

When You Don't See Eye to Eye with a Joint Commission Surveyor

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by Jennifer E. Carpenter, RHIA

You've been preparing for months. Everyone in your facility is on pins and needles. The Joint Commission on Accreditation of Healthcare Organizations has come to your facility. Your boss expects you to make sure everything under your control goes smoothly.

And then it happens. You and the surveyors disagree on the interpretation of a Joint Commission standard or the manner in which your organization demonstrates compliance to a particular standard. Now what?

The Joint Commission has numerous measurement standards and performs accreditation surveys on various types of healthcare settings. The standards are designed to allow each organization seeking accreditation to individually interpret them. Obviously, the interpretation must be within reason and in accordance with the standard's intent. The Joint Commission offers examples of compliance for their standards, and organizations can use these when determining their compliance to the standards. However, it's possible that the Joint Commission surveyors and the organization may not see eye to eye either on a measurement standard's interpretation or the organization's process in complying with it.

Standards Misinterpreted

A recent example in which the Joint Commission survey team and a surveyed organization disagreed on the interpretation of standards centers on record completion. An organization was cited for failure to meet the record completion standards because history, physical exams, and operative reports in patients' charts during open record review were not authenticated within 24 hours.

Currently, there are measurement standards in the Joint Commission accreditation manuals that require timely documentation of a patient's history, physical exams, and operative reports, and that initial patient assessments are completed with reasonable time frames. In addition, some measurement standards require that certain patient assessments be performed and documented within 24 hours of a patient's admission. This applies to a patient's medical history and physical exam in the hospital setting. The measurement standards also address the authentication of applicable medical record entries. At a minimum, medical history, physical exams, operative reports, consultation reports, and discharge summaries are required by Joint Commission measurement standards to be authenticated. However, the Joint Commission measurement standards do not set specific time frames during which the authentication must occur.

AHIMA has addressed this particular misinterpretation of measurement standards with the Joint Commission. It was determined to be the practice of a few surveyors and not the practice of the Joint Commission. Nevertheless, it is a clear example of a surveyor and an organization clashing over measurement standard interpretations and the importance of synonymous interpretation by both parties.

In conjunction with Joint Commission measurement standards, the surveyors look at an organization's written policy requirements and applicable state laws when determining compliance with their standards. If an organization puts a time frame requirement for authentication, it needs to comply with its own policy.

The Process After a Disagreement

If you do not agree with a surveyor's interpretation of a measurement standard, first ask him or her to explain the rationale for the interpretation and findings. If a discrepancy still exists after you have discussed your positions, the surveyor will flag that

area in the findings report. The on-site survey concludes with a Leadership Exit Conference, during which the Joint Commission surveyors meet with the organization's CEO and other key management. The purpose of the conference is to:

- review the preliminary survey report, if the organization's CEO allows distribution
- gain agreement between the survey team and the organization regarding survey findings
- report to the organization the potential accreditation based on survey findings

To gain accord between the survey team and the organization, any issues flagged due to a disagreement between a surveyor and the organization are revisited at the Leadership Exit Conference. The participants can discuss and challenge any citations. If the Joint Commission survey team and the members of the Leadership Exit Conference come to an agreement, the flag is removed from the survey findings report and a new preliminary report is created. If an understanding is not achieved during the conference, the issue remains flagged as unresolved in the preliminary report.

The preliminary report is submitted to the Joint Commission's central office for analysis and a final accreditation decision. The staff analyzes the entire report and reviews in detail any flagged discrepancies. The Joint Commission rules on the discrepancies and issues a final accreditation survey report and accreditation level decision to the organization. The organization then has 30 days from the receipt of its Official Accreditation Decision Report to request a revision of any portion of the report related to survey findings or follow-up activities.

Communication is the Key

Because the Joint Commission is committed to having standards open to interpretation and not a rigid set of rules, disparities in interpretation occasionally may occur. It is important to have open dialogue with the survey team when there is a disagreement about the interpretation of a standard. The prospect of raising issues of this nature may be unpleasant, but they can affect the survey results and the final accreditation level decision for the organization. Your intervention may lead to a more positive result. Because you may not always see eye to eye with a surveyor, it is reassuring to know that a review process is in place if you need it.

Reference

Joint Commission on Accreditation of Health Care Organizations. *The Accreditation Cycle: Official Accreditation Policies and Procedures*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Health Care Organizations, 1999, p. 33.

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