# A Fresh Perspective

## The Joint Commission Revamps Standard and Survey Process

As health systems and patient care have evolved, so has The Joint Commission's accreditation process. The next stage of this evolution begins with an initiative known as Project Refresh. This initiative represents a series of related, interdependent process improvement activities designed to modernize the accreditation process and demonstrate more clearly the relationship between accreditation standards and patient safety.

The individual projects that fall under Project Refresh examine various aspects of the survey process, including pre-survey and post-survey activities, in order to enhance their relevance to accredited health care organizations. Each component of Project Refresh is guided by the following four core principles:

1. **Simplification:** Simplify processes, make them more transparent to customers.

*(continued on page 12)*

*The Joint Commission's survey process is designed to support and improve patient safety.*

2. **Relevance:** Enhance the relevancy of the survey process and all supporting accreditation activities.
3. **Innovation:** Use innovative approaches and technology to enhance customer experience.
4. **Transparency:** Increase transparency thoughout the survey process.

Every aspect of Project Refresh is founded on these principles. Among other enhancements, the new streamlined processes will provide accredited organizations with a clearer picture of how a survey finding could impact patient safety. This will help the organizations prioritize Requirements for Improvement discovered during a survey. The individual actions included in Project Refresh will be implemented in a phased and coordinated fashion, beginning in June 2016 and extending through 2017, and are designed to achieve the following outcomes:

- Real time information-sharing, interaction with the Standards Interpretation Group (SIG)
- Enhanced mobile technology to support a more interactive and transparent survey process
- Fewer standards and elements of performance (EPs)
- Revised standards criticality model
- Easier and less complex decision process
- Streamlined post-survey processes
- Higher consistency in interpretation of standards

Among the initiatives that comprise Project Refresh, the following three are under way for 2016–2017 implementation:

1. Modernization of accreditation standards
2. Replacement of the criticality model
3. Revision of the post-survey process

## Modernizing Standards

During the past year, The Joint Commission has been reviewing existing standards and eliminating those that are no longer considered necessary to assess quality and safety. Some of these were no longer needed because they had become such a routine part of operations or clinical practice. Others were actually covered under other EPs. The deletion of requirements is not expected to change organizations' current patient care processes or to affect quality and safety. While it is important to continue following the practices that hospitals find to be useful, it is no longer necessary to include them in standards. Removing such requirements allows a greater focus on the most important contemporary quality and safety issues. As of July 2016, about 131 EPs will have been eliminated from the *Comprehensive Accreditation Manual for Hospitals*.

"Organizations should note that fewer requirements does not necessarily mean that an accreditation survey will be 'easier,'" says Carrie Mayer, master black belt, The Joint Commission. "We will still be holding our accredited organizations to high standards. We'll still be focusing a great deal on patient safety and risk management. But what will be easier is understanding our surveyors' findings and making plans to address them." Going forward, additional EPs will be assessed for elimination across all accreditation and certification programs.

## Replacing the Criticality Model

The Joint Commission currently assesses compliance using a criticality model. The Joint Commission defines *criticality* as the immediacy of risk to patient safety or quality of care as a result of noncompliance with a Joint Commission requirement (for example, an EP, National Patient Safety Goal, Universal Protocol). The four levels of criticality are as follows:

1. Immediate Threat to Health or Safety
2. Situational Decision Rules
3. Direct Impact Requirements
4. Indirect Impact Requirements

For the past year, The Joint Commission has been working to develop a new model that would make the potential impact on patients even more explicit. "Criticality can't be determined based on the text of an EP," says Mark Pelletier, RN, chief operating officer, The Joint Commission. "It should be based on context of the actual finding. This new model will provide more consistency and greater transparency."

This new model is called the Survey Analysis for Evaluation Risk (SAFER) Matrix. The SAFER Matrix will provide health care organizations with the information they need to prioritize resources and focus corrective actions on those areas that could have the most significant impact on patients. (*See* the sidebar on page 13.)

