

STATEMENT BY

**TRACY GRIFFIN COLLANDER
EXECUTIVE DIRECTOR
BEHAVIORAL HEALTH CARE ACCREDITATION
THE JOINT COMMISSION**

AND

**JENNIFER M. HOPPE
SENIOR ASSOCIATE DIRECTOR
STATE AND EXTERNAL RELATIONS
THE JOINT COMMISSION**

BEFORE THE

**HOUSE HUMAN SERVICES COMMITTEE
PENNSYLVANIA LEGISLATURE**

APRIL 9, 2015

Good afternoon, Chairman Cruz and members of the House Human Services Committee. My name is Tracy Griffin Collander, Executive Director for the Joint Commission's behavioral health care accreditation program. I am joined today by my colleague, Jennifer Hoppe, Senior Associate Director of State and External Relations for the Joint Commission. We appreciate this opportunity to provide the Committee with information on the Joint Commission's accreditation process.

Founded in 1951, The Joint Commission is a private sector, non-profit accrediting body dedicated to improving the safety and quality of health care provided to the public. The Joint Commission accredits and certifies over 21,000 organizations throughout the country, including 90 percent of the nation's hospitals. In 1969, The Joint Commission began accrediting providers of programs/services for persons with intellectual and developmental disabilities, and expanded in 1972 to include the evaluation and accreditation of organizations providing mental health and substance abuse services. Today, The Joint Commission accredits more than 2,100 behavioral health care organizations throughout the nation and maintains deemed status with CMS to accredit over 445 psychiatric hospitals. Currently, the Joint Commission accredits 212 organizations in Pennsylvania providing behavioral health services to residents throughout the Commonwealth.

Benefits of Accreditation

Joint Commission behavioral health accreditation provides a management framework to help manage risk and enhance the quality and safety of care, treatment and services. Recognized by more than 196 state authorities, accreditation can be a useful tool to demonstrate compliance with state regulations or licensure requirements. Joint Commission accreditation is also a condition of reimbursement for certain insurers and payers. The process provides a customized, intensive review, and enhances staff recruitment and development.

Accreditation Requirements

The Joint Commission's behavioral health care accreditation requirements address important functions relating to the care, treatment or services of individuals and the management of behavioral health care organizations. The accreditation requirements are framed as performance objectives that are unlikely to change substantially over time. A trauma-informed, recovery/resilience-oriented philosophy and approach to care, treatment and services is embedded in all the requirements. The

Joint Commission develops all its accreditation requirements in consultation with behavioral health care experts, providers, measurement experts, individuals and their families.

The standards-based performance areas for all behavioral health care organizations are:

- Care, Treatment and Services
- Environment of Care
- Emergency Management
- Human Resources Management
- Infection Prevention and Control
- Information Management
- Leadership
- Life Safety (in 24 hour settings)
- Medication Management
- National Patient Safety Goals
- Performance Improvement
- Record of Care, Treatment and Services
- Rights and Responsibilities of the Individual
- Waived Testing (when applicable)

The Accreditation Process

The Joint Commission's accreditation process concentrates on operational systems critical to the safety and quality of the individuals' care. To earn and maintain accreditation, a behavioral health care organization must undergo an on-site survey by a Joint Commission survey team at least once every three years. Surveys are conducted by experienced and licensed behavioral health care professionals including psychologists, social workers, professional counselors, behavioral health care nurses and administrators. The objective of the survey is not only to evaluate the organization's compliance with standards, but to provide education and guidance that will help staff continue to improve the organization's performance. The survey process evaluates actual care processes through a method known as the tracer methodology. This method traces individuals through the care, treatment and services they receive and analyzes key operational systems that directly impact the quality and safety of the individuals care. Surveyors will assess the organization's compliance with the standards through tracing the care delivered to individuals, on-site observations and interviews, and verbal and written information provided by the organization.

Following the onsite evaluation, the organization will be required to submit corrective action for all standards determined to be non-compliant at the time of survey. The Joint Commission allows organization's either 45 or 60 days, depending on the criticality of the requirement, to submit their Evidence of Standards Compliance. In addition, if the issue identified is related to a quantifiable measure, the organization is also required to submit evidence that the corrective action was effective and sustained, four months after approval of the Evidence of Standards Compliance. If compliance is not resolved with the established timeframes, a progressively more adverse accreditation decision may result. In some situations, the findings from the survey may call for an adverse accreditation decision, where it is customary to conduct a second follow up survey to assess the organization's compliance the standards prior to awarding the organization with full accreditation. In the rare circumstance that an organization is not able to successfully demonstrate compliance with the standards, accreditation could be denied.

Intra-cycle Monitoring

The Joint Commission's Intracycle Monitoring (ICM) process helps organizations with their continuous standards compliance efforts. Every accredited organization has access to an ICM Profile, an online workspace on The Joint Commission Connect extranet. The Profile includes a list of high-risk topics and related standards, as well as resources and solutions to contemporary health care service challenges. Located within the ICM Profile, the Focused Standards Assessment (FSA) provides organizations with an easy-to-use, interactive standards self-assessment scoring tool. The FSA tool permits an organization to develop and monitor corrective plans of action in order to sustain standards compliance. While the tool is available to organizations on a continuous basis, the Joint Commission requires organizations to complete and submit the FSA to the Joint Commission at 12 and 24 months of the triennial accreditation cycle.

In addition to the triennial onsite survey and the intra-cycle self-assessment, the Joint Commission also conducts random unannounced surveys at 5% of our accreditation organizations in a calendar year, conducts extension survey when an organizations add new sites or services, and may conduct complaint surveys when warranted.

Once again, thank you for this opportunity to provide information on the Joint Commission's accreditation process. In addition to a written version of my testimony today, I we have also

brought a copy of the accreditation Standards for Behavioral Health Care and an informational packet that we will leave for your review. Thank you for your time; we would be happy to answer any questions that you may have at this time.