

A New Framework for Evaluation of Hospital Functions

June 15, 2012



Japan Council for Quality Health Care

Introduction

It is 15 years since the hospital function evaluation business was inaugurated in 1997. During the period, the evaluation system, as "A Textbook for Hospitals" has presented the scope and targets of hospital activities. The evaluation items have come to more precisely cover overall hospital activities through revisions. V. 4.01 and subsequent versions cover a new evaluation area of "care processes" to evaluate the details of medical care.

As a result, the number of evaluation items increased to 162/532 (intermediate items/small items) in V. 5.0, and hospitals began to complain about the excessive burden of preparatory operations to undergo the evaluation. In the 2009 revision to V. 6.0, which is effective to date, the evaluation items were consolidated to 137/352 (intermediate items/small items) to reduce the burden of preparatory operations to undergo the evaluation.

Meanwhile, hospitals which have continuously undergone the evaluation and established the system to conform to the structural spheres of the evaluation criteria as exemplified by the rules and manuals are becoming skeptical about the evaluation method of assessing the comprehensive structural requirements at every renewal evaluation. Small-scale hospitals point out that the present consolidated version is not effective to evaluate the functional properties.

With this as a background, "Working Group to Review the Method of Evaluation of Hospital Functions" was established in Japan Council for Quality Health Care (JCQHC), and issued a recommendation, in 2009, focusing on [1] involvement and support during the period, [2] assurance of the quality of surveyors, and [3] evaluation method as appropriate for the functional properties of individual hospitals.

JCQHC is assessing specifics necessary for the review of the evaluation system.

JCQHC is assessing specifics mainly for (1) the developmental change of the accreditation framework and application ([1] accreditation category in each type of functions, [2] monitoring and support for the continual corrective activities during the accreditation period, and [3] support for the settlement of internal corrective activities) and (2) shifting the weight to the evaluation items ([1] assessment to reduce structural evaluation items, [2] shift to care processes and support functions).

This report mainly summarizes the issues relating to the hospital function evaluation business.

JCQHC is also engaged in the assessment of "method of desirable support to realize healthy management" and "specific activities relating to the evaluation of the quality of medical care" widely discussed in the social and healthcare industry upon the request of the hospitals and medical service workers.

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Price List for the Project of Evaluation of Hospital Functions (revised in October 2012)

1. A New Framework for Evaluation of Hospital Functions

1.1. Introduce functional categories as appropriate for hospital properties.

Present situation (V.6.0)	New framework
No functional category	5 categories based on hospital functions <ul style="list-style-type: none"> - General Hospital - District Hospital - Rehabilitation Hospital - Chronic Care Hospital - Psychiatric Hospital

The review is performed based on the common evaluation system irrespective of hospital functions in the consolidated version of evaluation items (V. 6.0).

In the new framework, to perform the evaluation as appropriate for the roles/functions of the evaluated hospital, the hospital can choose the functional category from 5 choices. The surveyor team in charge of the on-site survey (hereinafter as "surveyor") should mainly consist of the persons having a certain level of experiences/expertise for the functional category.

Table/Chart 1: Definition of functional categories

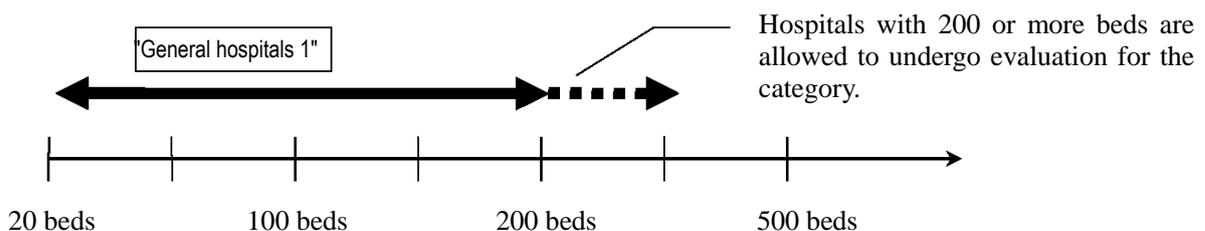
Functional categories	Explanations about functional categories
General Hospital	- Small-sized to mid-sized hospitals supporting local healthcare in a relatively narrow region including the daily activity territory
District Hospital	- Core hospitals supporting local healthcare mainly at the acute phase in a relatively broad area such as the secondary healthcare territory
Rehabilitation Hospital	- Hospitals providing mainly rehabilitation care
Chronic Care Hospital	- Hospitals providing mainly care at the chronic stage using the convalesce ward
Psychiatric Hospital	- Hospitals providing mainly psychiatric care

- Designate the survey category based on the combination of the main functional category (See "Determination of the functional category" (p. 4 to 5)) and the ward scale and establish the surveyor team.

