



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

BUMEDINST 6000.2D
BUMED-35
7 Jun 90

BUMED INSTRUCTION 6000.2D

From: Chief, Bureau of Medicine and Surgery

Subj: POLICY AND PROCEDURES REGARDING ACCREDITATION OF FIXED
MEDICAL TREATMENT FACILITIES

Ref: (a) DoD Directive 6025.13 of November 17, 1988 (NOTAL)
(b) Accreditation Manual for Hospitals, current
edition
(c) Ambulatory Healthcare Standards Manual, current
edition
(d) Nursing Home Standards Manual, current edition

Encl: (1) Joint Commission Generic Matrix

1. Purpose. To issue the policy of the Bureau of Medicine and Surgery (BUMED) regarding Joint Commission on Accreditation of Healthcare Organizations and prescribe procedures and requirements pertaining to the accreditation process. This instruction is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6000.2C.

3. Policy. All fixed naval medical treatment facilities (MTFs) must meet the standards of, and be accredited by, the Joint Commission. This applies to all fixed naval hospitals of more than 25-bed capacity and all fixed ambulatory care facilities with over 100,000 patient visits during the most recent fiscal year.

4. Background. The value of high quality healthcare to the Operating Forces and other beneficiaries of Navy Medicine cannot be overestimated. Reference (a) requires that all fixed hospitals of more than 25-bed capacity must obtain Joint Commission accreditation by 31 December 1990. Adherence to the applicable standards of references (b) through (d) is of the utmost importance. With a determined and cooperative effort, MTFs can achieve and maintain Joint Commission accreditation. The Director, Quality Assurance (QA) Division (MED-35) will evaluate actions taken to comply with Joint Commission survey reports and make recommendations, as appropriate. This program will continue to be closely monitored within BUMED to ensure the highest standards of healthcare are maintained.



0510LD0550530

5. Action

a. Request and complete the Joint Commission application for survey at least 3 months before the current accreditation lapse date per current Joint Commission procedures. Eligible MTFs not yet accredited must apply for an initial survey within 90 days of the effective date of this instruction.

(1) The cost for the Joint Commission survey will be funded by the requesting MTF.

(2) When completing the application for survey, include all command branch clinics as part of the MTF's ambulatory healthcare services and on the facility's organizational chart. MTFs designated as branch hospitals or clinics are not to seek independent accreditation.

(3) When completing the application for survey, the chief executive officer and the local representative of the governing body is the commanding officer, the president of the medical staff is the chairman of the executive committee and the chairman of the governing body is the Surgeon General.

(4) MTFs must ensure the appropriate personnel complete all applicable portions of the Joint Commission Hospital Survey Profile.

(5) MTFs must ensure the Joint Commission Statement of Construction and Fire Protection is accurately completed. The surveyor will use the information to conduct the survey on building and ground safety.

b. Prepare for Survey

(1) Commands must ensure that past Joint Commission recommendations are corrected at least 18 months before the next survey for those recommendations remaining unresolved. Documentation of actions taken to correct deficiencies must be available for review.

(2) At least 18 months before the anticipated survey, establish an accreditation action team to review compliance with applicable Joint Commission standards. In addition to local actions to identify and correct standard compliance shortfalls, healthcare support office (HLTHCARE SUPPO) QA personnel are available on request to provide technical assistance for survey preparation.

(3) A useful course in preparing for the survey is the Program on Hospital Accreditation Standards available from the Joint Commission. Attendance at this course is strongly recommended for key local administrative, medical, nursing, and quality assurance and risk management managers.

c. Notify BUMED. Eligible MTFs usually will be notified of the Joint Commission survey dates, together with the names of survey team members, at least 30 days before the scheduled survey. When the scheduled survey date is known, advise MED-35 by copy of the survey notification or by separate letter.

d. Coordinate Survey Process

(1) Prepare a tentative schedule for the survey team members.

(2) Provide a private work area for each team member during the survey.

(3) Assign a knowledgeable staff member to accompany each team member during the survey, i.e., physician advisor with the physician surveyor, quality assurance coordinator with the nurse surveyor, and director of administration with the administrative surveyor.

(4) Compile necessary survey documentation, as applicable, per enclosure (1).

(5) Attend the opening conference where the survey team should:

(a) Schedule exit conference. This is a mandatory component of the survey for all types of surveys: free-standing, tailored, focused, solo laboratory surveys, unscheduled, and unannounced surveys.

(b) Establish who will attend the exit conference based on the size of the organization. Key organization representatives will attend the exit conference and should include the commanding officer, executive officer, senior medical staff member, director of administration, director of nursing, director of medical services, director of surgical services, director of ancillary services, QA physician advisor, and QA coordinator. Where a survey team has a designated ambulatory care surveyor, a representative member of the ambulatory care service will be invited to attend. If the hospital contracts with another organization for certain services, the chief executive officer of that organization may be included in the exit conference.

