

The Joint Commission – New Directions



New Hampshire Hospital Association
Foundation for Healthy Communities
October 16, 2023 – Bretton Woods, NH

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“Standing Strong” Amid the Challenges of Healthcare

Three Simultaneous Realities . . .

- **HCOs are Struggling**
 - Workforce, Finance, Patient Disposition, Regulatory Burden
- **HCWs are Struggling**
 - Moral Injury, Workplace Violence, Burnout, Attrition
- **Patients are Struggling**
 - Quality, Safety, Experience, Access, Equity, Affordability



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Optimizing Performance, We Must “Multi-solve” . . .

Three-way collision:

- Interests of the Patient
- Interests of the Community
- Interests of Healthcare Workers



A “Values-Based” Approach:

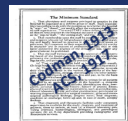
- “Triple Aim”
 - Cost (Affordability)
 - Quality (& Safety)
 - Experience of Care
- “Quadruple Aim”
 - + Equity (& Sustainability)
- “Quintuple Aim”
 - + Caregiver Wellbeing

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A Little Background on The Joint Commission (TJC)

The Joint Commission was jointly founded in 1951 by the:

- American College of Surgeons
- American College of Physicians
- American Medical Association
- American Dental Association
- American Hospital Association



The Vision of The Joint Commission is:

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

The Work of The Joint Commission enterprise:

- Hospital & Healthcare Organization Accreditation (for CMS) in the U.S.
- Programmatic Certifications in the U.S.
- Accreditation & Consultation in 76 Countries (Joint Commission International)
- Measure Development through National Quality Forum



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Overview

- The HELP Agenda**
 - H** ealth Equity
 - E** nvironmental Sustainability
 - L** earning Healthcare
 - P** erformance Integration
- Leadership and Board Role in Quality**
 - QAPI – New CMS Guidance for Boards
- Facilitated Discussion and Q&A**



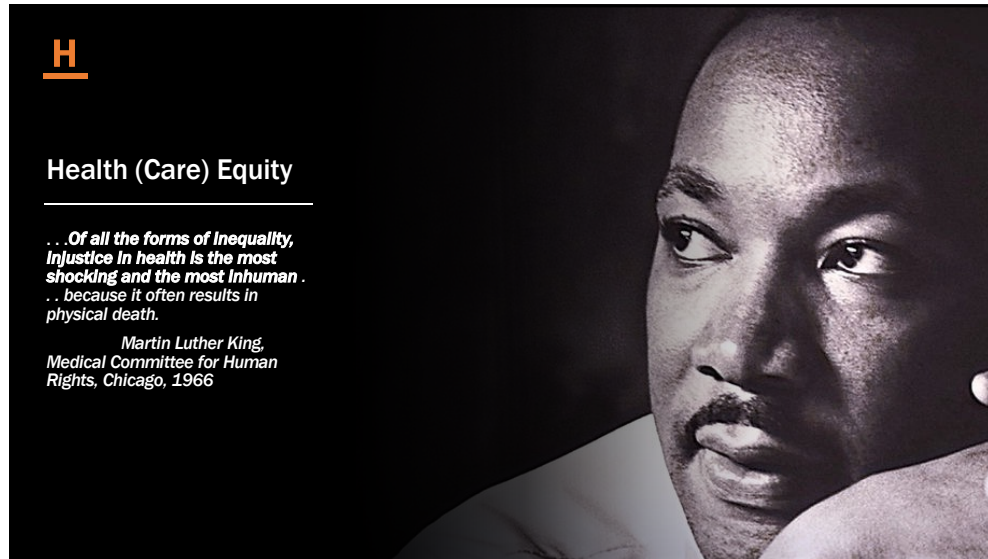
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TJC's H E L P Agenda

		Why	When
What	H ealth Equity	<ul style="list-style-type: none"> Social Responsibility & Patient Safety Issue National Patient Safety Goal & Advanced Certification 	- Now
	E nvironmental Sustainability	<ul style="list-style-type: none"> Health, Equity & Patient Safety Issue <ul style="list-style-type: none"> Younger colleagues demanding sustainability SEC disclosure requirements; pressure for NFP, too Unprecedented Federal Incentives 	- 1/1/2024
How	L earning	<ul style="list-style-type: none"> Responsible Use of Health Data Certification <ul style="list-style-type: none"> Guide safe, effective, equitable AI & algorithms 	- 1/1/2024
	P erformance Integration	<ul style="list-style-type: none"> Reducing Workforce Burden by Retiring Obsolete Standards Directional standards align HCO goals with TJC standards Developing alternative, data-driven path to accred / cert Preventing Workplace Violence National Quality Forum – Strategic Alignment 	- Now



