



# JCAHO Update

A GUIDE FOR HEALTHCARE WORKERS  
AND THEIR UNIONS



*A Union of Professionals*

AFT Healthcare 



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# INTRODUCTION

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is a private organization created in 1951 to provide voluntary accreditation to hospitals. In 1964, it began charging hospitals for the surveys it performed. A typical three-day survey today costs a hospital approximately \$40,000.

In 1965, Congress passed the Social Security Amendments with a provision that hospitals accredited by JCAHO are “deemed” to be in compliance with most of the Medicare Conditions of Participation for Hospitals and therefore are able to participate in the Medicare and Medicaid programs. This means that simply by passing a JCAHO survey (which the hospital pays for), a hospital is eligible for millions in federal healthcare dollars. Many states rely on JCAHO accreditation as a substitute for their own inspection programs, with only a handful of states not recognizing JCAHO accreditation.

For the past decade, representatives of AFT Healthcare, along with representatives of other unions that represent healthcare workers, have been meeting with the president and high-level staff of JCAHO. The unions have maintained that JCAHO should make the following fundamental changes if it is to continue acting on behalf of the government in overseeing hospital quality:

- Triennial surveys must be unannounced so that hospitals will not have time to conceal unsafe conditions for workers and patients.
- Workers who speak to JCAHO surveyors must be protected from employer retaliation. In the event that a hospital intimidates or punishes any worker who speaks to JCAHO surveyors in a light unfavorable to the hospital, JCAHO should deny that hospital's accreditation or conduct another unannounced survey at a later date. Workers who



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Speak to JCAHO surveyors also must be assured confidentiality. The best way to do this is to hold off-site interviews with workers.

■ JCAHO must adopt a full public disclosure policy similar to that imposed by Congress on the nursing home industry. This will provide consumers with protection they don't currently receive from JCAHO.

After years of meetings and pressure from other outside entities to make its accreditation survey process more meaningful, JCAHO has launched a myriad of new initiatives, many in step with proposals made by frontline healthcare workers through their unions.

Since most of these initiatives are still in the very formative stages, it is too early to determine their effectiveness. However, we are optimistic that JCAHO is listening to health practitioners and striving to make the accreditation survey process more meaningful for employers, workers and patients.

# SHARED VISIONS—NEW PATHWAYS

JCAHO’s new survey process has been dubbed **Shared Visions—New Pathways**. According to JCAHO, the name was chosen because the commission shares a vision with the organizations it accredits:

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

New Pathways represents a new set of approaches or “pathways” to the accreditation process that will support “shared visions.”

JCAHO has said it believes the new process will be viewed as more credible among public stakeholders, that it directs greater attention to improving health-care safety and quality, and that the new standards are embedded in operations and systems rather than expensive ramp-up costs. In other words, hospitals and other employers may be held to higher standards on a continuous basis rather than during a two- to three-day period during which the employer may have ramped up staffing and made other cosmetic changes in an attempt to receive accreditation.



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## UNANNOUNCED SURVEYS

**Beginning Jan. 1, 2006, all surveys will be unannounced.** During the three-year phase-in period, the regular triennial surveys will be conducted in the year in which they would normally occur: Beginning in 2009, organizations can expect an on-site survey anytime between the 18<sup>th</sup> and 39<sup>th</sup> month after the previous survey. Beginning in 2007, random unannounced surveys, which usually are conducted at about 5 percent of accredited organizations each year, will be eliminated.

In the months between on-site surveys, accredited organizations will engage in continuous standards compliance, using new technologies to facilitate the continuous flow of information between healthcare organizations and JCAHO, specifically a new secure extranet customer portal called "Jayco." The primary tool for collecting information and sharing it with JCAHO is called the Periodic Performance Review (PPR).

# PERIODIC PERFORMANCE REVIEW (PPR)

The Periodic Performance Review (PPR) is an evaluation tool that an accredited organization will use to perform a self-assessment focused on patient safety and quality of care issues. The organization will self-evaluate its compliance with all Accreditation Participation Requirements (APRs), Standards, and Elements of Performance that are applicable to the services that the organization provides. In any areas found not in compliance, the organization will be required to develop a Plan of Action (POA) for areas identified as needing improvement. According to JCAHO, the PPR provides the framework for continuous standards compliance and focuses on the critical systems and processes that affect patient care and safety.

