

HOUSE
COMMITTEE REPORT

(11)

Date referred: 2/19/86

FURTHER REFERRALS:

DATE: 4-7-86

The FINANCE Committee has considered CSSB 45 (HESS) am

"An Act relating to hospital inspections and investigations by the Department of Health and Social Services."

and recommends:

- do pass
- do not pass
- do pass with attached amendment(s)
- no recommendation
- replace with HCS CS SB45 (JVD) same title
- new title

and recommends do pass

further referral to the _____ Committee

- and attaches: letter of intent
- first fiscal note
- new fiscal note
- zero fiscal note

SIGNING DO PASS:

SIGNING OTHER RECOMMENDATIONS:

Robert P. Bell

John V. Conner

Mike S. Gammali

Ronald J. Ryan

Pat Foye

John Bell

John Ryan

John Ryan

John Ryan

John Ryan

John Ryan

Robert P. Bell
Chairman

**STATE OF ALASKA 1986 LEGISLATIVE SESSION
FISCAL NOTE**

Revision Date : 4/4/86

REQUEST

Bill/Resolution No. : HCS CSSB 45 (JUD)
 Title : Re: hospital inspections & investigations by DH&SS.

Sponsor : Falks
 Requestor : House Finance Committee
 Date of Request : 4/4/86

FISCAL DETAIL

Agency Affected : Health & Social Services
 BRU : _____

Components : _____

EXPENDITURES/REVENUES : (Thousands of Dollars)

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES		0	0	0	0	0
TRAVEL		0	0	0	0	0
CONTRACTUAL		0	0	0	0	0
SUPPLIES		0	0	0	0	0
EQUIPMENT		0	0	0	0	0
LAND & STRUCTURES		0	0	0	0	0
GRANTS, CLAIMS		0	0	0	0	0
MISCELLANEOUS		0	0	0	0	0
TOTAL OPERATING		0	0	0	0	0

CAPITAL		0	0	0	0	0
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REVENUE		0	0	0	0	0
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FUNDING : (Thousands of Dollars)

GENERAL FUND		0	0	0	0	0
FEDERAL FUNDS		0	0	0	0	0
OTHER		0	0	0	0	0
TOTAL		0	0	0	0	0

POSITIONS :

FULL-TIME		0	0	0	0	0
PART-TIME		0	0	0	0	0
TEMPORARY		0	0	0	0	0

ANALYSIS : Attach a separate page if necessary

No version of this bill has had any fiscal impact.

APA

Prepared by : Al Adams, Chair Phone : 465-3706
 Division : House Finance Committee Date : 4/4/86

Approved by Commissioner : _____ Date : _____
 Agency : _____

Distribution (by Agency preparing fiscal note) :

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

Offered: 2/19/86
Referred: Finance

Original sponsor: Faiks

1 IN THE SENATE BY THE JUDICIARY COMMITTEE
2 HOUSE CS FOR CS FOR SENATE BILL NO. 45 (Judiciary)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - SECOND SESSION
5 A BILL
6 For an Act entitled: "An Act relating to hospital inspections and investi-
7 gations by the Department of Health and Social Ser-
8 vices."
9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:
10 * Section 1. AS 18.20.060(a) is amended to read:
11 (a) The department shall make annual inspections and investi-
12 gations of hospital facilities. The department may accept accredita-
13 tion by the Joint Commission on the Accreditation of Hospitals in lieu
14 of an annual inspection by the department for the year in which the
15 accreditation was granted if the accreditation standards of the com-
16 mission are substantially similar to the inspection standards of the
17 department.

health association of alaska

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

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Sharon Jean
Central Peninsula
General Hospital
Soldotna

Physician Member of
the Board
Morris Horning, M.D.
Anchorage

President
Dennis DeWitt
Juneau

April 5, 1986

The Honorable Al Adams
Chairman, House Finance Committee
Alaska State Legislature
Pouch W (MS 3100)
Juneau, Alaska 99811

Dear Representative Adams,

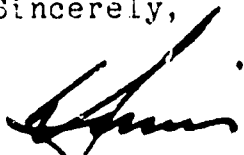
Subject Senate Bill 45

Senate Bill 45 is before the Finance Committee for consideration on Monday April 7. The Health Association of Alaska strongly supports passage of this bill. We know of no opposition to this bill.

We believe that the use of the Joint Commission on the Accreditation of Hospitals (JCAH) survey in lieu of the state licensing survey makes good economic sense for both the state and facilities. It simply reduces the number of surveys which must be done in a health facility in the year it is surveyed by JCHA. Over 35 states as well as the Medicare and Medicaid programs already allow this process. I have enclosed our position paper for your reference.