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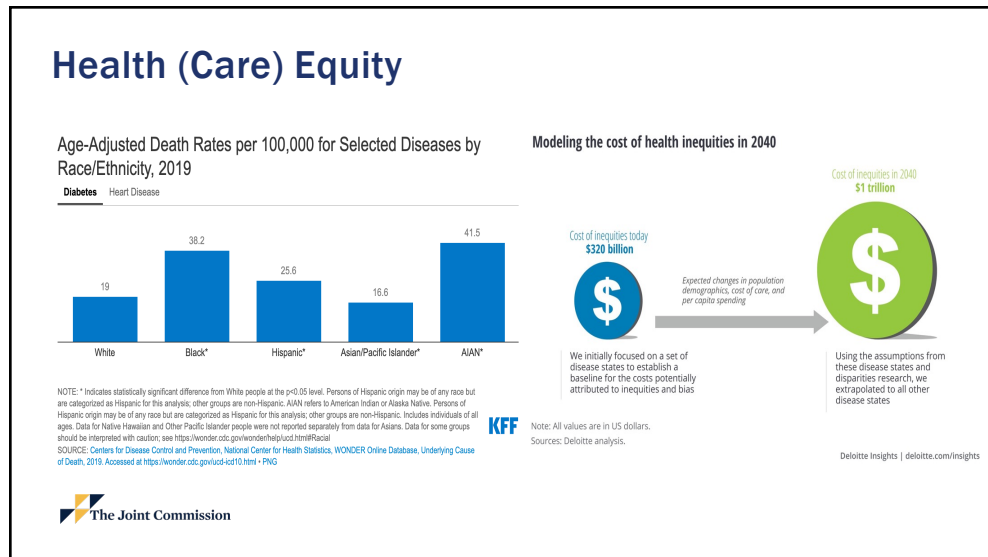


Health (Care) Equity

... Of all the forms of inequality, injustice in health is the most shocking and the most inhuman . . . because it often results in physical death.

*Martin Luther King
Medical Committee for Human Rights, Chicago, 1966*

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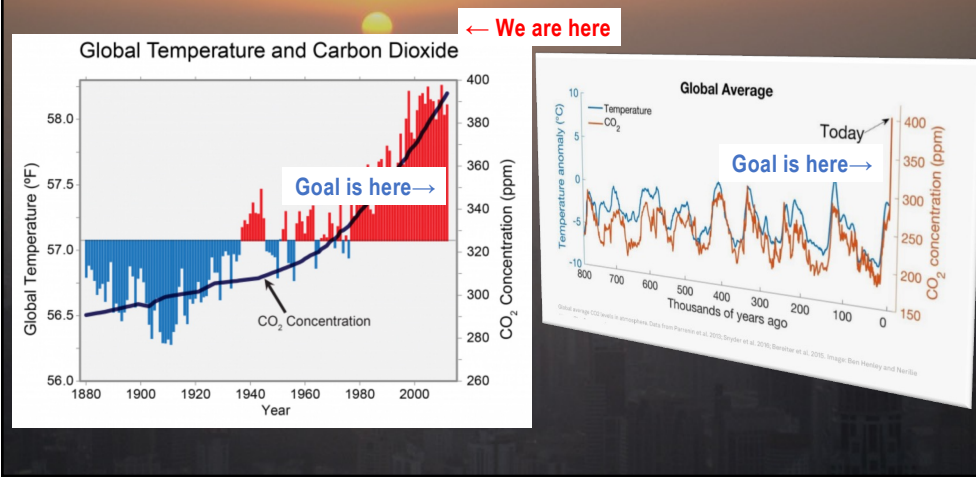
Environmental Sustainability

Greenhouse Gas Emissions in Healthcare:

- *If worldwide healthcare were a country, it would be the 5th largest emitter among countries . . .*
- *The U.S. is 27% of the worldwide healthcare carbon footprint*
 - *~9% of U.S. emissions are from healthcare*
- *Climate change is not only an environmental issue; it is a health, health equity, and patient safety issue . . .*
- *And an operational issue:*
 - *81% of primary care clinics closed ≥ 1 day in last 3 years due to extreme weather events attributable to climate change*

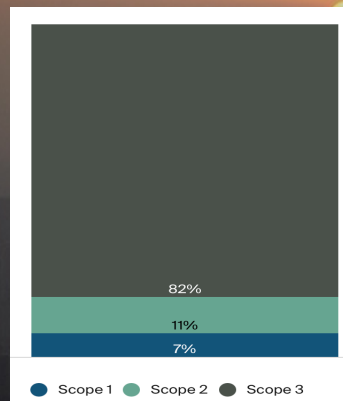
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CO₂ & Temperature – The Long View . . .



