

QUALITY CARE BEGINS IN THE LAB

Benefits of a System Approach to Laboratory Accreditation



Why Organizations Need a System Approach

Integrated health systems — from the smallest health centers to the largest organizations of 100+ facilities — face many unique challenges. As a result of mergers and acquisitions, partnerships and growth, and external trends in today's health care environment, many health systems struggle to deal with processes and procedures that differ between the hospital and laboratory, as well as regulatory changes and cost pressures that can potentially affect the quality of patient care and safety across the entire system.

What can health care organizations do to solve these problems? While it may not seem obvious, taking a network approach to both laboratory and hospital accreditations is the ideal solution, and Joint Commission accreditation — with its effective standardization strategy — is the best option available today.

Joint Commission laboratory accreditation helps health care organizations by providing a holistic approach that addresses duplicative policies and processes that result from combining formerly separate facilities with different accrediting agencies, leaders and personnel. With its potentially lower costs and stringent standards, Joint Commission laboratory accreditation also means improved patient safety and quality care without any decrease — and possibly even an increase — in cost-effectiveness.

Selecting both Joint Commission laboratory accreditation and Joint Commission hospital accreditation helps the entire health system by providing:



Standardization and Integration



Consistency



Patient Safety and Quality



Potential Cost Savings





THE CURRENT SITUATION

When an existing health care facility or system merges with another, the overall resulting organization may be accredited by multiple agencies. It is often the case that hospitals are Joint Commission accredited, and some laboratories accredited by another body. What could possibly go wrong?

The merged system now has multiple sets of standards, procedures and processes, and when there is overlap between the hospital and the laboratory, confusion reigns. For example, when a nurse (a non-laboratory staff member) performs a non-waived test at a patient's bedside, is he or she supposed to follow the laboratory standards and procedures and those of the hospital?



With an increase in point-of-care testing, which occurs outside the walls of the laboratory, and more and more waived testing, this problem will likely grow.

The solution? The Joint Commission helps health care systems integrate and standardize their processes by capitalizing on the synergies between the hospital and the laboratory, and ensuring that the system's laboratories — which are not standalone facilities — and the hospitals are speaking the same language and following the same procedures.

HOW JOINT COMMISSION LABORATORY ACCREDITATION HELPS

By offering both laboratory and hospital accreditation, The Joint Commission's easily recognized and well-respected Gold Seal of Approval® demonstrates to the community and to the health care staff that all components of the system are equally dedicated to providing the highest quality and safest patient care. And the high level of quality derives, at least in part, from adherence to the same standards throughout the organization.

The Joint Commission's CAMLAB (Comprehensive Accreditation Manual for Laboratories and Point-of-Care Testing) shares 11 of its 13 chapters with The Joint Commission's CAMH (Comprehensive Accreditation Manual for Hospitals), ensuring synergies between laboratory and hospital standards. This standardization clarifies procedures used in both environments, integrating the laboratory into the hospital quality system and recognizing that quality care begins in the lab.

“If it's process improvement and reducing medical errors, then I think laboratories should seriously consider The Joint Commission as the means to not just pass, but to be better.”

Dr. Alan Wu, Co-Director of
the Core Laboratory
ZUCKERBERG SAN FRANCISCO
GENERAL HOSPITAL



THE CURRENT SITUATION

The importance of consistent surveys cannot be overstated. Laboratorians should be able to count on the same evaluation methods and the same interpretation of standards from survey to survey.

In the independent peer review survey process utilized by some laboratory accreditors, the inspector receives limited training on CLIA requirements before being assigned to conduct a minimal number of inspections at other organizations on an infrequent basis. We have heard from organizations that have transitioned to The Joint Commission from another accrediting organization that, because peer surveyors don't undergo extensive training, inspections were inconsistent — while some surveyors were good, some were too punitive if the laboratory didn't meet the requirements in the same manner as the inspection team's laboratory.

A laboratorian who conducts a limited number of inspections does not have the same depth of best practices as the inspector who sees only his or her own laboratory and potentially only one other in a period of two years. This means that less learning takes place during the survey and an opportunity for improvement is lost.

HOW JOINT COMMISSION LABORATORY ACCREDITATION HELPS

While The Joint Commission survey process may have some inconsistencies due to the human factor, our survey process provides a more consistent evaluation of standards from survey to survey and from one laboratory to another. All Joint Commission surveyors are employed and trained by The Joint Commission to provide consistent interpretation of standards and guidance for improvement.

Joint Commission surveyors are rigorously and continually trained in all aspects of the laboratory, not in just one area, and they are capable of reviewing the entire scope of the laboratory testing process. These experienced, employed surveyors, including pathologists and medical technologists, have backgrounds in various specialties.