1.1.1. Explanations about the functional categories of "general hospitals 1" and "general hospitals 2"

- It is difficult to classify all Japanese hospitals only based on the disease stage or the functions corresponding to the diseases when the historical background and practical healthcare supply system are taken into consideration. Therefore, of the general hospitals, small-sized and intermediate-sized hospitals supporting local healthcare in a relatively narrow region including the daily activity territory are classified as "general hospitals 1" and core hospitals supporting local healthcare mainly at the acute phase in a relatively broad area such as the secondary healthcare territory are classified as "general hospitals 2".
- "General hospitals 1" are intended to generally refer to "local general hospitals" with about 100 beds and include relatively larger hospitals (about 200 beds) providing treatment at the acute to chronic stages (i.e. small-sized and intermediate-sized mixed-care hospitals (general care + convalesce care). Although various types of medical care are provided, evaluation items commonly applicable to various types of care should be determined to contribute to the improvement of quality of healthcare of the hospitals.
- Meanwhile, "general hospitals 2" are intended to refer to the core hospitals in the secondary healthcare territory (e.g. local healthcare support hospital, emergency medical center, hospitals with emergency care functions as well as acute-stage care, local cancer treatment coordination center hospitals) or hospitals providing special/high-level care beyond the secondary healthcare territory (e.g. hospital with special function, pediatric hospital, prefectural cancer treatment coordination hospital) irrespective of the number of beds.

Table/Chart 2: Definition of "general hospitals 1" (according to the number of beds)



"(3) Local general hospitals" (p. 2 of "Desirable Healthcare/Nursing Care Supply System and Medical Service Fees" issued on December 19, 2008, Japan Hospital Association)
(Website of the All Japan Hospital Association)

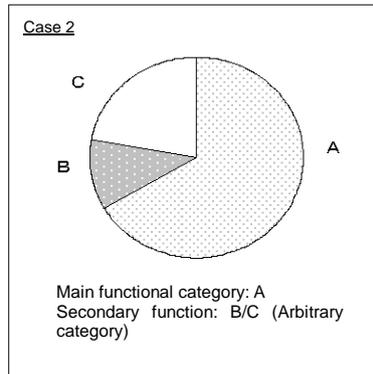
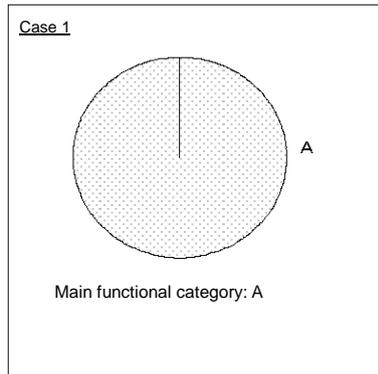
1.1.2. Determination of the functional category

- Determine the main functional category agreed upon between the hospital and JCQHC based on the review of the properties of the hospital and ward as of the evaluation application.
- Determine the main functional category in principle based on the function of the majority of the beds. Determine the functional category based on the actual condition of the function irrespective of the category of beds specified in the Medical Service Act. Since "general hospitals 1" are intended to refer to hospitals providing various types of medical care, determine whether it is reasonable to classify the hospital in this category in consideration of the number of beds (less than 200 beds in general) and the function of the ward and hospital (local general hospital, mixed-care hospital providing general medical care and convalesce care)
- When the hospital has any important function apart from the function of the main category (hereinafter as "secondary function"), the hospital can undergo the evaluation concurrently for multiple functional categories. It is up to the hospital to decide whether or not to undergo the evaluation for the secondary function. (See "1.1.3 Undergoing the evaluation for the secondary function", p. 6)