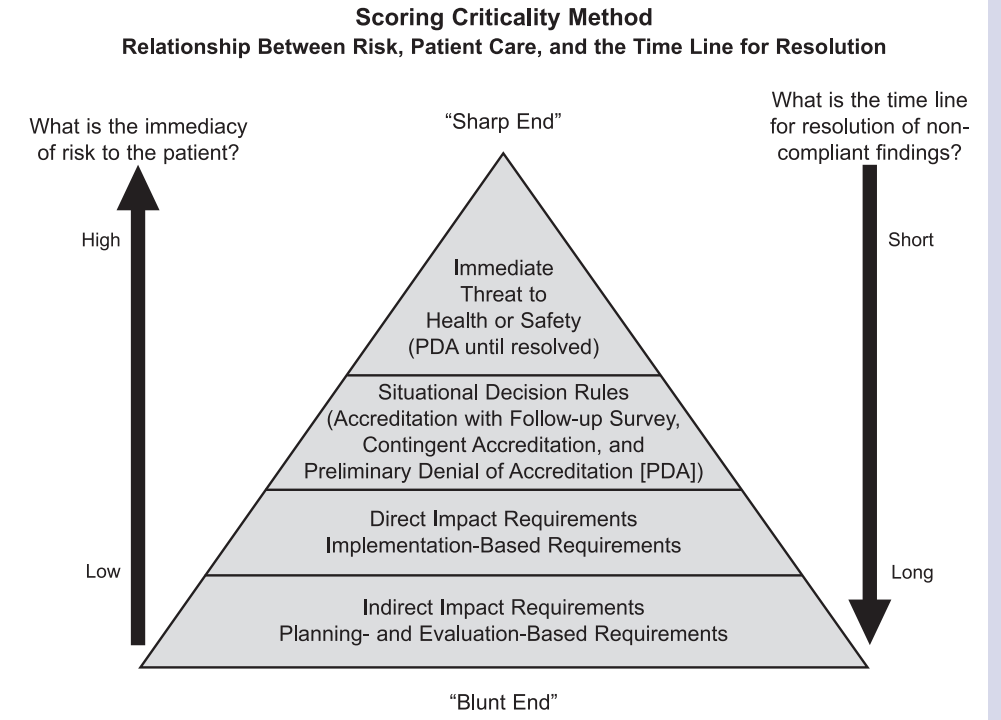
"Some accredited organizations found it challenging to go through their survey reports and identify the highest-risk, most important things that the surveyors found," says Mayer. "In some instances, an issue that may seem inconsequential on paper can have serious implications for patients. For example, a broken thermometer on a heating blanket may seem minor, but if a patient has comorbidities that affect body temperature, that thermometer is a safety issue. When you can relate the findings to risk and patient

*(continued on page 14)*

# Scoring Models: Before and After

## Before: The Criticality Model

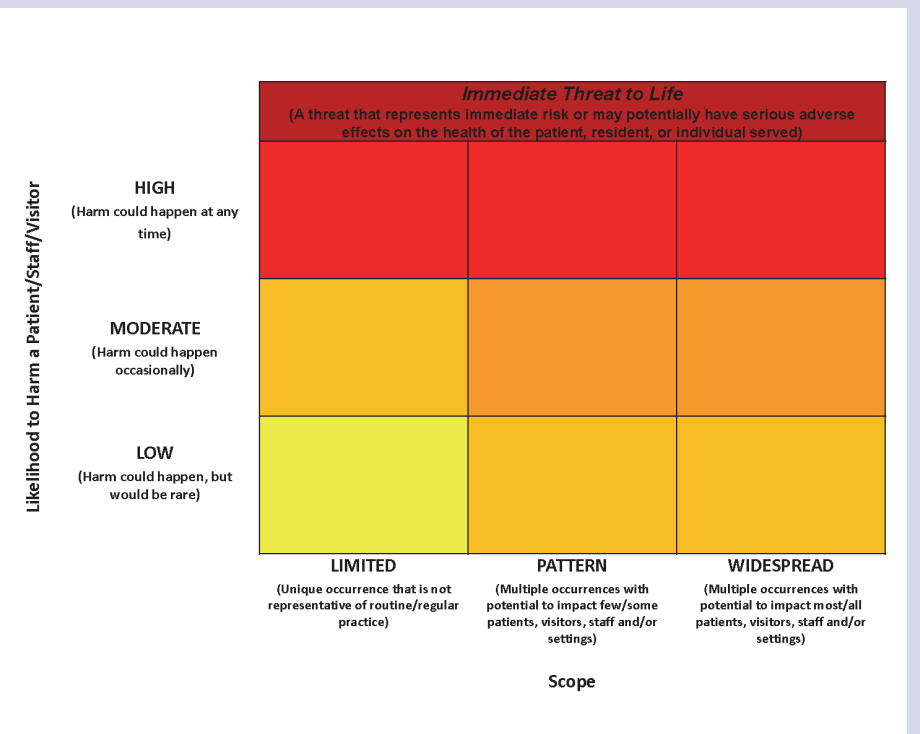
The figure at right illustrates the criticality model, which will be replaced in 2017 with the Survey Analysis for Evaluating Risk (SAFER) Matrix. For a complete discussion of the criticality model, *see* the "Accreditation Process" chapter of your *Comprehensive Accreditation Manual.*




## After: The SAFER Matrix

In the SAFER matrix, as the risk evaluation level of the finding rises, then the placement of the standard/element of performance (EP) moves from the bottom left corner (lowest risk level) to the upper right (highest risk level). The Immediate Threat to Life process remains the same, and if cited during survey, will be placed in the Immediate Threat to Life row located at the top of the matrix.

