

# JCAHO

## BACKTRACKS ON NEW "CONSUMER-ORIENTED" POLICIES

**O**nce again, the Joint Commission on Accreditation of Healthcare Organizations has shown where its true allegiance lies: to the hospitals that buy its accreditation services, not to consumers who look to it for assurance that their hospitals meet minimum standards of care."

Accreditation by JCAHO means more than just a private organization's stamp of approval; it also qualifies hospitals for Medicare and Medicaid funds without further routine surveys by a public agency. Most states follow this model as well, "deeming" JCAHO-accredited hospitals to meet some or all of the conditions for state licensure.

Consumer groups have long criticized JCAHO for catering to its member-hospitals, not to the public's needs. Major concerns include the fact that accreditation surveys are announced months in advance, allowing hospitals to beef up compliance with accreditation standards with special measures that may be abandoned after the surveyors leave. Consumers have also challenged the secrecy of JCAHO's operations, including its refusal to release information to the public on violations of quality standards by hospitals.

In a bid to appear more "consumer friendly," JCAHO announced two new policies aimed at appeasing these public concerns. JCAHO declared that it would conduct random unannounced surveys in five percent of all its accredited facilities (not just hospitals) each year, beginning July 1, 1993. These one-day surveys, limited to five general topics, are in addition to full accreditation surveys that still occur with advance notice every three years.

JCAHO also proclaimed that, "in a historic action," it would

"for the first time, permit direct public access to organization-specific performance information." Such disclosure, the exact form and extent of which are still being defined, was slated to begin "in 1994." These new policies were clearly intended to boost JCAHO's

public image, which is viewed as crucial to maintaining its powerful role under possible healthcare reform.

However, Public Citizen has learned that JCAHO's Board of Commissioners (which is dominated by the American Medical Association, the American Hospital Association, and other healthcare industry groups) recently approved changes that will effectively sabotage both new policies. The Board voted in May 1994 to provide "24-hour notice to organizations which are to undergo random unannounced surveys."

While 24 hours may not seem like a lot of time to correct serious problems, it is ample time to call in more staff, clean up the facility, and alter records on which accreditation decisions are largely based. So much for the "unannounced" surveys described by JCAHO President, Dennis S. O'Leary, M.D., as having "considerable potential to enhance the meaning and value of accredi-

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tation."

In addition to general accountability, JCAHO's short-lived policy of random unannounced surveys was important for another

reason as well. According to JCAHO, these surveys were to occur "at the approximate mid-points of [facilities'] three-year accreditation cycles." Indeed, JCAHO views the surveys as a way of measuring success with its new "total quality management" approach, which emphasizes on-going feedback to healthcare providers leading to continuous improvements in quality of care.

A recent government analysis of JCAHO-accredited hospitals' compliance with federal mandates underscores the need for more frequent monitoring than a three-year survey cycle provides. In a report to Congress on Medicare "validation" surveys for fiscal years 1991 and 1992 (checking whether JCAHO-accredited hospitals really meet federal requirements, as presumed), the Health Care Finance Administration, which oversees Medicare and Medicaid, notes "some concerns about accredited hospitals maintaining compliance with Medicare [conditions of participation] at the midpoint of their accreditation cycles."

In a sample of accredited hospitals reviewed by HCFA at the halfway point between regular JCAHO surveys, 33 percent in 1991 and 41 percent in 1992 were found out-of-compliance with one or more of the conditions of participation for Medicare. By renegeing on its mid-cycle unannounced surveys, JCAHO is sabotaging its one proactive strategy capable of identifying hospitals that fail to continuously maintain standards from one accreditation survey to the next.

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The JCAHO Board also voted in May 1994 on several items related to the planned public disclosure of hospital-specific performance data to begin at the end of 1994. It blatantly undermined its "consumer-friendly" stance by voting to disclose "the identify of the requestor...to the organization once performance information about the organization has been released to the requestor." This suggests that, if you were to request from JCAHO performance data on your local hospital prior to being admitted there for surgery, JCAHO would notify the hospital of your identity and the fact that you had inquired about the quality of the hospital's care."

The Board also voted "not [to] disclose any performance report until all contested findings are resolved." JCAHO's legal counsel is directed to "further evaluate the potential need to inform requestors that information is not being released because the findings are being contested." This will inevitably stall public disclo-

long periods of time and suggests that the Board would accept a policy — if their legal counsel concurs — of keeping public requestors totally in the dark about problems found by their surveyors but then appealed. In combination, these provisions will render JCAHO's much-heralded public disclosure plan into a public rela-

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tions stunt with little meaningful effect.

In June 1994, Max Scheier, a consumer member of JCAHO's Professional and Technical Advisory Committee for Mental Health Accreditation, wrote to JCAHO expressing "great consternation" over these decidedly anti-consumer moves and urging the Board to reconsider its approval of these policies. Such acts by the JCAHO Board, wrote Scheier, "serve to strengthen the perception and belief of consumers...that — all too often — the JCAHO resembles a trade association that is primarily concerned with maintaining its membership and...implementing policies that [benefit] their members' best interests. Rather, Schneier asserts, "JCAHO's primary concern and goal should be to better serve the consumers of healthcare services and their families."

With a nod to "some notable progress towards that goal during the past several years," he urged the Board to steer clear of the "backward steps" represented by these anti-consumer policies.

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NO FRIEND OF NURSES -BACKTRACKS ON NEW “ CONSUMER-ORIENTED” POLICIES

Synopsis- The allegiance of the Joint Commission on Accreditation is not to nurses or healthcare consumers, but rather to the hospitals