

**STATEMENT BY**

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**BEFORE THE**

**ILLINOIS NURSING HOME SAFETY TASK FORCE**

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Good morning, Chairperson Gelder and members of the Task Force. My name is Gina Zimmermann, Executive Director of Home Care and Long Term Care Accreditation for the Joint Commission. I am joined today by my colleague, Jennifer Hoppe, Associate Director, State Relations.

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 more than 17,000 organizations throughout the country, including 90 percent of the nation's hospitals. The Joint Commission established a long term care accreditation program in 1966 and today accredits more than 1,000 long term care facilities across the country. Currently, the Joint Commission accredits 59 nursing facilities in Illinois. We appreciate this opportunity to provide the Task Force with information on the Joint Commission's current accreditation process. The four areas that I will focus on today include accreditation requirements specifically aimed at improving the safety and quality of care provided, the accreditation process, oversight activities in regard to adverse events and complaints, and communication with state and federal regulatory agencies. Finally, I will conclude with some recommendations or proposed actions for the Illinois Nursing Home Safety Task Force that are intended to provide for a safer environment in which older adults and people with mental illness receive care.

### **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; and compliance with standards is intended to reduce the risk of adverse outcomes. The Joint Commission demonstrates its commitment to resident safety through numerous efforts.

The Joint Commission develops all its standards in consultation with health care professionals, providers, measurement experts, and public advocacy groups. One group that plays an integral role in providing input to The Joint Commission's standards development process is the Professional and Technical Advisory Committee (PTAC). The PTAC members assist The Joint Commission in the development and refinement of standards, scoring guidelines, and survey processes. The members of the Long Term Care PTAC include representatives from over 28 professional associations, including the Alzheimer's Association, American Association of Homes and Services

for the Aging, American Geriatrics Society, the American Health Care Association, the American Medical Directors Association, American Nurses Association, a Coalition of Rehabilitation Therapy Organization, the National Association for Regulatory Administration, NCCNHR: The National Consumer Voice for Quality Long-Term Care, and the Veterans Health Administration.

The Joint Commission standards are the basis of an objective evaluation process for nursing facilities that can help measure, assess and improve organization performance. The standards focus on important resident care and organization functions that are essential to providing quality care in a safe environment. The Joint Commission's standards set expectations for organization performance that are reasonable, achievable, and measurable, yet raise the bar above the baseline expectations for nursing facilities that are set through Federal regulations. Joint Commission standards for nursing facilities also go beyond most state requirements for licensure for nursing homes.

Joint Commission standards are directly related to safety, addressing such issues as medication use, infection control, 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 resident about the outcomes of the care provided to the resident, including adverse outcomes.

The standards-based performance areas for long term care facilities include:

- Environment of Care
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- Life Safety
- Medication Management
- Provision of Care, Treatment and Services
- Performance Improvement

- Record of Care, Treatment and Services
- Rights and Responsibilities of the Individual
- Waived Testing

I will highlight some specific standards and required elements of performance that relate to the nursing home safety issues that are of particular concern and interest of the 'Task Forces' work:

**Standards relating to resident rights:**

**The organization respect resident rights. (RI.01.01.01)**

- The organization respects the resident's right to privacy.

**The resident has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse. (RI.01.06.03)**

- The organization determines how it will protect the resident from neglect (including involuntary seclusion), exploitation, and abuse that could occur while the resident is receiving care, treatment, and services. *NOTE: Due to the long duration of stay or open homelike environment, the risk of exploitation or abuse can come from anyone, including staff, students, volunteers, other residents, visitors, and family members.*
- The organization evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the organization.
- The organization reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events and in accordance with law and regulation.
- The organization takes steps to protect the resident from neglect, exploitation, and abuse that could occur while he or she is receiving care, treatment, and services.

**The resident and his or her family have the right to have complaints reviewed by the organization. (RI.01.07.01)**

- The organization establishes an internal complaint resolution process.
- The organization informs the resident and his or her family, verbally and in writing, about the internal complaint resolution process upon admission.

- If the organization does not resolve the complaint to the resident's or family's satisfaction, it refers them to other sources of assistance, such as an ombudsman, legal services, or adult protective services programs.
- When a resident submits a complaint that the organization recognizes as significant, the organization acknowledges receipt of the complaint and notifies the resident of follow-up to the complaint. *NOTE: Significant complaints include, but are not limited to, issues related to care, treatment, management of funds, lost clothing, and violation of rights.*
- The organization provides the resident with the phone number and address needed to file a complaint with the relevant state authority.
- Upon admission, the organization provides the resident with a list of other sources of assistance for complaint resolution, including ombudsman, legal services, and adult protective services programs.

