

ACCREDITATION OF MEDICAL FACILITY AND AMBULATORY PROGRAMS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive defines the scope of VHA's relationship to The Joint Commission in accrediting Department of Veterans Affairs (VA) medical facility and ambulatory programs.
- 2. SUMMARY OF MAJOR CHANGES:** None.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The Office of Quality, Safety and Value (OQSV) (10E2) is responsible for the contents of this VHA directive. Questions may be directed to 202-461-0368.
- 5. RESCISSIONS:** VHA Handbook 1100.16, dated September 22, 2009 is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of May 2022. This VHA directive will continue to serve as national policy until it is recertified or rescinded.

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ACCREDITATION OF MEDICAL FACILITY AND AMBULATORY PROGRAMS

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy and responsibilities in obtaining and retaining The Joint Commission accreditation and continual readiness with The Joint Commission standards at all Department of Veterans Affairs (VA) medical facilities, ambulatory care facilities and Consolidated Mail Out Pharmacies. **NOTE:** *This directive is not meant to be a comprehensive listing of all accreditation requirements for specific clinical programs. For the exact accreditation requirements for specific clinical programs and initiatives please, refer to Directives or Handbooks for the corresponding program.* **AUTHORITY:** 38 U.S.C. 7301(b).

2. BACKGROUND

a. VHA is committed to providing the highest standard of care for eligible Veterans who choose VA health care. The highest standard of care means care that it is consistent, compassionate, responsive, safe, and effective, and is continuously updated to remain abreast of new evidence and standards for health care delivery in both the public and private sectors. External review is an important function for ensuring that the highest standard of care is being delivered at every VA medical facility.

b. The Joint Commission has been accrediting VA medical facilities for over 35 years. The Joint Commission is an internationally accepted external validation that an organization has systems and processes in place to provide safe and quality-oriented health care. Compliance with The Joint Commission standards and accreditation processes facilitates risk reduction and performance improvement by standardizing critical procedures and processes. Many VA policies provide specific reference to The Joint Commission standards and accreditation for specific programs and functions (including, but not limited to: credentialing and privileging, teleradiology, health information management, environmental management, occupational safety and health, disclosure of adverse events, and patient safety).

c. In order to achieve The Joint Commission accreditation, VA medical facility and ambulatory health care systems must focus on the following chapters from The Joint Commission:

(1) National Patient Safety Goals;

(2) Patient-Focused Functions, including Ethics; Rights and Responsibilities; Provision of Care, Treatment, and Services; Medication Management; Surveillance, Prevention, and Control of Infection;

(3) Organization Functions, including Improving Organization Performance; Leadership; Management of the Environment of Care; Management of Human Resources; and Management of Information;

(4) Structures with Functions, including Medical Staff and Nursing;

(5) Performance Measurement (Process and Outcomes).

NOTE: For detailed information for VA employees regarding these items, see The Joint Commission manuals available on line at:

<http://vaww.ogsv.med.va.gov/functions/integrity/accred/accreditation.aspx>. This is an internal VA Web site not available to the public.

d. Accreditation not only confers recognition that health care organizations meet certain standards of quality and safety but also confers deemed compliance with the health care quality standards of payors, both public and commercial. Additionally, VHA has an active residency program, and the American College of Graduate Medical Education (ACGME) requires that health care organizations sponsoring or participating in GME programs be accredited by The Joint Commission or by another recognized body with equivalent standards (see <http://www.acgme.org/>

e. Partnering with The Joint Commission benefits our Veterans. The Joint Commission's Annual Reports on Quality and Safety present how America's accredited hospitals perform against quality performance measures and safety goals and demonstrate measurable improvements in health care quality and patient safety among accredited hospitals.

3. DEFINITIONS

a. **Accreditation.** Accreditation is the determination by The Joint Commission's accrediting body that an eligible health care organization complies with applicable The Joint Commission standards.

b. **Accreditation Process.** The accreditation process is a continuous process whereby health care organizations are required to demonstrate to The Joint Commission that they are providing safe, high quality of care, as determined by compliance with The Joint Commission standards, National Patient Safety Goals recommendations, and performance measurement requirements. Key components of this process are an on-site evaluation of an organization by The Joint Commission surveyors, a Periodic Performance Review, and quarterly submission of performance measurement data to The Joint Commission, as applicable.

c. **Competence or Competency.** Competence or competency is a determination of an individual's skills, knowledge, and capability to meet defined expectations.

d. **Continual Readiness.** The Joint Commission expects an accredited organization to be in continuous compliance with all applicable standards. Compliance with a standard is interpreted as meeting the requirements of a standard through compliance with its element(s) of performance.

