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STATE OF ALASKA  
THE LEGISLATURE

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May, 1986

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Jeanie Henry

House Judiciary	2/11/86	1:30 pm
" "	2/17/86	1:30 pm



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

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.

Offered: 3/13/85  
Referred: Finance

Original sponsor: Faiks

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

1 IN THE SENATE

2

CS FOR SENATE BILL NO. 45 (HESS) am

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

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FOURTEENTH LEGISLATURE - FIRST SESSION

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A BILL

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gations of hospital facilities. The department may accept

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accreditation by the Joint Commission on the Accreditation of

14

Hospitals in lieu of its own annual inspections.

HEIN

Original sponsor: Faiks

IN THE SENATE

BY THE JUDICIARY COMMITTEE

HOUSE CS FOR CS FOR SENATE BILL NO. 45 (Judiciary)

IN THE LEGISLATURE OF THE STATE OF ALASKA

FOURTEENTH LEGISLATURE - SECOND SESSION

A BILL

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

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

\* Section 1. AS 18.20.080(a) is amended to read:

(a) The department shall make annual inspections and investigations of hospital facilities. The department may accept accreditation by the Joint Commission on the Accreditation of Hospitals in lieu of an annual inspection by the department for the year in which the accreditation was granted if the accreditation standards of the commission are substantially similar to the inspection standards of the department.

Original sponsor: Faiks

IN THE SENATE

BY THE JUDICIARY COMMITTEE

HOUSE CS FOR CS FOR SENATE BILL NO. 45 (Judiciary)

IN THE LEGISLATURE OF THE STATE OF ALASKA

FOURTEENTH LEGISLATURE - SECOND SESSION

A BILL

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

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

\* Section 1. AS 18.20.080(a) is amended to read:

(a) The department shall make annual inspections and investigations of hospital facilities. The department may accept accreditation by the Joint Commission on the Accreditation of Hospitals in lieu of an annual inspection by the department for the year in which the accreditation was granted.

POSITION PAPER  
CS FOR SENATE BILL NO. 45 (HESS)

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

I. Background:

The purpose of SB45 is two fold; a) to reduce the annual hospital licensing demands on limited departmental staff, and b) to reduce the level of interruption to hospital operations as a result of duplicative licensing review activities.

The Joint Commission on the Accreditation of Hospitals (JCAH) reviews each hospital in Alaska once every three years. In addition, the Alaska Department of Health & Social Services conducts a review of each hospital annually. The Department recognizes that JCAH review standards are often equal to those of the state, and that substitution of the JCAH review where possible would permit better utilization of limited State staff resources.

The administrative burden on the state licensing agency has expanded greatly in the last two years with no corresponding increase in State staff. Although the department has streamlined its review procedures to accommodate this larger workload, substituting the JCAH review would complement the other improvements already made. This would not create any undue risk to the public as significant differences have seldom been noted between the JCAH and State level review findings. In addition, the Department recommends discretionary language be added to SB45 which would permit the Department to conduct a State review if there is reason to believe the JCAH review findings may not be adequate.

II. Departmental Position:

The Department supports SB45, but recommends adoption of the changes proposed by the Alaska Hospital Association in a letter dated January 24, 1985. The changes proposed by the Hospital Association are not substantive, but rather further clarify the intent of SB45.

Recommend By:

Rod Betit  
Rod Betit, Director  
Division of Medical Assistance

Date:

Feb 3, 1986

Approved By:

J.R.P.  
John R. Pugh, Commissioner  
Department of Health & Social  
Services

Date:

2/3/86

# STATE OF ALASKA 1986 LEGISLATIVE SESSION FISCAL NOTE

Revision Date : \_\_\_\_\_

**REQUEST**

Bill/Resolution No. : CSRB45 (HESS) am  
 Title : An Act relating to hospital inspections & investigations  
 Sponsor : Faiks  
 Requestor : \_\_\_\_\_  
 Date of Request : 2/3/86

**FISCAL DETAIL**

Agency Affected : DHSS  
 BRU : Medical Assistance Administration  
 Components : Certification & Licensing

**EXPENDITURES/REVENUES : (Thousands of Dollars)**

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

<b>CAPITAL</b>	-0-	-0-	-0-	-0-	-0-	-0-
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<b>REVENUE</b>	-0-	-0-	-0-	-0-	-0-	-0-
----------------	-----	-----	-----	-----	-----	-----

**FUNDING : (Thousands of Dollars)**

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>	-0-	-0-	-0-	-0-	-0-	-0-

**POSITIONS :**

FULL-TIME						
PART-TIME						
TEMPORARY						

**ANALYSIS :** Attach a separate page if necessary

Prepared by : Rod Bettit, Director *R. Bettit*  
 Division : Medical Assistance *2/3/86*

