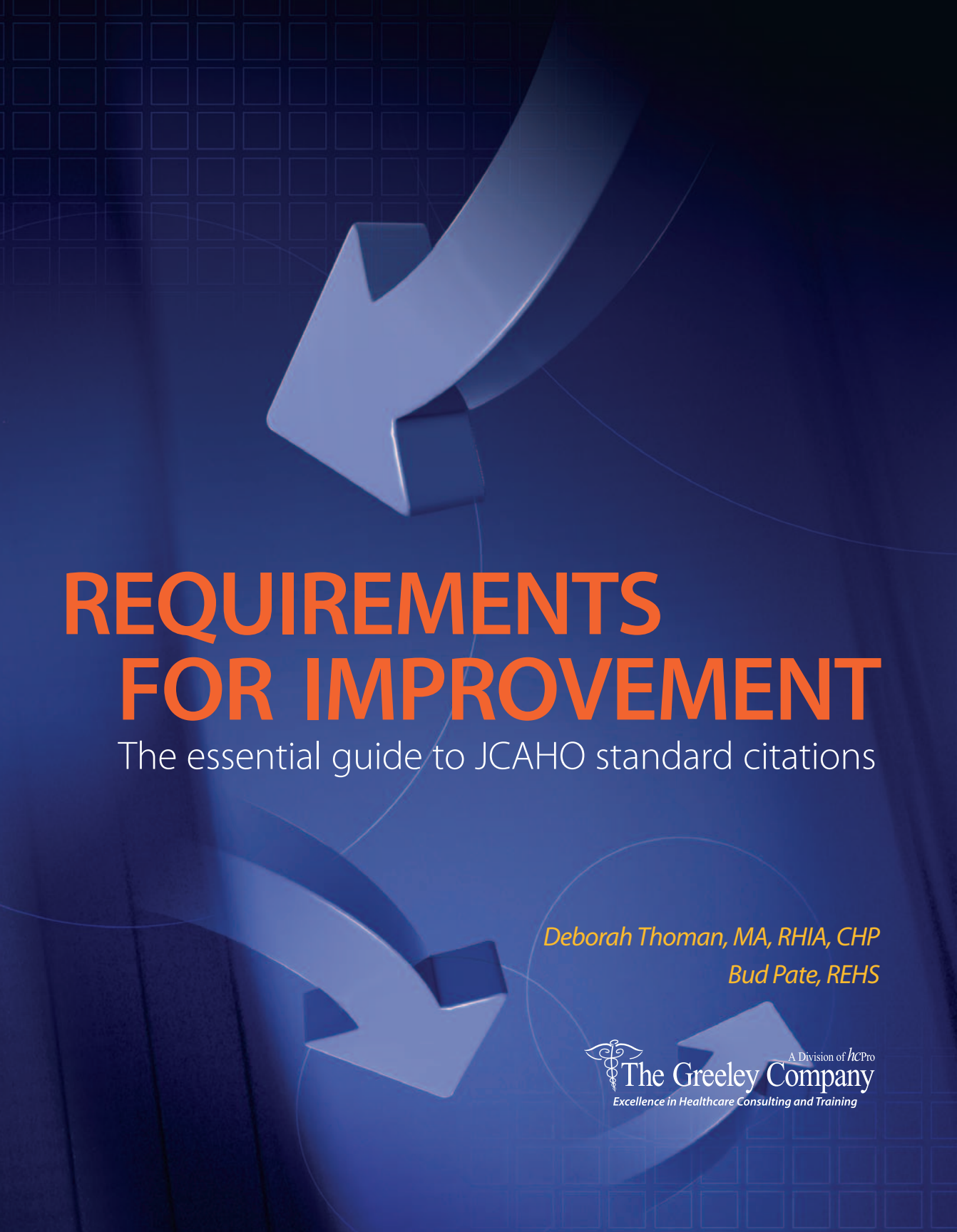


REQUIREMENTS FOR IMPROVEMENT

The essential guide to JCAHO standard citations

Deborah Thoman, MA, RHIA, CHP

Bud Pate, REHS

A Division of *hc*Pro

The Greeley Company

Excellence in Healthcare Consulting and Training

Contents

About the authors v

Section 1: Introduction **1**
Why the focus on requirements for improvement? 1
Accreditation is graded on a curve 1
You can't afford to respond to JCAHO myths 2
The GAO report 3
The Joint Commission response 5
Key definitions 6
A closer look: Clarifications 10
A closer look: Evidence of standards compliance 17
On-site ESC survey 20

