



Improvements to the Decision Process

One of The Joint Commission's goals for its Standards Improvement Initiative (SII) is to refine the scoring and decision process to be more objective and to focus on the "criticality" of the issue. The Joint Commission sought to redesign the decision process to more accurately reflect organizational performance related to the safety and quality of care. The following article outlines the improvements made to the accreditation process related to the scoring and decision process, criticality of standards, thresholds, and the post-survey process.

Scoring and Decision Process

The improved, simplified scoring and decision process is **effective January 1, 2009, for all accreditation* and certification programs**. The new scoring and decision process is based on the criticality of the standards and other requirements regarding their relationship to the quality and safety of care. The current accreditation decision process is primarily based on the volume of survey findings in relation to pre-established thresholds.

With the revisions, The Joint Commission has strived to ensure that standards compliance scoring and the accreditation and certification decisions are as follows:

- Reflective of an organization's performance with respect to Joint Commission standards and elements of performance (EPs)
- Transparent—all components of the process are fully disclosed to accredited and certified organizations
- Easily understood by all involved parties
- Based on the premise that some standards are more "critical," or more directly impact the patient, than others

Scoring Scale

Specific measurable requirements of each EP will continue to be evaluated on a three-point scoring scale in 2009, as follows:

- 0 = Insufficient Compliance
- 1 = Partial Compliance
- 2 = Satisfactory Compliance

New Scoring Process

Within the SII-revised standards and EPs, bulleted lists

of expectations have been minimized to clarify expectations.

In 2009, supplemental findings will be eliminated. Instead, all findings of less than full compliance will be cited as a "Requirement for Improvement" (RFI) and will require resolution through an Evidence of Standards Compliance (ESC) submission. The time line for completing the ESC submission will depend on the "criticality" of findings and immediacy of risk, as follows:

- EPs identified as having a "Direct Impact" on patient care as a result of partial or insufficient compliance will require an ESC submission **within 45 days**.
- EPs identified as having an "Indirect Impact" on patient care will require an ESC **within 60 days**.

EPs will be divided into the following two scoring categories:

1. **"A" EPs.** Category "A" EPs have the following characteristics:
 - Usually related to structural requirements (for example, policies or plans) that either exist or do not exist, and are scored either "0" or "2"
 - May address an issue that must be fully compliant even though it focuses on performance or outcome (for example, National Patient Safety Goals)
 - May be related to a Medicare Condition of Participation that must always be fully compliant
2. **"C" EPs.** Category "C" EPs are scored based on the number of times an organization does not meet a particular EP, as follows:
 - Scored "2" if there are one or no occurrences of noncompliance
 - Scored "1" if there are two occurrences of noncompliance
 - Scored "0" if there are three or more occurrences of noncompliance

Note: For 2009, scoring category "B" EPs have been eliminated.

Criticality†

The new accreditation decision process focuses on critical standards and EPs. Accreditation decisions will consider the criticality of findings and the number of RFIs the

† **Criticality** The immediacy of risk to patient safety or quality of care as a result of noncompliance with a Joint Commission requirement (for example, EP, National Patient Safety Goal, Universal Protocol).

* This includes SII Phase 1 and Phase 2 organizations.

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Improvements to the Decision Process (continued)

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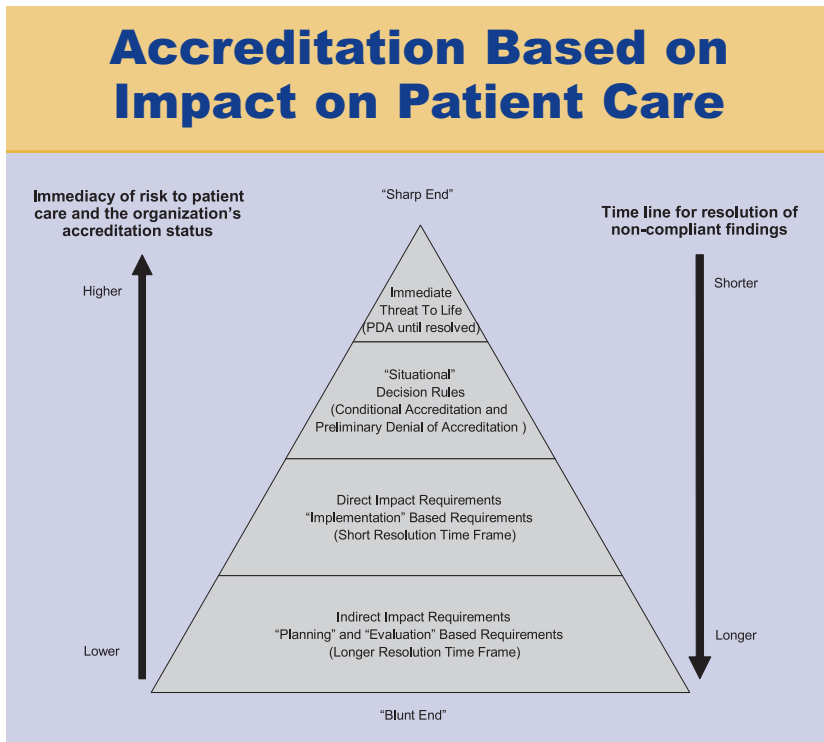
organization received. The more critical the requirement, the more there is a potential risk to patient care or safety and the more immediately the issue of noncompliance needs to be resolved. The levels of criticality fall into the following four categories:

1. Immediate Threat to Life
2. Situational Decision Rules
3. Direct Impact Requirements
4. Indirect Impact Requirements

See the figure below for the placement of the four levels of criticality within the new scoring and accreditation decision model. A description of each category follows.