Because some hospitals were uneasy about the legal disclosure of PPR information shared with JCAHO, three options to the full PPR were developed.

- **Option 1:** The organization performs the mid-cycle self-assessment but does not submit the information to JCAHO.
- **Option 2:** The organization undergoes a mid-cycle on-site survey.
- **Option 3:** The mid-cycle survey is performed, as in Option 2, but no written documentation or report of the survey is left with the organization.

Both the full PPR and the options facilitate a more continuous accreditation process by incorporating an additional form of evaluation. The full PPR and Option 2 have the additional benefit of helping to ensure consistency in accreditation, since the scoring method for the PPR is the same as that used by surveyors during the on-site survey. Organizations are advised to seek the advice of an attorney before deciding to use the full PPR or one of the three options.

The results of the PPR self-assessment will lead to a Plan of Action (POA), which will be reviewed and finalized by telephone with a JCAHO staff member. The PPR findings and the POA will not affect the organization's current accreditation decision.

Organizations will know their POA was suitable based on JCAHO's Measure of Success (MOS). A MOS is data collected in the area in question for an approved evaluation. This data must be collected for a minimum of four consecutive months and it must be numerical or quantifiable. The data should be useable to determine if the accredited organization's action was effective and sustained.

## ON-SITE SURVEY

On-site surveys will be more focused than in the past—looking closely at those areas identified as problems during the PPR. A new software application, the Priority Focus Tool (PFT), is a data-driven tool that helps focus survey activity on issues most relevant to patient safety and quality of care at the specific healthcare organization being surveyed. This is a major change from the way surveys have been conducted.

The surveyors will determine the organization's success in executing its Plan of Action, together with assessment of compliance with other randomly selected standards. The on-site survey will use a "tracer" method focusing on direct patient care. What this means is that individual patients, called "tracers," will be randomly selected and followed by a surveyor through the organization in the sequence they receive care. In conducting evaluations using tracers, the surveyor examines the components of a system (i.e., care within each department) and how those components work together (i.e., the handoff between departments). The types of patients selected will be determined in part by the Priority Focus Tool. JCAHO has stated that there will be a focus on discharge planning.

If a surveyor notes problem trends, a Requirement for Improvement is issued. The organization has 90 days (45 days after Jan. 1, 2006) to submit Evidence of Standards Compliance (ESC). Once the ESC has been reviewed and accepted, the accreditation decision will be made.

If an on-site surveyor identifies a potentially reviewable sentinel event that has not been reported to JCAHO, that surveyor:

- Will inform the CEO.
- Will report to JCAHO.
- Will review compliance with sentinel event-related standards.
  - Reviewing the process for reporting the sentinel event;
  - Interviewing leaders/staff about expectations and responsibilities related to sentinel events; and
  - Reviewing examples of root cause analysis conducted in past year to assess adequacy of process.

The on-site accreditation survey also will include an increased focus on environment of care. Additional time will be allotted for Life Safety Code (LCS), which includes surveying interim life safety measures, medical gas system and emergency power systems. There also will be additional time allotted for emergency management, including hazard vulnerability analysis, the organization's role in relation to the community's emergency management program, and the organization's processes for sharing information. In larger hospitals, environment of care will involve a specialist surveyor on-site for at least one full day.



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JCAHO has begun posting quality reports for individual facilities on its Web site. The reports provide consumers with information about the quality and safety of JCAHO-accredited organizations.

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## ACCREDITATION DECISIONS

Once the ESC has been approved, the accreditation decision will be made. The organization will receive one of the following statuses:

- Accredited
- Provisionally accredited
- Conditionally accredited  
(two or more but less than three standard deviations)
- Preliminary denial of accreditation  
(three or more standard deviations)
- Denial of accreditation

## QUALITY CHECK

As part of its Shared Visions—New Pathways initiative, JCAHO has begun posting quality reports for individual facilities on its Web site ([www.qualitycheck.org](http://www.qualitycheck.org)). The reports provide consumers with information about the quality and safety of JCAHO-accredited organizations.

