

Joint Commission on Accreditation of Healthcare Organizations

Nevada Health Care Subcommittee to Study Staffing

January 8, 2004

EXHIBIT B Committee Name **HealthCareDelivery** Document consists of **15 slides**.

☒ Entire document provided.

☐ Due to size limitations, pages _____ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@jcaho.state.nv.us.

Meeting Date: 1-08-04



Objectives

- Provide overview of the Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”)
- Provide information and rationale behind JCAHO’s initiatives related to staffing



Overview of JCAHO

- Private, not for profit organization founded in 1951
- Accreditation is voluntary
- Organizations surveyed against standards representing optimum achievable levels of quality and safety
- Structure provides organizational framework for safe, quality care
- Accreditation seal represents organization's commitment to safe, quality care
- Organization enjoys Medicare deemed status/state recognition for licensure purposes



JCAHO Board Members

- American College of Physicians
- American College of Surgeons
- American Dental Association
- American Hospital Association
- American Medical Association
- American Society for Internal Medicine
- Public members



JCAHO Accredited Organizations in the United States (17,000)

- ◆ Hospital (4600)
- ◆ Ambulatory Care (1200)
- ◆ Assisted Living (100)
- ◆ Behavioral Health Care (1700)
- ◆ Critical Access Hospital (145)
- ◆ Homecare (4000)
- ◆ Long Term Care (2000)
- ◆ Laboratory (2400)
- ◆ Healthcare Network (100)
- ◆ Office Based Surgery (140)



JCAHO Accredited Organizations in Nevada (1996)

- ◆ Hospital (67)
- ◆ Ambulatory Care (28)
- ◆ Assisted Living (0)
- ◆ Behavioral Health Care (10)
- ◆ Critical Access Hospital (1)
- ◆ Homecare (55)
- ◆ Long Term Care (3)
- ◆ Laboratory (29)
- ◆ Healthcare Network (1)
- ◆ Office Based Surgery (2)



JCAHO Mission:

“To continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services.”



Setting the Standard for Quality in Healthcare

- JCAHO's standards and initiatives emphasize a systems-oriented approach to providing safe, high-quality health care
 - ◆ *Shared Visions – New Pathways* Survey Process
 - ◆ State-of-the-art Standards
 - ◆ Sentinel Event Program
 - ◆ National Patient Safety Goals
 - ◆ Office of Quality Monitoring
 - ◆ Performance Measurement
 - ◆ *Quality Report*
 - ◆ Public Policy Initiatives
 - ◆ Patient Safety Coalitions



Shared Visions – New Pathways Survey Process

- Culmination of review and redesign of accreditation process;
- Complete paradigm shift from a process focused on survey preparation and score achievement to one of continuous systematic and operational improvement focused on safe, high quality care, treatment, and services.



State-of-the-art Standards

- Staffing and staff competence
- Medication use
- Infection control
- Transfusions
- Restraint and seclusion
- Fire safety
- Medical equipment
- Emergency management
- Security



Sentinel Event Program

- “Sentinel Event” Defined:
 - ◆ Unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
- Required Action:
 - ◆ Report event within the organization, and to external agencies as appropriate;
 - ◆ Conduct a root cause analysis;
 - ◆ Implement action plan and monitor.



Goals of Sentinel Event Policy

- To have a positive impact in improving patient care and preventing sentinel events.
- To focus attention of organization on understanding the causes that underlie the event, and on making changes in the organization's systems and processes to reduce the probability of such an event in the future.
- To increase the general knowledge about sentinel events, their causes, and strategies for prevention.
- To maintain the confidence of the public and accredited organizations in the accreditation process.



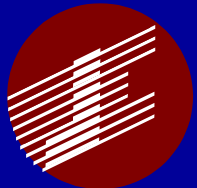
National Patient Safety Goals

- The Sentinel Event Alert Advisory Group convened to assess the evidence for and face validity of all 29 *Sentinel Event Alert* recommendations, as well as the practicality and cost-effectiveness of implementing the recommendations.
- The Group identified seven 2004 NPSG identified as:
 - evidence/consensus-based;
 - cost-effective; and
 - practical.



