



Joint Commission Laboratory Accreditation: Why It Is Right For Your Organization

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Objectives



1. Define the mission and vision of The Joint Commission Laboratory Accreditation Program.
2. Explain the tracer methodology and its role in evaluating systems.
3. Name the key advantages of selecting The Joint Commission for laboratory accreditation.

Top Five Reasons for Lab Accreditation

1. Largest and oldest organization dedicated to survey process and risk evaluation for over 19,000 health care organizations
2. Professional surveyor cadre
3. Tracer methodology and system evaluation
4. Lab Advantage combined services option
5. Organizational alignment for operational synergy

Our mission



The Joint Commission mission:

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Vision Statement:

All people always experience the safest, highest quality, best-value health care across all settings



Who is part of The Joint Commission Enterprise?

▶ The Joint Commission

- Accreditation and Certification of over 19,000 organizations
- Quality Measurement and Health Care Research

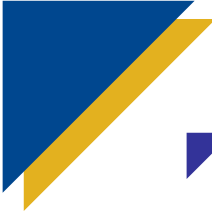
▶ Joint Commission Center for Transforming Healthcare

- Peer-developed solutions based on DMAIC/ Lean principles
- Customized solutions available to accredited organizations

▶ Joint Commission Resources

- Consulting
- International Accreditation
- Publications and Education

Accreditation Programs

- 
- ▶ Hospital
 - ▶ Home Care
 - ▶ Behavioral Health
 - ▶ Laboratory
 - ▶ Ambulatory including office based surgery and primary care medical home
 - ▶ Long Term Care
 - ▶ Critical Access Hospitals
 - ▶ Also:
 - Disease-Specific care Certification programs
 - Health care staffing certification

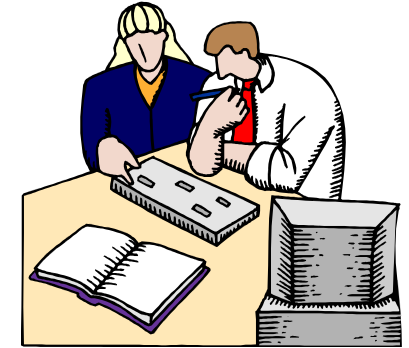
Laboratory Accreditation Program

- ▶ Covers all CLIA specialties
- ▶ Deemed by CMS
- ▶ Customers include large, academic hospitals to critical access hospitals. Accredited multiple stand-alone laboratory operations
- ▶ Currently, accredited about 1700 organizations and 2600 CLIA numbers



Evaluation Tools

Being an Effective Evaluator: What Does this Really Mean?



- Process is thorough, fair and objective
- Process identifies most critical safety and quality issues
- Process focuses on what is important (vs. everything)
- Process is inclusive of mandatory (regulatory) and collaborative (inspirational) modes
- Process is continuous, not event-driven
- Process is guided by surveyor experience and expertise, informed by data
- Process looks at systems and integration, not a list of tasks

Survey Philosophy

- ▶ Focus on an educational and evaluative process
- ▶ All surveyors are employees with clinical/ laboratory management experience
 - Anatomical pathologist surveyors available upon request
 - A full-time surveyor will evaluate approximately 70 labs per year
 - Consistent, continual training and performance review
- ▶ Standards are written to review outcomes rather than multiple specific tasks unless required by regulation or best practice guidelines. Generates discussion and allows probing
- ▶ Multi-day survey with fewer surveyors is considered less disruptive

Account Executives

- ▶ Dedicated to each organization
- ▶ Only support laboratory, so knowledgeable about the unique processes
- ▶ Responsible for facilitating all survey process communications with The Joint Commission



Survey Customer Rating



Use Net Promoter Scores

- Subtract the negative scores from the positives and eliminate the neutral scores
- >0 is positive and 50 is excellent according to literature

Ratings from 2011 Lab Study

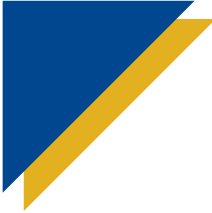
- Knowledge of surveyor= 60
- Customer service and support= 50
- Account executives effectiveness in answering questions= 52
- Educative value of survey= 45
- Value-added survey= 48

Tracer Survey Methodology

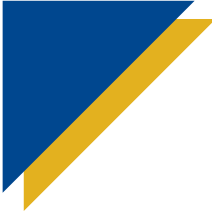
The cornerstone of The Joint Commission survey, tracer methodology uses actual patients as the framework for assessing standards compliance.

