

President's Column

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It has come to my attention that several ASHI-accredited laboratories residing within hospitals accredited by the Joint Commission (the Joint Commission for Accreditation of Healthcare Organizations, JCAHO) have been told that they must be CAP-accredited or the hospital will be out of compliance with the Joint Commission. I have contacted the Joint Commission for clarification of the issue and the following is what I learned:

The Joint Commission now has a tailored survey policy. It means that a hospital that wants Joint Commission accreditation must apply and be inspected by the Joint Commission. If that hospital has a laboratory, the laboratory is subject to inspection and accreditation by the Joint Commission or must be CAP- or COLA-accredited. The Joint Commission has vehemently denied requiring that laboratories must be CAP-accredited.

In the past, the Joint Commission had what was called cooperative agreements with other accrediting organizations such as ASHI, CAP, and COLA. About four years ago, the Joint Commission split the cooperative agreement into comparative agreements and complementary agreements. Comparative status organizations such as CAP and COLA cover all lab disciplines and labs accredited by CAP or COLA are granted Joint Commission accreditation as if they had been inspected by the Joint Commission. ASHI and others were granted complementary status because they cover a narrow range of disciplines. Complementary status does not grant Joint Commission accreditation without Joint Commission inspection.

For the lab to be inspected by the Joint Commission, the laboratory must fill out a separate application and be inspected by the Joint Commission. The lab inspections are performed unannounced on a two-year cycle and do not occur with the hospital inspection. The laboratory inspections are performed according to CLIA number, so a pathology department that operates under one CLIA number has one Joint Commission inspection. If the HLA laboratory has a different CLIA number than the rest of the lab, it must apply and be inspected separately.

Laboratories accredited by ASHI and covered by their complementary status with Joint Commission are subject to inspection by Joint Commission or CAP in order for the rest of the facility to be Joint Commission accredited. The laboratory must apply for accreditation separately if they do not have the same CLIA number as the rest of the laboratories in that institution.

It is important for all ASHI-accredited laboratories residing within Joint Commission-accredited institutions to determine whether they are subject to Joint Commission inspection and accreditation.

1. Does your institution have Joint Commission accreditation?
2. Are you part of a laboratory within that institution that is Joint Commission or CAP accredited?
3. Does your HLA laboratory have the same CLIA number as the other laboratories in your institution?

If you answered yes to question 1, but no to 2 or 3, your laboratory may need to apply for inspection and accreditation by Joint Commission or CAP. Talk to your institution's administrator.

We have been in contact with the Joint Commission and they have said that they will consider an application for specialty comparative status from ASHI, especially since we are now performing unannounced inspections and substantially meet the requirements for comparative status. We have initiated that process.

Have you had a recent encounter with the Joint Commission? Please tell us of your experience. Send an email to your ARB commissioner or to Melissa McElroy, ARB Manager. Your comments will help us develop ASHI's application for comparative status with the Joint Commission.