Every Joint Commission surveyor possesses:



At Minimum a Master's Degree



Clinical Work Experience in at Least Three Technical Specialty Areas of Laboratory Medicine



Hands-on Laboratory Management Experience

Joint Commission full-time surveyors can conduct up to 60 to 70 laboratory surveys annually, making Joint Commission surveyors invaluable partners in providing laboratories with best practices during the on-site survey. With so much experience surveying laboratories in health systems of various sizes located in diverse geographic areas, Joint Commission surveyors can share what they see with similar healthcare organizations — small or large, academic or critical care, urban or rural.

“We are trained to be able to do all aspects of the laboratory, not just one area, so we are up-to-date with everything that is happening. We have constant continuing education.”

Elia Mears
Laboratory Surveyor
THE JOINT COMMISSION



THE CURRENT SITUATION

Even without directly touching the patient, the hospital laboratory plays a crucial role in patient care. In fact, quality care begins in the laboratory, as 70% of all medical decisions are based on a laboratory test. Because diagnostic errors earned the #1 spot on the ECRI Institute's 2018 list of Top Patient Safety Concerns for Healthcare Organizations, it is imperative that laboratories be subjected to quality and safety standards that go above and beyond CLIA requirements and are aligned with the patient-centric standards of Joint Commission hospital accreditation.

HOW JOINT COMMISSION LABORATORY ACCREDITATION HELPS

The Joint Commission laboratory accreditation process is patient-centric. While all accrediting agencies with deeming authority meet CLIA requirements of participation, Joint Commission surveyors go beyond the checklist to examine what happens to patients throughout their stay. This focus on patients in addition to laboratory testing policies and procedures makes the laboratory an integral part of patient care.

Tracer Methodology. As part of the on-site survey, the Tracer Methodology is utilized to review the entire scope of the laboratory testing process, including pre- and post-analytical processes that occur outside the laboratory. This highlights the ways in which the laboratory interacts with other areas in the health care organization and focuses on the important role the laboratory plays within the health care organization. Surveyors pull patient charts and trace the trajectory of their care throughout the hospital or health system, allowing laboratory personnel to see what happens to patients in real time, understand patterns of behavior and uncover issues that otherwise might not be found. The Tracer Methodology helps tie the laboratory's services to the patient bedside, emphasizing the laboratory's crucial role in patient care.

SAFER™ Matrix. Laboratory survey results are displayed on the Survey Analysis for Evaluating Risk® (SAFER) tool. This diagram helps laboratorians learn from the accreditation experience. This tool identifies risk for each specific area of non-compliance — from the likelihood of low to high patient harm, and from limited to potentially widespread scope — to help laboratory leaders focus their performance improvement efforts where they will have the maximum impact. The goal is to prioritize preventing patient harm over simply tightening a policy or procedure.

National Patient Safety Goals®. The Joint Commission includes three patient safety goals in its laboratory accreditation manual, or *CAMLAB*. The Joint Commission goes above and beyond the CLIA requirements by including three goals that, while easy to implement, can have an outsized impact on the quality and safety of patient care.

- Use at least two patient identifiers on all blood and other laboratory specimens to improve accuracy by reliably linking the correct patient to the particular test.
- Improve the effectiveness of communication among caregivers so critical results are reported on a timely basis and treatment can begin as soon as possible.
- Reduce the risk of health care-associated infections through compliance with the Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO) hand hygiene guidelines.

Patient Safety Systems Chapter in CAMLAB. In 2017, The Joint Commission added a new Patient Safety Systems chapter to *CAMLAB*. This chapter is intended to provide laboratories with a proactive approach to designing or redesigning a patient-centered system that aims to improve quality of care and patient safety, in alignment with The Joint Commission's mission and standards.



THE CURRENT SITUATION

Healthcare organizations are struggling with their bottom line. The Protecting Access to Medicare Act (PAMA) of 2014 changed the way Medicare pays for clinical diagnostic laboratory tests under the Clinical Laboratory Fee Schedule (CLFS), resulting in a significant reduction in payment for most laboratory tests. In fact, the new fee schedule decreases reimbursement for approximately 75% of laboratory tests that can be billed to CMS.¹

Further cuts are expected to be made through and maybe even beyond 2020. By that time, the Medicare and Medicaid reimbursement for the majority of clinical laboratory tests is expected to decrease by 30%. In addition, fees for certification required by the Clinical Laboratory Improvement Amendments (CLIA) of 1988 have also increased by 20% in December 2018.² In 2019, the Centers for Medicare & Medicaid Services (CMS) sought public comment on a proposed rule to address current analytes for proficiency testing regulations. The proposed rule would add 29 new analytes and, if implemented, would increase proficiency testing costs for clinical laboratories.