Section 2: Activities before and during survey **21**
Proactively avoid and handle RFIs or clarify noncompliance findings while JCAHO surveyors are on-site 21
Case study: Tracers, PPR approach give one hospital perfect JCAHO survey 27
Deal with findings while they are still in draft 33
Gear up before survey to spring into action immediately 34
Case study: Trace surveyors while surveyors trace patients and systems . . . 38
Recording data during survey 42

Section 3: Communicating with your surveyor **47**
Surveyors are only human 47
Three fundamental rules for compliance 49
Causes of inaccurate findings 53
How to track issues as they arise during survey 53
Ask for a sidebar 57
Getting the chutzpah to open a dialogue 60
Moving your dialogue from surveyor to the Joint Commission 62
Case study: What should you do if you find yourself face to face with a difficult surveyor who is causing problems? 65

Section 4: The real work begins after survey 71
What happens after survey 71
Harsh possibilities: Conditional accreditation or preliminary denial of accreditation 72
Strategies for submitting clarifying evidence 75
RFI math 82
The 45-day ESC process 83
How to write an ESC 84

Section 5: Samples 87
Clarifications 89
Evidence of standards compliance 103
Evidence of standards compliance with measures of success 117

SECTION 1

Introduction

Why the focus on requirements for improvement?

This book is essential for anyone who must deal with the realities of Joint Commission surveys and standards. It will teach you how to

- avoid unjustified or unfair requirements for improvement (RFI)
- correct valid RFIs without shooting yourself in the foot

We're all after the same thing: stable compliance with Joint Commission standards to support high quality, efficient patient care. Unfortunately, taking survey findings at face value often is not the best way to achieve this goal. As you read on you'll see what we mean.

Accreditation is graded on a curve

A single RFI can mean the difference between full accreditation and conditional accreditation. Only six RFIs lie between full accreditation and preliminary denial of accreditation. And, as you'll learn later in this section, Joint Commission leaders are

urging surveyors to issue more and more RFIs. The more improvements, the better the institution, or so the reasoning goes. And they would be correct if RFIs issued truly represented deviations from the standards. Unfortunately, this is not always the case.

You can't afford to respond to JCAHO myths

Hospitals and other accredited healthcare organizations harm themselves over and over again by responding to Joint Commission myths rather than Joint Commission facts.

Myth #1: All Joint Commission surveyors are experts in what the Joint Commission requires.

Fact #1: Although Joint Commission surveyors are knowledgeable and dedicated healthcare professionals, they are not omniscient. They are not even consistent with each other.

The Joint Commission recently conducted an exercise during nationwide surveyor training. At the end of the week-long session in the standards, faculty presented a series of scenarios to surveyors. They started with the statement: "During a survey you find" and the assembled masses were asked to score an element of performance as insufficient compliance (score 0), partial compliance (score 1), or satisfactory compliance (score 2). Each possible score received votes from a significant number of the surveyors present. Even by the end of a week-long training session, with instructions from the Joint Commission still ringing in their ears, a significant fraction of surveyors did not accurately score the element of per-

formance. What does this imply about the accuracy of the RFIs you may receive?

Myth #2: After the survey report is received, the Joint Commission standards department reviews the report to drive out all inaccuracies.

Fact #2: One hospital recently received nine RFIs, just one shy of conditional accreditation. Everyone (except the survey coordinator) was happy; the hospital was fully accredited. And the findings must be accurate. The Joint Commission surveyors were certain there were problems and Joint Commission staff had "scanned" the report before issuing it to the hospital.

But, only after a careful review of the accuracy of the findings, and "clarifying" them (more on this later), did we find that there were only four valid RFIs! Five RFIs, or 56%, were removed.

So what, you may say, either way the hospital received full accreditation. But here's so what: Had the hospital actually tried to correct the invalid findings they would have been unsuccessful, they would have wasted resources, and compliance (and the Joint Commission) would become associated with silliness.