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Greenhouse Gases (GHG) in Healthcare



GHG Convention Defines "Scopes" of Emissions:

- **Scope 3 – The Stuff We Buy & Use**
 - Equipment, Supplies and Investments
 - If cost is lower or equal, why not buy lower CO₂ product ?
- **Scope 2 – The Stuff We Burn (Facilities & Vehicles)**
 - Fuel (Power) for Buildings and Vehicles . . . And Water
 - Federally-Legislated Incentives to Recap Infrastructure
- **Scope 1 – The Stuff We Do**
 - Anesthetic Gasses & Propellant Inhalers
 - Reducing flow rate of fluorinated anesthetics saves \$

Matthew J. Eckelman et al., "Health Care Pollution and Public Health Damage in the United States: An Update," *Health Affairs* 39, no. 12 (Dec. 2020): 2071–79.

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The Effects of Climate Change on Health

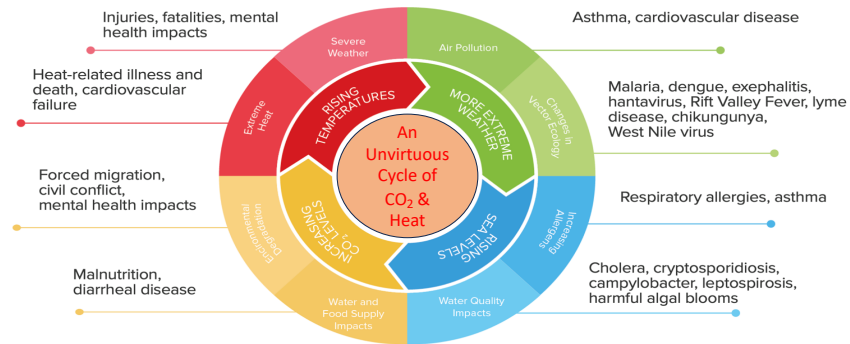


Figure 1: Impact of climate change on human health (Source: U.S. Centers for Disease Control and Prevention)

The Most Vulnerable are Least Able to Compensate

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Sustainable Health Care: Environmental Necessity

- The Joint Commission is the only accrediting organization leading environmental sustainability.
- We convened two Technical Advisory Panels in 2022:
 1. Reviewed & Revised Joint Commission standards to make sure they do not inadvertently contribute to excess consumption.
 2. Generated proactive requirements to accelerate efforts in decarbonization.

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Introducing Sustainable Health Care Certification

- Announced voluntary program on Sept. 18, 2023 to start Jan 1, 2024
- Four Components:
 1. Strategic Plan Approved Annually by Board
 2. Designated Leader(s) Responsible for Implementing Plan
 3. Measure ≥ 3 (in MTCO₂e):

✓ Combustible fuel use	✓ Fleet vehicle fuel use
✓ Purchased energy	✓ Waste disposal
✓ Anesthetic gas use	✓ Metered dose inhaler use
 4. Plans to Reduce Footprint in 3 Measured Areas
 - Annual Analysis of Sustainability Measures Against Goals
 - Revise Approach if Goals Not Met

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Summary: So, Why Do This ?

- **Mission: Caring for our Communities requires Mitigating our Environmental Impact**
- **Increasingly Inescapable Evidence: Vermont flooding, Maui and Canadian wildfires, California blizzards, Florida Gulf waters . . .**
- **Social Justice, Health, Health Equity and Patient Safety**
- **Link between Workforce Recruitment & Retention and Environmental Stewardship**
- **Timely Financial Benefit: The Inflation Reduction Act**

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Unprecedented, Once-in-a-Lifetime Incentives

Tax Incentives Under Inflation Reduction Act (IRA):

A. Tax Incentives and Direct Pay Provisions

- Investment tax credit for energy property for projects beginning construction before Jan. 1, 2025
- Energy efficient commercial building deductions
- Credit for qualified commercial vehicles

B. Grants and Incentives for Greener Energy

- Rural Energy for America Program (REAP)

C. Grants and Incentives for Climate Resilience

- FEMA's Hazard Mitigation Grant Program

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Energy & Sustainability Program

OHA's Energy & Sustainability Program is a source of expertise to:

- Support hospitals with energy and sustainability decision-making;
- Connect Ohio hospital leaders in the energy and sustainability field;
- Offer educational events and resources;
- Advocate on behalf of hospitals; and
- Facilitate energy procurement.

