2012 Joint Commission Update:

What Directors of Volunteer Services need to know about Joint Commission Standards and Health Care Reform

CAHHS Annual Conference
February 22, 2012
San Francisco, CA

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Topics for Today’s Discussion…

- Standards Impacting HR Directors

- 10 Most Challenging Standards Nationally (January – December 2011)

- Health Care Reform
STANDARDS IMPACTING HR DIRECTORS
Standards Impacting HR Directors

- Privacy and Confidentiality
- Ethics
- Infection Control
- Environment of Care
- Emergency Management
- Human Resources
Privacy and Confidentiality

RI.01.01.01 (7)
Hospital respects the patient’s right to privacy

IM.02.01.01 (1)  D
Hospital has a written policy addressing the privacy of health information
Clooney's Medical Records Leaked After Accident
As Many As 40 Hospital Workers Involved Have Been Suspended

Sources say while doctors were tending to Clooney's injuries, employees not involved with his care logged into the hospital computer system to review his medical records. WCBS-TV has learned a security guard even gave out the number to one of Clooney's family members.

Source: WCCO.com
Security breaches of patient records have been popping up in the news recently, with some breaches affecting hundreds.

A federal grand jury on Thursday indicted a former employee of University of Maryland Medical Center, with three others accused, of stealing patient identities to open credit accounts, according to a WBAL TV report.

The Medical Center said, "Protecting our patients' personal information is a top priority. We have policies and procedures in place to ensure that patient information remains strictly confidential. This breach was a result of a crime, and not a lapse of hospital procedures."

If convicted, each of the accused faces up to 30 years in prison.
In related news, Wake Forest Baptist in North Carolina notified 357 people (including employees and patients) that former employee Linda Turner was hoarding their medical records at home, according to *WFMY News*.

In Colorado Springs, police are investigating whether a former occupational health nurse, Lori Niell, of Memorial Hospital accessed 2,500 patient records without cause, according to the *Colorado Springs Gazette*.

Troy Regional Medical Center in Alabama notified 880 patients about a data breach of personal information, including birthdays and social security numbers. The hospital will provide affected patients with protection resources at no expense for one year, according to a Troy Regional announcement.
For more than three months someone at University Medical Center illegally leaked the personal information of traffic accident victims — a breach of social security numbers, birth dates and more that only stopped when the Las Vegas Sun contacted the hospital about it, according to a statement released today by UMC.
Hospital Facebook-ers leak patient info

Facebook is used to stay connected, write to friends and even show pictures but now the website seems to be at the center of a North County, California hospital investigation.

Dozens of Tri City Medical Center employees may have shared patient's information in social networking sites without the consent of patients.

Officials did not disclose Friday exactly what information was shared or who shared it, but a rumor began circulating about a week ago that 26 Tri-City employees had been fired or suspended for posting patient information online.
Personal Health Information Breaches Most Often Caused by Insiders?

As reported in an article this week at *Dark Reading*, the survey found that some 71 percent of the health-care organizations it surveyed have experienced one or more data breaches in the past 12 months. Furthermore, according to Veriphr's survey,

"Snooping into medical records of employees was the most commonly reported type of a breach (35%), followed by snooping into the records of friends' and relatives' records (27%), loss or theft of physical records (25%)."
Ethics

LD.04.02.03 (6)

When leaders excuse staff members from a job responsibility, care, treatment and services are not affected in a negative way.
Infection Control

IC.01.04.01 (5) D

Hospital’s written infection prevention and control goals include the following:

- improving compliance with hand hygiene guidelines
Infection Control

IC.01.05.01 (7)
- Hospital communicates responsibilities about preventing and controlling infections to licensed independent practitioners, staff, visitors, patients and families. This includes hand and respiratory hygiene practices.

HR.01.04.01 (4)
- Hospital orients staff:
  - on their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion is documented. 

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Infection Control

IC.02.03.01 (1)

Hospital makes screening for exposure and/or immunity to infectious disease available to licensed independent practitioners and staff who may come in contact with infections at the workplace.
Infection Control

IC.02.03.01 (2)
- When licensed independent practitioners or staff have, or are suspected of having, an infectious disease that puts others at risk, hospital provides or refers them for assessment and potential testing, prophylaxis/treatment or counseling.

IC.02.03.01 (3)
- When licensed independent practitioners or staff have been occupationally exposed to an infectious disease, hospital provides them with or refers them for assessment and potential testing, prophylaxis/treatment or counseling.
Infection Control

IC.02.04.01 (1)

Hospital establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire’s point of origin, including:

- when and how to sound fire alarms
- how to contain smoke and fire
- how to use a fire extinguisher
- how to evacuate to areas of refuge
Environment of Care

EC.02.03.03 (4)

Staff who work in buildings where patients or treated participate in drills according to the hospital’s fire response plan.
Environment of Care

EC.03.01.01 (1)

- Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care.

