

Joint commission on accreditation of healthcare organizations



Accreditation is a recognized seal of approval for many institutions in the United States. It is needed by the hospitals to become providers in the Medicare program. In order to receive payment from the Centers for Medicare and Medicaid Services (CMS), hospitals are required to meet a set of minimum requirements called conditions of participation. There are three organizations that can accredit hospitals based on the participation requirements- the Joint Commission, the American Osteopathic Association (AOA), or the state certification agencies [1].

More than 80% hospitals in the country voluntarily use the Joint Commission for accreditation purposes. Majority of US hospitals use Joint Commission because it has deemed status from CMS unlike the state and other agencies. “ CMS is federal and Medicare payment is federal. If hospitals want to be reimbursed for care given to Medicare covered patients, then they are required to have Joint Commission accreditation for reimbursement. Medicaid is state funded but has federal mandates.

Joint Commission accreditation pretty much covers all ground in ensuring that all federal or state paying entities will honor reimbursement,” said Cathleen Wheatley, Senior Vice President and Chief Quality Officer at Dekalb Medical. Traditionally, Joint Commission reviews hospitals every three years on a scheduled basis. A team consisting of at least a physician, a registered nurse, and a hospital administrator conduct a full survey of each participating medical facility. There are several hundred performance standards that investigators use to evaluate compliance. Each performance area receives a score of 1 to 5. A score of 1 indicates full compliance with the standards of that performance area.

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The minimum acceptable score is a 2. A score of 3, 4, or 5 requires a future re-inspection of that area. An accreditation decision is awarded along with a performance area score, full survey score and an updated survey score. The accreditation status is awarded with recommendations, without recommendations, or conditional [2].

Since the Joint Commission's hospital surveys were scheduled, hospital administrators were able to prepare their presentations and facilities for inspectors weeks in advance. As a result, hospitals with overall poor quality standards were able to pass inspections by fixing the specific measures surveyed. In 2006, the Joint Commission switched the inspection system to include surprise reviews. Since this change, the average number of deficiencies per hospitals increased to seven from three.

Also, the percentage of hospitals with conditional accreditation has risen to 2.8 percent from 1 percent. The new process has made hospitals more alert and they are actively taking steps in order to maintain accreditation [3].

Even though the Joint Commission is an independent institution, it has close ties to the industry it oversees. In order to remove the impartiality, Medicare has stressed a more collegial approach in which private groups such as the Joint Commission and some state regulators work together with the hospitals and other groups that they oversee [4].

Additionally, the Joint Commission has continued to refine its performance measurement and quality improvement programs. As a result, initiatives such as ORYX have been started. Hospitals collect data for measurement sets selected from the nationally standardized core measurement sets,

which include AMI, heart failure, pneumonia, and pregnancy. The National Patient Safety Goal measures are designed to help avoid problems such as misidentification of patients, wrong-site surgery, or miscommunication amongst caregivers [1].

The increasing emphasis on performance measures and Joint Commission's quality improvement agenda have received mixed reactions. While several hospital quality administrators are pleased, several feel that they are unrealistic for less affluent hospitals. As Ms. Wheatley puts it, "The more the standards, the more the resources required to meet them.

The majority of the public doesn't realize the precarious state of healthcare as concerns financial viability and think that more standards will make things better but, truth is, more standards can just as well further tax resources." Despite the challenges that lie ahead, the Joint Commission has been quick to respond to issues that arose along the way. Not only does it have the administrative machinery to evaluate hospitals, but its accreditation is universally sought. As the nation's most widely accepted accreditor, any changes in the quality or accreditation process will be met with least resistance [5]. The Joint Commission is more than just a guard for Medicare. It collects data on medical mistakes, works to improve patient safety, and has lifted the overall performance of hospitals.

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