The GAO report

A 2004 report published by the Government Accountability Office (GAO), an investigative agency, concluded that the Medicare program needs to provide greater oversight of the Joint Commission and its role in surveying hospitals. The report

focused on the disparate results of 500 Joint Commission surveys as compared to follow-up validation inspections of those same hospitals by the state agencies on behalf of the Centers for Medicare & Medicaid Services (CMS). The inspections occurred during fiscal years 2000–2002.

The validation surveys found 241 serious deficiencies in hospitals, 69% of which the Joint Commission didn't identify, the GAO said. The Joint Commission fired back: President Dennis O'Leary said that overall, CMS found only 2% of the 11,000 individual Conditions of Participation out of compliance during the validation surveys.

The two sides are likely to volley the issue for awhile, but what does the issue mean for you? Many experts believe that the GAO report has put pressure on the Joint Commission to survey more strictly so that not all organizations are given a rubber-stamped accreditation—indeed, so that some are actually *not* accredited. This mentality has trickled down to the surveyors who visit organizations, and so it helps to be aware of the history.

The GAO's recommendations

The GAO's report on Medicare oversight of accreditation surveys recommended the following:

1. Congress should end the Joint Commission's deemed status with the Medicare program in which accreditation with the JCAHO automatically leads to Medicare funding for a hospital.

By removing deemed status, the CMS would be able to provide better oversight of the JCAHO's survey process. A bill is already in the House of Representatives to accomplish this goal.

2. CMS should strengthen the ways in which it measures disparities with JCAHO findings and report to Congress about the performance of JCAHO-accredited hospitals.

3. CMS should increase validation survey samples from 1% to at least 5% of accredited hospitals.

To read the report online, go to *www.gao.gov/new.items/d04850.pdf.*

The Joint Commission response

The Joint Commission could lose a lot of business if it loses deemed status. So, think about what you would do if you were the president of the Joint Commission. You'd probably try to deny accreditation to some hospitals and you'd probably try to reach the same findings as CMS surveyors, and that's exactly what the Joint Commission has been trying to do.

We want you to be successful. We want you to avoid inaccurate RFIs. And we want you to correct true deviations from the standards. Because, remember that the easy problems already have been fixed; those that remain are difficult to fix.

Key definitions

Before we get into the detail of dealing with RFIs, we need to define some things.

The following Joint Commission terms, definitions, and commonly used acronyms may be useful to you as you read this book and prepare to respond to survey findings. For easy reference, they appear below in alphabetical order, but they also appear throughout the book as you need to know them when addressing Joint Commission standard citations.

Accreditation report

The report the Joint Commission survey team leaves with an organization CEO after survey that outlines the survey team's findings, RFIs, follow-up requirements, and supplemental findings. Surveyors also send the report to the Joint Commission Central Office, where it is reviewed and then posted to the organization's Jayco extranet site.

Corrective action

A detailed description of the action or actions taken (not the action or actions the organization plans to take) to comply with elements of performance identified in RFIs.

Clarifying evidence of standards compliance (CLAR ESC)

An appeal or a correction made to an RFI instead of an evidence of standards compliance (ESC). Unless you land in conditional or denial

of accreditation, you submit clarifications along with regular ESCs. If you go above the threshold for number of RFIs (10 for hospitals in 2005 and 2006), you have 10 days to submit CLAR ESC before the Joint Commission decides to proceed with adverse action.

Daily briefing

This session between the Joint Commission survey team and the organization survey team takes place each morning of survey (except on the first and last days) and lasts about 30 minutes. During this time, both sides discuss surveyor findings and have dialogue about the survey process.

Evidence of standards compliance (ESC)

A report made to the Joint Commission no more than 45 days after survey that addresses corrective action taken for each element of performance identified in any RFIs. ESCs are required for one or more RFIs. A Joint Commission account representative reviews ESCs within 30 days of receipt and, if approved, the action must be sustained, through measurement, for four months, and its average level must be reported to the Joint Commission.

Measure of success (MOS)

Numeric or other quantifiable data, usually related to an audit, that demonstrate corrective action taken and sustained. Favorable data collection methods include record review, staff interviews, performance improvement (PI) data, building inspections, etc. A target MOS is required when submitting an ESC.

