

COMPARISON OF ACCREDITATION ORGANIZATIONS

DNV Healthcare Inc.

The Joint Commission

SURVEY FREQUENCY

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| <p>1. Annual on-site survey</p> <ul style="list-style-type: none">• Maintain focus on continual compliance with requirements and avoiding the ramp-up costs associated with preparation for the survey. | <p>One on-site survey every three (3) years</p> <ul style="list-style-type: none">• Supplemented by annual periodic performance review by organization or TJC. |
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STRUCTURE OF STANDARDS

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| <p>2. Standards are less prescriptive</p> <ul style="list-style-type: none">• Survey process supports CMS quality initiatives• Focus on continual improvement prioritized by the organization• Allows organization to determine the most effective means for demonstrating compliance using the standards as the parameters.• Free of charge to hospitals | <p>Prescriptive standards</p> <ul style="list-style-type: none">• Frequently revised• Costly to hospitals |
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MEETING CMS CONDITIONS OF PARTICIPATION FOR HOSPITALS

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| <p>3. Standards directly related to the CMS Conditions of Participation for Hospitals</p> <ul style="list-style-type: none">• Standards that are more suited to any size of hospital | <p>Self generated standards derived from experiences that may not impact all organizations</p> <ul style="list-style-type: none">• All standards may equally apply to both large, metropolitan hospitals to that of a small, rural organizations.• Extraneous standards that are not relevant to all hospitals |
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PERFORMANCE IMPROVEMENT

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| <p>4. Integrated standards from the internationally recognized ISO 9001 quality management system requirements.</p> | <p>Self defined performance improvement standards.</p> |
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PHYSICAL ENVIRONMENT / LIFE SAFETY REVIEW

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| <p>5. Physical Environment / Life Safety Specialist part of survey team for entire survey</p> <ul style="list-style-type: none">• Included as a full member of the survey team and are on-site the full length of the survey | <ul style="list-style-type: none">• Life Safety Specialist limited survey time - in many cases only one day.• May survey independent of team |
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RELATIONSHIP WITH HOSPITALS

<p>6. Collaborative approach to survey focused on improving quality of care and services</p> <ul style="list-style-type: none"> • Involvement of the hospital staff in NIAHOSM Training, inclusion on survey teams and kept informed regarding procedural changes and the survey process 	<p>Inspection approach looking for deficiencies</p>
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SCORING METHODOLOGY FOR NONCOMPLIANCE

<p>7. Standards Scored as</p> <ul style="list-style-type: none"> • Meets requirements of the standard • Nonconformity Category I Conditional level – Egregious non compliance • Nonconformity Category I -Noncompliant • Nonconformity Category II – Occasional or isolated lapse in compliance • Immediate Jeopardy - Immediate threat to patient safety <p>No aggregate scoring</p> <ul style="list-style-type: none"> • No aggregate “scoring”, but there are requirements for corrective action plans to address all nonconformities 	<p>Complex scoring system which considers the category of the requirement (A, B, C) and the length of time compliance with individual requirements can be demonstrated</p> <p>Aggregate “scoring” that impacts the organization’s accreditation status</p> <ul style="list-style-type: none"> • In many instances, only one instance of non-compliance results in a finding that directly impacts the aggregate “scoring” in determination of accreditation status.
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AVAILABILITY OF STANDARDS

<p>8. Standards available online to clients free of charge</p>	<p>Single copy of standards provided clients. Significant charge for additional copies</p>
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AVAILABILITY OF RESOURCES

<p>9. Resources available through internet Client Portal</p>	<p>Resources available for fee through Joint Commission Resources</p>
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ACCREDITATION CATEGORIES

<p>10. Accreditation Decision Categories</p> <ul style="list-style-type: none"> • Accredited – nonconformities resolved via accepted corrective action plan <ul style="list-style-type: none"> ○ Jeopardy status – Not meeting corrective action plan requirements • Not-accredited 	<p>Accreditation Decision Categories</p> <ul style="list-style-type: none"> • Accredited –recommendations resolved via accepted action plan • Provisional – Break down in post survey action plan • Conditional - # recommendations 2- 3 STD from mean, on-site follow-up survey • Preliminary Denial - # of recommendations >3 STD from mean • Denial – review and appeal opportunities exhausted
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ACCOUNTABILITY TO CENTERS FOR MEDICARE AND MEDICAID SERVICES

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| <p>11. Direct oversight from CMS</p> <ul style="list-style-type: none">• Subject to periodic reviews conducted by CMS and a formal approval process for deeming authority• Current Approval by CMS effective September 26, 2008 through September 26, 2012 | <p>The hospital program is not subject to periodic renewals by CMS since it is written in by statute.</p> <p>The Medicare Improvements for Patients and Providers Act (MIPPA), enacted July 15, 2008, removed the statutory status of the Joint Commission’s hospital program, effective July 15, 2010, putting it on the same footing as all other national accreditation programs.</p> <p>The Joint Commission will be required to follow the standard process outlined in regulation at §488.4 that CMS employs for all accreditation organizations seeking recognition by CMS for Medicare deeming purposes.</p> |
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