June 19, 2007

Dennis S. O’Leary, M.D.
President
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Re: Standards Improvement Initiative – Hospital Chapter – “Improving Organization Performance” (PI)

Dear Dr. O’Leary:

On behalf of our 3,200 member hospitals, health systems, and other health care organizations that are accredited by the Joint Commission, the American Hospital Association (AHA) appreciates the opportunity to comment on the Joint Commission’s proposed revisions to the hospital chapter of the “Improving Organization Performance” (PI) standards that is part of the Standards Improvement Initiative.

We are pleased that the Joint Commission recognizes the importance of having clear, concise, and feasible standards; however, we ask that the Joint Commission remember that every change to the standards requires hospitals to review and interpret the changes, rewrite policies and procedures if necessary and educate staff on any changes. Minimizing these changes is helpful to hospitals as they work to continually improve their performance.

The AHA also appreciates how the Joint Commission reorganized this chapter to reflect the three phases of performance improvement: collecting data, analyzing data and using the results of the analysis to evaluate and improve performance. We suggest changing the wording for one element of performance (EP) to more directly link these phases across the standards. Proposed PI 1.10 EP 1 requires organizations to set priorities for data collection, and proposed PI 1.10 EP 3 requires organizations to collect data on those performance improvement priorities. Likewise, proposed PI 3.10 EP 2 requires organizations to take action on the improvement opportunities identified as priorities. However, in the revised standards, hospitals are no longer required to analyze data on the performance improvement priorities. The Joint Commission has defined
performance improvement as a continuous process; we believe that an EP requiring organizations to analyze data in priority areas is a critical link in this process. Proposed PI 2.10 EP 3 should be amended to state, “The organization uses statistical tools and techniques to analyze and display data, including the data collected on performance improvement priorities.”

We look forward to additional opportunities to comment on any proposed changes to the standards and to work with the Joint Commission on future revisions. If you have any questions about these remarks, please feel free to contact me or Nancy Foster, vice president for quality and patient safety, at (202) 626-2337 or nfoster@aha.org.

Sincerely,

Carmela Coyle
Senior Vice President, Policy

Cc: Robert Wise, M.D., Division of Standards