EC.03.01.01 (2)

- ...take action in the event of an incident

EC.03.01.01 (3)

- ...describe how to report risks
Emergency Management

EM.02.02.07 (7)

The hospital trains staff for their assigned emergency response roles.
Human Resources

HR.01.02.01 (1)
- Hospital defines staff qualifications specific to their job responsibilities

HR.01.02.05 (4) 
- Hospital obtains and documents criminal background check as required by law or hospital policy.

HR.01.02.05 (5) 
- Staff comply and document applicable health screening as required by law or hospital policy.

HR.01.06.01 (1) (2) (5) (6) 
- Hospital defines, assesses and documents competencies it requires of its staff who provide patient care

HR.01.07.01 (2) 
- Hospital evaluates and documents staff performance at least once every 3 years or as required by law or hospital policy.
Human Resources

HR.01.04.01

2) orient staff to key safety content before staff provides care

3) orient staff to hospital-wide and unit-specific policies and procedures

4) orient staff on specific job duties including infection prevention and control and assessing and managing pain

5) orient staff on sensitivity to cultural diversity based upon job duties and responsibilities

6) orient staff on patient rights
HR.01.05.03 D

Staff participate in ongoing education and training...

- whenever staff responsibilities change (4)
- to maintain or increase competency (1)
- Specific to the needs of the patient population served by the hospital (5)
- incorporating team communication, collaboration and coordination of care (6)
- about the need to report unanticipated adverse events (7)
- on fall reduction activities (8)
- on how to identify changes in a patient’s condition and how to respond (13)
10 MOST CHALLENGING STANDARDS NATIONALLY
The hospital maintains complete and accurate medical records for each individual patient.

2011 National Non Compliance

66%
Problematic EPs:

- EP 19: all entries are timed
- EP 11: all entries are dated
- EP 7: medical record documents the course and result of patient’s care, treatment, and services
The hospital maintains the integrity of the means of egress

2011 National Non Compliance

56%
Problematic EPs:

- EP 13: exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, (i.e., equipment, carts, furniture, construction material, and snow & ice)

- EP 31: exit signs are visible when the path to the exit is not readily apparent. Signs are lit and have letters that are 4 or more inches high (6” if externally lit)
EP 1: Doors in a means of egress are unlocked in the direction of egress
LS.02.01.10

Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

2011 National Non Compliance

52%
Problematic EPs:

- EP 9: space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material.

- EP 5: doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch.
LS.02.01.10

– EP 4: openings in 2-hour fire-rated walls are fire rated for 1 ½ hours.
The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

2011 National Non Compliance

45%
Problematic EPs:

- EP 2: all hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1.

- EP 11: corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. Gap between meeting edges is no wider than 1/8 inch, and undercuts no larger than 1 inch. Roller latches not acceptable.
– EP 18: smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces, and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed.

– EP 23: Doors in smoke barriers are self-closing or automatic-closing, constructed of...
EC.02.03.05

The hospital maintains fire safety equipment and fire safety building features.

2011 National Non Compliance

40%
Problematic EPs:

- EP 19: every 12 months, tests automatic smoke-detection shutdown devices for air-handling equipment. Completion date is documented.

- EP 3: every 12 months, tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. Completion date of tests is documented.
EC.02.03.05 (cont)

- EP 2: For deemed status: at least quarterly, tests water-flow devices. Every 6 months, tests valve tamper switches. Completion date is documented.

- EP 15: At least monthly, inspects portable fire extinguishers. Completion dates of inspections are documented.
IC.02.02.01

The hospital implements its infection prevention and control plan.

2011 National Non Compliance

36%
IC.02.02.01 (cont)

Problematic EPs:
The hospital implements infection prevention and control activities when doing the following:

- EP 2: performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.
The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

2011 National Non Compliance

34%
PC.01.02.03 (cont)

Problematic EPs:

- EP 5: medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient’s condition is completed within 24 hours after registration or inpatient submission, but prior to surgery or a procedure requiring anesthesia services.
– EP 4: patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.
The hospital safely stores medications.

2011 National Non Compliance

33%
Problematic EPs:

- **EP 7**: all stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.

- **EP 2**: stores medications according to the manufacturers’ recommendations or, in the absence of such recommendations, according to a pharmacist’s instruction.
MM.03.01.01 (cont)

- EP 6: prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.
RC.02.03.07

Qualified staff receive and record verbal orders.

2011 National Non Compliance

32%
Problematic EPs:

- EP 4: Verbal orders are authenticated within the time frame specified by law and regulation.
The hospital provides and maintains systems for extinguishing fires.