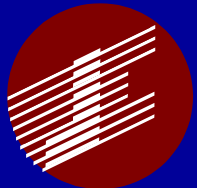
Management of Complaints: Office of Quality Monitoring

- Receives complaints related to accredited health care organizations' service and/or quality of care.
- Complaints come from patients, families, staff, government agencies and others.
- Depending on nature of complaint, JCAHO will:
 - ◆ Ask organization for written response.
 - ◆ Review reported concern and compliance with related standards at time of organization's next survey.
 - ◆ Conduct an unannounced onsite survey.
 - ◆ Use information to identify trends or patterns.



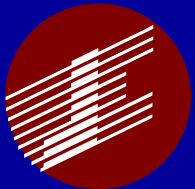
Performance Measurement and ORYX

- “ORYX” initiative integrates outcomes/performance measurement data into accreditation process
- Goal is to ensure continuous, data-driven accreditation process and focus on results of care
- Allows JCAHO to review data trends and work with organizations to use data to improve care
- 2300 hospitals report measures including:
 - ◆ Acute myocardial infarction
 - ◆ Heart failure
 - ◆ Community-acquired pneumonia
 - ◆ Pregnancy and related conditions



Quality Report

- Beginning in mid-2004, a *Quality Report* will be available to the public on-line, free of charge, for each accredited hospital
- *Quality Report* Sections
 - ◆ Summary of Quality Information
 - ◆ National Patient Safety Goals
 - ◆ National Quality Improvement Goals
 - ◆ Patient Experience of Care Measures
- Prototype available for review



Public Policy Initiatives

- JCAHO convenes roundtables with experts and stakeholders, develops and issues relevant white papers, holds open national forums and conducts follow-up regional summits.
 - ◆ Current initiatives include:
 - ★ Nursing Crisis
 - ★ Emergency Preparedness
 - ★ Emergency Department Overcrowding
 - ◆ Future initiatives include:
 - ★ Health care professional education
 - ★ Organ donation