### **Standards relating to the provision of a safe environment**

#### **The organization plans activities that minimize risks in the environment of care. (EC.01.01.01)**

- The organization has a written plan for providing a safe environment for everyone who enters the organization's facilities.
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#### **The organization collects information to monitor conditions in the environment. (EC.04.01.01)**

- The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
  - Injuries to residents or others within the organization's facilities
  - Occupational illnesses and staff injuries
  - Incidents of damage to its property or the property of others in locations it controls
  - Security incidents involving residents, staff, or others in locations it controls

- Based on its process(es), the organization reports and investigates injuries to residents or other in the organization's facilities.
- Based on its process(es), the organization reports and investigates occupational illnesses and staff injuries.
- Based on its process(es), the organization reports and investigates incidents of damage to its property or the property of others in locations it controls.
- Based on its process(es), the organization reports and investigates security incidents involving residents, staff, or others in locations it controls.

**The organization analyzes identified environment of care issues. (ED.04.01.03)**

- Representatives from clinical, administrative, and support services participate in the analysis of environment of care data.

**Standards relating to planning and providing for care, treatment, and services that meet the residents' needs**

**The organization accepts the resident for care, treatment, and services based on its ability to meet the resident's needs. (PC.01.01.01)**

- The organization has a written process for accepting a resident based on its ability to provide the care, treatment, and services required by the resident.
- The organization follows its written process for accepting a resident for care, treatment, and services.
- The interdisciplinary team is consulted when necessary to determine whether a prospective resident is eligible for admission.
- When the organization cannot meet the resident's needs, it explains its reasons to the resident and the referring organization and, when possible, suggests another organization(s) that may be able to meet the resident's needs.

**The organization assesses and reassesses its residents. (PC.01.02.01)**

- The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects.

- The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed.
- The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:
  - The resident’s current diagnosis, pertinent history, medication history, current medication, and current treatments.
  - The resident’s physical and neuropsychiatric status.
  - The resident’s functional status
  - The resident’s rehabilitation status, potential, and needs

**The organization assesses and reassesses the resident and his or her condition according to defined time frames. (PC.01.02.03)**

- The organization defines, in writing, for each discipline the time frame(s) within which it conducts the resident’s initial assessment, in accordance with law and regulation.
- The organization performs the initial assessments of the resident within its defined time frame(s).
- Each resident is reassessed based on his or her plan of care or changes in his or her condition. *NOTE: Reassessments may also be based on the resident’s diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; and/ or his or her setting requirements.*
- The organization reassesses each resident based on the following:
  - The resident’s plan of care
  - Changes in the resident’s condition
  - The scheduled evaluation of the resident’s interdisciplinary plan of care

**Qualified staff or licensed independent practitioners assess and reassess the resident. (PC.01.02.05)**

- Residents who exhibit symptoms of dementia are evaluated in order to establish a differential diagnosis. This evaluation is conducted by a neurologist, psychiatrist, or geriatrician, if available, or another physician qualified to establish this diagnosis.

**The organization plans the resident's care. (PC.01.03.01)**

- The organization plans the resident's individualized care, treatment, and services based on needs identified by the resident's assessment (including strengths and goals), reassessment, and results of diagnostic testing.
- The resident's written plan for care, treatment, and services is developed by an interdisciplinary team comprised of health care professionals, including the attending physician.
- The plan for care, treatment, and services identified the following:
  - The care, treatment, and services, including interventions to facilitate the resident's return to the community, or discharge or transfer to an appropriate level of care
  - The frequency at which care, treatment, and services will occur
  - The team members responsible for providing care, treatment, and services

**The organization coordinates the resident's care, treatment and services based on the resident's needs. (PC.02.02.01)**

- The organization has a process to receive or share resident information when the resident is referred to other internal or external providers of care, treatment, and services.

**When a resident is transferred or discharged, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.**

**(PC.04.02.01)**

At the time of the resident's transfer or discharge, the organization informs other service providers who will provide care, treatment, and services to the resident about the following:

- The reason for the resident's transfer or discharge
- The resident's physical and psychosocial status
- A summary of care, treatment, and services it provided to the resident
- The resident's progress toward goals
- A list of community resources or referrals made or provided to the resident

**Standards relating to leadership's role in ensuring a safe environment, the provision of services, and performance improvement**

**Leaders regularly communicate with each other on issues of safety and quality.**

**(LD.02.03.01)**

Leaders discuss issues that affect the organization and the population(s) it serves, including the following:

- Performance improvement activities
- Reported safety and quality issues
- Proposed solutions and their impact on the organization's resources
- Reports on key quality measures and safety indicators
- Safety and quality issues specific to the population served
- Input from the population(s) served

**The organization provides services that meet resident needs. (LD.04.03.01)**

- The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.

**Leaders establish priorities for performance improvement. (LD.04.04.01)**

- Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities.

**The organization collects data to monitor its performance. (PI.01.01.01)**

- The organization collects data on behavior management and treatment.

**Standards relating to nursing facility staff qualifications and competency**

**The organization has the necessary staff to support the care, treatment, and services it provides. (HR.01.01.01)**

**The organization defines staff qualifications. (HR.01.02.01)**

- The organization defines staff qualifications specific to their job responsibilities.