1. Immediate Threat to Life

- Due to the immediacy of this circumstance, in the event of an “Immediate Threat to Life” situation, an expedited decision of Preliminary Denial of Accreditation is issued by The Joint Commission president.
- The Preliminary Denial of Accreditation decision remains in effect until corrective action is validated during an on-site, follow-up survey.
- After corrective action is validated, the organization’s accreditation status will change to Conditional Accreditation pending a follow-up survey in four to six months to assess ongoing implementation of the corrective action.



- Examples of Immediate Threat to Life findings are as follows:
 - Inoperable fire alarm
 - Adult-strength medications on pediatric crash cart
 - Lack of master alarms for medical gas systems
 - Patients with known antibodies received transfusions without the units being typed for the corresponding antigens

2. Situational Decision Rules

- Based on specific situations at the time of survey, a recommendation of Preliminary Denial of Accreditation or Conditional Accreditation for the organization is made.
- Organizations that receive a Conditional Accreditation decision must demonstrate resolution of identified issues through ESC submission **within 45 days**, and have a follow-up, on-site survey to validate implementation of the corrective action.
- Examples of Situational Decision Rule findings are as follows:
 - Evidence of an unlicensed facility
 - Unlicensed individual who requires a license
 - Failure to implement corrective action in response to identified *Life Safety Code*® deficiencies

3. Direct Impact Requirements

- Direct Impact requirements are based on implementation of care processes.
- A requirement has a Direct Impact if noncompliance is likely to create an immediate risk to patient safety or quality of care.
- The difference between Direct Impact and other requirements is that the direct risk usually results because there are no or few processes (or no or few protective defenses) intervening between the non-compliance and the impact on the safety or quality of a patient’s care.
- If one or more Direct Impact EPs under a standard are found to be partially or insufficiently compliant, then all EPs under that standard, which have been found to be partially or insufficiently compliant, must be addressed in an ESC submission **within 45 days**.
- Examples of Direct Impact findings are as follows:
 - Sedation—Standard PC.03.01.01, EP 6:
For operative or other high-risk procedures,



including those that require the administration of moderate or deep sedation or anesthesia: The hospital has equipment available to monitor the patient's physiological status.

- Pain—Standard PC.01.02.07, EP 3: *The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.*
- Emergency Medications—MM.03.01.03, EP 2: *Emergency medications and their associated supplies are readily accessible in patient care areas.*
- Other general areas include time-out, site marking, and look-alike/sound-alike drugs.

4. Indirect Impact Requirements

- Indirect Impact requirements are based on planning and evaluation of care processes.
- An organization's failure to resolve these compliance issues increases risk to patient safety or quality of care over time.
- This includes a risk that may ultimately exceed, in scope or severity, the noncompliance with a Direct Impact standard.
- If no Direct Impact EPs under a standard are found to be partially or insufficiently compliant, then all EPs under that standard, which have been found to be partially or insufficiently compliant, must be addressed in an ESC submission **within 60 days**.
- Examples of Indirect Impact findings are as follows:
 - Leadership—Standard LD.01.04.01, EP 11: *When the chief executive is absent from the hospital, a qualified individual is designated to perform the duties of this position.*
 - Human Resources—HR.01.04.01, EP 2: *The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented.* (See also Standard IC.01.05.01, EP 6)
 - Infection Control—IC.01.01.01, EP 1: *The hospital identifies the individual(s) with clinical authority over the infection prevention and control program.*

A Note about Criticality Tagging in the Manuals

In the revised 2009 manuals, EPs are “tagged” with either a “2” or a “3,” indicating whether Situational Decision Rules () or Direct Impact requirements () apply to the EP. (See pages 9–10 for more information about new icons in the manuals.)

EPs that **do not** have a “2” or “3” icon are automatically considered to be an Indirect Impact requirement (level “4”).

No one EP is tagged as an Immediate Threat to Life requirement—instead, it is usually a combination of EPs at any or all of the Situational Decision Rule, Direct Impact, and Indirect Impact levels that may cause an Immediate Threat to Life situation.

2009 Thresholds

2009 thresholds for adverse accreditation decisions for all programs will be reviewed by The Joint Commission's Accreditation Committee in August 2008.

Fixed thresholds may be established based on the number of less than fully compliant Direct Impact requirements which, if met, result in a recommendation for Conditional Accreditation or Preliminary Denial of Accreditation.

Fixed thresholds may also be established based on the total number of less than fully compliant standards at the time of survey which, if met, results in the following:

- An on-site survey to validate implementation of the ESC
Or
- A recommendation for Conditional Accreditation or Preliminary Denial of Accreditation due to “egregious” noncompliance

Upon approval, the 2009 thresholds will be published in a future issue of *Perspectives*®.

Post Survey Process

An organization's accreditation decision is based on RFIs and submission of an acceptable ESC within an established time frame.

The report left on-site after the survey will be renamed the “Summary of Survey Findings Report.” This report will be sorted by manual chapters, and will include standards, EPs and other requirements found to be less than fully compliant at the time of survey, as well as survey team observations. This report will no longer include “Supplemental” findings.

The Summary of Survey Findings Report left on-site will **not** include the potential accreditation decision. Instead, the Official Survey Report posted on the organization's secure *Joint Commission Connect*® extranet site after the survey will include the potential accreditation decision. Typically, the Official Survey Report will be posted within two days after the survey, unless the report requires Joint Commission Central Office review. In most cases, the final accreditation decision will be made after The Joint Commission receives and approves the organization's ESC. (Preliminary Denial of Accreditation and Conditional Accreditation decisions could occur before The Joint Commission receives an ESC.) 