NATIONAL RECOGNITION

The OHA Energy & Sustainability Program is proud to announce that we received the **2023 ENERGY STAR Partner of the Year for Sustained Excellence Award** from the U.S. Environmental Protection Agency and the U.S. Department of Energy. OHA was recognized with the same honor in 2022 and 2021. Previously, the program was selected for the ENERGY STAR Partner of the Year award for Energy Efficiency Program Delivery in 2016, 2019 and 2020.

MEMBERS SEE BENEFIT!

In 2022, participating member hospitals achieved \$11.9 million in utility cost savings from OHA Energy & Sustainability Program Benchmarking, energy efficiency support and technical assistance.

OHA MEMBER RESOURCES

- Sustainability in Scrubs Monthly Newsletter
- Environmental Leadership Council
- ENERGY STAR Benchmarking and Certification
- Awards Program
- Education Events
- Case Studies and Toolkits
- Legislative Advocacy

ENERGY STAR CERTIFIED HOSPITALS

Ohio continues to lead the nation with 19 ENERGY STAR certified hospitals seen on this [map](#).

INTERESTED IN LEARNING MORE?

To sign up for our monthly Sustainability in Scrubs Newsletter, and learn about what resources are out there and the great things OHA members are doing in the energy and sustainability realm, click [here](#).

For more information on participating in OHA's [Environmental Leadership Council](#), please contact [Kevin Zacharyasz](#).

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Learning Healthcare . . .

Learning Health System*

A system in which data created as a product of care are used not only for care but also for continuous improvement of care of all patients, the improvement of operations and the acceleration of discovery

➤ **Accelerated with use of algorithms, AI . . .**

*Modified from Institute of Medicine, 2007

THE LEARNING HEALTHCARE SYSTEM
Workshop Summary
INSTITUTE OF MEDICINE
(OF THE NATIONAL ACADEMIES)

The Joint Commission

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Learning Healthcare . . .

Secondary Use of Data refers to use other than for clinical care, such as QI, operations improvement, discovery, or algorithm & AI development

Why Certify?

- External verification of controls & patient rights
- Realize full value of data & data “exhaust”
- Improve healthcare
- Reduce risk of overregulation



Components of Certification Program:

- De-Identification
- Data Controls
- Limitations on Use
- Algorithm Verification
- Patient Transparency
- Oversight (Governance) Structure

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Performance & Reliability . . .

TJC Needs to support a “Learning Health System” Model wherein the byproduct of care is understanding of how to provide care better.

- Jim Merlino, MD, former Chief Transformation Officer, Cleveland Clinic
 - “Need to change “one-and-done” model of accreditation to continuous *readiness*
 - At its best, The Joint Commission can *gather and spread learnings across broad networks*”
- Peter Pronovost, MD, Chief Clinical Officer, University Hospitals
 - “Need to integrate our operations & performance improvement with accreditation”



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Background: TJC's Statutory & Regulatory Obligations

Where do standards come from?

The Centers for Medicare & Medicaid Services (CMS)
 Conditions of Participation (CoPs) are requirements developed by CMS that healthcare organizations must meet to participate in federally funded healthcare. In 2021, there are 24 CMS CoPs including COVID-19 vaccine immunization requirement of staff.

OSHA Occupational Safety and Health Administration (OSHA)
 OSHA requirements and recommendations are designed to protect employee safety. They cover several serious safety and health hazards including bloodborne pathogens and biological hazards, potential chemical and drug exposures, and other work-related hazards.

Impact of Achieving Accreditation

- Strengthens process standardization
- Reduces variability
- Minimizes risk
- Improves patient outcomes
- Fosters a culture of quality and safety

After your survey

Most surveys have a positive outcome. An accreditation award means you can expect to see us again in three years, but know we continue to be available throughout those years to support your quality journey. If you have a survey that finds areas for improvement, we are here to work with you to make those improvements as quickly and sustainably as possible.

* This is not a complete list of focus areas we survey. For example, additional areas include: Medical staff, credentialing & privileging, visiting off-site ambulatory sites/locations, emergency management and data sessions, etc.