I am required to be in Anchorage on the date of the hearing. I apologize that there will be no personal representation of the Health Association but it is unavoidable. Our support for this bill remains strong and we would appreciate it being passed out of the Finance Committee.

Sincerely,


Dennis L. DeWitt
Executive Director

FL 9- ERLY

alaska
state
hospital
association

health association of alaska

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

POSITION PAPER

FREQUENCY OF LICENSURE SURVEY

POSITION:

The Joint Commission on the Accreditation of Hospitals (JCAH) survey is accepted for purposes of Medicare and Medicaid certification and in 35 states is a part of or in lieu of state licensure. In Alaska, permitting the use of the JCAH survey in lieu of licensure would reduce licensure survey costs to the Department of Health and Social Services and would reduce duplicate surveys and the attendant added costs for facilities. Injecting flexibility into the law would permit the Department to focus its activities in depth in areas of need rather than across the board.

ACTION:

Pass Senate Bill 45 which is supported by this Association and the Department of Health and Social Services.

December 6, 1985

*HOUSE FINANCE HEARING
Monday April 7, 1986*

Chairman of the Board
Michael Herring
South Peninsula Hospital
Homer

Chairman-Elect
R. Dale Reynolds
Charter North Hospital
Anchorage

Immediate Past Chairman
Edward Zeine
Cordova Community
Hospital
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Physician Member of
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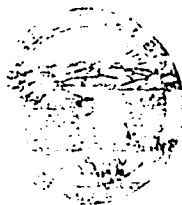
FORMERLY

alaska
state
hospital
association

Alaska State Legislature

CO-CHAIRMAN
FINANCE COMMITTEE

907-465-3740



JAN FAIKS
POUCH V
CAPITOL BUILDING
JUNEAU, ALASKA 99811

Senate

April 4, 1986

MEMORANDUM

TO: Representative Al Adams, Chairman
House Finance Committee

FROM: Senator Jan Faiks

SUBJECT: Background on Senate Bill 45, an act relating to
hospital inspections and investigations by the
Department of Health and Social Services

Each year the Department of Health and Social Services inspects all hospitals in the state. Every three years, fourteen of our larger hospitals also receive an inspection by the Joint Commission on the Accreditation of Hospitals ("JCAH").

The JCAH is a private organization which inspects facilities throughout the country. The inspected hospitals pay for this service, and if they meet the JCAH standards, the Association's accreditation is valid for three years.

The JCAH inspection is thorough and covers the same areas as the Department's inspection - physical plant, safety and sanitation, record keeping, medical staff, medical facilities, management and administration. The Department has testified that the Association's inspections are comparable to their own.

The current version of this bill will allow the Department to accept JCAH accreditation in lieu of its own annual inspection for the year that the Association's accreditation is granted. This acceptance can occur only if the accreditation standards are substantially similar to the Department's inspection standards.

Passage of Senate Bill 45 will not jeopardize the safety of our hospitals. Forty states now accept JCAH accreditation

OUT OF SESSION

1024 WEST SIXTH AVENUE, SUITE 302 ANCHORAGE, ALASKA 99501 907-274-6611

in lieu of their own inspections. In case the Department determines that the JCAH inspections are not satisfactory, the state may still conduct its own. Smaller facilities who do not contract for an Association inspection will still be subject to a yearly inspection by the Department.

Passage of this bill, however, will save expenses on both sides. In the years that the Department accepts the JCAH accreditation, the state will not have to spend staff time inspecting the facility and the hospital staff will be spared the time and effort of preparing for a second inspection.

For this reason, I urge you to pass Senate Bill 45. Thank you.

SB 45
FILE copy

AMH/84

Accreditation
Manual for
Hospitals

JCAH Joint Commission
on Accreditation
of Hospitals

Foreword

In 1981, JCAH began revising the *Accreditation Manual for Hospitals* to develop less prescriptive, more goal-oriented standards that focus on essential elements of quality care. With the 1984 edition of this *Manual*, we are pleased to introduce the first of these revisions: new chapters on governing body and management and administrative services, and new standards for monitoring and evaluation in clinical support services.

The chapters on governing body and management and administrative services have been completely revised and updated. Placement in an outline format is intended to enhance readability, clarify the intent of the standards, eliminate ambiguity, and focus on those aspects of the standards that are basic to the provision of quality care; this format will be followed in all future revisions to the *AMH*. The changes to these chapters are further explicated in Appendix A.