- Individual tracers follow the experience of care through the entire health care process in the organization.
- System tracers evaluate the integration of related processes
 - Coordination and communication among disciplines and departments
 - In-depth discussion and education regarding the use of data in performance improvement

Tracer Methodology

- 
- ▶ Laboratory Tracer
 - Select at least four dates covering the two year period since last assessment
 - At least one patient with a transfusion will be selected for Tracer
 - ▶ Tracers follow the patient documentation from the doctor's order into the lab and back out to the patient chart
 - ▶ Assesses the entire patient care continuum for the diagnostic services, not just individual tasks
 - ▶ Directed towards systems and outcomes

Reviewed in a Lab Tracer

- 
- ▶ Doctor's order
 - ▶ Pre-analytic processes
 - ▶ Analytic Process
 - ▶ Post-analytic processes
 - ▶ Report on patient's chart (not just LIS), including
 - Critical value notification
 - Completeness of EHR for test reports
 - Results of transfusion reaction work-up with lab director's interpretation
 - ▶ Personnel records and competency
 - ▶ Quality system documents
 - Validations, correlations, maintenance, quality control, proficiency testing

Advantages of Tracer Methods

- ▶ Watch processes in sequence, following path of work
- ▶ Interact with staff who are doing the work
- ▶ See processes that span across multiple specialties for a system review
- ▶ See how the results appear to the clinical staff



Standards Development

Broad vs. Prescriptive Requirements

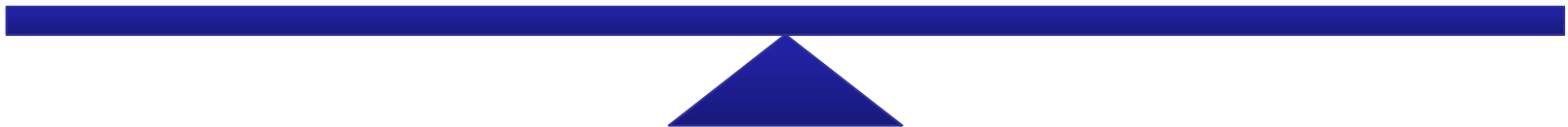


Broad

- Processes (means to an end)
- Many ways to accomplish goals
- Processes designed by organizations
- Remains valid with changing science

Prescriptive

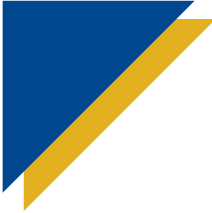
- Specific requirements (specific outcome)
- The only way
- Evidence-Based
- Readjustments are required with changing science



Goal: The Right Balance

- ▶ Standards that are general enough to allow review of process, not limit practice
- ▶ Reduce redundancy by not repeating same requirements for each specialty
- ▶ Synergy between standards for lab and the rest of the organization
- ▶ Enough information that the laboratory knows what is expected

Rigorous Standards Review

- 
- ▶ Work with expert panels that include MDs, PhDs and lab managers from varied facility types to identify:
 - What is essential for patient safety?
 - What is needed for standard clarity?
 - Is the standard intent understandable?
 - Are the standards based on evidence?

Review Process

- ▶ Standards are published for field review which allows public to comment
- ▶ The Professional and Technical Advisory Committee, comprised of leading lab associations, reviews and recommends for approval
- ▶ Board approval
- ▶ Six month notice allows time for implementation. Questions that arise will be published as FAQ for all customers.
- ▶ Generally updated every 18 months to 2 years

Accessing Standards Via Edition

Search manual for:

Home **NEW** What's New Service Profile Filters Logout

July 1, 2011 > Laboratory > Accreditation Requirements User, Guest @ The Joint Commission

2. Select Effective Date: **July 1, 2011 NEW**

3. Select Program: **Laboratory**

4. Choose content to display: Accreditation Requirements

- Accreditation Participation Requirements (APR)
- Document and Process Control (DC)
- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- National Patient Safety Goals (NPSG)
- Performance Improvement (PI)
- Quality System Assessment for Nonwaived Testing (QSA)**
- Transplant Safety (TS)
- Waived Testing (WT)

Accreditation Process Info
Glossary
Crosswalks

Overview
About This Chapter
Chapter Outline

Print Chapter Related Links

Select a standard from the list below to see the Standard description, Rationale and Elements of Performance.