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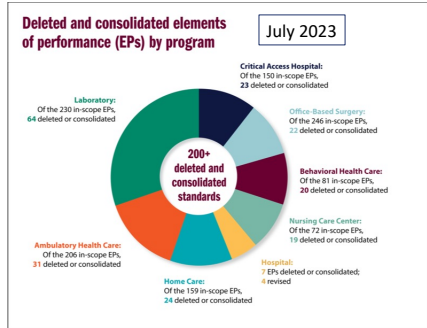
TJC: Reducing Burden to Improve Performance

- We are sensitive to the burden of compliance and its impact on the healthcare workforce
- For that reason, we reduced our overall number of standards:
 - Jan. 1, 2023: 180+ standards eliminated/revised
 - Aug. 23, 2023: 200+ standards eliminated/revised
- Our goal is to help healthcare organizations focus on what makes the most difference - in quality and safety
 - In solidarity, we did not raise domestic fees in 2023, despite conducting surveys at cost (or at a loss)

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In Practical Terms . . .

What Counts Less: What Counts More:



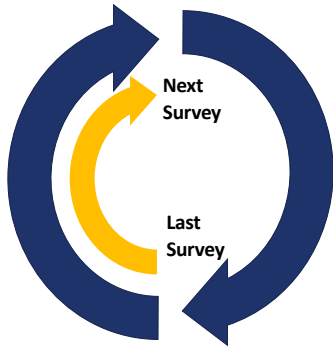
- (H) Health Care Equity
- Accreditation
- Advanced Certification
- (E) Sustainable Health Care
- Voluntary Certification Jan 1, 2024
- (L) Health Data Certification
- (P) Preventing Workplace Violence



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Performance Integration: In the Real World . . .

Hospitals do compliance with one team (Requirements)



And often do performance improvement with another . . . (Aspirations)

What if there were a way to integrate Requirements with Aspirations?



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New Health Care Equity Directional Standard

Launched 1/23 and elevated to National Patient Safety Goal 7/23

Six "Elements of Performance"

1. Designating a leader
2. Assessing health-related social needs
3. Stratifying quality and safety data
4. Creating an action plan
5. Evaluating the action plan
6. Keeping stakeholders informed




Healthcare Organization's OWN PI Initiative(s)
TJC Accreditation Requirement(s)




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New (7/23) Health Care Equity (HCE) Certification




Leadership

- Strategic priority
- Board involvement




Collaboration

- Engage patients
- Engage community organizations




Data Collection

- Community
- Patients
- Staff




Provision of Care

- Workforce diversity
- Staff training
- Patient-provider communication
- Patients with disabilities
- Health-related social needs



Performance Improvement

- Improve services (experience of care, quality metrics)
- Improve staff diversity, equity, and inclusion



NB: Mass Hosp Assn used as basis for successful 1115 waiver application.

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Accreditation & Certification Resource Center

<https://www.jointcommission.org/our-priorities/health-care-equity/standards-and-resource-center/>

Focused Resources to Support Standards Compliance

<p style="text-align: center; font-size: 8px;">Make Health Care Equity a Leader-Driven Priority</p> <p style="text-align: center; font-size: 24px; color: #0070C0;">📄</p> <p style="text-align: center; font-size: 8px;">LD.04.03.08, EP 1</p>	<p style="text-align: center; font-size: 8px;">Assess Health-Related Social Needs</p> <p style="text-align: center; font-size: 24px; color: #0070C0;">🏠</p> <p style="text-align: center; font-size: 8px;">LD.04.03.08, EP 2</p>	<p style="text-align: center; font-size: 8px;">Use Data to Identify Disparities</p> <p style="text-align: center; font-size: 24px; color: #0070C0;">📷</p>
<p style="text-align: center; font-size: 8px;">Prioritize, Plan and Take Action</p> <p style="text-align: center; font-size: 24px; color: #0070C0;">📊</p> <p style="text-align: center; font-size: 8px;">LD.04.03.08, EP 4</p>	<p style="text-align: center; font-size: 8px;">Monitor Health Care Equity Progress</p> <p style="text-align: center; font-size: 24px; color: #0070C0;">📈</p> <p style="text-align: center; font-size: 8px;">LD.04.03.08, EP 5</p>	<p style="text-align: center; font-size: 8px;">Evidence-Based Interventions</p> <p style="text-align: center; font-size: 24px; color: #0070C0;">📖</p> <p style="text-align: center; font-size: 8px;">Specific clinical topics</p>