e. **Credentialing.** Credentialing is the systematic process of screening and evaluating the qualifications of a health care practitioner including: licensure, required education, relevant training and experience, current competence, and health status.

f. **Extension Surveys.** An extension survey is conducted at an accredited organization or at a site that is owned and operated by the organization if the accredited

organization's current accreditation is not due to expire for at least 9 months and when at least one of the conditions below is met. An extension survey of an organization may be necessary if the organization has done any of the following:

(1) Instituted a new service or program for which The Joint Commission has standards;

(2) Offered at least 25 percent of its services at a new location or in a significantly altered physical plant;

(3) Expanded its capacity to provide services by 25 percent or more, as measured by patient volume, pieces of equipment, or other relevant measures;

(4) Provided a more intensive level of service.

g. **For-Cause Survey.** The Joint Commission may perform a for-cause unannounced survey when it becomes aware of potentially serious standards compliance or patient care or safety issues, or when it has other valid reasons for surveying an accredited organization. A for-cause unannounced survey can take place at any point in an organization's accreditation cycle.

h. **Medical Staff Bylaws.** Medical staff bylaws are regulations and rules adopted by the organized medical staff and the governing body of an organization for internal governance, defining rights and obligations of various officers, persons, or groups within the organized medical staff's structure.

i. **Pull Forward or Push Back Surveys.** In the 18-39 month The Joint Commission survey cycle, a facility may have their cyclic survey pulled forward (survey will be done closer to the 18 months cycle time) or pushed back (survey will be done closer to the 39 months cycle time).

j. **Random Unannounced Survey.** Approximately 5 percent of all accredited programs receive a random unannounced survey. It is generally conducted 9 to 30 months following the last full survey.

k. **Survey.** A survey is a key component in the accreditation process, whereby a surveyor(s) conducts an on-site evaluation of an organization's compliance with The Joint Commission standards.

4. POLICY

It is VHA policy that health care facilities providing care to our nation's Veterans maintain ongoing compliance with regulatory standards that demonstrate the provision of safe advanced standard quality oriented health care delivery.

5. VHA PROGRAMS REQUIRED TO ACHIEVE AND MAINTAIN THE JOINT COMMISSION ACCREDITATION

a. VHA programs required to achieve and maintain The Joint Commission accreditation include:

- (1) Hospital Care;
- (2) Ambulatory Care;
- (3) Behavioral Health Programs;
- (4) Home Care Programs;

- (5) Opioid Treatment Programs; and
- (6) Consolidated Mail-out Pharmacy.

b. Laboratory accreditation is mandated; however, facilities may choose to be accredited by The Joint Commission or the College of American Pathologists.

c. Additional program accreditation requirements may be added per specific directives or in response to new accreditation products from The Joint Commission.

6. SERVICES PROVIDED BY THE JOINT COMMISSION

The national VHA Joint Commission contract outlines the following services and products that VHA purchases from The Joint Commission:

a. **Surveys.** VHA program surveys are conducted in accordance with The Joint Commission published standards, policies, and procedures. The unannounced survey process includes random surveys, extension surveys, clarification validation surveys, quality event/For Cause surveys, and 18-39 month cyclic surveys (includes pull-forward, push-back surveys).

b. **Technical Assistance.** A dedicated account representative from The Joint Commission will be designated for VHA to provide continuous access to and support of electronic tools (e.g., application, periodic performance review) by all VHA organizations.

c. **Publications.** The Joint Commission provides program manuals, and various electronic methodologies (e.g., Accreditation Manager Plus, electronic applications, Connect, periodic performance review, S3) to identified programs and officials.

d. **Annual Orientation and Summation.** In the beginning of each calendar year, VHA staff and The Joint Commission staff meet to:

(1) Allow the VHA staff to orient the surveyors to the programs, processes, and services of VA; and

(2) Receive The Joint Commission's review of aggregate data trends from the previous year's survey.

e. **Survey Notification System.** The Joint Commission provides an electronic survey notification system to validate that people presenting themselves as surveyors are not imposters and that a survey is taking place. In the event that the computer system is inoperable, the contingency plan in place is to call The Joint Commission account representative directly to verify the surveyor and that a survey is taking place.

f. **Fees.** The national VHA Joint Commission Contract addresses the cost of routine program survey application fees and on site survey fees. Accordingly, VA medical facilities are relieved of responsibility for budgeting and making payment for survey costs.