Compliance rates for scoring an MOS are as follows:

- 79% or below = 0 or noncompliance
- 80%–89% = 1 or partial compliance
- 90%–100% = 2 or satisfactory compliance

Requirement for improvement (RFI)

These are issued for standards noncompliance at the time of survey. All RFIs must be addressed in ESCs or CLAR ESCs. (See Figure 1.1 for a list of the standards for which organizations received the most RFIs in 2005).

Sample sizes

The Joint Commission requires that you sample a minimum number of records either when clarifying RFIs or when designing a measure of success.

The accreditor has specified the following minimums:

- Sample all cases for a population size of fewer than 30 cases
- Sample 30 cases for a population size of 30–100 cases
- Sample 50 cases for a population size of 101–500 cases
- Sample 70 cases for a population size of more than 500 cases

Figure 1.1 Challenging standards

The following standards were the most challenging for organizations surveyed in 2005 based on percent of hospitals receiving RFIs.

- **IM.3.10** (process to manage information) = 44%
- **MM.2.20** (medication storage) = 38%
- **PC.13.20** (operative procedures planned) = 27%
- **EC.5.20** (*Life Safety Code*®) = 16%
- **MM.3.20** (written medication orders) = 15%
- **IM.6.10** (medical records) = 14%
- **PC.8.10** (pain assessment documentation) = 13%
- **IM.6.50** (verbal order readback) = 12%
- **MM.4.10** (prescription review) = 11%
- **PC.2.120** (initial assessment timeframe) = 11%
- **EC.1.10** (safety risk management) = 10%
- **LD.3.90** (leaders develop/implement policies) = 10%
- **MS.4.20** (privileging process) = 10%

Source: Joint Commission on Accreditation of Healthcare Organizations

Supplemental findings

Surveyor recommendations; they are not RFIs and therefore do not count against the organization or require a response. The organization, however, is encouraged to correct supplemental findings. The Joint Commission most likely will check up on them during the next survey.

Threshold

The maximum number of RFIs an organization may receive before being assigned conditional accreditation or preliminary denial of accreditation. (See Figure 1.2.)

Survey outcomes

For 2004 (complete data for 2005 were not available at press time), the Joint Commission reports the following:

- 1,453 full hospital surveys evaluated
- 14,014 elements of performance scored 0 or 1
  - Percent scored 0 = 53%
  - Percent scored 1 = 47%
  - Category A = 22%
  - Category B = 44%
  - Category C = 34%

A closer look: Clarifications

This book explains how to provide evidence of standards compliance. Often, organizations struggle with the task of

Figure 1.2 **RFI Thresholds**

Note: The Joint Commission calculates thresholds by taking the total number of noncompliant standards for a sample of organizations surveyed for each program during the previous year. At press time, 2006 thresholds were announced for the hospital and critical-access hospital programs.

Conditional accreditation thresholds by program

	2005	2006
Ambulatory	12	
Behavioral healthcare	11	
Critical-access hospital	5	5
Hospital	10	10
Laboratory	11	
Long-term care	11	
Office-based surgery	13	
Home care	7	

Preliminary denial of accreditation thresholds by program

Ambulatory	15	
Behavioral healthcare	15	
Critical-access hospital	7	8
Hospital	13	15
Laboratory	14	
Long-term care	14	
Office-based surgery	17	
Home care	9	

communicating to the Joint Commission that they comply with a standard despite having been cited during a survey as noncompliant.

A clarification is similar to an evidence of standards compliance (ESC) in that it explains how the hospital complies with the standard for which it received an RFI. However, with a clarification, you're saying you are in compliance with the standard, and you explain how.

Hospitals that receive up to nine RFIs have 90 days after survey/45 days after January 1, 2006, to craft a response to the Joint Commission in the form of either ESCs or CLAR ESCs. But hospitals with 10 or more RFIs have just 10 working days to submit any clarifying information once the Joint Commission completes its internal review process of the survey report. (See Figure. 1.3.)

Six steps to submitting CLAR ESC

The following six steps are essential to properly submitting CLAR ESC to the Joint Commission (for more detail, see Section 4, and for samples, see Section 5):

1. Start searching carefully for potential clarifications once the preliminary report comes back with eight or more RFIs. Remember, the Joint Commission's internal review process, SCAN, often turns supplemental findings into RFIs, so don't be caught off-guard in case there is RFI inflation between preliminary and final reports.