Standards for monitoring and evaluation in clinical support services appear in the following chapters: Anesthesia Services, Dietetic Services, Emergency Services, Home Care Services, Hospital-Sponsored Ambulatory Care Services, Nursing Services, Pharmaceutical Services, Pathology and Medical Laboratory Services, Radiology Services, Rehabilitation Programs/Services, Respiratory Services, Social Work Services, and Special Care Units. In developing these standards, JCAH eliminated frequency requirements and other prescriptive language to allow hospitals greater flexibility in conducting quality assurance activities, which is in keeping with the intent of the original quality assurance standard published in 1979. These changes also are explained in Appendix A.

New standards for hospitals that provide psychiatric/substance abuse services also have been developed, appear in several chapters throughout the book, and are described in Appendix A. With the development of these standards, JCAH offers chief executive officers of hospitals that provide only psychiatric/substance abuse services the option of an accreditation survey using either the standards contained in this *Manual* or those standards contained in the *Consolidated Standards Manual for Child, Adolescent, and Adult Psychiatric, Alcoholism, and Drug Abuse Facilities*. The same option is applicable to a psychiatric/substance abuse department/service of a general hospital and will be honored for a three-year period beginning on the April 1, 1984, effective date of this *Manual*.

In fulfilling its mission to improve the quality of care and services provided in health care settings through the voluntary accreditation process, JCAH recognizes the importance of maintaining standards and survey procedures that reflect current practice and the dynamic environment of the health care industry. In conjunction with the standards revision process, JCAH has been modifying accreditation survey procedures: The implementation of a three-year accreditation cycle, the introduction of a tailored survey process, and the development of interim monitoring mechanisms are designed to enhance the consultative nature

of JCAH surveys and recognize the individual needs and unique features of facilities.

As we continue to revise the standards and modify accreditation procedures, we will continue to look to the health care professions for advice and assistance. In the past two years, during numerous field reviews and a field trial of the proposed standards, and during feasibility studies of proposed modifications in the survey process, we have appreciated the support and cooperation that you have provided.

John E. Affeldt, MD
President

Editor's Note

Throughout this *Accreditation Manual for Hospitals* reference is made to documents or standards published by other organizations. Each such reference is to a specific document at a given point in time. Subsequent editions of any materials used as a reference do not automatically become the authoritative reference of JCAH until approved as such by the Board of Commissioners.

Pronouns throughout this document have been chosen to provide ease in reading and are not meant to exclude reference to the opposite sex.

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Rights and Responsibilities of Patients

The basic rights of human beings for independence of expression, decision, and action, and concern for personal dignity and human relationships are always of great importance. During sickness, however, their presence or absence becomes a vital, deciding factor in survival and recovery. Thus it becomes a prime responsibility for hospitals to endeavor to assure that these rights are preserved for their patients.

In providing care, hospitals have the right to expect behavior on the part of patients and their relatives and friends, which, considering the nature of their illness, is reasonable and responsible.

This statement does not presume to be all-inclusive. It is intended to convey JCAH's concern about the relationship between hospitals and patients, and to emphasize the need for the observance of the rights and responsibilities of patients.

The following basic rights and responsibilities of patients are considered reasonably applicable to all hospitals.

Patient Rights

Access to Care

Individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, national origin, or sources of payment for care.

Respect and Dignity

The patient has the right to considerate, respectful care at all times and under all circumstances, with recognition of his personal dignity.

Privacy and Confidentiality

The patient has the right, within the law, to personal and informational privacy, as manifested by the following rights:

- To refuse to talk with or see anyone not officially connected with the

hospital, including visitors, or persons officially connected with the hospital but not directly involved in his care.

- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- To be interviewed and examined in surroundings designed to assure reasonable audiovisual privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
- To expect that any discussion or consultation involving his case will be conducted discreetly and that individuals not directly involved in his care will not be present without his permission.
- To have his medical record read only by individuals directly involved in his treatment or the monitoring of its quality, and by other individuals only on his written authorization or that of his legally authorized representative.
- To expect all communications and other records pertaining to his care, including the source of payment for treatment, to be treated as confidential.
- To request a transfer to another room if another patient or visitors in that room are unreasonably disturbing him by smoking or other actions.
- To be placed in protective privacy when considered necessary for personal safety.

Personal Safety

The patient has the right to expect reasonable safety insofar as the hospital practices and environment are concerned.

Identity

The patient has the right to know the identity and professional status of individuals providing service to him, and to know which physician or other practitioner is primarily responsible for his care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating him, as well as the relationship to any other health care or educational institutions involved in his care. Participation by patients in clinical training programs or in the gathering of data for research purposes should be voluntary.

Information

The patient has the right to obtain, from the practitioner responsible for coordinating his care, complete and current information concerning his diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.

