

STATEMENT ON

HOUSE BILL 1570

BY

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THE JOINT COMMISSION

BEFORE THE

COMMITTEE ON HEALTH

PENNSYLVANIA HOUSE OF REPRESENTATIVES

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My name is Mark Crafton, Executive Director of State & External Relations at The Joint Commission. I am pleased to participate in today's hearing on House Bill 1570, and to share with the Committee information on how the use of accreditation in the licensure oversight process can be beneficial to many stakeholders, including patients and the state regulatory agencies charged with ensuring that safe, effective care is delivered to the citizens of the Commonwealth.

Founded in 1951, The Joint Commission is a private, non-profit accrediting organization that develops evidence-based standards, safety goals and performance measures, and conducts surveys to determine compliance with those standards. Today, The Joint Commission accredits more than 19,000 health care organizations in the United States, including over 4,400 of the nation's hospitals. In Pennsylvania, The Joint Commission accredits 188 state-licensed hospitals, or 76 percent of all hospitals licensed by the Commonwealth. Collectively, these Joint Commission-accredited hospitals operate more than 85 percent of the licensed beds. In addition, The Joint Commission accredits 27 Pennsylvania-based ambulatory surgical facilities.

The Joint Commission's hospital and ambulatory accreditation programs have been approved by the federal Centers for Medicare & Medicaid Services (CMS), which means that hospitals and ambulatory surgical facilities achieving Joint Commission accreditation are meeting or

exceeding all federal quality and safety regulations. As a result, the federal government and the state agencies that contract to do work on behalf of CMS, do not perform routine federal inspections in accredited facilities. Similarly, 48 of the 50 states recognize and rely upon Joint Commission accreditation in lieu of some or all of its routine licensure inspections. A few of these states conduct licensure inspections less frequently in accredited facilities compared to non-accredited ones, but the vast majority of the 48 states simply no longer conduct routine licensure inspections in accredited hospitals. Currently, only Pennsylvania and Oklahoma continue to conduct all of their routine licensure inspections in accredited hospitals. HB 1570, if passed, would align the Commonwealth with the 48 other states that include voluntary accreditation in their licensure oversight processes.

Standards

Joint Commission standards are the basis of an objective evaluation process that can help organizations measure, assess and improve performance. The standards focus on important patient care and organizational functions that are essential to providing safe, high quality care. Standards address concepts such as effective leadership, safety culture, performance improvement, fire safety, information security and patient rights, as well as clinical areas such as anesthesia and medication use, restraint use and preventing infections. Currently, there are 1,776 specific requirements, or elements of performance, in The Joint Commission's hospital accreditation manual. The standards are developed with input from health care organizations, physicians, consumers, governmental agencies, insurers and employers. They are informed by scientific literature, industry-identified best practices and expert consensus. When emerging quality and safety issues are identified, The Joint Commission convenes work groups to

determine the need for new or modified requirements. Because The Joint Commission is an independent, non-governmental entity, it can quickly implement new or revised expectations, ensuring that the standards keep pace with a rapidly changing health care environment. Similarly, standards can be quickly removed when they become obsolete due to emerging technology and changes in medical practice.

Survey Process

To earn and maintain accreditation, organizations must undergo an on-site survey by a Joint Commission survey team. The team typically includes four or five health care professionals, including physicians, nurses, hospital administrators and life safety code specialists. Joint Commission surveys for hospitals and ambulatory surgical facilities are unannounced. An organization can have a full, routine unannounced survey anytime between 18 and 36 months after its previous full survey. In addition, organizations can receive unannounced for-cause surveys in response to serious patient/family complaints, adverse media coverage or information shared with The Joint Commission by governmental entities. When non-compliance with a standard is found during a survey, the organization has 45 or 60 days to implement corrective action resulting in compliance, depending upon the severity of the finding. The decision to award an organization accreditation is only made after successful resolution of all non-compliant standards. In addition, organizations must collect and submit 4 months of data demonstrating ongoing compliance with previously identified non-compliant standards to prove that corrective actions were effective and improvements sustained.

In addition to the on-site evaluation, The Joint Commission requires organizations to complete an annual self-assessment of compliance with all requirements. The organizations must create a plan of action to address each requirement found to be not compliant. The annual self-assessment and plans of action are submitted to and reviewed by The Joint Commission each year. This approach is designed to help hospitals and ambulatory surgical facilities continuously monitor performance and maintain compliance with accreditation requirements throughout the 3-year cycle.

Benefits of State Recognition of Accreditation in Lieu of Routine Licensure Inspections

As mentioned at the beginning of this testimony, the vast majority of state health departments rely on accreditation in lieu of conducting routine licensure inspections of hospitals and ambulatory surgical facilities. However, this does not mean that the state agencies lose the obligation or ability to effectively monitor the organizations to which they issue a license. On the contrary, The Joint Commission's experience has been that the oversight of health care facilities is only strengthened when states rely on accreditation for the routine inspections. First of all, state licensing agencies typically receive the accreditation reports which contain specific information on the level of compliance with the important safety-related processes already discussed. In addition, states that no longer perform routine inspections have found that they have more time to focus their limited resources on high priority issues. For example, states can devote more time and energy to investigating serious complaints and adverse events, and monitoring providers that are not already reviewed regularly by accrediting agencies. It is also important to remember that licensing agencies in all the states that recognize accreditation retain their authority to perform licensure inspections whenever they

have information suggesting that patient safety may be jeopardized in one of their licensed facilities.

The Joint Commission takes seriously its role in the public-private partnership which exists whenever a state relies upon accreditation in its licensure oversight process. For example, The Joint Commission routinely shares its unannounced survey dates with the responsible state agency to keep them apprised of survey activity involving their licensed facilities. In addition, The Joint Commission will proactively share information on serious complaints it receives, in the event the state licensing agency wishes to conduct a coordinated survey/inspection.

Whenever The Joint Commission makes an “immediate threat to life” declaration as a result of serious conditions at an accredited facility, the state licensing agency is immediately notified of the situation. Finally, The Joint Commission can make facility-specific accreditation information available to state authorities 24/7 through a password-protected internet-based portal.

I trust that this overview of the Joint Commission accreditation process has been informative as you consider House Bill 1570. Please rest assured that The Joint Commission stands ready to work with the Pennsylvania Department of Health to ensure effective, coordinated oversight of our accredited hospitals and ambulatory surgical facilities in the Commonwealth.