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The Joint Commission: A new look at what it can do

Improved patient safety and satisfaction, marketing strength, reduced liability premiums—to name just a few

Ambulatory Care Accreditation by The Joint Commission afforded not only external validation of our multispecialty group's efforts, but even more importantly, the accreditation process provided a disciplined framework for improvement of patient care and safety. My partners and staff rank accreditation by The Joint Commission as one of the most important and meaningful undertakings in the history of our practice.

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The above sentiment echoes repeatedly across the health care landscape as more small group practices, larger multispecialty groups, office-based surgical practices, and freestanding clinics of all kinds discover the many benefits of working with The Joint Commission.

■ Patient safety and quality improvement in all venues

You may be most familiar with The Joint Commission through its work in the accreditation of hospitals. The Performance Measurement Program enables hospitals to improve inpatient care for several critical medical problems: acute myocardial infarction, heart failure, community-acquired pneumonia, pregnancy and related conditions, and prevention of surgical

infection. Additional measures are being created through the Commission's rigorous development process, and all measures are submitted for evaluation and endorsement by the National Quality Forum (see the Corrigan article in *Current Clinical Practice*, October 2007).

However, The Joint Commission's hospital activity accounts for just 26% of the more than 15,000 organizations we assist, making the Commission arguably the premier association driving safety and quality improvement across the US health care delivery system. Perhaps less well known is our work with group practices and other ambulatory services. My remarks in this article apply to the full range of practice environments we serve.

■ Concrete steps to improving practices

In addition to core measures for hospitals, we work primarily through 2 vehicles to improve safety and quality in health care: (1) Accreditation Standards, and (2) National Patient Safety Goals.

■ Accreditation standards

The Joint Commission develops standards through a multi-phase process involving health care experts and many other stakeholder groups. These standards are adapted to specific practice environments.

Accreditation is an ongoing process. Its criteria and execution have changed

KEY POINT

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radically over the past few years. Accreditation surveys once were scheduled months in advance. Commission surveyors paged through an organization's notebooks, crammed with minutes of meetings and documents of policies and procedures, and they listened to presentations that had been carefully and meticulously prepared.

Commission surveyors now show up unannounced—the point being, if your hospital or group practice or home health agency is pursuing safety and quality improvement at a high level every day, it doesn't matter when surveyors arrive. I'm happy to say this message has taken hold across the entire health care delivery system.

Moreover, surveyors no longer rely on broad-brush or indirect evidence of compliance with standards. Instead they use an active *tracer methodology* to follow the care of individual patients through an organization's system. Surveyors talk to staff and patients and examine records, gathering information that will directly verify whether a group or institution is meeting the standards set for safety and quality improvement.

Accreditation requirements will increasingly reflect local initiatives. Several years ago, a number of adverse events occurred in office-based surgical practices in New York. What emerged from the debate that followed was a 2007 state law requiring that all office-based practices performing moderate-to-deep sedation or general anesthesia for surgery or invasive procedures (eg, endoscopy) obtain accreditation by organizations approved by the New York State Department of Health. The Joint Commission is one of 3 bodies approved for this purpose. State initiatives not involving national bodies such as the Centers for Medicare & Medicaid Services will increasingly drive the need for accreditation.

National Patient Safety Goals

These Goals focus on specific aspects of care that have proved problematic and often do harm (eg, mislabeling patients' laboratory samples) and recommend steps to

correct or prevent associated errors (eg, clear protocols specifying 2 identifiers for each patient). The Goals are developed and updated by patient safety experts, as well as nurses, physicians, pharmacists, risk managers, and other professionals. Health care organizations are assessed for their compliance with the Goals in the same way that they are evaluated against the accreditation standards. Like accreditation standards, these Goals vary according to the health care setting (office-based surgery practices, hospital, ambulatory care organizations, etc), as do the means of implementing corrective measures. They help health care organizations focus on the most critical patient safety issues.

■ Three benefits of our accreditation process

1 / Improve your care of patients

The standards set by The Joint Commission and its structured approach to quality improvement can help your practice focus on critical safety and quality issues. The accreditation process can be an effective management tool for health care organizations in such areas as infection control and medication safety. The process is continuous and data driven and focuses on operational systems critical to the safety and quality of patient care.

Our surveyors are your peers, experienced in applying systematic quality-improvement processes in group practices or other settings. They do not merely observe and write reports; they interact with employees and patients on the front line of health care delivery while conducting surveys. The process of preparing a group practice for accreditation requires a lot of work in standardizing and installing safe practices that are state of the art. The survey process reinforces procedures that have been put in place and offers guidelines for solidifying them.

2 / Enhance your group's reputation in the community

Health care consumers want more information than ever before about the care

KEY POINT

The Joint Commission uses 2 vehicles to improve safety and quality:

1. Accreditation Standards
2. National Patient Safety Goals

Do yourself a favor...ask around

I encourage you to take time to speak with other practices and institutions in your community that have obtained Joint Commission accreditation and ask them what it has meant to them.

TABLE

National Patient Safety Goal for medication reconciliation

Goal 8	Accurately and completely reconcile medications across the continuum of care.
8A	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
8B	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

The Joint Commission. National Patient Safety Goals.
www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/08_npsg_facts.htm. Accessed April 29, 2008.

they can expect to receive. The Gold Seal of accreditation by The Joint Commission lets patients know your practice has been recognized for its excellence according to state-of-the-art, objective standards.

3 / Reduce your liability insurance premiums

Four major carriers so far—AIG, Darwin National Assurance Company, General Star Indemnity Company, and MAG Mutual Insurance Company—recognize Joint Commission ambulatory health care accreditation through premium discounts, premium credits, or preferential policy coverage. This is further evidence of the widespread recognition of the value of Joint Commission accreditation.

■ Can we do even better?

Yes, we *can* make further progress in patient safety and quality improvement. Routine safety processes often break down and are highly visible across the health care delivery system. Patients and their families and elected state and federal officials wonder, for example, why we can't guarantee that all health care workers will wash their hands appropriately and routinely as recommended.

Medication errors are still too common, and we need to take additional action (**TABLE**). Ironically on this last point, better technology has introduced dangers at the same time that it has made us more productive and efficient. Take, for example, computerized physician order entry (CPOE). Though clearly a boon to

efficiency, CPOE can circumvent the many checkpoints between ordering and administering medications that have helped prevent erroneous orders from reaching patients. Automating a faulty process is not progress. We must put procedures in place to neutralize the hazards of technology while allowing us to reap its benefits.

We can learn from others. Ultimately, we must transform health care into a high-reliability industry with rates of adverse events and safety process breakdowns as low as those seen in air travel and nuclear power generation. This will be achieved in part by addressing head-on the complexity of our health care system, and acknowledging the inter-connectedness of its component parts, the relationship of a system's organization to its performance, and the potential for even small changes to cause unintended consequences.

We will not achieve this goal overnight or with simple solutions. Rather, each of us must commit ourselves and our practice settings to a robust and continuous program of improving the processes through which we deliver care. Driven by valid data that truly measure quality of care, we can make sustainable improvements that will get us to the goal. In addition to accreditation, The Joint Commission will initiate new programs that have specific tools and methods to assist health care organizations in pursuit of this goal.

My vision for The Joint Commission is the inauguration of a new generation of transformational improvement that makes a major contribution toward the establishment of high-reliability health care. ■

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