The quality reports contain the following information on each accredited organization:

- JCAHO accreditation status and the effective dates of the accreditation award. If an organization has a Provisional or Conditional Accreditation status, the standards with which the organization is lacking compliance will be listed. This information is not immediately available; the organization has 90 days following the survey to submit Evidence of Standards Compliance (ESC).
- Compliance with JCAHO's National Patient Safety Goals (NPSGs), as applicable to the organization. JCAHO established NPSGs to help accredited organizations address specific areas of concern with regard to patient safety. The quality report contains the NPSGs in effect at the time of an organization's survey and reports if an organization has successfully implemented the goals. Implementation of the goals is denoted by a check mark. If the goal or recommendation is not applicable to the organization, the report will show an NA for "not applicable." Goals that have not been implemented and have resulted in an open Requirement for Improvement will not have a check mark.
- Performance on National Quality Improvement Goals (Oryx core measures, for hospitals only). National Quality Improvement Goals allow hospitals to report on the key indicators of quality of care in two of four (three of four, beginning in 2004) treatment areas: heart attack, heart failure, community acquired pneumonia, and pregnancy and related conditions.
- Quality distinctions, including recognition such as Disease-Specific Care Certification, Ernest A. Codman Award and Magnet status (awarded by the American Nurses Credentialing Center), among others.

Unfortunately, the quality reports do not permit full public disclosure, which would provide information on any standards with which the organization was not in compliance. While this is a good first step, in order for hospitals and other healthcare providers to engage in true public disclosure: full survey reports and data should be made available.

## **PUBLICIZING INFORMATION**

Effective July 1, 2005, organizations must adhere to published guidelines for publicizing information in their individual quality reports. Basically, that requires truthful and accurate descriptions of public information in the report. Any information found to be untruthful would result in a violation of APR #18, which could harm the accreditation status of the organization.

# PATIENT SAFETY GOALS

The purpose of JCAHO's National Patient Safety Goals (NPSGs) is to promote specific improvements in patient safety. The goals apply to ALL accreditation programs and ALL surveys. An accredited organization must implement ALL goals and requirements relevant to services provided. There is a provision for organizations to design alternative approaches to meeting goal requirements and to request JCAHO consideration and approval of such alternatives. JCAHO says only about 2 percent of accredited organizations develop alternative approaches to the NPSGs.

How well an organization is adhering to the goals will be assessed during the on-site survey. According to JCAHO, the accredited organization will be asked to answer the following questions:

- How are the goals being met?
- How well are the goals being met?
- How do you know how well the goals are being met?

Surveyors will evaluate the organization's actual performance in meeting the goals, not intent.

Current NPSGs are (note: some goals have been discontinued or developed into standards or universal protocols):

- **Goal 1:** Improve the accuracy of patient identification.
- **Goal 2:** Improve the effectiveness of communication among caregivers.
- **Goal 3:** Improve the safety of using medications.
- **Goal 7:** Reduce the risk of healthcare-associated infections.
- **Goal 8:** Accurately and completely reconcile medications across the continuum of care.
- **Goal 9:** Reduce the risk of patient harm resulting from falls.
- **Goal 10:** Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
- **Goal 11:** Reduce the risk of surgical fires.
- **Goal 13:** Encourage the active involvement of patients and their families in the patient's care as a patient safety strategy.
- **Goal 14:** Prevent healthcare-associated pressure ulcers (decubitus ulcers).

Additional information on the goals and related requirements are available on JCAHO's Web site at [http://jcaho.org/accredited+organizations/patient+safety/06\\_npsg/06\\_facts.html](http://jcaho.org/accredited+organizations/patient+safety/06_npsg/06_facts.html).

