

QUALITY COLLABORATIVE

Joint Commission Q&A

Question: The Centers for Medicare & Medicaid Services (CMS) recently approved the continuation of deeming authority for The Joint Commission's hospital accreditation program through July 15, 2014. What does this mean for my hospital?

The CMS designation means that hospitals accredited by the Joint Commission may choose to be deemed as meeting the Medicare conditions of participation. CMS found that the Joint Commission's standards for hospitals meet or exceed those established for the Medicare and Medicaid programs. Since the enactment of the Social Security Amendments of 1965, the Joint Commission's hospital accreditation program has had a unique statutory deeming authority. A change in the Medicare law in 2008 required that the Joint Commission apply to CMS to continue its hospital-deeming authority. CMS's notice of the 4-year continuation of the Joint Commission's deeming authority, through July 15, 2014, was announced on November 27.

Accreditation is voluntary and seeking deemed status through accreditation is an option, not a requirement. Hospitals seeking Medicare approval may choose to be surveyed either by an accrediting body, such as the Joint Commission, or by state surveyors on behalf of CMS.

If you are an accredited hospital choosing to be deemed, your organization may be subject to a random validation survey or a complaint investigation conducted by CMS. In addition, the Joint Commission and other accrediting bodies with hospital-deeming authority are obligated to provide CMS with a listing of, and related documentation for, organizations receiving an adverse accreditation decision. Accrediting bodies must also provide CMS with accreditation decision reports for hospitals involved in CMS validation surveys and any other survey report requested by CMS.

In addition to hospitals, the Joint Commission has federal deeming authority for ambulatory surgery centers, critical access hospitals, durable medical equipment suppliers, home health, hospice, and laboratories.

For information about deemed status, call the Joint Commission's Washington, DC, office at 202/783-6655. For information on state initiatives, call the Joint Commission's Division of Business Development, Government, and External Relations at 630/792-5269.

NQF Endorses Updated Safe Practices Using the Latest Evidence

To guide healthcare systems in providing safe care, the National Quality Forum (NQF) has endorsed an updated list of Safe Practices for Better Healthcare (w.qualityforum.org/Projects/Safe_Practices_2010.aspx). The 34 practices address issues like healthcare associated infections, pediatric imaging, and workforce development, and have been updated with the latest evidence.

Preventable errors cost the United States an estimated 98,000 lives annually and \$17–\$29 billion per year in healthcare expenses, disability, and lost worker productivity and income. These Practices are a guide to healthcare systems in providing care that is free from error and harm.

Throughout the updated practices, language was added to emphasize the importance of involving patients and their families in making care safer. This update aligns with the National Priorities Partnership (NPP) priorities (w.qualityforum.org/Projects/Safe_Practices_2010.aspx) to increase patient and family engagement in healthcare and to improve the safety and reliability of the healthcare system.

Safe practices are part of NQF's safety portfolio which includes safety measures, educational Webinars (w.qualityforum.org/Projects/Safe_Practices_2010.aspx) on implementing safe practices, and Serious Reportable Events (w.qualityforum.org/Projects/Safe_Practices_2010.aspx)—a list of 28 serious medical errors that should never happen. NQF is also in the process of endorsing additional patient safety measures and a framework for reporting safety events.

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New Report Finds Non-Surgical Method for Diagnosing Breast Cancer Safe

Some methods of minimally invasive biopsy for breast cancer are nearly as accurate as surgical biopsy but have much less risk of harms, according to a new report, *Comparative Effectiveness of Core Needle and Open Surgical Biopsy for the Diagnosis of Breast Lesion* (w.qualityforum.org/Projects/Safe_Practices_2010.aspx), funded by the Agency for Healthcare Research and Quality (AHRQ). The report, prepared by the ECRI Institute's Evidence-Based Practice Center under contract to AHRQ's Effective Health Care Program, compares traditional surgical biopsies with various types of "core needle biopsies," which involve removing tissue through a special large hollow needle inserted through the skin.

The report, initiated in 2007, will provide important information so that doctors and patients can work together to make the best possible diagnostic choice for each individual patient.

Based on reviews of published scientific evidence to gauge the effectiveness, risk, and impact of core needle biopsies on patients, the report found that certain core needle biopsies could distinguish between malignant and benign lesions approximately as accurately as open surgical biopsy, which is commonly considered the "gold standard" method of evaluating suspicious lesions. Core needle biopsies have a much lower risk of severe complications than open surgical procedures, researchers found in a report published this month in *Annals of Internal Medicine*.

The report also found that women who are initially diagnosed with breast cancer by surgical biopsy are more likely to undergo multiple surgical procedures during treatment than women who are initially diagnosed with breast cancer by core needle biopsy.

The report neither recommends changes to federal policy or to decisions regarding insurance coverage nor does it make clinical recommendations regarding circumstances under which open surgical biopsies or core needle biopsies should be pursued. These decisions should be made by a patient in consultation with her physician.