**The organization provides orientation to staff. (HR.01.04.01)**

- The organization determines the key safety content of orientation provided to staff.  
*NOTE: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.*
- The organization orients its staff to the key safety content before staff provides care, treatment, and services. Completion of the orientation is documented.
- Based on their responsibilities, staff are oriented about psychotropic medications, including the following:
  - The need for a medication in relation to the resident's documented diagnosis and condition
  - The potential for drug-drug and drug-food interactions
  - Effects and adverse reactions to psychotropic medications
  - The use of a medication for an appropriate duration
  - Optimal dosages
  - Frequent monitoring of the medication's effectiveness
  - Nonmedication interventions and alternatives developed through interdisciplinary team assessment
  - Reduction and discontinuation of a medication

**Staff participate in education and training. (HR.01.05.03)**

- Staff participate in education and training to maintain or increase their competency. Staff participation is documented.
- Staff participate in education and training whenever staff responsibilities change. Staff participation is documented.
- Staff participate in education and training that is specific to the needs of the resident population served by the organization. Staff participation is documented.

- Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care. Staff participation is documented.
- Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented.

**Staff are competent to perform their responsibilities. (HR.01.06.01)**

- The organization defines the competencies it requires of its staff who provide resident care, treatment, and services. *NOTE: Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services.*

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 for long term care facilities include: improving the effectiveness of communication among caregivers, improving the safety of using medication, and reducing the risk of health care-associated infections.

**The Joint Commission Survey Process**

The Joint Commission’s accreditation process for nursing homes concentrates on resident-centered operational systems critical to the safety and quality of resident care. To earn and maintain accreditation, a long term care facility must undergo an on-site survey by a Joint Commission surveyor at least every three years. The objective of the survey is not only to evaluate the organization, but to provide education and guidance that will help staff continue to improve the long term care facilities’ performance. The survey process evaluates actual care processes through a method known as the resident tracer methodology. This method traces residents through the care,

treatment and services they receive and analyzes key operational systems that directly impact the quality and safety of resident care.

The tracer methodology is a way to analyze an organization's system of providing care, treatment, and services using actual residents as the framework for assessing standards compliance. The surveyor selects initial individual resident tracers by selecting residents in top clinical service groups for that organization, among other criteria. Surveyors will follow specific residents through the organization's processes. A surveyor will not only examine the individual components of a system, but will also evaluate how the components of a system interact with each other. In other words, a surveyor will look at the care, treatment, and services provided by each department/unit/program and service, as well as how departments/units/programs and services work together.

Surveyors will issue the organization a Requirement for Improvement for all standards that were less than fully compliant. The organization has either 45 or 60 days following the survey to submit Evidence of Standards compliance for each standard that was found to be out of compliance. In addition, if the issue identified is related to a quantifiable measure, the organization is also required to submit evidence that the corrective action was effective and sustained, four months after approval of the Evidence of Standards Compliance. If compliance is not resolved with the established timeframes, a progressively more adverse accreditation decision, or denial of accreditation, may result.

Organizations accredited by The Joint Commission are required to conduct an annual self assessment, using an electronic tool known as the Periodic Performance Review (PPR). The PPR is a compliance assessment tool designed to help organizations with their continuous monitoring of performance and performance improvement activities. The PPR provides a framework for continuous standards compliance and focuses on the critical systems and processes that affect resident care and safety. The facility submits a Plan of Action for each standard scored not compliant and the organization may choose to participate in a conference all with The Joint Commission to discuss the Plans of Action.

### **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 requirements. Issues commonly raised include resident rights; provision of care, treatment and services to resident; 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 to 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 or disciplined 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 residents 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. In the state of Illinois, the Joint Commission has participated with the Department of Public Health in a Long Term Care Deemed Status project since 1990. Originally, the intent of the project was to examine and contrast The Joint Commission's accreditation survey process with the State's regulations and licensure survey process for long term care facilities. Facilities participating in the pilot project undergo the Joint Commission on-site survey on a triennial basis. In addition, the Joint Commission conducts an interim, focused survey on an annual basis. Through this process, the Department of Public Health accepts the most recent accreditation review by The Joint Commission in lieu of conducting annual inspections for license renewal. While the project allows the state agency to forego conducting a survey for licensure purposes, facilities that are Medicare and/or Medicaid certified continue to have surveys conducted by the state agency to determine compliance with the federal regulations.

The Joint Commission values the reliance and trust that the state of Illinois and other states place 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.

The Joint Commission is eager to assist the state of Illinois in its efforts to ensure the quality and safety of care provided to residents in long term care facilities. To that end, The Joint Commission recommends that the Nursing Home Safety Task Force explore how accreditation can address the safety issues and concerns that have been the subject of the group, and ultimately raise the standards for safety for nursing home residents in Illinois. We welcome the opportunity to further discuss how we may collaborate for the safety and quality of care for all residents.

Once again, thank you for this opportunity to comment.