2. Carefully read the surveyor findings and the standard to be sure that the findings are accurate and that they truly represent a variation on the wording of the standard requirement—in particular, its elements of performance. Any finding that does not follow the wording of the element of performance is a possible candidate for clarification.

3. Immediately sample *any* findings for category C elements of performance. Sometimes 80% performance is sufficient to turn an RFI into a supplemental finding. Be careful to sample records from 30 days prior *but not including* the dates of the survey.

4. Don't try to clarify an accurate finding; correct it. Before you correct it, be sure you understand it. Accurate findings have two parts: they reflect facts observed during the survey and they represent a true deviation from the element of performance *as written*.

5. Follow the intent of the Joint Commission's instruction. Be specific, but don't focus on following the exact format provided by the Joint Commission as long as the overall clarification makes sense and is thorough.

6. Don't wait to seek expert help. The more RFIs you receive, the more time you need to prepare a successful clarification.

What's required for each element of performance?

For category A and B EPs:

The organization must answer and submit the following information (if applicable): what, who, when, how, and why.

For category B EPs:

The organization also must include how it considered the principles of good process design to arrive at the decision that the organization was in compliance. Good process design has the following characteristics (check the *Comprehensive Accreditation Manual for Hospitals* for more information):

- Is consistent with the hospital's mission, values, and goals
- Meets patient needs
- Uses currently accepted practices (i.e., doing the right thing and using resources responsibly)
- Includes current safety information and knowledge, such as sentinel event data and the National Patient Safety Goals
- Includes relevant performance improvement results

Category C EPs:

The organization must submit an audit from a random sampling.

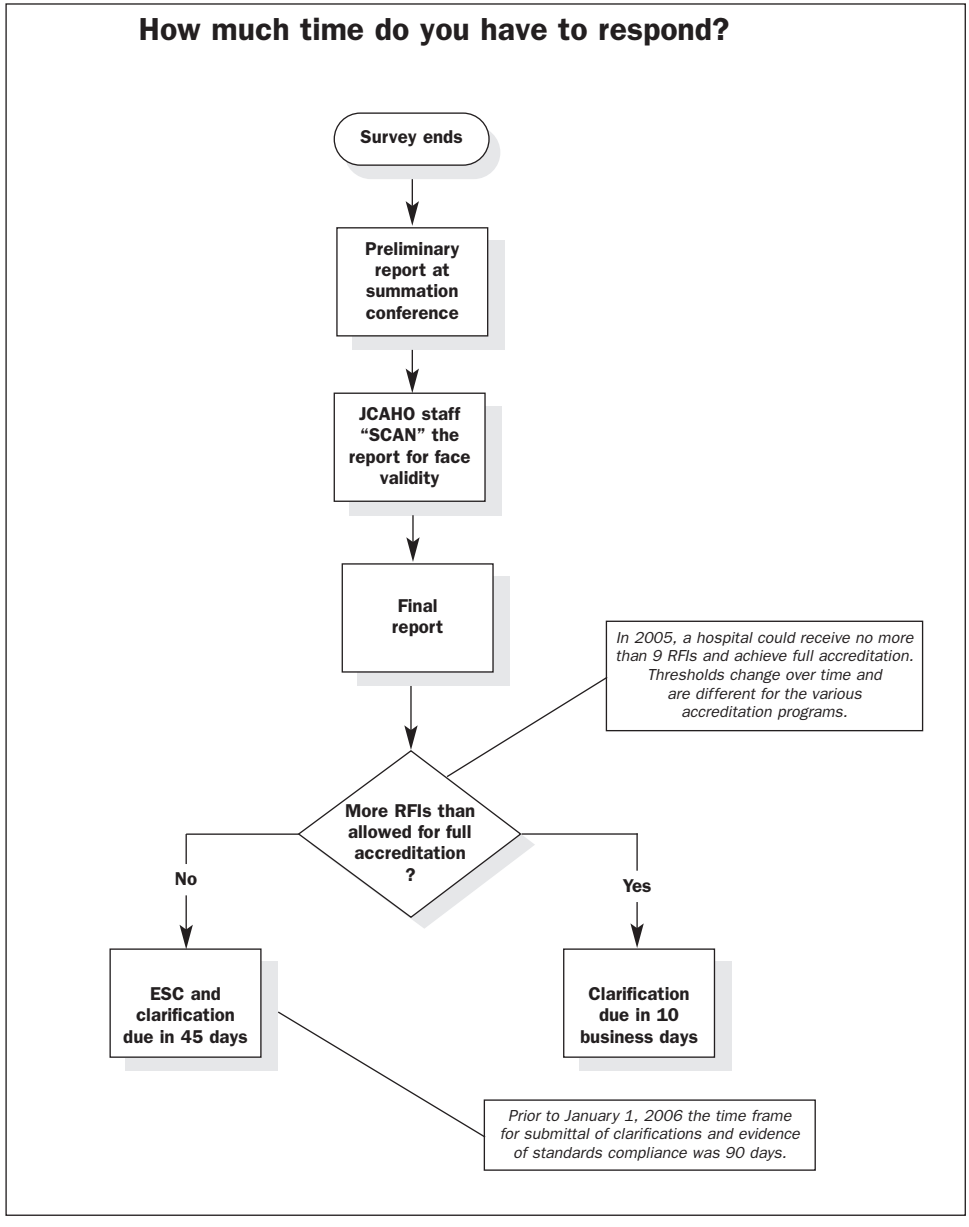
A few words from the Joint Commission on CLAR ESCs

