

2002 JCAHO Laboratory Surveys

JOANNE BORN

OBJECTIVE: Review changes for organizations surveyed under the 2002–2003 *Comprehensive Accreditation Manual for Pathology and Clinical Laboratory Services* published by the Joint Commission on Accreditation of Healthcare Organizations.

DATA SOURCES: Current literature, Joint Commission on the Accreditation of Healthcare Organizations.

CONCLUSIONS: Few standards changes have been made in the manual, but the Joint Commission on the Accreditation of Healthcare Organizations has refined the survey process in subtle ways and new requirements in the area of proficiency testing are in place.

ABBREVIATIONS: CAP = College of American Pathologists; CLIA = Clinical Laboratory Improvement Amendments; CMS = Center for Medicare and Medicaid Services; COLA = Commission on Office Laboratory Accreditation; JCAHO = Joint Commission on the Accreditation of Healthcare Organizations; PT = proficiency testing.

INDEX TERMS: accreditation; laboratory surveys.

Clin Lab Sci 2002;15(3):187

Joanne Born is executive director of JCAHO's Laboratory Accreditation Program.

Address for correspondence: Joanne Born, JCAHO, One Renaissance Blvd, Oakbrook Terrace, IL 60181. (630) 792-5197, (630) 792-4197 (fax). Jborn@jcaho.org

Sandra Heatherley is the Focus: Management guest editor.

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The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has been evaluating laboratory services for 22 years. Since 1995, clinical laboratories surveyed using JCAHO standards have been deemed certifiable under Clinical Laboratory Improvement Amendments (CLIA '88) requirements.

JCAHO laboratory standards are intended for a wide range of laboratories, including those in:

- hospitals
- clinics
- long term care facilities
- home care organizations
- behavioral health organizations
- assisted reproductive clinics
- ambulatory sites
- independent laboratories
- blood transfusions and donor centers
- federally owned laboratories
- physician office laboratories

JCAHO standards for laboratories have remained largely unchanged since 1996, when the focus shifted from paperwork to actual performance. Laboratories have experienced success in meeting these outcome-focused standards, with nearly 60% of the organizations accredited during the past three years receiving no Type I recommendations.

The 2002-2003 *Comprehensive Accreditation Manual for Pathology and Clinical Laboratory Services* contains a number of revised intent statements in an effort to help laboratories better understand the rationale, meaning and significance of standards, as well as the expectations that must be met for compliance.¹

In addition, the "Sentinel Events" chapter now discusses how JCAHO surveys organization responses to suggestions published in the *Sentinel Event Alert* newsletter. Since publication of the manual, however, the Joint Commission has placed a moratorium on using the healthcare organization's response to *Sentinel Event Alert* recommendations as the basis for scoring standards.

Standards previously had required organizations to review all *Sentinel Event Alert* recommendations, determine their applicability to the organization's services, and, where applicable, implement

the recommendations or reasonable alternatives within 90 days of publication in *Joint Commission Perspectives*. Failure to do so would have resulted in a Type I recommendation.

Although the implementation of recommendations will not be scored during the moratorium, surveyors will assess, for consultative purposes, the organization's knowledge of *Sentinel Event Alert* recommendations and how the organization plans to implement these recommendations. JCAHO is now developing a revised approach to the publication and survey of *Sentinel Event Alert* recommendations. The revised approach will address concerns regarding the frequency and content of *Sentinel Event Alerts* and the number of Alert recommendations subject to survey each year.²

Effective January 2002, the Joint Commission requires accredited laboratories to submit verification of enrollment in proficiency testing (PT) annually. CLIA mandates annual enrollment in PT for all regulated tests performed. Laboratories that are accredited by one of JCAHO's cooperative partners, e.g., CAP or COLA, or laboratories in the state of New York, do not need to follow this process, because the cooperative partner monitors enrollment via its own mechanism. Laboratories accredited under the JCAHO healthcare network program also are exempt from this requirement. Laboratories must assess requirements for PT according to the testing menu, enroll in PT with a CMS-approved provider, and fax verification documentation and a signed attestation sheet to the Joint Commission.

Proficiency Testing tools and forms to assist laboratories to meet these requirements are available on the JCAHO website.^{3,4} A PT self-assessment checklist, a 10-step practical guide, can be found at http://www.jcaho.org/accred/lab/lab_selfass_chkfst.html and a PT worksheet is available at http://www.jcaho.org/accred/lab/lab_proftest_wrksht.html. An attestation document, which must be completed and faxed to JCAHO at (630) 792-4299, is available at http://www.jcaho.org/accred/lab/lab_attestation_form.html.

Other changes include:

Surveyor focus

While the role of JCAHO surveyors is to provide an analysis of a healthcare organization's systems through standards evalu-

ation, feedback from accredited organizations indicates that a consultative approach is a valuable and critical element of the survey process. The Joint Commission stressed this consultative approach during the 2002 surveyor conference as a way to help surveyors work with organizations to leverage positive change. Surveyors will continue to analyze how departments and systems work together for the benefit of individuals in their care.

JCAHO laboratory surveyors also took their first certification examination in 2002, the only one of its kind given by an accrediting body to its field representatives. Part of the Accreditation Process Improvement initiative to improve consistency of the surveyors, the examination is designed to ensure surveyor competence as well as enhance surveyor education and skills.

E-app

Beginning July 2002, laboratories will be able to use JCAHO's web-based electronic survey application, or e-app. The e-app enables organizations to enter and update their survey application on JCAHO's secure extranet website, "Jayco."

Emergency management

Revised emergency management standards for laboratories are now in development. In addition, JCAHO has declared emergency management a priority as the result of the events of September 11. Surveyors will thoroughly examine compliance with all emergency management standards and make special efforts to help organizations with any specific emergency management concerns.

REFERENCES

1. Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, 2002-2003 Comprehensive Accreditation Manual for Pathology and Clinical Laboratory Services.
2. Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, *Perspectives* 2001;21(11).
3. Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, JCAHOnline. Nov 2001.
4. Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, JCAHOnline. Jan 2002.