## UNIVERSAL PROTOCOL 1

In line with JCAHO's Patient Safety Goals, JCAHO has instituted a *Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery*. The Universal Protocol (UP1) was created to address the continuing occurrence of these tragic medical errors in JCAHO-accredited organizations.

It is applicable to all operative and other invasive procedures performed in all accredited hospitals, ambulatory care and office-based surgery facilities. The principal components of the protocol include: 1) the preoperative verification process; 2) marking of the operative site; 3) taking a 'time out' immediately before starting the procedure; and 4) adaptation of the requirements to nonoperating room settings, including bedside procedures. Compliance with UP1 is required of all JCAHO-accredited organizations to the extent that the requirements are relevant to the services provided.

## INCREASED FEES

Beginning in 2005, JCAHO will increase the fees it charges accredited organizations as well as the way in which those organizations are billed.

The average increase in fees will be 9.5 percent, with larger facilities taking the bigger brunt of that increase. JCAHO maintains that the hikes are necessary to implement the many changes associated with Shared Pathways—New Visions.

Organizations will be able to spread those higher charges over three years. Previously, healthcare facilities were charged for the accreditation survey immediately before the survey was to be performed. Since the surveys now will be unannounced, the fee will be broken up so that a portion is billed each year in the triennial cycle.

# STAFFING EFFECTIVENESS STANDARD

In 2002, JCAHO's staffing effectiveness standard went into effect in all accredited hospitals. It soon followed in other types of facilities. This standard required hospitals and other facilities to collect data on specified indicators linking human resource data with clinical services data. Using a cause-effect analysis, hospitals were to have made changes in their staffing levels, mix, etc.

Administrators said the standard was not useful in determining where staffing effectiveness needed to be improved. Effective July 1, 2005, a revised staffing effectiveness standard will be implemented. The improved standard seeks to clarify the intent of the standard and implements several changes:

- Data on human resource and clinical service indicators will no longer be collected facility-wide but in a minimum of two units with the most probability of having problems associated with staffing
- The revised standard requires input from the clinical staff in the selection of areas of focus and indicators to be measured.
- The revised standard focuses on nurses.

Other care providers (in addition to nurses) may be included if the information is relevant to the services provided and the unit itself.

# CONTINUOUS CONTACT WITH JCAHO

Because all accreditation surveys will be unannounced, there no longer will be an opportunity for employees and/or members of the public to request and participate in a Public Information Interview (PII).



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# ENHANCED COMPLAINT PROCESS

Without a PII, JCAHO encourages healthcare workers to use its complaint process to provide information to JCAHO. In fact, JCAHO wants to hear from healthcare workers. Of the more than 6,000 complaints JCAHO receives every year, fewer than 1 percent come from healthcare workers.

**There are several ways to make a complaint:**

<b>By phone:</b>	<b>800/994-6610</b>
<b>By e-mail:</b>	<b>complaint@jcaho.org</b>
<b>By fax:</b>	<b>Office of Quality Monitoring 630/792-5636</b>
<b>By mail:</b>	<b>Office of Quality Monitoring JCAHO One Renaissance Boulevard Oakbrook Terrace, IL 60181</b>

The complaint should be simple but contain concrete information (not that workers are unhappy). If possible, cite specific instances of JCAHO standards violations. JCAHO is also very interested in any violations of the National Patient Safety Goals or in any data that show a trend of unsafe care.

A complaint may be made anonymously, but for JCAHO to follow up with the complainant, it is better to provide a contact name. If you are uneasy about making the complaint yourself, ask your local union to make it on your behalf. If a complainant provides a name and address, he or she will receive two forms of response from JCAHO:

1. Initial contact confirming that the complaint was received.
2. Results of the investigation, what action was taken and the end result.

## APR #17 EMPLOYEE PROTECTIONS

For years, AFT Healthcare and other unions have urged JCAHO to provide a level of protection for healthcare employees who share information with JCAHO about quality of care in their employment setting. There is always concern among employees that they could be reprimanded for speaking out against their employer. JCAHO has always refused to offer any protection—until now.