Table/Chart 3: Method for determining the functional category

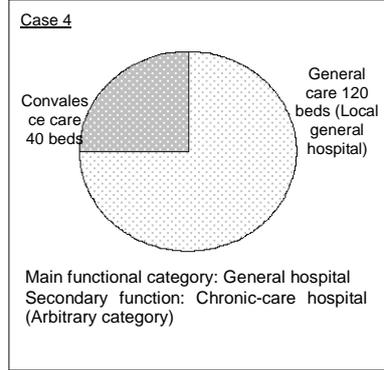
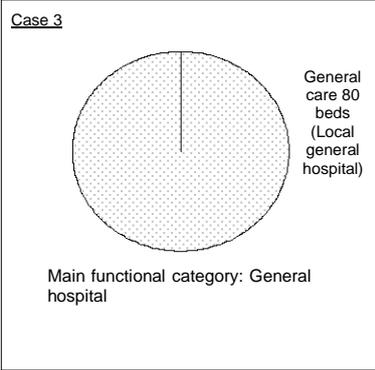
[1] Select the main functional category by the number of beds used for each function.

- ✓ Choose the main functional category by the number of beds from general medical care (acute-stage medical care), rehabilitation, chronic-stage medical care, and psychiatric care.
- ✓ When the hospital has any important function apart from the function of the main category (hereinafter as "secondary function"), the hospital can apply for the evaluation additionally for the secondary function.



[2] The hospital can choose "general hospital" when fulfilling the following two criteria.

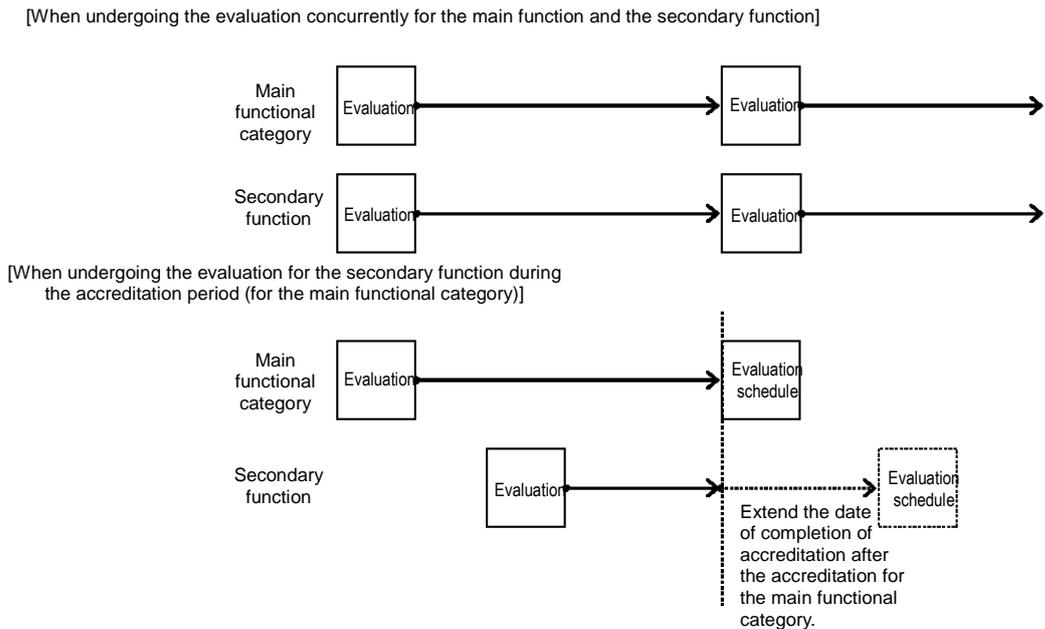
- The total number of beds is less than 200.
- "Local general hospital" or mixed-care hospital providing mainly general care and convalesce care



1.1.3. Undergoing the evaluation for the secondary function

- When undergoing the evaluation for the secondary function, the hospital should undergo the evaluation in principle concurrently for the main function and the secondary function. The hospital can apply for the evaluation for the secondary function after the issuance of the accreditation certificate for the main function.
- When applying for the evaluation concurrently for the main function and the secondary function, one additional surveyor in charge of the secondary function should perform the survey apart from the surveyor assigned for the main function. (See "3. New on-site evaluation system", p. 16)
- When undergoing the evaluation for any other functional category during the accreditation period, undergo the evaluation by the same method as employed for the main functional category. When performing an on-site survey, two surveyors perform the survey in one day.
- A hospital may be accredited for the secondary function only when the accreditation for the main function is effective. When a hospital is accredited for the secondary functional category during the period of accreditation for the main functional category, issue the certificate of accreditation for the period of accreditation for the main functional category, and issue the certificate of accreditation for the extended period after the renewal of accreditation for the main functional category.