▼ QSA.01.01.01: The laboratory participates in Centers for Medicare & Medicaid Services (CMS)-approved proficiency testing programs for all regulated analytes.
Note: This participation in the proficiency testing program includes the specialty of Microbiology, and subspecialties of Bacteriology, Mycobacteriology, Mycology, Parasitology, and Virology; the specialty of Diagnostic Immunology, and subspecialties of Syphilis Serology and general Immunology; the specialty of Chemistry, and subspecialties of routine Chemistry, Endocrinology, and Toxicology; the specialty of Hematology (including routine Hematology and Coagulation); the subspecialty of Cytology (limited to gynecologic examinations); and the specialty of Immunohematology (ABO group and Rho(D) typing, unexpected antibody detection, compatibility testing, and antibody identification).

▼ Rationale for QSA.01.01.01:
Proficiency testing determines how well a laboratory's results compare with those of other laboratories that use the same methodologies. Such testing can identify patterns of performance problems that may not be otherwise recognized by internal mechanisms (for example, quality control, preventive maintenance, competence evaluations).

Options
 Email Standard
 Print Standard

▼ Introduction to Standards QSA.01.01.01 Through QSA.01.03.01:
Standards QSA.01.01.01 through QSA.01.03.01 apply to proficiency testing for regulated analytes. * Proficiency testing is not required for nonregulated analytes; however, if the laboratory chooses to participate in a proficiency testing program for nonregulated analytes, these standards will also apply.
Footnote *: For the current list of regulated analytes, refer to 42 CFR 493, Subpart H.

Elements of Performance

Description	MOS	Cr	PFA	Doc	SC	ESP
1 The laboratory participates in a Centers for Medicare & Medicaid Services (CMS)-approved proficiency testing program * that meets regulatory requirements for variety and frequency of testing. ** (See also LD.04.05.07, EP 4) Footnote *: For information on current proficiency testing providers, see http://www.cms.hhs.gov/CLIA/14_Proficiency_Testing_Providers.asp#TopOfPage . Footnote **: The Joint Commission annually verifies enrollment in a proficiency testing program onsite and by review of proficiency testing enrollment verification. For more information on proficiency testing, see http://www.jointcommission.org/accreditation/proficiency_testing.aspx .			OS, AP	Ⓣ	A	ESP-1
2 The laboratory authorizes the proficiency testing program to release all data required to determine the laboratory's compliance for proficiency testing and makes proficiency testing results available to the public as required in the Public Health Service Act, Section 353(f)(3)(F).			Comm, IM, OS		A	ESP-1
3 The laboratory uses a proficiency testing program for each regulated analyte performed.			OS		A	ESP-1
4 The laboratory participates in the same approved proficiency testing program(s) for a full calendar year before			OS		A	ESP-1

Note: When selecting "Tissue Storage", "Waived Testing", or "Provider-Performed Microscopy (PPM) procedures" you must select at least one other service apart from these.

- Laboratory**
 - Blood Donor Center
 - Chemistry
 - Toxicology/Endocrinology/Routine Chemistry
 - Urinalysis
 - Clinical Cytogenetics
 - Clinical Cytogenetics
 - Immunogenetics
 - Diagnostic Immunology
 - Embryology
 - Hematology
 - Andrology
 - Flow-cytometry
 - Hematology Coagulation
 - Histocompatibility
 - Immunohematology
 - All Other Immunohematology
 - Blood Transfusion

Intracycle monitoring

- ▶ Currently have the Periodic Performance Review
 - Can be onsite, phone or internal
 - Opportunity to ask questions without risk on next survey
- ▶ Evaluating next generation intracycle monitoring in 2012 called Focused Review, to better concentrate on organizational risk points