Collaborative Environment

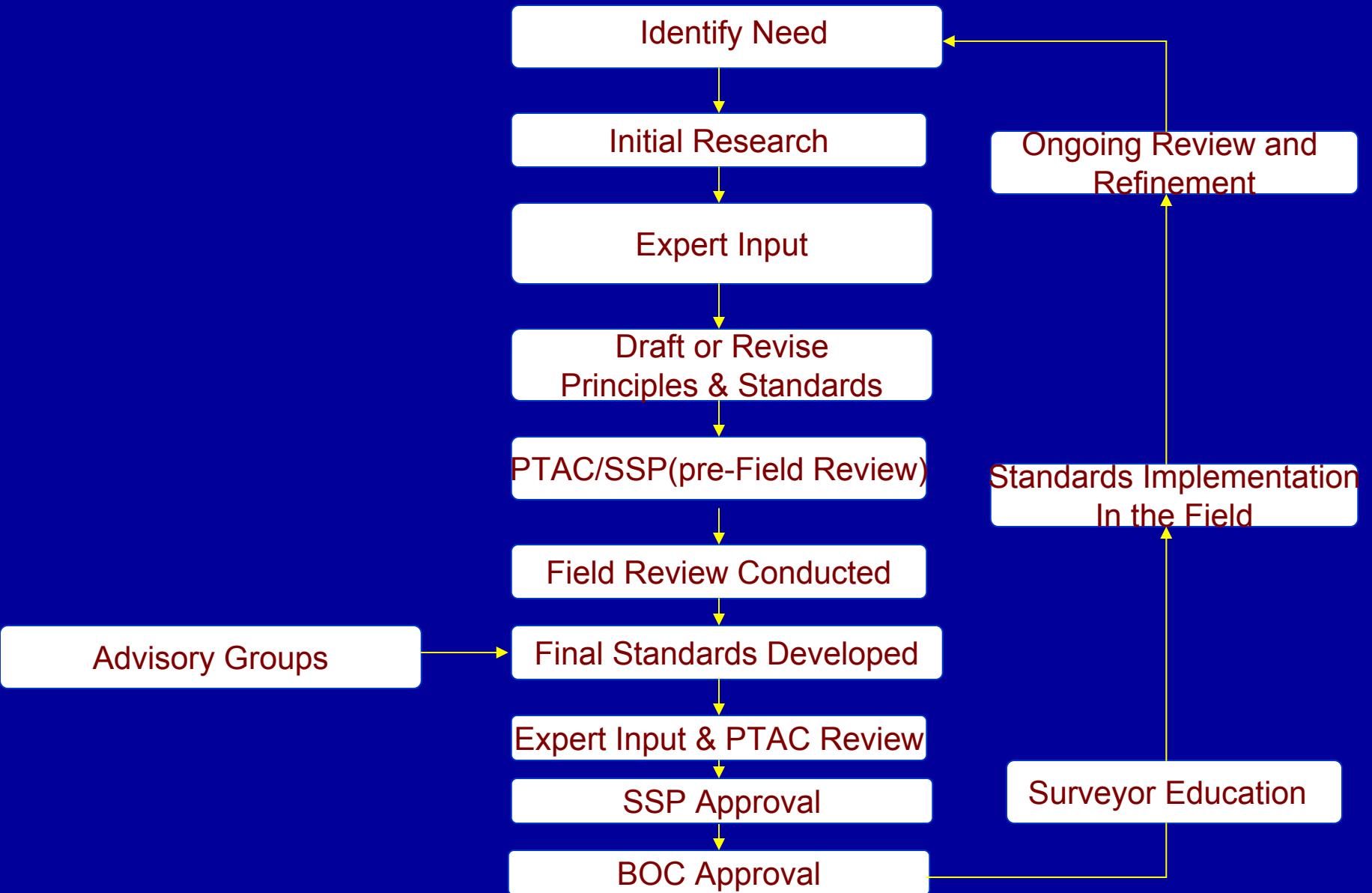
- JCAHO has 18 standing advisory groups :
 - ◆ Professional Technical Advisory Committees
 - ◆ Advisory Council on Performance Measurement
 - ◆ Public Advisory Group
 - ◆ Committee on Health Care Safety
 - ◆ Work Group on Accreditation Issues for Small and Rural Hospitals
- JCAHO participates in patient safety coalitions
 - ◆ National Quality Forum
 - ◆ National Patient Safety Foundation
 - ◆ Leapfrog Group



Standards Development And The On-site Survey Process



STANDARDS DEVELOPMENT MODEL



On-site Survey Process...

- Patient Tracers
 - ◆ Follow a number of patients through organization's entire health care process
 - ◆ As cases are examined, surveyor may identify performance issues in one or more steps of process – or in interfaces between processes
- Systems Tracers
 - ◆ Looks at a function across entire organization
 - ◆ Includes Infection Control, Medication Management and Data Use
- Conferences with Leadership and trustees, others



Staffing Standards and the Accreditation Process



Impetus to Develop New Standards Related to Staffing Effectiveness:

- More information each day that indicates that staffing has a direct impact on the quality and safety of care
- Aging work force and aging population continue to point to potential shortages of key staff
- Most current activity, especially at legislative and state level, is directed only at the number of staff (*i.e.*, ratios)
- Effective staffing is complex, dynamic and unique to each individual organization – there are no magic formulas that can be applied universally!



The Joint Commission's Approach to the Evaluation of Staffing Effectiveness

- Links effective staffing with **outcomes**
- Is applicable across all types of organizations
- Defines effective staffing as **more than just numbers!**
- Staffing effectively really means that “the right **number** of **competent** staff, in the right **skill mix**, are available to provide safe, quality service”



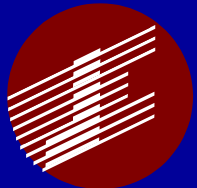
Development of the JCAHO Approach: Expert Panel

- A national panel of over 100 experts was used.
- Formed to analyze proposed staffing models summer 2000
 - Included representatives from several settings including Hospitals, Long-Term Care and Assisted Living, Behavioral Health Care, Ambulatory Health Care, Homecare and Laboratory
 - Represented multiple disciplines including 20% currently providing direct care



The approach that evolved...