Phone : 465-3355 *Joe*  
 Date : 2/3/86

Approved by Commissioner : J. R. P.  
 Agency : Department of Health & Social Services

Date : 2/9/86

Distribution (by Agency preparing fiscal note):

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

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST

Bill/Resolution No.: SB45  
 Title: An Act relating to hospital inspections & investigations  
 Sponsor: Falks  
 Requestor: \_\_\_\_\_  
 Date of Request: 1/29/85

FISCAL DETAIL

Agency Affected: DHSS  
 Program Category Affected: \_\_\_\_\_  
 BRU, Program or Subprogram(s) Affected: Medical Assistance Administration

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME	None					
TEMPORARY	required					

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Rod Betit, Director *R Betit* Phone: 465-3355  
 Division: Medical Assistance Date: 1/29/85

Approved by Commissioner: John R. Egan *J R Egan* Date: 3/1/85 *JCC*  
 Agency: Health & Social Services

Distribution (by Agency preparing fiscal note):

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

12/1/83

POSITION PAPER  
SENATE BILL NO. 45

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

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II. Departmental Position:

The Department supports SB45, but recommends adoption of the changes proposed by the Alaska Hospital Association in a letter dated January 24, 1985. The changes proposed by the Hospital Association are not substantive, but rather further clarify the intent of SB45.

Recommend By: Rod Betit  
For: Rod Betit, Director  
Division of Medical Assistance

Date: 2/28/85

Approved By: John R. Pugh  
John R. Pugh, Commissioner  
Department of Health & Social Services

Date: 3/1/85

CHAS

168 CHANDALAR DR.  
Eagle River, AK 99577  
694-4108  
Feb. 2, 1986

The Honorable Sam Cotten  
P.O. Box V  
Juneau  
Alaska 99811

Dear Rep. Cotten,

I am very concerned about two health related items before the legislature this session and feel I need to express those concerns. The first is support for the Developmentally Disabled (DD).

There are two major facilities in Alaska offering professional, twenty-four hour care for DD clients, Harborview Developmental Center in Valdez and Hope Cottages in Anchorage. Both facilities are licensed by the state and federally certified to provide Intermediate Care for the Mentally Retarded. Both receive federal and state funds.

I am a Health Facility Surveyor for the state and the only person, I believe, who has spent any substantial amount of time working and observing in both facilities during the past three years. I honestly believe that the state may be being led down the wrong path by some current pressures from the administration. There seems to be a powerful move afoot, combined with some unexplainable power on the part of Hope Cottages, to gut and, eventually, close down Harborview. I find that many of the players make a vague but definite assumption that Harborview by nature is bad and undesirable, does not deserve to exist. Many people seem equally inclined that Hope Cottages are wonderful, the perfect answer for DD clients. I do not agree!!

My personal opinion is that, currently, Harborview offers by far the better treatment and environment for their clients and has the potential, with fair funding and support, to become one of the best facilities of their kind in the United States. In fact, they may already be. I don't mean to say that Hope Cottages are bad because they are not. They just, simply, aren't automatically better as so many people currently seem to think.

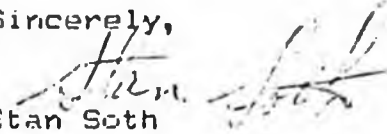
The second issue is even more important, in that it could affect the quality of health care for the majority of Alaskans. It is SB 45 which deals with the limitation of licensure visits to hospitals which have been accredited by the Joint Commission on Accreditation of Hospitals (JCAH). Numerous hospital administrators have made it clear to me that when this bill is in effect they will no longer be subject to any state visits, even though many politicians seem to think it only eliminates visits during the year of the actual JCAH visit which can be as infrequent as every 3 or 4 years. Many people in the health care

industry feel that JCAH inspections are ineffective and akin to the "fox guarding the henhouse." JCAH is controlled by three national physicians organizations and the American Hospital Association. Their written standards are, generally, excellent but their visits are brief and usually infrequent. These organizations have successfully lobbied the national legislature to exclude JCAH hospitals from certification surveys. If state visits are also eliminated, there may not be adequate watchdog efforts to benefit Alaskan health consumers.

The problem at Alaska Psychiatric Institute is a prime example of the need for inspections beyond JCAH since shortly after their most recent visit an expert federal team decertified the facility. JCAH had granted full certification.

Substantial information is available regarding both of the issues I address above. I would be happy to discuss any of it with you or anyone on your staff.