This adds even greater challenges to hospitals that are currently trying to handle rising costs and declining reimbursement in other areas as well. Revenue is also declining as organizations face pressure to keep patients out of hospitals. The main questions hospital leaders may be forced to address with regard to changes to the laboratory test reimbursement schedule and increased fees are (1) whether to keep providing laboratory testing services within the hospital setting or outsource this vital service, one that affects patient care at every level, and (2) whether other important services, treatments or staff should be reduced in order to keep laboratory testing on-site. While outsourcing testing to independent laboratories may save money, the hospital loses the benefits that come from quick testing and fast turnaround. Delaying treatment by a few days while waiting for laboratory results affects the quality of care and, in extreme cases, can negatively affect the patient's health. And, of course, reducing other services and/or personnel negatively impacts patient health care and safety, too.

HOW JOINT COMMISSION LABORATORY ACCREDITATION HELPS

The cost to health systems using Joint Commission laboratory accreditation is significantly lower than that charged by some competing accrediting agencies. In fact, we have been able to demonstrate that some organizations can realize cost savings of up to 50% by transitioning their laboratory accreditation to The Joint Commission. The money saved on Joint Commission accreditation helps health systems keep their hospital laboratory testing services on-site without having to reduce other services. The Joint Commission employs professional surveyors, both pathologists and medical technologists, and therefore does not require laboratorians in their accredited organizations to take time away from their role to perform a survey. Peer-review surveys take laboratorians out of the laboratory, resulting in a loss of productivity, efficiency and revenue, which is particularly acute for smaller or understaffed laboratories. Many organizations are challenged with the declining workforce and simply cannot afford to have their staff away from their organization performing a survey for another accrediting agency. By utilizing employed surveyors, The Joint Commission laboratory accreditation process keeps all laboratorians on the job full-time, helping the health system provide timely, high-quality patient care.

“One of the things I appreciate is The Joint Commission’s pricing structure. We’re looking at significant differences of up to 60% less than what we had to spend with our previous accreditor. It’s not often, in this day and age, when you can have that kind of savings, but actually improve the service. It’s a win-win.”

Denise Gaff MT (ASCP)
Senior Director
National Laboratory
ASCENSION



The Joint Commission accredits both hospitals and laboratories, making it the ideal solution for integrated health systems. Joint Commission accreditation throughout the whole health system:

- Allows both the laboratory and hospital to achieve the highest quality of patient care and safety
- Increases the level of collaboration between departments through common management of standards
- Provides greater visibility of the laboratory’s important contribution to the entire organization
- Reduces the time spent managing accreditation activities through use of a single agency rather than several
- Demonstrates that the laboratory goes above and beyond CLIA requirements and aligns with standards as rigorous as those met by the majority of hospitals in the United States

“We chose The Joint Commission to do our laboratory accreditations as we felt that they are a good business partner. It helped our laboratories to look at what they needed to do to meet the CLIA standards. It also helped as far as synergies related to the hospital standards, because many of them cross over. We also found that the surveyors that do the laboratory accreditation bring a wealth of experience. So for example, many of them may survey 40 to 50 hospitals in a year. They bring us leading practices from other organizations, and we feel that that’s very valuable for our laboratories.”

Michael Greer

Senior Director for Accreditation Services

LIFEPOINT HEALTH (a hospital system of 70 accredited hospitals in 23 states)

ABOUT THE AUTHOR



Heather Hurley is the Executive Director of Laboratory Accreditation and Health Systems

Strategic Accounts at The Joint Commission. In this leadership role, Hurley is responsible for leading business strategies and activities, including the development and implementation of products and services, for The Joint Commission’s Laboratory Accreditation Program, Patient Blood Management Certification, Integrated Care Certification and Health Systems Strategic Accounts.

She also leads The Joint Commission’s Laboratory Professional Advisory Council and similar groups and serves as liaison to associations, collaborative partners, and accrediting and regulatory bodies in the laboratory field. In addition, she provides technical oversight and assistance in support of the development of laboratory accreditation manuals, standards, education programs and other accreditation-related materials.

Heather came to The Joint Commission with over 13 years of commercial experience in the life sciences market. Most recently, she was the director of sales for the Life Science Reagent Business Unit at Affymetrix, Inc., Santa Clara, California. Prior to that, Hurley worked in the Dept. of Molecular Genetics at The Cleveland Clinic as a research technologist.

1 <https://www.modernhealthcare.com/article/20181128/SPONSORED/181129937/pama-is-here-and-most-hospital-leaders-are-unaware-of-its-impact>

2 <https://www.federalregister.gov/documents/2018/12/31/2018-28359/medicare-program-clinical-laboratory-improvement-amendments-of-1988-clia-fees>