Nursing Care Center Accreditation

Accreditation Basics For Beginners

The Joint Commission
Your Speaker

**Monnette Geronimo** is the Business Development Manager for the Nursing Care Center Services of The Joint Commission.

Monnette assists and guides organizations as they on-board and move forward toward achieving Joint Commission Nursing Care Center accreditation. She advises nursing care center leadership on where Joint Commission accreditation and the Joint Commission enterprise can deliver significant value for the organization given their unique business models and objectives.
Presentation Overview

- Role of Accreditation
- Joint Commission Solutions for Nursing Care Centers
- Standards, Process and Pricing
- Enterprise Tools and Resources
- Impact of Accreditation
- Your Questions
POLL:
How familiar are you with Joint Commission accreditation for nursing homes?
Why Accreditation?
Joint Commission Accreditation

10 Ways Joint Commission Accreditation Helps Your Business Thrive

1. Provides an unparalleled quality foundation
2. Fosters better outcomes
3. Reduces risk
4. Builds consistency in care processes and across locations
5. Focuses performance improvement efforts
6. Enhances staff competency and education
7. Increases referrals
8. Opens access to contracts
9. Lowers liability insurance rates
10. Differentiates from the competition
Powerful Tool for Care Seekers

Market Differentiation

Stand Out with Consumers

Promote Joint Commission accreditation to illustrate how your nursing center meets and exceeds the norm.
Joint Commission Accreditation
What it IS and IS NOT

**It IS**
- A blueprint for quality improvement
- Different and separate from the work of public regulators
- Voluntary process
- Framework for patient-and resident-centered care/safety

**It IS NOT**
- Not an enforcement agency
- Does not have authority to require closure or discontinuation of service when problems are identified
- Denying accreditation is a last resort
How we serve nursing homes
Joint Commission Accreditation

Our Goal

- High Reliability
- Leading the Way to Zero Harm
- Standards and Survey Process, Enterprise Tools and Resources
- Accredited organizations leading the way with us
Joint Commission Accreditation
Experienced, industry leader

About The Joint Commission

- The leader in standards development, promoting quality and safety in health care organizations for more than 60 years

- Currently the nation’s largest and only full continuum accreditor, with more than 22,000 accredited health care organizations

- Began accrediting nursing facilities in 1966, currently accrediting nearly 1,000 nursing care centers
Options to Meet Unique Quality Objectives
Accreditation & Specialty Certifications

Post-Acute Care & Memory Care Certifications

The Joint Commission offers nursing care centers the opportunity to build upon specialty distinctions by providing two certification options.

**Post-Acute Care**
- Leadership accountability
- Staff knowledge and competency
- Provision of care for the high-acuity patient
- Transitions of care

**Memory Care Certification**
- Care coordination
- Staff knowledge and competency
- Activity programming based on abilities
- Behavior management
- Safe, supportive physical environment
Serving the Complete Continuum of Care
Comprehensive Accreditation / Certification Services
Standards
Why Work with The Joint Commission?

The Leader in Patient Safety and Quality Improvement

Joint Commission accreditation and certification raise the bar for nursing care settings. Our comprehensive, solutions-focused approach elevates performance on key components of care that foster better outcomes, enhanced safety and greater success with business relationships.

Nationally recognized standards

Robust performance measures

National patient safety goals
Standards a Foundation for Quality

ACCREDITED ORGANIZATION

Leadership & Staff Competencies

Policies and Processes

Leadership & Staff Knowledge

Environment of Care/Life Safety

Clinical Operations

Management Operations

STANDARDS
Joint Commission Accreditation Standards

<table>
<thead>
<tr>
<th>Environment of Care</th>
<th>National Patient Safety Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Management</td>
<td>Provision of Care</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Performance Improvement</td>
</tr>
<tr>
<td>Information Management</td>
<td>Record of Care</td>
</tr>
<tr>
<td>Leadership</td>
<td>Rights of Individual</td>
</tr>
<tr>
<td>Life Safety</td>
<td>Waived Testing</td>
</tr>
<tr>
<td>Medication Management</td>
<td></td>
</tr>
</tbody>
</table>
The Survey
The Joint Commission Accreditation Process

Our Surveyors

Our Surveyors Are Seasoned Industry Professionals

The collaborative, on-site education provided by our surveyors offers strategies that help your organization better meet the intent of the standards and improve performance.