Communication

The patient has the right of access to people outside the hospital by means of visitors, and by verbal and written communication.

When the patient does not speak or understand the predominant language of the community, he should have access to an interpreter. This is particularly true where language barriers are a continuing problem.

Consent

The patient has the right to reasonably informed participation in decisions involving his health care. To the degree possible, this should be based on a clear, concise explanation of his condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient should not be subjected to any procedure without his voluntary, competent, and understanding consent, or that of his legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient has the right to know who is responsible for authorizing and performing the procedures or treatment.

The patient shall be informed if the hospital proposes to engage in or perform human experimentation or other research/educational projects affecting his care or treatment, and the patient has the right to refuse to participate in any such activity.

Consultation

The patient, at his own request and expense, has the right to consult with a specialist.

Refusal of Treatment

The patient may refuse treatment to the extent permitted by law. When refusal of treatment by the patient or his legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.

Transfer and Continuity of Care

A patient may not be transferred to another facility unless he has received a complete explanation of the need for the transfer and the alternatives to such a transfer, and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the practitioner responsible for his care, or his delegate, of any continuing health care requirements following discharge from the hospital.

Hospital Charges

Regardless of the source of payment for his care, the patient has the right to request and receive an itemized and detailed explanation of his total bill for services rendered in the hospital. The patient has the right to timely notice prior

to termination of his eligibility for reimbursement by any third-party payer for the cost of his care.

Hospital Rules and Regulations

The patient should be informed of the hospital rules and regulations applicable to his conduct as a patient. Patients are entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints.

Patient Responsibilities

Provision of Information

A patient has the responsibility to provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health. He has the responsibility to report unexpected changes in his condition to the responsible practitioner. A patient is responsible for making it known whether he clearly comprehends a contemplated course of action and what is expected of him.

Compliance with Instructions

A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and, when he is unable to do so for any reason, for notifying the responsible practitioner or the hospital.

Refusal of Treatment

The patient is responsible for his actions if he refuses treatment or does not follow the practitioner's instructions.

Hospital Charges

The patient is responsible for assuring that the financial obligations of his health care are fulfilled as promptly as possible.

Hospital Rules and Regulations

The patient is responsible for following hospital rules and regulations affecting patient care and conduct.

Respect and Consideration

The patient is responsible for being considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.

General Administrative Policies and Procedures

Who May Apply for Survey

To be eligible for a JCAH accreditation survey, a hospital* must meet the following requirements:

- Be located within the United States or one of its territories or possessions or, unless an exception is made by the president of JCAH (or in the absence of the president, the chairman of the Board of Commissioners), be owned or controlled by the United States or by an entity organized under the laws of the United States or one of its states, territories, or possessions.
- Have a valid, current license to operate.
- Maintain facilities, beds, and services that are available over a continuous 24-hour period, seven days a week.
- Be a hospital where the median length of stay is 30 days or less (exceptions may be made by the president of JCAH) or where the treatment provided is of such a nature that patients would not ordinarily be transferred to another facility for more intensive care. Not included are convalescent or domiciliary homes, homes for the aged, or other like establishments where only custodial care is provided.† Also excluded are student health centers and offices or clinics that primarily provide ambulatory care patient services and do not regularly admit inpatients.
- Have been in operation and actively caring for patients for at least six months before the survey so there is a record of performance that can be evaluated.
- Have a governing body, an organized medical staff,‡ and a nursing service.
- Have the primary function of diagnosis, treatment, and/or rehabilitation.

*The chief executive officer of a hospital that provides only psychiatric/substance abuse services has the option of an accreditation survey using either the standards contained in this *Manual* or the standards contained in the *Consolidated Standards Manual for Child, Adolescent, and Adult Psychiatric, Alcoholism, and Drug Abuse Facilities*. The same option is applicable to a psychiatric/substance abuse department/service of a general hospital. This option will be honored for a three-year period, beginning with the April 1, 1984, effective date of this *Manual*.

†JCAH conducts a special survey for rehabilitation hospitals and other specialty hospitals, such as chronic disease hospitals, burn centers, and orthopedic hospitals, in which the median length of stay is over or under 30 days. Such facilities are surveyed for compliance with selected standards from this *Manual* and the *Accreditation Manual for Long Term Care Facilities*.

‡See Glossary.