(c) Determine, in advance, if the MTF desires an optional summation conference for all staff.

(d) Explain the different manners in which the exit and summation conferences will be conducted.

(e) Explain the use of the decision grids and the survey process.

(6) Use the governing body summation conference to clarify, discuss, or rebut adverse findings.

(7) Record and transcribe the exit conference and forward to MED-35 within 10 working days. Provide a copy to the appropriate HLTHCARE SUPPO.

e. The Accreditation Decision. The findings of the survey may result in one of four decisions:

(1) Accreditation. Accreditation is awarded when the MTF demonstrates substantial compliance with the majority of key items as referenced by the Joint Commission Generic Matrix at enclosure (1). Findings do not warrant any Type I recommendations.

(a) Accreditation with Type I Recommendations. This type of accreditation is awarded when an MTF is able to demonstrate substantial compliance with many key items but still has a few deficiencies. If the deficiencies noted relate to key items, the most likely outcome will be accreditation with Type I recommendations for those deficiencies either through a written progress report or by demonstrating compliance at the time of a focused repeat survey. Failure to respond in the given timeframe may result in the MTF being granted nonaccreditation.

(b) Accreditation with Type II Recommendations. This type of accreditation is awarded when recommendations are required to improve the function of the MTF. Compliance with recommendations will be carefully reviewed at the time of the next regular survey.

(2) Conditional Accreditation. This new accreditation category replaces the process of tentative nonaccreditation. Upon notification of conditional accreditation, the Joint Commission will require the development of a corrective action plan to be submitted within 30 days of notification. The Joint Commission will assess the plan to determine its adequacy to correct deficiencies. The Joint Commission may schedule 30-day, 90-day, and 180-day focused surveys to ensure progress toward correction of deficiencies is being made. Hospital Accreditation Program (HAP) infractions must be resolved within a 6-month

timeframe for the MTF to be granted accreditation with Type I or Type II recommendations. The MTF continues to benefit from the privilege of accreditation but only for a specific timeframe and only after a specific plan of correction is approved. Should the Joint Commission determine that sufficient progress is not being made, automatic nonaccreditation status may be instituted. There is no appeal process for a conditional accreditation. Failure to comply with the specific timeframe requirements will result in nonaccreditation.

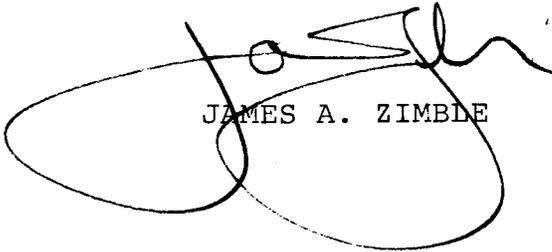
(3) Nonaccreditation. If during the full survey, the team finds noncompliance with the key standards, a summary nonaccreditation will be awarded. If two or more of the HAP decision rules are met, then nonaccreditation is likely. Nonaccreditation is also likely if the team discovers deficiencies which pose an immediate threat to life. In this situation, the survey team will immediately contact Joint Commission Accreditation Program staff to review the issues. From this consultation, the team will receive the advice necessary to direct the senior leadership of the MTF.

f. Immediately upon receipt of the written survey results, MTFs will commence action to correct deficiencies. Accredited facilities are to forward an implementation status report (ISR) to MED-35 via their cognizant HLTHCARE SUPPO, with a copy to their respective Responsible Line Commander (RLC), for each Type I recommendation. ISRs are to be forwarded within 3 months from date of survey report, and every 3 months thereafter until Type I recommendations have been cleared by the Joint Commission. As part of the HLTHCARE SUPPO endorsement forwarded to BUMED with a copy to the RLC, each ISR is to receive indepth analysis as to the effectiveness of noted corrective actions. Technical guidance to assist local actions is to be included in HLTHCARE SUPPO ISR endorsements as required. MED-35, via cognizant HLTHCARE SUPPO with copy to RLC, shall be notified of any Type I recommendation cleared by the Joint Commission.

g. Requests for technical assistance will be coordinated by MED-35.

BUMEDINST 6000.2D
7 Jun 90

6. Form and Report. NAVMED 6000/1 (5-77), Joint Commission Survey Recommendation Implementation Status Report, is available from BUMED (MED-35). The Joint Commission Survey Implementation Status Report, required by paragraph 5f is assigned report control symbol MED 6000-10. This report has been approved by the Chief, Bureau of Medicine and Surgery for 3 years only from the date of this instruction.