All Joint Commission surveyors are:

- Experienced in the industry
- Understand the day-to-day issues that confront providers
- Have hands-on expertise to help organization to resolve any issues
- Nationwide coverage
- Receive Robust Process Improvement training and evaluation by The Joint Commission
The Joint Commission Accreditation Process

Your On-Site Survey

About the On-Site Survey Process

A typical on-site survey is conducted by a single surveyor over two days, and it involves:

- Tracer Methodology: Individual and Systems-wide Tracers
- On-site observations and interviews with surveyors
- Review of documents provided by the organization
- Assessment of the physical facility
- Conferences with leadership team
- Dialogue with managers and staff
Survey Process: Tracer Methodology and the Survey Analysis for Evaluating Risk™ (SAFER)
The Joint Commission Accreditation Process

After the Survey

Post-Survey Activities

- Collaborate with Joint Commission staff to address requirements for improvements
- 60-day window to submit Evidence of Standards Compliance (ESC) online
- Accreditation granted upon approval of ESCs
- Resurvey 3 years, Interim support encourages continuous compliance
Accreditation Resources
Our Tools to Help You Succeed

Steps to Accreditation

1. Explore your options with us
2. Review the requirements
3. Assess your readiness
4. Submit application with deposit
5. Review & address any identified gaps
6. Access resources & prepare for your onsite survey
7. Participate in your first Joint Commission survey
8. Complete any post-survey follow up
9. Celebrate & publicize your accomplishment
10. Maintain survey readiness
Cost of Accreditation
Joint Commission Pricing

**NCC Accreditation**

- **Annual Fee x 3 (January)**
- **On-Site Fee (within 10 days after survey)**
- **Total Cycle Estimate Accreditation**

**NCC Certifications**

- **Certification/s Annual Fee x 3**
- **Add’l day onsite fee, as applicable**
- **Total Cycle Estimate Certification**

### Annual Fee based on average daily census

<table>
<thead>
<tr>
<th>&lt;76</th>
<th>$2,300.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>76-150</td>
<td>$2,700.00</td>
</tr>
<tr>
<td>151-225</td>
<td>$3,100.00</td>
</tr>
<tr>
<td>226-300</td>
<td>$3,500.00</td>
</tr>
</tbody>
</table>

### On-Site Fee

- 2-day = $4,040
- Additional Day = $1,180

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The Joint Commission
## Example for ADC = 100

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Annual Fee</th>
<th>Total 3-Year Ann Fee(^2)</th>
<th>On-site Survey Fee(^3)</th>
<th>Total 3-Year Accreditation Fee</th>
<th>Ave Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing Care Center (NCC) Accreditation</strong></td>
<td>$2,700</td>
<td>$8,100</td>
<td>$4,040</td>
<td>$12,140</td>
<td></td>
</tr>
<tr>
<td><strong>Accreditation ONLY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$12,140</td>
</tr>
<tr>
<td><strong>Add-On Post-Acute Care Certification (PAC)</strong></td>
<td>$550</td>
<td>$1,650</td>
<td>$1,180</td>
<td>$2,830</td>
<td></td>
</tr>
<tr>
<td><strong>Accreditation + PAC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$14,970</td>
</tr>
<tr>
<td><strong>Add-On Memory Care Certification (MCC)</strong></td>
<td>$275</td>
<td>$825</td>
<td>$0</td>
<td>$825</td>
<td></td>
</tr>
<tr>
<td><strong>Accreditation + PAC + MC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$15,795</td>
</tr>
</tbody>
</table>

- **Per Bed Per Day Cost Accreditation**: $0.11
- **Per Bed Per Day Cost Accreditation w/ Certifications**: $0.14
Accreditation Resources
Our Tools to Help You Succeed

Dedicated Support Staff

**Business Development**
- Contact our Business Development team at 630-792-5020
  [ncc@jointcommission.org](mailto:ncc@jointcommission.org)
- Initial questions on accreditation and eligibility
- Gain access to trial version of the standards and the application

**Account Executive**
- Dedicated point-of-contact, from application submission onward
- Update changes to demographic information

**Standards Interpretation Group (SIG)**
- For questions related to compliance of Joint Commission standards
- Access FAQ’s and submit your own questions via online form.
- Visit [jointcommission.org/standards](http://jointcommission.org/standards)
Accreditation Resources
Our Tools to Help You Succeed

Joint Commission Connect™ (Extranet)
Personalized page to access pertinent accreditation documents and resources:

- E-dition
- Application
- Survey Activity Guide
- Important notifications
- The Joint Commission Perspectives® - official monthly e-periodical
### Supplemental Reports

### Joint Commission Resources

### Targeted Solutions Tool

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**HEADS UP...**

**TOPIC:** Quality Control (QC) Practices for Waived Testing

**SETTING:** Nursing Care Centers (NCC)

Why is this important? CLIA allows for waived testing for the least complex laboratory tests. However, these tests are not without quality and safety concerns. Errors could cause inaccurate results leading to potential and inaccurate diagnoses, inappropriate or unnecessary medical treatment, or poor outcomes.

**Scope of the Problem:**
- **Time Period:** January 1, 2018 through May 31, 2019
- **Number of full surveys:** 577
- **Number of high and moderate risk finding related to waived testing:**
  - WT.04.01.01 EF 6: 66 (20%)
  - WT.05.01.01 EF 5: 51 (9%)

Observations identified within a specific topic area may reveal systemic areas for improvement across the organization. These opportunities for improvement might be reflected in additional standards/EPs within the waived testing chapter and/or other chapters/standards/EPs: WT.04.01.01 EP 3, RBF.06.01.04 EPs 1, 5.