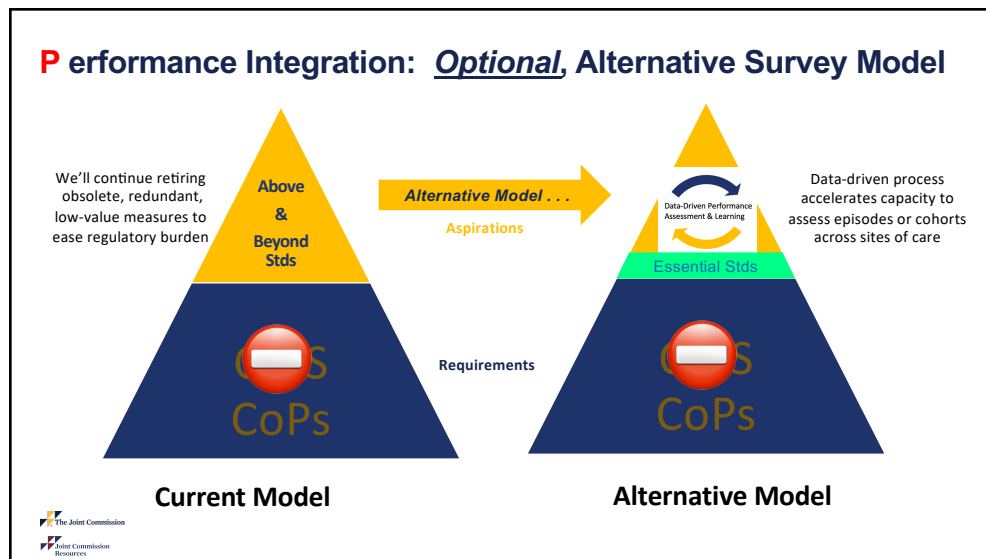
Snapshots
Brief synopses of approaches used by other organizations.

Soundbites
Brief videos of organizations' lessons learned.

Strategies
Links to resources such as toolkits, templates, and guides.

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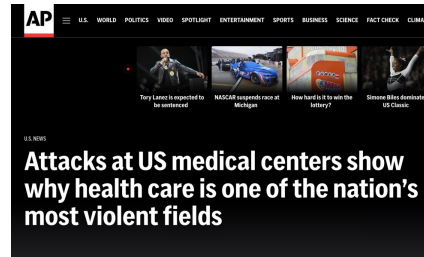
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Essential Standards: Workplace Safety

Caring for Caregivers . . .



- A study published in the Journal of Healthcare Management in 2018 found that **79.4% of healthcare workers** in a large healthcare system had **experienced workplace violence in the past year**, and **69.6% believed that the organization did not have effective policies or procedures** in place to address workplace violence.
- *Joint Commission standards support healthcare organizations establishing patient and employee rights for a safe and respectful environment.*

Joint Commission Violence Prevention Resources:

<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/compendium-of-resources/>

For questions, please email: WorkplaceViolence@JointCommission.org



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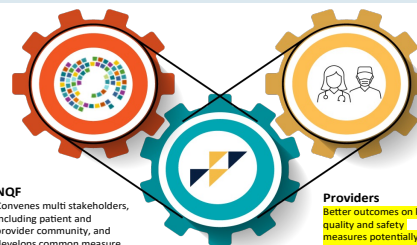
Performance Integration: National Quality Forum

Measuring What Matters

- Streamlining measurement ecosystem and changing focus from satisfying competing measures to making substantial improvement on key measures in quality and safety.



A Strategic Alignment



NQF
Convenes multi stakeholders, including patient and provider community, and develops common measure sets in key priority areas, e.g.:

- Behavioral health
- Cardiovascular diseases
- Maternal health

The Joint Commission
Develops standards and accreditation/certification programs to assess healthcare organizations on key measures.

Providers
Better outcomes on key quality and safety measures potentially unlocks payer excellence programs that convey premium reimbursement and/or network inclusion.

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Overview

1. The HELP Agenda

- **H** ealth Equity
- **E** nvironmental Sustainability
- **L** earning Healthcare
- **P** erformance Integration

2. Leadership and Board Role in Quality

- QAPI – New CMS Guidance for Boards

3. Facilitated Discussion and Q&A



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Board Engagement Matters

A healthcare organization's ***governing body is an essential partner in advancing quality and safety.***



High-performing organizations have high board engagement on quality & safety
(Jha *et al*, AHA)

