

**STATEMENT BY**

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**BEFORE THE  
LEGISLATIVE COMMITTEE ON HEALTH CARE  
NEVADA LEGISLATURE**

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Good morning, Chairperson Leslie and members of the Committee. My name is Jennifer Hoppe, Associate Director of State Relations for the Joint Commission. Founded in 1951, The Joint Commission is a private sector, non-profit entity dedicated to improving the safety and quality of health care provided to the public. The Joint Commission accredits nearly 15,000 organizations throughout the country, including 90 percent of the nation's hospitals. The Joint Commission established an ambulatory care accreditation program in 1975 and today accredits more than 1600 organizations, 700 of which are ambulatory surgery centers. Currently, the Joint Commission accredits 35 hospitals and three freestanding ambulatory surgery centers in Nevada. In 2001, the Joint Commission launched its office-based surgery program; nearly 400 office-based surgery practices are accredited by the Joint Commission, including three practices in Nevada. We appreciate this opportunity to provide the Committee with information on the Joint Commission's current accreditation process. The three areas that I will focus on today include accreditation requirements specifically aimed at improving the safety and quality of care provided, oversight activities in regard to adverse events and complaints, and communication with state and federal regulatory agencies. Finally I will conclude with some specific actions that we will be taking in response to the recent revelations in Nevada that we will use to improve our survey process throughout the country.

### **Accreditation Requirements Specifically Aimed at Improving the Safety and Quality of Care**

The Joint Commission is committed to improving health care safety. At its heart, accreditation is a risk-reduction activity; compliance with standards is intended to reduce the risk of adverse outcomes. The Joint Commission demonstrates its commitment to patient safety through numerous efforts. The majority of Joint Commission standards are directly related to safety, addressing such issues as medication use, infection control, surgery and anesthesia, staffing and staff competence, fire safety, and medical equipment. These standards also include specific requirements for the response to adverse events; the prevention of accidental harm through the analysis and redesign of vulnerable patient systems (for example, the ordering, preparation and dispensing of medications); and the organization's responsibility to tell a patient about the outcomes of the care provided to the patient, including adverse outcomes.

Organizations accredited by the Joint Commission are also surveyed for compliance with the National Patient Safety Goals. The purpose of the National Patient Safety Goals is to promote

specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based consensus to solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on systemwide solutions, whenever possible. Examples of the National Patient Safety Goals include: improving the safety of using medication, reducing the risk of healthcare acquired infections and preventing wrong site surgeries.

### **Oversight Activities in Regards to Adverse Events and Complaints**

During the survey process, if a surveyor identifies any condition they believe poses a serious threat to public or patient health or safety, immediate action will be taken. Surveyors notify the Joint Commission headquarters, and if warranted, the president of the Joint Commission will declare an immediate threat to health or safety, and then issue and expedited Preliminary Denial of Accreditation decision. The organization must demonstrate that it took immediate action to completely remedy the situation, prepared a thorough and credible root cause analysis, and adopted systems changes to prevent a future reoccurrence of the problem. If the organization demonstrates that it has taken corrective action, a follow-up on-site survey will be conducted to validate that the actions were implemented.

The Joint Commission also conducts oversight activities with regard to adverse events and complaints through our Office of Quality Monitoring. The Office of Quality Monitoring evaluates each complaint that relates to safety and quality of care issues addressed by the accreditation standards and certification requirements. Issues commonly raised include patient rights, care of patients, safety, staffing, infection control, medication use and security. Depending on the nature of the complaint, the Joint Commission may take action ranging from requiring a written response or conducting an unannounced survey.

Employees of health care organizations have an immediate familiarity with the operation and performance of the organization in which they work, and are therefore a likely potential source of information for the Joint Commission respecting concerns about the quality and safety in accredited organizations. However, employees in accredited organizations generally account for only 10 percent of all complaints reported to the Joint Commission. Some employees are reluctant to report their concerns to an accrediting bodies because of fear, whether valid or not, that they will be

sanctioned by their organization if they do so. In an effort to address this hesitancy by employees to report information to the Joint Commission, we have adopted an Accreditation Participation Requirement, which states that the organization must educate staff and patients that any employee who has concerns about the safety or quality of care provided in the facility may report these concerns to the Joint Commission. The organization must further inform its staff that it will take no disciplinary action if an employee reports safety or quality of care concerns to the Joint Commission. If the Joint Commission substantiates that an employee has been threatened with retaliation for submitting a complaint or sharing quality of care information with a surveyor, the Joint Commission will cite the organization as being non-compliant with this requirement. Continued failure to demonstrate compliance with this expectation could lead to loss of accreditation.

### **Communication with State and Federal Regulatory Agencies**

The Joint Commission recognizes the need to maintain effective communication with both state and federal regulatory agencies. The Joint Commission accreditation is recognized in all 50 states across the spectrum of our accreditation and certification programs. The most common form of recognition involves the state's acceptance of an organization's accreditation in lieu of conducting its own routine state licensure inspection. The Joint Commission values this reliance and trust in our accreditation process, and we are committed to maintaining that relationship. To that end, the Joint Commission continues to enhance the communication of information to states regarding our accredited organizations to assist them in fulfilling their licensure function. The Joint Commission proactively notifies state and federal agencies of all adverse accreditation decisions, as well as contacting the state agency directly any time the Joint Commission declares an immediate threat to health or safety. We have also developed an internet-based, secure web site where we post pertinent survey-related information on our accredited organizations for use by state and federal regulatory agencies.

In addition to the communication efforts employed by the Joint Commission, state agencies have the opportunity to enter into information sharing agreements with the Joint Commission. The first type of agreement available allows state agencies to obtain the schedule of unannounced surveys for the accredited organizations in their state. The other opportunity available is a complaint sharing agreement. Complaints classified as high priority incidents would be shared with the state agency.

Recent events in Nevada have highlighted opportunities for improvement in the survey processes of the Joint Commission. As a part of the continuing surveyor education, Joint Commission surveyors are required to participate in quarterly conference calls. The next call with the ambulatory surveyors scheduled for the end April will be focused on the application of the infection control standards in the ambulatory surgical setting. The focus of the call will be to provide further instruction to the surveyors on specific infection control areas they should evaluate during the on-site survey. The topics will include: sanitary conditions of the environment of care, cleanliness of patient care areas, floors, horizontal surfaces, patient equipment, treatment and procedure areas, surgical areas, medical supply storage areas, staff practices related to needle and syringe disposal, hand washing, equipment disinfection, and sterilization of medical supplies.

Once again, thank you for this opportunity to comment. The Joint Commission is willing to assist the state of Nevada in its efforts to ensure the quality and safety of care provided to patients in ambulatory surgery centers and office-based surgery practices.