2011 National Non Compliance

31%
Problematic EPs:

- EP 4: piping for approved automatic sprinkler systems is not used to support any other item.
- EP 6: 18 inches or more of open space maintained below the sprinkler deflector to the top of storage.
HEALTH CARE REFORM: CRITICAL ASPECTS AND IMPLICATIONS
Patient Protection and Affordable Care Act

- Signed March 23, 2010-amended March 30
- Largest change since enactment of Medicare/Medicaid in 1965
- Expands coverage to 32 million uninsured
- Estimated total cost of nearly $1 trillion
- Changes have been already taking place before deadlines
American Recovery & Reinvestment Act

Foundation for Health Care Reform

- Created foundation for Patient Protection and Affordable Care Act
  - $1.1 billion for Comparative Effectiveness Research
  - Up to $27 billion incentive dollars for electronic health records adoption
Implementation Issues

- Likely will be several years required for implementing regulations due to complexity
- Negotiating interpretations of provisions
- Technical corrections expected
- Phased and floating deadlines
- Uncertain appropriations/funding
- Legal challenges
Patient Protection and Affordable Care Act Main Themes

- Expansion of health insurance coverage
- Innovation in care delivery & payment
- Strengthened infrastructure of available care in the community
- Emphasis on primary care, prevention & wellness
- Strengthened oversight, program integrity
- Improvement in quality, evidence-based care
- Increased performance measurement and mandatory reporting, pay for performance
Delivery System Innovations

- Tests different delivery models
- Reduces fragmentation, eliminates waste, maximizes value
- Looks for long-term systemic change, rather than short-term cost savings
- Creates success dependent upon local provider accountability and creativity
- Adds increased flexibility but also scrutiny
Delivery System Innovations (continued)

- Over 20 new models proposed in legislation
  - Accountable Care Organizations
  - Medicaid Medical Home
  - Medicare bundled payment structure
  - Medicaid Emergency Psychiatric Demonstration

- No two models alike
  - Heavily focused on integration/coordination of services and improved transitions of care
Primary Care Workforce Expansion

- Workforce expansion emphasizes training/education in primary care
- Incentives to train, practice, and teach in primary care settings
  - Grants, student loans, loan repayments for professionals practicing or teaching in Community Health Centers
  - Nurse-managed Health Centers
  - Medically Underserved Areas/Health Professional Shortage Areas
Focus on Prevention and Wellness

- Develop a national prevention strategy
- Eliminates cost-sharing for Preventive Services Task Force-approved services
- Some prevention efforts target specific conditions/diseases
- Federal grants and technical assistance for small employers to implement workplace wellness programs
Public Reporting

- The Secretary will be responsible for collecting and analyzing data on quality measures and use of resources.
- The information gathered must meet the needs of providers, patients, consumers, researchers and policymakers.
Value-Based Purchasing

- Hospital program begins fiscal year 2013
- Value-based purchasing: skilled nursing facilities, ambulatory surgical centers, home health agencies
- Path to value-based purchasing: pay for results
  - Long term care hospitals
  - Rehabilitation hospitals
  - Psychiatric hospitals
  - Prospective Payment System (will exempt critical access hospitals)
- Physician Quality Reporting Initiative will act as a precursor to value-based purchasing
Value-Based Purchasing

- Starting FY 2013, base DRG payments will be reduced by 1%
- Reduction will increase by .25 percentage points per year to 2% in 2017 and beyond
- Initial measures will be a subset of current measures in Pay-for-Reporting program, as well as an expansion to include efficiency and outcome measures in 2014
Provisions Specific to Hospitals

- **Transparency**
  - Hospitals will be required to create a list of “standard charges for items and services provided by the hospital, including diagnosis-related groups”

- **Hospital-Acquired Conditions**
  - As of FY 2015, the Secretary will calculate Hospital-Acquired Conditions rate by hospital
  - Hospitals scoring in the lowest quartile will have base DRG payment reduced by 1%
Provisions Specific to Hospitals (continued)

Payment Penalties for Readmission

- Effective October 1, 2012, all base diagnosis-related group payment amounts in hospitals with excess readmissions will be reduced by a factor determined by the level of “excess, preventable readmissions”
- Initially applied to myocardial infarction, heart failure and pneumonia readmissions, but will be expanded in 2015
- CBO estimates $7.1 billion cost reduction over 10 years
Provisions Specific to Hospitals (continued)

Payment Penalties for Readmission (continued)

- Quality improvement program must be established by March 2013
- Hospitals will be required to report on overall readmission rates
The Joint Commission’s Vision

“All people experience the safest, highest quality best-value health care across all settings”

The Joint Commission’s Mission

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value
Joint Commission’s Vision

“All people”
- Increased coverage

“Highest quality”
- VBP, CMS Innovation Center
- National Quality Strategy

“Best value”
- Accountable Care Organizations (ACOs)
- Bundled payment, VBP, performance measures

“All settings”
- ACOs, coordination of care, community care
Implications for The Joint Commission

- Increasingly, providers will compete on quality, effectiveness, and efficiency
  - Joint Commission must assure that its services meet these characteristics too

- Different delivery models will emerge
  - Joint Commission will need to have the capability to evaluate and align with various delivery models

- Unclear what payment models will emerge
  - Joint Commission has core measures for myocardial infarction, heart failure and pneumonia
    - Integration of accountability measures into the accreditation process will need to occur
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