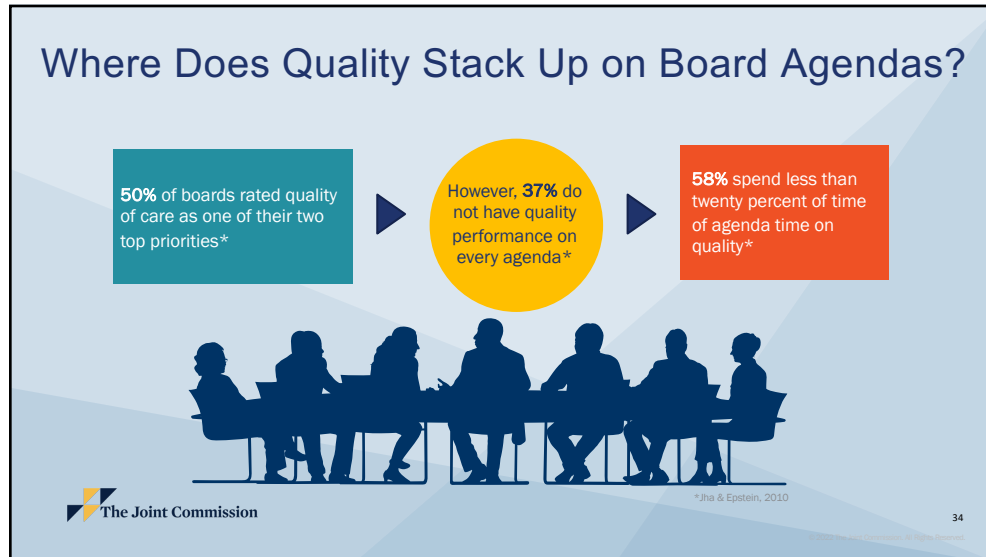
Essential resources:

- Education & knowledge of quality measurement
- Meaningful quality indicators
- Transparent performance discussions



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The Burning Platform

Board member readiness to drive meaningful quality discussions

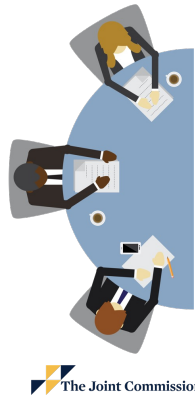
- **Board Education:** Every Board Meeting Should Include Board Development
 - Can be a dedicated session or build into topical presentation
- **Quality Oversight:** Benchmark among doctors, units, hospitals, regions
 - Ask: How do we know what good looks like?
- **Adequate Education for Role:**
 - Have Quality & Safety Committee with Clinicians to interpret
 - Recruit new Board Members for Competencies
- **Adequate knowledge of Quality & Safety:**
 - Ask to attend accreditation survey
- **Understanding of safety and quality measurement:**
 - Shameless plug for AHA & TJC Board resources, including sample agenda

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The Burning Platform

Management readiness to drive meaningful quality discussions



Bad Stuff Happens

- Better to engage & educate Board early
- Open meeting with discussion of open discussion of adverse event(s)

Great Stuff Happens

- Celebrate with Board
- Open meeting with discussion of open discussion of significant achievement(s)

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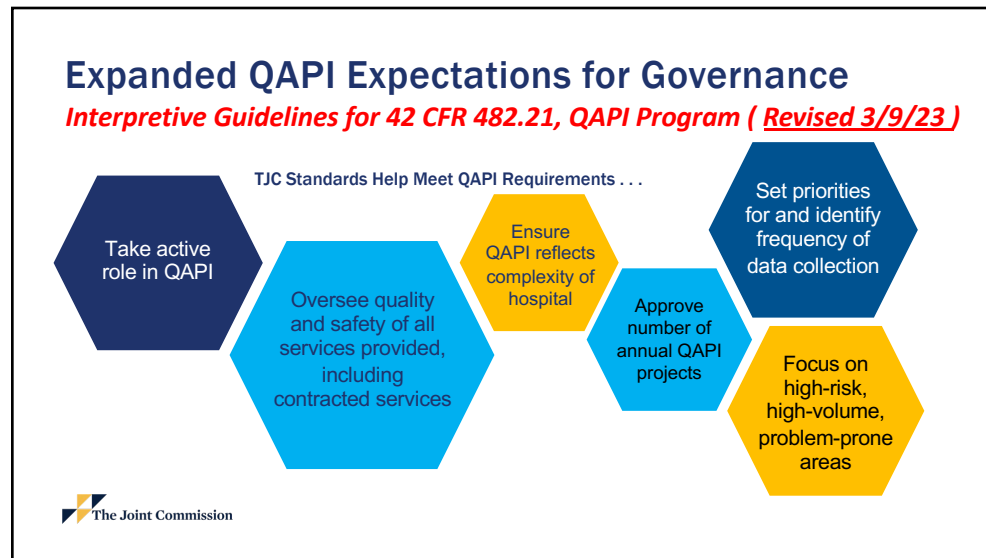
CMS QAPI Requirements for Hospitals

§482.21 CoP: Quality Assessment & Performance Improvement Program (QAPI)

“The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement (QAPI) program and demonstrate evidence of its program for review by CMS.” (1/24/2003)



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In Closing, It's Not About Accreditation

It's about safe, effective, efficient, equitable, sustainable, and compassionate care

Joint Commission Goal . . .