Sample survey observations (from surveyor notes) and contributing factors:

<table>
<thead>
<tr>
<th>CCN</th>
<th>Measure Description</th>
<th>Org’s Avg</th>
<th>Accredited Avg</th>
<th>State Avg</th>
<th>National Avg</th>
<th>Org’s Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>105114</td>
<td>Percentage of short-stay residents with pressure ulcers that are new or worsened</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.5%</td>
<td>0.9%</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>MDS data: 2017Q4 - 2019Q2</td>
<td>Lower is better</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of short-stay residents who newly received an antipsychotic medication</td>
<td>3.6%</td>
<td>1.9%</td>
<td>2.1%</td>
<td>1.9%</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>MDS data: 2017Q4 - 2019Q2</td>
<td>Lower is better</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of short-stay residents who made improvements in function</td>
<td>83.5%</td>
<td>66.3%</td>
<td>70.9%</td>
<td>68.2%</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>MDS data: 2017Q4 - 2019Q2</td>
<td>Higher is better</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of short-stay residents who were rehospitalized after a nursing home admission</td>
<td>18.8%</td>
<td>24.5%</td>
<td>24.1%</td>
<td>22.3%</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>Claim data: 2017Q4 - 2019Q2</td>
<td>Lower is better</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Percentage of short-stay residents who were successfully discharged to the community</td>
<td>53%</td>
<td>53.2%</td>
<td>51.9%</td>
<td>53.9%</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Claim data: 2017Q4 - 2019Q2</td>
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**The Joint Commission**
Beyond Accreditation
Our Tools to Help You Succeed

Enterprise Website
The Joint Commission has launched a new website designed to put the breadth and depth of our resources at your fingertips, including: patient safety portals, FAQs and more.

For additional information, visit www.jointcommission.org/ncc
Impact of Accreditation
POLL: What's driving your interest in accreditation today?
More Stars, Better Outcomes
Study Results: Quality Measures

Joint Commission-Accredited Facilities Performed Better On:

<table>
<thead>
<tr>
<th>Quality Measures</th>
<th>Scope and Severity Ratings</th>
<th>Financial Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outperformed non-accredited facilities on all five short-term stay measures (100 or fewer days)</td>
<td>Accredited facilities were more likely to have lower-level (D-level) deficiency findings associated with an isolated incident with no actual harm</td>
<td>Lower annual fines than those associated with non-accredited facilities</td>
</tr>
<tr>
<td>Performed better on measures that focus on residents in nursing homes for more than 100 days</td>
<td>Non-accredited organizations had more severe (J-K-L immediate jeopardy) deficiencies than accredited ones</td>
<td>Less likely to have payment denials than non-accredited facilities</td>
</tr>
</tbody>
</table>
Comparison of Accreditation and Certification Status by Star-Rating Component in Accredited and Non-Accredited Facilities

* Statistical significance P<0.05. Comparison of accredited organizations versus non-TJC accredited organizations after adjusting for facility size and ownership type. As a general rule, smaller non-profit organizations also tended to do statistically better than larger for-profit or government owned facilities.

Quality metrics where accredited orgs scored higher:

- Need Less help with late-loss ADL
- Less likely to experience falls resulting in a major injury
- Less likely to experience moderate to severe pain (long and short-stay measures)
- Less likely to be prescribed antipsychotic medications (long and short-stay measures)
- Less Likely to acquire new or worsened pressure injuries
- % Assessed and appropriately given the pneumococcal vaccination
- % Assessed and appropriately given the influenza vaccination
Value Based Healthcare
Current Recognition

Joint Commission Nursing Care Centers and Value-Based Programs

- State of Florida, Medicaid Nursing Home Prospective Payment System
- Tennessee (Medicaid) QuILTSS
- Ohio Quality Incentive Nursing Home Improvement Program
- Partnership HealthPlan of California’s LTC QIP
- Insurance provider network contracting requirement or qualifier
  - Blue Cross Blue Shield of MA
  - Blue Cross Blue Shield of IL
- Liability insurers
- Referring hospitals Preferred Post-Acute Provider networks
Customer Spotlight

Powering performance excellence

Two nursing care organizations share their story
(click pic to play)
Time for Questions
For More Information
Contact Our Staff

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RPI* Change Agent Certified
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As We Conclude

Last-Minute Reminders

- Please complete a brief survey upon exit from today’s presentation
- A recording and PDF of today’s webinar will be emailed to all attendees
- Access additional webinar replays
- Contact Us!
  Phone: 630-792-5020
  Email: ncc@jointcommission.org
- Web: www.jointcommission.org/ncc
- Follow us on social media!
Thank You!