Customer Support Tools


- ▶ Joint Commission Center for Transforming Healthcare
- ▶ Leading Practice Library
- ▶ Free audio conferences with updates in standards
- ▶ Reference library bringing together bibliography from multiple sources to assist in procedure development

Quality Check

- Public information tool to encourage public to be informed about their care
- Identifies accredited organizations by program, including lab



Lab Advantage

- 
- ▶ Lab Advantage combines Joint Commission accreditation, API proficiency testing, and ASCP continuing education into one seamless new process.
 - ▶ Lab Advantage brings the strength of each organization together to address important issues of quality and efficiency in laboratory performance. Lab Advantage offers:
 - Competitive Pricing
 - Enhanced Surveyor Expertise
 - Centralized Purchasing
 - New Educational Opportunities



LAB Advantage

Accreditation Value

Patient

Discounted
professional
education

Low-price
proficiency



Competitive Pricing

- ▶ Save 5% on all survey and accreditation fees
- ▶ Save 10% on ASCP educational programs
- ▶ Affordable proficiency testing
- ▶ Actual results vary by customer.
 - Denver Health saved \$4000 on regulatory costs alone plus additional saved expense from not performing reciprocal surveys.

Organizational Alignment

- ▶ The laboratory is the only department in a hospital that is not accredited by a single organization in a unified survey
- ▶ Contract services are surveyed concurrently
- ▶ What are the implications?
 - Lack of visibility
 - Lack of common language
 - Lack of common systems
 - Lack of trust and “buy-in”




Five Critical Elements to transform patient care:

- (1) Impetus to transform;
- (2) Leadership commitment to quality;
- (3) Improvement initiatives that actively engage staff in meaningful problem solving;
- (4) Alignment to achieve consistency of organization goals with resource allocation and actions at all levels of the organization; and
- (5) Integration to bridge traditional intra-organizational boundaries among individual components.

Lukas et al., Health Care Manage Rev, 2007, 32(4), 309-320

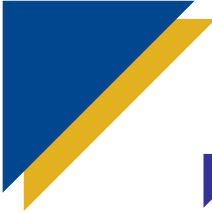
Sources of Laboratory Error

- 
- a) patient and sample misidentification;
 - b) specimen collection and transport;
 - c) analytical quality;
 - d) rapid transmission of laboratory results, particularly critical test results;
 - e) interpretive service and other tools for allowing a more accurate interpretation of laboratory data.

Sources of Laboratory Error: Clinical Interface Systems

- a) patient and sample misidentification;
- b) specimen collection and transport;
- c) analytical quality;
- d) rapid transmission of laboratory results, particularly critical test results;
- e) interpretive service and other tools for allowing a more accurate interpretation of laboratory data.

Have you ever:

- 
- ▶ Struggled to explain to nursing why specimens must be collected a certain way?
 - ▶ Not known what was happening in waived testing or POCT?
 - ▶ Explained to leadership why you need to be included in Information Systems development?
 - ▶ Not been recognized for the accomplishments of the laboratory on survey?

Would you like

- ▶ Leadership to come to your opening and exit conferences to find out your challenges and accomplishments?
- ▶ To share waived testing standards with the clinical areas?
- ▶ Have shared procedures for organizational processes?
- ▶ Be part of the hospital survey every 6 years?
- ▶ To concentrate on systems and the interface issues most associated with diagnostic error?

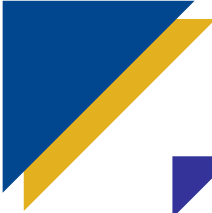
Conclusion

▶ The Joint Commission is the only full lab accrediting organization with:

- Survey process concentrating on systems
- Professional surveyors
- Organizational alignment and recognition
- Discounted services program
- Recognized focus on improving overall patient care through multiple vehicles



Next Steps



▶ If you would like to learn more about Joint Commission laboratory accreditation, contact:

- qualitylabs@jointcommission.org
- jrhamy@jointcommission.org
- estawczyk@jointcommisison.org

Accreditation Overview

- ▶ Overview Manual describes process
- ▶ Free 60-day access to electronic standards
- ▶ Pricing worksheet completion
 - Based on number of specialties and locations

Questions?