The Joint Commission encourages organizations to be clear and concise and not to convey any conversational messages. Darlene Christiansen, director of the Joint Commission standards interpretation group and office of quality monitoring, says it amazes Central Office that many CLAR ESCs and ESCs come in with a lot of extraneous information. "Maybe there was an ideology that differed from your own or maybe they take issue with something the surveyor said, but we know nothing about it," Christiansen says. "Focus on the element of performance, the surveyor's evidence, and why you believe it wasn't broken."

Christiansen also provided this insight into what the accreditor wants during its annual Hospital Executive Briefings 2005 session:

- Don't discuss the future. CLAR ESCs illustrate what's *already in place*.
- Be as affirmative as possible. "Don't tell us the process to get to the change; tell us the change."
- Don't tell a story without a conclusion.
- If there's an MOS expectation, make sure you can do what you say you're going to do. Come up with something doable and achievable so that your measurement technique works for you.
- Audits: We assume that three observations is representative of the organization. However, in a large organization, this may not be the case. If you have representative data (pre-survey), show us.
- Use your 10 days wisely. Don't waive it; do it.

Figure 1.3 Response times



A closer look: Evidence of standards compliance

An ESC is a statement of exactly how a finding was corrected. The issue must be *completely resolved* by the date of ESC completion and must indicate the following:

- **Who** made the change, by title or position (e.g., chief nurse executive, director of respiratory care, pharmacy and therapeutics committee, etc.)
- **What** was specifically done (e.g., policy or form changed, process improved, etc.)
- **How** the revision was implemented (e.g., staff on all shifts were educated and compliance was monitored, etc.)
- **When** all implementation steps were completed (note that the date must be before the mandated response date, which for fully accredited hospitals is 45 days from the date the report is received, as of January 1, 2006).

Three steps to submitting ESCs

The following three steps are essential to properly submitting ESCs to the Joint Commission (for more detail, see Section 4, and for samples, see the box that follows the steps; also see Section 5):

1. Start working on the RFI when the preliminary report is received at the end of survey—don't wait for the final report.
2. For category C elements of performance:

- Nearly all C elements of performance require measures of success. Determine the sampling methodology. Remember, you generally need a random sample of 30–70 medical records or occurrences. Take the sample just before the time of the survey (include data from the days of the survey) and don't go back more than 30 days prior to the beginning of the survey. The sample may be representative of your overall hospital population while still focusing on the practice at issue in the RFI. Ask your account repesentative to review the sampling method before you collect the data; the Joint Commission's practices for what is and isn't acceptable for clarifications and measures of success are not consistent.
- If the survey-time sample reflects overall compliance with the standard, submit the data as a clarification —don't correct it. Remember: 80%, or partial compliance, is often good enough to change a finding from an RFI to a supplemental finding, if no more than one-third of a standard's elements of performance are scored 1 and none are scored 0.
- If the survey-time sample reflects noncompliance, complete the ESC. The sample will give you a baseline of your performance and show you whether the measure of success is realistic.