- Provide for the following:

Building and grounds safety	Pharmaceutical services
Dietetic services	Professional library services
Emergency services	Quality assurance program
Functional safety and sanitation	Radiology services
Infection control	Rehabilitation programs/services
Medical record services	Respiratory care services*
Nuclear medicine services*	Social work services
Pathology and medical laboratory services	Special care services*
- Have at least one of the following acute clinical services—medicine, obstetrics-gynecology,† pediatrics, or surgery;‡ child, adolescent, or adult psychiatric services; or alcoholism or drug abuse services.
- Must provide that only a member of the medical staff, either individually or in cooperation with a licensed practitioner with clinical privileges, has the authority to admit a patient to the hospital.
- Must provide that only a licensed practitioner with clinical privileges will be directly responsible for a patient's diagnosis and treatment within the area of his privileges, that each patient's general medical condition will be the responsibility of a physician member of the medical staff, and that other direct medical care to patients will be provided only by a member of the house staff‡ or by allied health personnel acting under the supervision of a licensed practitioner with clinical privileges.
- Provide registered nurse supervision at all times, as well as other nursing services necessary for continuous patient care.
- Complete and return an Application for Survey with the nonrefundable application-processing fee.
- Provide the information requested in the *Hospital Survey Profile*.
- Operate without restriction by reason of sex, race, creed, or national origin.

How To Apply for Survey

Hospitals that wish to be accredited by JCAH should begin by sending a request for an Application for Survey to the following address:

Joint Commission on Accreditation of Hospitals
Scheduling Department—Application Requests
875 North Michigan Avenue
Chicago, Illinois 60611

JCAH sends the hospital one application for completion. The application should be returned to JCAH with the nonrefundable application-processing fee. The hospital should retain a copy for its records.

Survey Fees

Survey fees are related to the cost of maintaining JCAH operations and ordinarily are determined annually.

When a hospital is scheduled for survey, JCAH sends the hospital an invoice

*Not required for hospitals that provide only psychiatric/substance abuse services.

†Must have anesthesia services as well.

‡See Glossary.

and asks the hospital to pay the fees in accordance with the terms specified in the invoice, except where prohibited by law.

Section 952, PL 96-499, the Omnibus Reconciliation Act of 1980, requires that Medicare providers include, in all their contracts for services costing \$10,000 or more in any 12-month period, a clause allowing the secretary of the US Department of Health and Human Services (DHHS), the US comptroller general, or their representatives to examine the contract and the contractor's books and records. To satisfy this statutory requirement with respect to any such hospital paying JCAH \$10,000 or more in any 12-month period and to avoid the necessity for executing a special contract with each such hospital, JCAH herein stipulates that if its charges to any such hospital amount to \$10,000 or more in any 12-month period, the contract or any agreement upon which such charges are based and any of JCAH's books, documents, and records that may be necessary to verify the extent and nature of JCAH costs will be available for four years after the survey to the secretary of DHHS, the comptroller general, or any of their duly authorized representatives. The same conditions will apply to any subcontracts JCAH has with related organizations if the payments under such contracts amount to \$10,000 or more in any 12-month period. This stipulation applies to all contracts and JCAH books and records pertinent to charges paid to JCAH on December 5, 1980, or later.

Survey Personnel, Duration of Survey, and Schedules

Accreditation surveys are conducted by JCAH surveyors. The number of days required for a survey and the composition of the survey team are based on information in the hospital's Application for Survey. The hospital is notified of the date of its survey approximately four weeks in advance. To keep survey fees to a minimum, JCAH attempts to schedule surveys systematically and efficiently.

Multiple-Category Facilities

JCAH has standards for the following four categories of service: (1) acute care general hospitals, including hospital-sponsored ambulatory health care services; (2) psychiatric and substance abuse facilities and programs;* (3) long term care facilities; and (4) ambulatory health care organizations, excluding hospital-sponsored ambulatory health care services. JCAH refers to a facility offering two or more of these categories of service as a "multiple-category facility."

The Application for Survey contains provisions for a multiple-category facility to indicate all health care services provided by its corporate body. For accreditation purposes, a corporate body is an organization that has a single governing body that is legally, organizationally, and functionally responsible for managing one or more health care facilities, programs, or services within a reasonable geographic area, usually considered to be 100 miles or less. Corporations with facilities located over large geographic areas can be excluded from this definition. JCAH realizes that due to their nature and circumstances, certain government-owned or corporate-owned facilities may have to be considered on an individual basis and be given special consideration.

JCAH tailors the survey process to the nature and needs of a multiple-category facility. A single survey is conducted by a survey team specifically

*Facilities that provide services only to child, adolescent, or adult psychiatric patients, to alcoholism or drug abuse patients, or to any combination of the aforementioned age and disability groups are not considered multiple-category facilities. Such facilities are surveyed for compliance with this *Manual* or with the *Consolidated Standards Manual for Child, Adolescent, and Adult Psychiatric, Alcoholism, and Drug Abuse Facilities*.

chosen for its expertise in the standards that will be used to survey the facility, and the facility receives a single accreditation decision and a single survey report based on JCAH's evaluation of all health care services provided by the facility's corporate body. Policies that are specific to the tailored survey process are published periodically in *JCAH Perspectives*.