7. DATA USE AGREEMENTS BETWEEN VHA AND THE JOINT COMMISSION

a. The Joint Commission has signed a Business Associate Agreement (BAA) with VHA to ensure the privacy and security rules are adhered to regarding the disclosure of protected health information and electronic protected health information. Full details on the BAA can be found at:

http://vaww.vhadatportal.med.va.gov/Portals/0/BAA_Documents/Signed/jcahobaa_2014-o.pdf. **NOTE:** *This is an internal VA Web site not available to the public.*

b. During a Joint Commission Survey, surveyors are not allowed access to the VHA computer system. Surveyors are not allowed to connect their Joint Commission computer equipment to the VHA system even to access the internet. Surveyors may review electronic records from the VHA computer system only by observing a VHA staff person who is reviewing the electronic medical record at the surveyor's request.

8. VHA MANAGEMENT REGARDING THE JOINT COMMISSION CONTINUAL STANDARD COMPLIANCE AND ACCREDITATION

a. **Principal Deputy Under Secretary for Health.** The Principal Deputy Under Secretary for Health collaborates with the Associate Deputy Under Secretary for Health for Quality, Safety, and Value and the Deputy Under Secretary for Health for Operations and Management to ensure all VA medical facilities are accredited by The Joint Commission.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) The operational direction and support to the Veterans Integrated Service Networks (VISNs) necessary to implement a continuous readiness program; and

(2) Ensuring that health care operations within VHA support continuous compliance with The Joint Commission standards.

c. **Assistant Deputy Under Secretary For Health for Quality, Safety, and Value.** The Assistant Deputy Under Secretary for Health for Quality, Safety, and Value is responsible for:

(1) Overseeing programs under the Office of Quality, Safety, and Value (QSV) and the National Center for Patient Safety (NCPS), including QSV's initiatives in supporting

accreditation of clinical programs by The Joint Commission, such as Clinical Practice Guidelines, Utilization Management, Risk Management, Credentialing and Privileging;

(2) Communicating information related to accreditation of VA medical facilities to senior VHA leadership;

(3) Collaborating with other Chief Officers, the Deputy Under Secretary for Health for Operations and Management, VISN Directors, and clinical leaders to ensure timely and effective transmission of and response to accreditation issues. This includes designating appropriate resources to serve as expert consultation for quality management staff at VISNs and VA medical facilities;

(4) Effectively linking accreditation standards to scientific evidence related to clinical interventions and programs;

(5) Disseminating information to inform VA medical facilities and VA Central Office programs of accreditation standards changes, and corporate trends;

(6) Providing a forum for discussing and resolving VHA issues with The Joint Commission;

(7) Coordination and oversight of the Accreditation Program.

d. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring all VA medical facilities within the respective VISN are accredited by The Joint Commission. To that end, the VISN Director is responsible for:

(1) Ensuring VISN-wide continuous readiness with The Joint Commission standards;

(2) Designating a VISN Continuous Readiness liaison;

(3) Overseeing continual compliance with The Joint Commission standards through implementation of a VISN-wide continuous readiness program;

(4) Disseminating VHA-The Joint Commission information, such as availability of publications, changes in The Joint Commission policies, etc;

(5) Overseeing the VHA Continuous Readiness contract services for the respective VISN.

e. **VA Medical Facility Director.** Each VA medical facility Director is responsible for ensuring the VA medical facility is accredited and for oversight of continual compliance with The Joint Commission standards and accreditation procedures. This includes:

(1) Designating an employee to serve as the facility continual readiness point of contact. This employee must stay apprised of evolving The Joint Commission standards and provide the Director with ongoing feedback about the facility's state of readiness;

(2) Overseeing continual compliance with The Joint Commission standards and accreditation procedures;

(3) Coordinating the professional activities required by The Joint Commission standards;

(4) Overseeing the Professional Standards Board and credentialing and privileging activities of the medical staff in accordance with VHA Handbook 1100.19.

NOTE: VHA will implement, by separate policy, a template for VA medical facility Medical Staff Bylaws.

9. REFERENCES

a. 38 Code of Federal Regulations (CFR) Part 46.

b. VHA Handbook 1100.19, Credentialing and Privileging.

c. American College of Graduate Medical Education (ACGME) website at <http://www.acgme.org/>

d. The Joint Commission Comprehensive Accreditation Manual for Ambulatory Care at: <http://vaww.oqsv.med.va.gov/functions/integrity/accred/jointcommission.aspx>.

NOTE: This is an internal VA Web site not available to the public.

e. The Joint Commission Comprehensive Accreditation Manual for Hospitals: The Official Handbook (CAMH) at:

<http://vaww.oqsv.med.va.gov/functions/integrity/accred/jointcommission.aspx>. **NOTE:**

This is an internal VA Web site not available to the public.

f. The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181, (630) 792-5000 or <http://www.jointcommission.org/>.

g. VHA/Business Associate Agreement at:

http://vaww.vhadataportal.med.va.gov/Portals/0/BAA_Documents/Signed/jcahobaa_2014-o.pdf **NOTE:** This is an internal VA Web site not available to the public.