2. The Joint Commission gives good advice for the wording of corrective actions. Remember that there are several

ways to comply with a standard, but only one works perfectly for your organization. Your challenge is to find that one.

3. Contact your account representative and start vetting the ESCs with him or her right away. Most account reps will give you advice when they have the chance, but remember that you must do this as early as possible; don't wait for the last minute.

Here's an example of a simple ESC statement for emergency drills (make sure the dates of correction are before the ESC due dates):

> The emergency management plan was updated to require live rehearsals for outlying locations occupied by the hospital. The revised plan was approved by [WHOM] on [WHEN]. Staff at all off-campus patient care locations participated in these rehearsals, the last of which was completed on [DATE]. A regular calendar of rehearsals required by the various environment of care plans, including emergency management and fire safety, was approved by the [COMMITTEE NAME] on [DATE]. The [COMMITTEE NAME] will receive routine reports to ensure that all required rehearsals take place as planned.

On-site ESC survey

At Hospital Executive Briefings sessions in September 2005, Joint Commission officials hinted there may be a "validation survey" for organizations that submit clarifying evidence. Kurt Patton, executive director of Joint Commission's accreditation services, said that meetings were taking place to discuss what happens to organizations given conditional accreditation or preliminary denial of accreditation but are able to clear things up and move up in accreditation decision category status. "Should we do a validation survey to check up that organizations do have their clarifying evidence to validate them coming out of preliminary denial of accreditation or conditional accreditation?" he asked. He cautioned that it wouldn't affect the organization with one or two RFIs. "If it looks like, through clarification, an organization will end up with full accreditation, we may do a short survey."

Sure enough, in November 2005, the Joint Commission announced on-site ESC surveys to begin in January 2006. The on-site surveys to validate ESC submissions will be conducted randomly. Surveyors will be looking to validate statements made in ESCs by surveying the areas that were the subject of any RFIs. Surveyors will determine if the organization implemented corrective actions. If surveyors find noncompliance, organizations could lose accreditation by violating the *Information Accuracy and Truthfulness Policy*.

On-site ESC surveys will be unannounced, one-day only, and organizations will not incur any cost. Organizations can anticipate an on-site ESC survey shortly after the Joint Commission accepts its ESCs, or shortly after submitting an MOS for an accepted ESC.

HCPro

Order your copy today!

Please fill in the title, price, order code and quantity, and add applicable shipping and tax. For price and order code, please visit *www.hcmarketplace.com*. If you received a special offer or discount source code, please enter it below.

Title	Price	Order Code	Quantity	Total
				$

Your order is fully covered by a 30-day, money-back guarantee.

Shipping* (see information below)	$
Sales Tax** (see information below)	$
Grand Total	$

➲ **Enter your special Source Code here:**

Name

Title

Organization

Street Address

City State ZIP

Telephone Fax

E-mail Address

***Shipping Information**
Please include applicable shipping. For books under $100, add $10. For books over $100, add $18. For shipping to AK, HI, or PR, add $21.95.

****Tax Information**
Please include applicable sales tax. States that tax products and shipping and handling: CA, CO, CT, FL, GA, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, NC, NJ, NM, NY, OH, OK, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV.

State that taxes products only: AZ.

BILLING OPTIONS:

☐ Bill me ☐ Check enclosed (payable to HCPro, Inc.) ☐ Bill my facility with PO # _____

☐ Bill my (✓ one): ☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover

Signature Account No. Exp. Date

(Required for authorization) (Your credit card bill will reflect a charge from HCPro, Inc.)

Order online at *www.hcmarketplace.com*

Or if you prefer:

MAIL THE COMPLETED ORDER FORM TO: HCPro, Inc. P.O. Box 1168, Marblehead, MA 01945

CALL OUR CUSTOMER SERVICE DEPARTMENT AT: 800/650-6787

FAX THE COMPLETED ORDER FORM TO: 800/639-8511

E-MAIL: *customerservice@hcpro.com*

 Code: EBKPDF