JCAH also has standards for community mental health service programs, which are published in *Principles for Accreditation of Community Mental Health Service Programs*, and standards for hospice service programs, which are published in the *Hospice Standards Manual* (available December 1983). JCAH does not require multiple-category facilities that include community mental health and hospice service programs to be surveyed under these standards. However, if a multiple-category facility wishes to seek special recognition of these programs by requesting a survey under the standards for the programs, JCAH will handle the survey as part of the tailored survey process just described.

Accreditation Survey Procedures

The purpose of a JCAH accreditation survey is to assess the extent of a hospital's compliance with the applicable standards in this *Manual*. A hospital's compliance with the standards is assessed through at least one of the following means:

- Statements from authorized and responsible hospital personnel;
- Documentation of compliance provided by the hospital;
- Answers to questions concerning the implementation of a standard, or examples of its implementation, that will enable a judgment of compliance to be made; and
- On-site observations by JCAH surveyors.

Because each standard has some degree of importance, a hospital must be prepared to provide evidence of its compliance with each standard that is applicable to its operations. To be accredited, a hospital must demonstrate that it is in substantial compliance with the standards, although it need not be in full compliance with each applicable standard.

In the event that JCAH surveyors find that some aspect of hospital operations adversely affects patient health and safety, their findings may be considered for accreditation purposes even if the standards do not specifically address those operations. In considering any such findings, JCAH may obtain expert consultation.

Public Information Interviews

Although JCAH does not ask a hospital to announce its forthcoming survey through the mass media, it does ask the hospital to provide an opportunity during a full on-site survey for the presentation of information by consumers and the public as well as personnel and staff of the facility undergoing survey. Anyone who has information about a hospital's compliance with the accreditation standards may request a public information interview.

JCAH requires a hospital to post, in a public place on its premises, the official JCAH announcement of the date of survey and of the opportunity for a public information interview. Ordinarily, the public notice must be posted four weeks before the survey date; the notice must indicate that requests for a public information interview must be made in writing and that JCAH must receive them at least two working days before a hospital's accreditation survey begins. The notice must remain posted until the first day of the survey. Furthermore, if

someone asks about the survey, JCAH expects the hospital to inform the person of the survey dates and the fact that a public information interview may be requested or that such an interview is already scheduled.

The hospital should promptly send any request for a public information interview that it receives to JCAH's Hospital Accreditation Program and retain a copy for its files. JCAH acknowledges each request and sends a copy of this acknowledgment to the facility. The hospital is responsible for notifying the interviewees of the exact date, time, and place of the public information interview.

JCAH surveyors are required to report on whether JCAH policies concerning public information interviews have been carried out properly. This includes reporting the manner in which the notice was posted in the hospital.

Public information interviews usually are conducted during the morning of the first survey day and ordinarily do not exceed two hours in length. The hospital is expected to provide reasonable accommodation either within the hospital or at a location that is conveniently accessible to the hospital. Surveyors conduct the interview session and receive the information. Representatives of the hospital are expected to attend.

The interview consists only of the orderly receipt of information offered, verbally or in writing, within the prescribed time limit. All information received is fully considered for pertinence and verification; the findings are reported to JCAH central office staff with the results and recommendations of the survey. Any further participation in the survey by an outside source of information must be authorized by the hospital.

Accreditation Decision and Appeal

At the completion of the on-site survey, the surveyors hold a summation conference with one or more representatives of at least the hospital's governing body, administration, medical staff, and nursing staff. The form of the conference is of the hospital's choosing. During the conference, the surveyors present survey findings for discussion and clarification, and representatives of the hospital are given full opportunity to comment on any adverse findings noted by the surveyors.

JCAH staff evaluates the results of the survey, the recommendations of the surveyors, and any other relevant information, such as the extent of the hospital's compliance with recommendations, evidence of recent improvements, or documentation of plans to correct deficiencies. Based on its evaluation, JCAH staff recommends to the Accreditation Committee of the Board of Commissioners that the hospital either be accredited or be denied accreditation. (See Appendix B for a full discussion of accreditation and appeal procedures.)

When JCAH staff tentatively determines that it will recommend nonaccreditation to the Accreditation Committee, a representative of JCAH contacts the hospital, informs the chief executive officer of staff's intent, and discusses the areas of noncompliance upon which the recommendation would be based. When necessary, arrangements may be made for further discussions between representatives of the hospital and JCAH.