As of July 1, 2005, any employee who reports, in good faith, quality of care or safety concerns to JCAHO will be protected from retaliation ... All accredited organizations are to assure employees that no disciplinary action will be taken against them for doing so.

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As of July 1, 2005, any employee who reports, in good faith, quality of care or safety concerns to JCAHO will be protected from retaliation. All accredited organizations are to educate their staff about how to report safety or quality concerns to JCAHO, and to assure them that no disciplinary action will be taken against them for doing so.

If an accredited organization were to take disciplinary action against an employee who provided quality information to JCAHO, that organization would risk a substantial decrease in its accreditation level.

## **MAGNET STATUS**

JCAHO has indicated it will provide special commendation to hospitals with "magnet status," awarded to hospitals that have demonstrated to the American Nurses Credentialing Center that they are hospitals of excellence for nursing. Because AFT Healthcare and other unions are unable to determine the extent to which a rating of "excellence" would be true, we have asked JCAHO to reconsider its policy on this special commendation.

# CONCLUSION

It is clear that JCAHO is working to make changes to its survey and accreditation process. What remains to be seen is how healthcare organizations will respond and what effect, if any, these changes will have on day-to-day operations and patient care. AFT Healthcare will continue to work with its members and to communicate with JCAHO in our efforts to ensure that all healthcare workers are able to provide the best patient care possible.

# APPENDIX

## *Staffing Effectiveness Indicators*

### List of JCAHO-Approved Subjects for Screening Indicators for Hospitals

1. Patient/family complaints/satisfaction (Clinical/Service)
2. Adverse drug events (Clinical/Service)
3. Injuries to patients (Clinical/Service)
4. Skin breakdown (Clinical/Service)
5. Pneumonia (Clinical/Service)
6. Postoperative infections (Clinical/Service)
7. Urinary tract infections (Clinical/Service)
8. Upper gastrointestinal bleeding (Clinical/Service)
9. Shock/cardiac arrest (Clinical/Service)
10. Length of stay (Clinical/Service)
11. Death among surgical inpatients with treatable serious complications (failure to rescue) (Clinical/Service) (National Quality Forum measure)
12. Pressure ulcer prevalence (Clinical/Service) (National Quality Forum measure)
13. Falls prevalence (Clinical/Service) (National Quality Forum measure)
14. Falls with injury (Clinical/Service) (National Quality Forum measure)
15. Restraint prevalence (vest and limb only) (Clinical/Service) (National Quality Forum measure)
16. Urinary catheter-associated urinary tract infection for intensive care unit patients (Clinical/Service) (National Quality Forum measure)
17. Central line catheter-associated blood stream infection rate for intensive care unit and high-risk nursery patients (Clinical/Service) (National Quality Forum measure)
18. Ventilator-associated pneumonia for intensive care unit and high-risk nursery patients (Clinical/Service) (National Quality Forum measure)
19. Smoking cessation counseling for acute myocardial infarction (Clinical/Service) (National Quality Forum measure)
20. Smoking cessation counseling for heart failure (Clinical/Service) (National Quality Forum measure)
21. Smoking cessation counseling for pneumonia (Clinical/Service) (National Quality Forum measure)
22. Overtime (Human Resource)
23. Staff vacancy rate (Human Resource)
24. Staff satisfaction (Human Resource)
25. Staff turnover rate (Human Resource)
26. Understanding as compared to organization's staffing plan (Human Resource)

27. Staff injuries on the job (Human Resource)
28. On-call or per diem use (Human Resource)
29. Sick time (Human Resource)
30. Agency staff use (Human Resource)
31. Skill mix (registered nurse, licensed vocational nurse/licensed practical nurse, unlicensed assistive personnel, and contract) (Human Resource) (National Quality Forum measure)
32. Nursing care hours per patient day (registered nurse, licensed practical nurse, and unlicensed assistive personnel) (Human Resource) (National Quality Forum measure)
33. Practice Environment Scale-Nursing Work Index (PES-NWI) composite and five subscales (Human Resource) (National Quality Forum measure)
34. Voluntary turnover (Human Resource) (National Quality Forum measure)