- Uses **multiple clinical/service and human resource indicators** (sensitive to staffing effectiveness) in combination
- Considers **direct and indirect** care givers
- Uses indicators as a **screening tool** for potential staffing issues
- Allows **flexibility** for organizations to select from JCAHO list and to add their own indicators
- Requires **analysis of variation** from expected in chosen indicators
- Expects a **response** to analysis of variation from expected – if indicated



What gets measured, gets managed!

JCAHO's Screening Indicators...

- Based on expert consensus and available research regarding sensitivity
- Consider accessibility of data
- Allow flexibility to reflect each organization's unique characteristics



Pilot Site Feedback



- “The standards provide impetus for organization’s to analyze their staffing from a global perspective, not just financial perspective.”
- “The strength is it will provide a management tool to help evaluate staffing effectiveness.”
- “This model is long overdue...it provides a new dimension beyond numbers.”



Standards require organizations to...

- Select and define indicators and expected performance
- Provide rationale for indicator selection
- Collect data
- Analyze data
- Identify opportunities for improvement based on data analysis and take action, as appropriate
- Report to leadership



Approved JCAHO Screening Indicators for Hospitals

Human Resource

- Nursing care hours per patient day
- On call or per diem use
- Overtime
- Sick time
- Staff injuries
- Staff satisfaction
- Staff turnover rate
- Staff vacancy rate
- Understaffing compared to staffing plan

Clinical/Service

- Falls
- Injuries to patients
- Length of stay
- Medication errors
- Patient/family complaints
- Pneumonia
- Postoperative infections
- Pressure ulcers
- Shock/cardiac arrest
- Upper GI bleeding
- Urinary tract infections



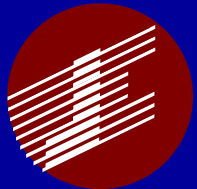
Data Analysis → The 3 T's

1. TREND data over time for each indicator
2. TARGET range of performance for each indicator
3. TOGETHER - look at the indicators in combination