JCAH also sends the chief executive officer of the hospital a list of the areas of less than substantial compliance. If the chief executive officer maintains that sufficient documentation can be submitted to demonstrate either that the hospital was in compliance with the standards in question or that the hospital has corrected the major deficiencies identified during the on-site survey, the hospital is given 15 days to submit the documentation. JCAH staff reviews the documentation and will take one of the following actions: (1) change its recommendation and submit a recommendation to grant accreditation, along with the survey

findings and the hospital's documentation, to the Accreditation Committee for a decision; (2) conduct a resurvey of all or part of the hospital; or (3) submit its recommendation to deny accreditation, along with the survey findings and the hospital's documentation, to the Accreditation Committee for decision.

The Accreditation Committee considers the recommendation of JCAH staff and will either grant accreditation to the hospital or initially decide to deny accreditation. The hospital is notified of the decision and is provided with recommendations for improvements. Copies of these recommendations are sent to the chairman of the hospital's governing body, the chief executive officer, and the president of the medical staff.

Any decision of the Accreditation Committee to accredit a hospital is final, and the hospital's accreditation is effective as of the first day after completion of the survey.

If the Accreditation Committee initially decides that accreditation should be denied, and if the facility was not an accredited hospital at any time during the two years before the survey, the committee may direct JCAH staff to inform the hospital that instead of either accepting a nonaccreditation decision or requesting an interview, it may elect to consider the survey a consultation and education visit that does not result in a nonaccreditation decision.

Any initial decision of the Accreditation Committee that accreditation should be denied entitles the hospital to appeal the nonaccreditation decision in accordance with the procedures described in Appendix B of this *Manual*. These procedures are summarized in the following paragraphs.

Except in rare and unusual circumstances where patient life or safety may be in jeopardy, the hospital is given an opportunity to come to JCAH for an interview with representatives of JCAH after the Accreditation Committee has made an initial decision to deny accreditation. The results of the interview are reported to the Accreditation Committee for its consideration. If the Accreditation Committee decides to deny accreditation, the hospital has the right to a hearing before an Appeals Hearing Panel composed of impartial individuals selected by the president of JCAH. If the hospital fails to properly request an interview or a hearing, as described in Appendix B, any decision of the Accreditation Committee to deny accreditation becomes final.

If a hearing is held, the Appeals Hearing Panel considers the survey findings and all other available materials, including any oral and written presentations made by the hospital. The panel then makes a recommendation concerning accreditation to the Board of Commissioners.

The Board of Commissioners or a committee of the Board of Commissioners (excluding any members who may have participated in any earlier consideration by the Accreditation Committee) considers the recommendation of the Appeals Hearing Panel and decides either to grant or deny accreditation to the hospital. Any decision of the Board of Commissioners or its committee to accredit the hospital is final, and the hospital's accreditation is effective as of the first day after completion of the survey; any decision of the Board of Commissioners or its committee to deny accreditation is also final and is effective as of the date of the decision.

Duration of Accreditation

If it is found to be in substantial compliance with JCAH standards, a hospital is awarded accreditation for three years. Approximately 18 months from the date of its survey, each accredited hospital is asked to conduct an interim self-survey, using procedures and submitting reports as required by JCAH. At the request of an accredited hospital, JCAH will conduct a full accreditation survey more frequently than once every three years.

In the process of deciding to accredit a hospital, the Accreditation Committee determines whether survey findings warrant any contingencies. When a hospital is accredited subject to one or more contingencies, JCAH will monitor the hospital's efforts to improve an area of concern identified during an accreditation survey. The type of monitoring required and the time allotted for demonstrating improvement depends on the nature of the concern—particularly its effect on patient care—and the time required to satisfactorily address the concern. Hospitals that receive contingencies ordinarily are asked either to submit a written progress report or to undergo a focused on-site survey. During a focused survey, JCAH surveyors ordinarily address only those concerns identified in contingencies. Some contingencies, however, may require surveyors to address issues related to the areas of concern. The size of the survey team and the duration of the focused survey depend on the number and extent of concerns addressed in contingencies. Usually, focused surveys are not as extensive as full accreditation surveys.

Accreditation is not automatically renewable. A hospital must undergo another full accreditation survey and demonstrate substantial compliance with JCAH standards to renew accreditation. Several months before a hospital's accreditation is due to expire, JCAH will send the hospital an Application for Survey and, upon receipt of the completed application, JCAH will schedule the survey. JCAH ordinarily schedules the survey as near as possible to the hospital's survey anniversary date. However, to allow latitude in adjusting to a hospital's needs, surveys may be scheduled within a 90-day period surrounding the hospital's anniversary date. With a hospital's consent, JCAH may schedule the survey up to 90 days before accreditation is due to expire.