JAMES A. ZIMBLE

Distribution:

- SNDL, C28H (BRMEDCLINIC)
- C31J (BRMEDCLINIC)
- C34F (BRMEDCLINIC & NAVMEDCLINIC, LONDON DET)
- C58R (BRMEDCLINIC)
- C85A (BRMEDCLINIC)
- FA47 (NAVHOSP)
- FA49 (NAVMEDCLINIC)
- FB58 (NAVHOSP)
- FB60 (NAVMEDCLINIC)
- FC16 (NAVMEDCLINIC)
- FC17 (NAVHOSP)
- FJA4 (NAVAL HOME)
- FT108 (NAVHOSP)
- FT110 (NAVMEDCLINIC)
- FW1 (NATNAVMEDCEN)
- FW3 (NAVHOSP)
- FW4 (NAVMEDCLINIC)

Copy to:

- SNDL, 23A2 (COMNAVFORJAPAN, COMNAVMARIANAS only)
- 28CS (COMNAVSURFGRU LONG BEACH only)
- 28K1 (COMSUBGRU TWO only)
- 42A1 (COMFAIRCARIB, COMFAIRKEFLAVIK)
- 42A2 (COMFAIRMED)
- 42B1 (COMHELWINGSLANT only)
- 42B2 (COMMATVAQWINGPAC, COMPATWINGSPAC only)
- FA6 (NAS KEY WEST only)
- FA24 (COMNAVBASE CHARLESTON, GUANTANAMO BAY, NORFOLK, and PHILADELPHIA only)
- FB28 (COMNAVBASE PEARL HARBOR, SAN DIEGO, SAN FRANCISCO, and SEATTLE only)
- FB50 (COMUSFAC)
- FC3 (COMNAVACT UK only)
- FF1 (COMNAVDIST)
- FH (BUMED COMMAND ACTIVITIES, HLTHCARE SUPPO only)
- FT2 (CNATRA)

BUMEDINST 6000.2D
7 Jun..90

Copy to: (continued)

SNDL, FT5 (CNTECHTRA)
FT28 (NETC)
FT31 (NTC GREAT LAKES, ORLANDO only)
V3 (COMCABEAST only)
V8 (CG MCRD PARRIS ISLAND only)
V16 (CG MCB CAMP BUTLER, CAMP LEJEUNE, and CAMP
PENDLETON only)
V25 (CG MCAGCC)

Stocked:

CO, NAVPUBFORMCEN
5801 Tabor Ave.
Phila., PA 19120-5099

JOINT COMMISSION GENERIC MATRIX

1. Substantial Compliance

a. At time of survey, 91-100 percent of required items are present.

b. In past 12 months, function has been performed 91-100 percent as often as required.

c. Document or subject fully meets intent of the standard, with very minor exceptions.

d. Performance

(1) Duration varies: Performance fully meets intent of the standard and this level of compliance has been maintained for the last 12 months.

(2) Compliance varies: Performance fully meets intent of the standard and this level of compliance has been maintained for the last 12 months.

2. Significant Compliance

a. At time of survey, 76-90 percent of required items are present.

b. In past 12 months, function has been performed 76-90 percent as often as required.

c. Document or subject meets all major requirements, but several less critical ones are only minimally addressed.

d. Performance

(1) Duration varies: Performance fully meets intent of the standard, but this level of compliance has been maintained for only the last 9 months.

(2) Compliance varies: Performance over last 12 months marginally addresses all major requirements but only partially addresses some minor expectations.

3. Partial Compliance

a. At time of survey, 51-75 percent of required items are present.

b. In past 12 months, function has been performed 51-75 percent as often as required.

c. Document or subject marginally meets all major requirements; addresses some major requirements well and omits others.

d. Performance

(1) Duration varies: Performance fully meets intent of the standard, but this level of compliance has been maintained for only the last 6 months.

(2) Compliance varies: Performance over last 12 months marginally addresses all major requirements, or covers some major requirements, or covers some major requirements well and omits others.

4. Minimal Compliance

a. At time of survey, 26-50 percent of required items are present.

b. In past 12 months, function has been performed 26-50 percent as often as required.

c. Document or subject meets some minor expectations, but fails to address the basic intent of the standard.

d. Performance

(1) Duration varies: Performance fully meets intent of the standard, but this level of compliance has been maintained for only the last 3 months.

(2) Compliance varies: Performance over last 12 months meets some minor expectations, but fails to address the basic intent of the standard.

5. Noncompliance

a. At time of survey, 0-25 percent of required items are present.

b. In past 12 months, function has been performed 0-25 percent as often as required.

c. Document or subject not present; or if present is not at all relevant to requirements of the standard.

d. Performance

(1) Duration varies: Performance of this function has been completely lacking.

(2) Performance over last 12 months has been unresponsive to the intent of the standard.