Sincerely,

  
Stan Soth

PS - I just found out about the identical  
bill introduced as HB 320 which I, of  
course, equally oppose,

Chairman of the Board  
Edward Zeine  
Cordova Community Hospital  
Cordova

Chairman-Elect  
Michael Herring  
South Peninsula Hospital  
Homer

Immediate Past Chairman  
Mark Hawkins  
Sitka Community Hospital  
Sitka

Secretary/Treasurer  
Emma Ivy  
Wrangell General Hospital  
Wrangell

Delegate to the American  
Hospital Association  
Al M. Camosso  
Providence Hospital  
Anchorage

Alternate Delegate to the  
American Hospital Assoc.  
Sister Barbara Haase  
Ketchikan General Hospital  
Ketchikan

Delegate to the American  
Health Care Association  
Jack Buck  
St. Ann's Nursing Home  
Juneau

Alternate Delegate to the  
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Association  
Craig Slater  
Petersburg General Hospital  
Petersburg

Delegate to the Association  
of Western Hospitals  
Keith Campbell  
Seward General Hospital  
Seward

Alternate Delegate to the  
Association of Western  
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Jane Sabes  
Norton Sound Regional  
Hospital  
Nome

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Moe Kadish  
Trustee, Providence  
Hospital  
Anchorage

Alternate Trustee Delegate  
to the American Hospital  
Association  
Maxine Robertson  
Trustee, Ketchikan  
General Hospital

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

President  
Dennis L. DeWitt  
Juneau

## POLICY STATEMENT

### Frequency of Licensure

**Position:** Provide the Department of Health and Social Services the option of surveying facilities on a less than annual cycle.

### Rationale:

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 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.

**Process:** Amend AS 18.20.080(a) to read:

Section 18.20.080. Inspections and consultation for alternations.

(a) The department shall make inspections and investigations of hospital facilities.

December 6, 1984

alaska  
state  
hospital  
association

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Chairman of the Board  
Edward Zeine  
Cordova Community Hospital  
Cordova

Chairman Elect  
Michael Herring  
South Peninsula Hospital  
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Maxine Robertson  
Trustee, Ketchikan  
General Hospital

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

President  
Dennis L. DeWitt  
Juneau

January 24, 1985

Senator Jan Faiks  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, AK 99811

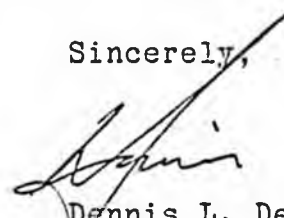
Dear Senator Faiks:

The Alaska State Hospital Association has reviewed Senate Bill No. 45 and wishes to indicate our support for its passage.

We respectfully request that it be amended to specifically permit the Department of Health and Social Services to accept the Joint Commission on the Accreditation of Hospitals survey in lieu of licensure. This would relieve any ambiguity as to the intent of the legislation. I have attached a suggested amendment for your consideration.

We are anxious to be of whatever help is necessary to assist in the passage of SB 45.

Sincerely,



Dennis L. DeWitt  
President

DLD/agk

cc: Friday Mailing  
Senator Fahrenkamp  
Commissioner Pugh

alaska  
state  
hospital  
association

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790

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Dennis L. DeWitt  
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AMENDMENT

Section 1. AS 18.20.080 (a) is amended to read:

(a) The department shall make [ANNUAL] inspections and investigations of hospital facilities. The department may accept accreditation by the Joint Commission on the Accreditation of Hospitals in lieu of its own inspections.

# JCAH

Joint Commission on Accreditation of Hospitals  
875 North Michigan Avenue  
Chicago, Illinois 60611  
312/642-6061

John E. Affeldt, MD  
President

JB/S

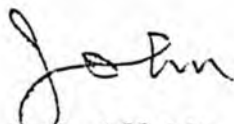
November 5, 1984

Dennis L. DeWitt  
President  
Alaska State Hospital  
Association  
319 Seward Street  
Juneau, Alaska 99801

Dear Dennis:

I appreciate learning that my presentation to your association meeting was favorably received. I also appreciate learning that you and John Pugh are planning to proceed towards a JCAH involvement in the licensing process in Alaska. Again my thanks for the opportunity to meet with your group and I look forward to hearing further from you as developments occur.

Sincerely,



John E. Affeldt, M.D.  
President

JEA:cav

cc: Lawrence A. Hill  
Paul E. Mullen

SB 45  
FILE copy

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# AMHI/84

Accreditation  
Manual for  
Hospitals

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JCAH Joint Commission  
on Accreditation  
of Hospitals

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## 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

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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.

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# 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 standard, 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.

# health association of alaska

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REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES  
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## 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

Senate  
Finance

ANALYSIS FOR SENATE BILL 45

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

This bill amends current statute concerning annual hospital inspections by the Department of Health and Social Services. Facility inspections would occur annually, as they do now, on hospitals not accredited (20 in Alaska) by the Joint Commission on the Accreditation of Hospitals. For accredited hospitals, (7 in Alaska) the Department would be authorized to accept the JCAH inspection in lieu of its own inspection for those years in which the accreditation applies. JCAH accreditations apply for a period of 3 years. However, the Department would have the discretion to perform an inspection in any year, regardless of whether a JCAH accreditation had been performed.

There is no fiscal impact.