- Evidence-Based, Data-Driven, Outcomes-Oriented


We appreciate your support of quality and safety, challenging your organizations to higher standards through Joint Commission accreditation and certification programs.



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**Thank you for “Standing Strong”
Today, Tomorrow, Always**

 The Joint Commission

New Hampshire
Hospital Association 

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The Joint Commission – New Directions

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Hospital Association 

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Appendix: TJC Standards & QAPI Preparation



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TJC Standards Help Meet QAPI Requirements

"The hospital has an organization-wide, integrated patient safety program within its performance improvement activities."

At least once a year, the **leaders provide governance with written reports** on the following:

- All **system or process failures**
- **Sentinel events**
- Patients and **families informed** of the event
- All **actions taken** to improve safety, both proactively and in response to actual occurrences
- Determined **number of distinct improvement projects** to be conducted annually (deemed)
- Analyses related to **adequacy of staffing**



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QAPI – Evidence of Systems Approach

(*BTW, This is an Open-Book Test !*)

Element	Example	CoP §482.21 Standard/EP
Design and Scope	Is there evidence that the hospital has a formal QAPI program including written policies and procedures, budgeted resources, and clearly identified responsible staff approved by the governing body after input from the CEO and medical staff leadership?	LD.03.09.01-1 LD.03.05.01-1,2
Governance and Leadership	Is there evidence that the governing body, hospital CEO, Medical Staff leadership, and other senior administrative officials, e.g., Director of Nursing, each play a role in QAPI program planning and implementation?	LD030701-2 LD030501-3
Feedback, Data Systems and Monitoring	Using information on services offered from the Hospital/CAH Data Base Worksheet, can the QAPI manager provide evidence of QAPI monitoring related to each service?	LD.03.02.01-1 LD.04.03.09-4,7
Performance Improvement Projects (PIPs)	Can the hospital provide evidence that it conducts distinct performance improvement projects?	LD.03.09.01-10
Systematic Analysis and Systemic Action	If the data analysis identified areas needing improvement, is there evidence that the hospital instituted interventions (activities and/or projects) to address them?	PI.03.01.01.2,4 LD.03.07.01-2 LD.03.05.01-3

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Leadership Session of a Survey

Likely Questions for Board, if present:

- Describe your role in supporting quality and safety across the organization.
- Please tell us about a situation where you were told about something adverse that happened to a patient?
 - Describe your role in addressing the issue.
 - What, if anything, changed in the organization?
 - How are you made aware that the change is being sustained?



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TJC Board Resource Center

Here you'll find a collection of complimentary resources to help focus your Board's attention on quality and patient safety topics.

What the Board Needs to Know About Quality and Patient Safety	Why the Board Must Be Involved	How the Board Can Be More Effective	Who the Board Can Learn From
<p>Gain a better understanding of quality, patient safety and the role of the Board</p> <p>Article: Definitions of Quality and Patient Safety in Health Care</p> <p>Article: The Burning Platform: The Critical Role of the Board in Health Care Quality</p> <p>Presentation Slides: Revitalize Your Board's Focus on Quality and Safety</p> <p>Timeline: 70-Year History of The Joint Commission</p>	<p>Learn about QAPI and Joint Commission requirements for Board engagement in quality initiatives</p> <p>Webinar: Governing Board and QAPI Requirements</p> <p>Webinar Slides: Governing Board and QAPI Requirements</p> <p>Guidelines: CMS QAPI Guidelines, March 2023</p> <p>Resource: Joint Commission Requirements for the Board</p>	<p>Discover tools and templates to help focus Board activities</p> <p>Sample Agenda: Board Quality and Safety Committee Agenda</p> <p>Sample Report: Hospital Report to the Quality Committee of the Board</p> <p>Tool: CMS QAPI Self-Assessment Tool</p>	<p>Hear about leading practices for Board activities from hospital system colleagues</p> <p>Videos: Leading Practices</p> <ul style="list-style-type: none">- Todd Shuman, MD Chief Quality Officer SSM Health- Todd Allen, MD Senior Vice President and Chief Clinical Officer The Queen's Hospital

We are here to help.
Don't hesitate to reach out to JCR experts to explore the specific ways we can help your Board support its goals.
Connect with us - <https://www.jcrinc.com/connect-with-us/>



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