Placement of finding will be determined by surveyor(s) while on site and will be based upon the risk level of the finding itself, not the predesignation of the standard, EP (A vs. C or Indirect vs. Direct) under which the finding resides. As a result, the same standard/EP for one organization can be placed in a different area of the matrix than for another organization.



safety, it makes the findings more relevant."

Beginning June 6, 2016, psychiatric hospitals that use Joint Commission accreditation for US Centers for Medicare & Medicaid Services (CMS) deemed status purposes, will be provided with a SAFER matrix within their Accreditation Survey Findings Report. All other accreditation and certification programs will begin receiving this matrix in their reports after January 1, 2017.

The SAFER matrix replaces the current scoring methodology, which includes "A"-category and "C"-category EPs, Measures of Success (MOS), and the criticality model. In place of using those predetermined EP categorizations, surveyors will use real-time, mobile technology to evaluate each deficiency and place it within the SAFER matrix depending on how likely the issue is to cause harm to patients, staff, or visitors, as well as the scope at which the surveyor(s) observed the issue. Combined, these characteristics provide a more clearly defined sense of the risk of a deficiency. As the risk level of a deficiency increases, the placement of the standard and EP moves from the bottom left corner (lowest risk level) to the upper right (highest risk level).

## Revising the Post-Survey Process

A third major component of Project Refresh is revision of the post-survey process. One of the most significant changes is that, going forward, The Joint Commission will use the results from the SAFER Matrix to determine level of post-survey follow-up.

As a result of the elimination of the "A" and "C" designations, Opportunities for Improvement (single observations of noncompliance at Category C EPs) will no longer exist. All observations of noncompliance will be documented within the matrix. In addition, MOS, quantifiable measures typically related to an audit determining whether an action is effective and sustained for certain Category C EPs, will no longer be required.

The submission time frame for Evidence of Standards Compliance (ESC) will also change because EPs will no longer be identified as direct impact (with 45 days for submission) or indirect impact (with 60 days for submission). Instead, all cited deficiencies will be assigned a single time frame of 60 days for corrective action. For deficiencies of a higher risk level in the matrix, additional information will be required within the ESC regarding sustainment of corrective actions. The higher-risk deficiencies also will be provided to surveyors for possible review or on-site validation on subsequent surveys. Please note that, while Immediate Threats to Life (ITLs) will be noted with the SAFER matrix, the identification and follow-up process for ITLs will not change.

Another important aspect of post-survey process relates to the clarification of a standard, an EP, or a finding. "Under the previous process, if a customer didn't agree with a surveyor's findings, they would need to go through the clarification process. This used a lot of resources—for the customer and for The Joint Commission," Pelletier says. "The revised process will allow clarification to occur on site during the survey. We'll do this in real time so the organization's administration can participate in the process. We want to be as transparent as possible. Also, it will simply be easier to clarify issues at the moment, when the surveyor is standing right there in the facility with the staff."

Because surveyors will be noting the risk level of each compliance issue while on site, customers will have the opportunity to ask questions or discuss concerns immediately. Also, beginning mid-2016, if the surveyor needs to contact The Joint Commission's SIG during the course of the survey, the organization's staff will be invited to participate in that call.

## Moving Forward

The Joint Commission has not developed this new process in a vacuum. They touched base with accredited organizations and other stakeholders throughout development. A number of select field review and advisory councils have considered the components of Project Refresh; according to Pelletier their response has been overwhelmingly positive.

Project Refresh was announced in the May 2016 issue of *The Joint Commission: Perspectives,* and additional resources are forthcoming, including webinars. Both Pelletier and Mayer suggest that organizations take advantage of these resources. They also recommend that anyone with questions reach out to their account executives, who are there to help.

In the interim, organizations should be aware that they do not need to create any new processes to prepare for their next survey. "We're not introducing any new standards," Mayer says.

"The organizations should always be focused on patient safety," Pelletier told *The Source*. "But I think that they'll find that the new survey process is much more meaningful to them." TS