviewing standards, making recommendations as to their relevance and value, and identifying opportunities to modify or eliminate some standards.

Answering the Question, “Is It Relevant?”

The creation of the task force is an outgrowth of the Joint Commission's more general review process of the past few years. During that time, staff have been reviewing existing standards across all accreditation manuals to improve the integrity of the standards, eliminate irrelevant or redundant requirements, address survey process, develop “common” standards across all accreditation manuals, and design a new format.

At the same time, professionals in the hospital field began to approach the organization with concerns related to current standards and compliance requirements. These concerns included perceptions of excessive documentation requirements and the seemingly continuous addition of standards without a reduction in existing standards.

Led by Ken Shull, president of the South Carolina Hospital Association, the review task force is composed largely of members of state hospital associations and professional associations. About half of the group represents small or rural hospitals. Membership is also representative of states across the country.

Members include healthcare executives, nurses, physicians, survey coordinators, and other healthcare professionals. As AHIMA's representative, I am the only HIM professional on the task force.

What Are the Goals?

The goals of the task force are formidable and challenging, but necessary to improve and enhance the survey process. The task force has been requested to:

- review all hospital standards except those that have been recently implemented—pain management, restraint and seclusion, and patient safety
- make recommendations regarding the relevance, value, and efficacy of existing standards
- identify opportunities to modify or eliminate certain standards
- identify opportunities to reduce the burden and cost of compliance demonstration requirements
- identify and make recommendations to standards that are directly related to the Conditions of Participation

A separate group of physicians, dentists, and medical staff administrative personnel will review the medical staff chapter. The task force has requested to review and make recommendations to the medical staff chapter work group.

Although the recently approved standards for pain management, restraint and seclusion, and patient safety will not be reviewed in their entirety, the task force will review these standards for compliance requirements.

Every Standard Under the Microscope

The work of the task force is expected to continue through July 2002. During this time, the group continues its process for review of every standard in the hospital accreditation manual—a tedious but necessary task. Each standard, intent statement, examples of performance, and standard score(s) is reviewed for relevance in promoting patient safety or high-quality patient care.

Members answer a series of questions for each standard (See “The Tough Questions,” below.)

Task force members use a Web-based application to answer the questions. Joint Commission staff trend the scores and comments into a document for use at face-to-face meetings.

As chapters are completed, it is anticipated that proposed revisions will go out for field reviews, to the Professional and Technical Advisory Committee, and to the Standards and Survey Process Committee for review and comment. In some instances, the recommendations will go before the Board of Directors. Revised standards will be introduced into the accreditation manuals over a two-year time frame.

As of October 2001, the task force had reviewed the chapters on patient rights, leadership, governance, improving organization performance, management, and nursing. Chapters on the environment of care, human resources, infection control, education, and the continuum of care were scheduled to be reviewed before the end of the year.

A chapter of particular interest to HIM professionals, the information management chapter, will be reviewed in March 2002. Previous recommendations provided by a task force of AHIMA members and staff, as well as feedback from the issues forum at AHIMA’s 2001 House of Delegates, will be presented to the task force at the March meeting.

New Format on Horizon

What will the work of this group mean to HIM professionals?

Readers should look for a new format in the accreditation manual. The revised format will consist of the standard, its intent, evidences of performance, and standard score. The format will provide a smoother flow of information from standard to standard as well as clear interpretations and expectations for compliance.

The number of standards will be reduced, and some will be moved to other chapters or combined with existing standards. It is anticipated that all accreditation manuals will eventually follow the revised format and recommendations from the task force will be incorporated as appropriate in other manuals.

It is significant that the Joint Commission leadership and staff are committed to and supportive of the project. Joint Commission president Dennis O’Leary, MD, attends and gives his support at each meeting of the group.

Staff have provided exceptional support, candor, and knowledge of the standards, their origins, and evolution. Task force members, in turn, have provided realistic and appropriate recommendations based upon their own experiences. Respect for each person’s opinion is evident and consensus is always reached in an amicable way.

For me, participating in the task force has been a stimulating and rewarding experience. Our expectations for success and acceptance from the various approval committees and the field are high. u

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The Tough Questions

During the review process, task force members answer the following questions for each standard:

- Does this standard apply to your institution?

- Is this standard directly relevant for improving the quality or safety of patient care?
- Is the standard clear enough to ensure consistent interpretation and application across the industry?
- Is the intent statement clear enough to ensure consistent interpretation and application across the industry?
- Are the survey methods described in the examples appropriate and effective?
- Are the scoring guidelines appropriate?
- Which of the following are you doing only to demonstrate compliance (and wouldn't do otherwise)?

☐ policy/procedure
☐ staff education
☐ additional staff
☐ implementation team
☐ QC monitoring
☐ record keeping
☐ new committee
☐ existing committee
☐ external consultation
☐ patient education
☐ other

- Does the cost/burden of achieving and staying in compliance with this standard exceed its direct contribution to safety and quality patient care?
- Please indicate your recommendation regarding the standard/intent:

☐ no change
☐ leave, but no score
☐ combine
☐ delete
☐ modify

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