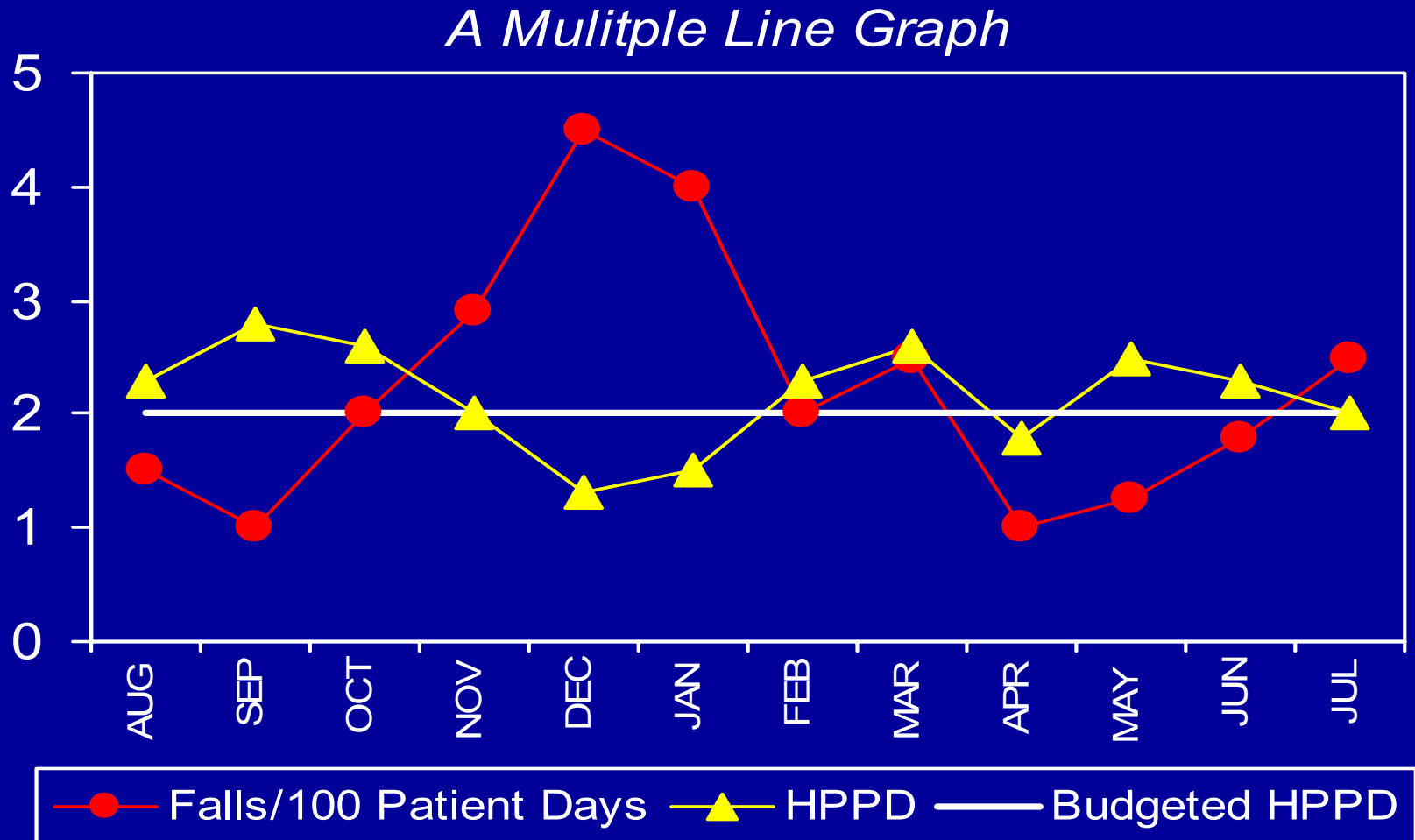


Aberration in Data...

- Signals drill down
- Doesn't necessarily tell anything about cause
- Focuses on process improvement – one facility at a time