Following a survey, a hospital's previous accreditation status continues until a decision is made to accredit the hospital or a final decision is made to deny accreditation to the hospital.

An accredited hospital may be surveyed at any time at the discretion of JCAH. Ordinarily, no fee is charged for a survey initiated at JCAH's discretion.

A hospital that is not granted accreditation or that has its accreditation withdrawn may apply for a resurvey, but the resurvey will not be conducted until six months after the final nonaccreditation decision. This six-month waiting period may be waived by the president of JCAH if the hospital demonstrates sufficient progress in addressing recommendations to justify such a waiver.

Accreditation is not automatically transferable. If an accredited hospital changes ownership or control or undergoes a major change in its capacity or in the categories of services offered, it must notify JCAH not more than 30 days after such change. Accreditation is continued until JCAH can determine whether a resurvey is necessary. If JCAH decides to resurvey the hospital, the hospital will be asked to submit an Application for Survey and the required fee within 20 days of notification by JCAH. Failure to comply with these provisions results in loss of accreditation.

An accredited hospital also must notify JCAH not more than 30 days after a merger or consolidation or a major change in facilities or organization; for example, JCAH must be notified when a hospital relocates or undergoes a major renovation. As in the case of a change of ownership or control, JCAH may decide that the hospital has to be resurveyed.

Confidentiality

In submitting its Application for Survey, the hospital must provide, or authorize JCAH to obtain, official records and reports of private organizations and of public or publicly recognized licensing, examining, reviewing, or planning bodies.

Except as required by law, all information obtained by JCAH in the accreditation survey process, including the public information interview, and the results and recommendations of the survey are treated as confidential matters between JCAH and the surveyed hospital. The results and recommendations of the survey will be provided only to the surveyed hospital, which may release them at its discretion.

However, when a serious condition jeopardizing public safety or the safety of a patient is found in a hospital, and when this condition has been pointed out to the chief executive officer, the proper local or state authority will be notified of the problem in writing.

Except as required by law and as noted in the preceding paragraph, JCAH does not release any information obtained through the survey process that identifies a particular hospital without the written authorization of the hospital. This restriction does not prevent JCAH from publishing aggregate data obtained from accreditation surveys.

JCAH does provide the following information upon request from anyone:

- Whether JCAH has received an Application for Survey from a particular hospital;
- A list of hospitals tentatively scheduled for survey, without indication of specific survey dates;
- Upcoming survey dates for a particular hospital after the hospital has been notified of the survey dates; and
- Whether a hospital is or is not accredited.

Public Recognition

JCAH provides each accredited hospital with a certificate of accreditation. A hospital is not charged for the initial certificate or any new certificate issued to reflect a change in the hospital's name. Additional certificates can be obtained from JCAH at cost.

The certificate and all copies remain the property of JCAH and must be returned to JCAH if the hospital is issued a new certificate reflecting a change in name or if its accreditation expires or is withdrawn or denied for any cause.

Offered: 2/19/86
Referred: Finance

Original sponsor: Faiks

1 IN THE SENATE BY THE JUDICIARY COMMITTEE
2 HOUSE CS FOR CS FOR SENATE BILL NO. 45 (Judiciary)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - SECOND SESSION
5 A BILL
6 For an Act entitled: "An Act relating to hospital inspections and investi-
7 gations by the Department of Health and Social Ser-
8 vices."
9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:
10 * Section 1. AS 18.20.080(a) is amended to read:
11 (a) The department shall make annual inspections and investi-
12 gations of hospital facilities. The department may accept accredita-
13 tion by the Joint Commission on the Accreditation of Hospitals in lieu
14 of an annual inspection by the department for the year in which the
15 accreditation was granted if the accreditation standards of the com-
16 mission are substantially similar to the inspection standards of the
17 department.

Offered: 3/13/85
Referred: Finance

Original sponsor: Faiks

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2

CS FOR SENATE BILL NO. 45 (HESS) am

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

For an Act entitled: "An Act relating to hospital inspections and investi-

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accreditation by the Joint Commission on the Accreditation of

14

Hospitals in lieu of its own annual inspections.

Offered: 3/13/85
Referred: Finance

Original sponsor: Faiks

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2
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Introduced: 1/14/85
Referred: Health, Education and
Social Services and
Finance

1 IN THE SENATE

BY FAIKS

2

SENATE BILL NO. 45

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

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