Staff HPPD and Number of Falls



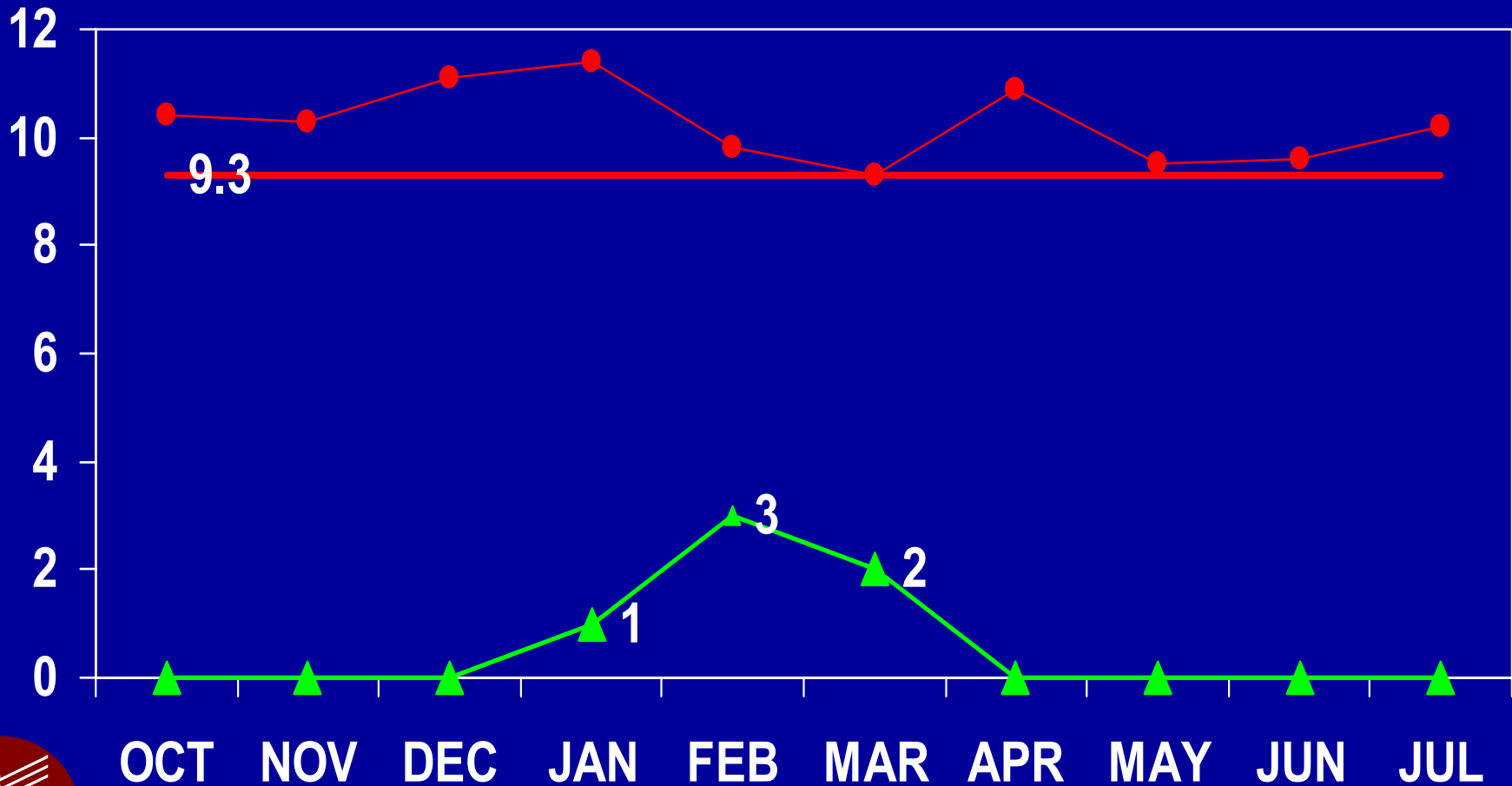
Examples of Strategies to Address Identified Issues

- ◆ Staff recruitment
- ◆ Education/training
- ◆ Service reduction
- ◆ Equipment enhancements
- ◆ Reorganization of work flow (use of ancillary or support staff)



Example From Pilot Testing: HPPD & Falls in a Medical Unit

— HPPD-Budget ● HPPD-Actual ▲ Falls



Findings / Actions for Medical Unit

- No correlation found between increased falls and actual staff hours per patient day
- Shifts where falls occurred actually had higher than budgeted number of staff

Number – “Okay per budget”



But, They Didn't Leave It There...

- Could budgeted number be low?
- Could skill mix of staff be an issue –agency use?
new staff?
- During drill down, the organization found that:
 - ◆ Fall risk evaluations were not completed on the patients who fell those months
 - ◆ Poor compliance rate for policy requiring staff to assess each patient's fall risk category on arrival assessment



? Skill mix
? Competency

Staffing Effectiveness Implementation in Hospitals – Effective July 2002

- Review of staffing effectiveness standards has been incorporated into the survey process
 - ◆ Leadership Conference
 - ◆ Competence Assessment Process
 - ◆ Data Use Systems Tracer
 - ◆ Individual Tracer Activity



Experience to Date...

- Model has shifted hospitals' ways of thinking in terms of staffing
- Model has provided hospitals with method to address staffing effectiveness issues that is sensitive to unique characteristics
- Indicators for which data were already being collected could be used to address staffing effectiveness
- Hospitals are allowed to select hospital-wide indicators rather than indicators specific to a unit thus lessening the sensitivity and specificity of the resulting data
- Some hospitals are selecting indicators that may not be appropriate



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