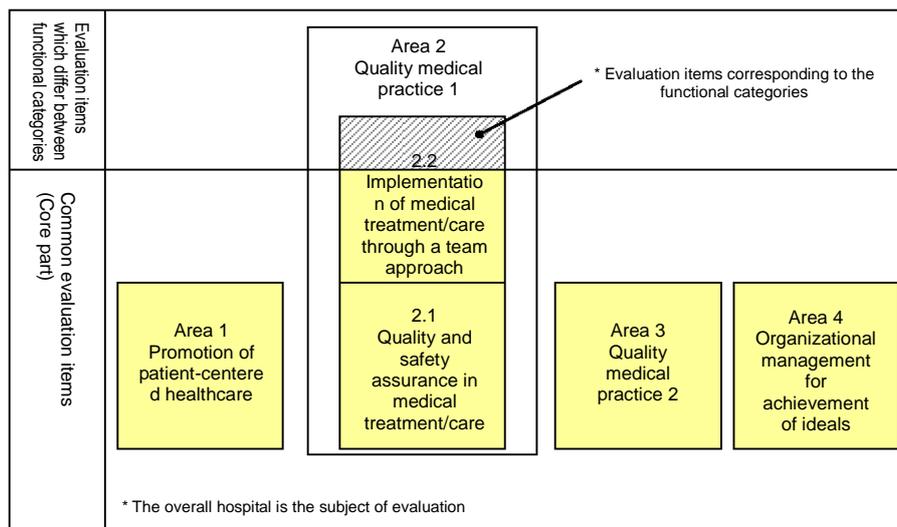
Table/Chart 4: View of the period of accreditation for the secondary function



1.1.4. Establishment of the system for the evaluation items according to the functional category

- In the new framework, establish 5 groups of evaluation items as appropriate for the functional category. Describe each individual evaluation item as "Criteria by Functional Category XX Hospital".
- When performing the evaluation, the group of evaluation items is based on the arbitrary functional category, but as shown in Table/Chart 5, the core part of the evaluation subject is the overall hospital.
- For the core part, perform the evaluation generally for the common evaluation items. Large items (2.2 Implementation of medical treatment/care through a team approach) to check the treatment/care flow should consist of the evaluation items corresponding to the properties for the functional category. (See "2.1.1 Area of evaluation target and evaluation details", P11 for evaluation details.)

Table/Chart 5: Principles of the system for the evaluation items according to the functional category



1.1.5. Composition of evaluation of hospital functions

- Perform the evaluation consisting of "document survey" and "on-site survey" as presently performed.
- Document Survey Form (survey about the present condition of hospital functions) should be revised corresponding to the revision of the medical service fees. Some of the questions should be made about the functional category.
- Review the period and the number of surveyors when making an on-site survey. (See "3.New on-site evaluation system", p. 16 for details)

1.1.6. Evaluation of additional functions

- Continue the evaluation for additional functions (emergency care function, rehabilitation function (recouping period), palliative care function) as presently performed. As for the rehabilitation function (recouping period), review the evaluation items to secure the consistency in consideration of the introduction of "rehabilitation hospital" as one of the functional categories. (See "Revision of evaluation for the additional function (Rehabilitation function (recouping period)), p. 18 to 21 for details.)

1.2. To support the continuous quality improvement activities of the hospital, make opportunities to check the condition during the accreditation period.

Present situation (V.6.0)	New framework
Only the renewal evaluation at 5 years after accreditation	Check the condition at 3 years after accreditation Renewal evaluation at 5 years after accreditation

At present, the evaluation of hospital functions is performed once every 5 years.

In the new framework, perform "review during the accreditation period" to check the efforts made by the hospital for quality improvement during the accreditation period, give necessary advice, and support continuation of the corrective activities (hereinafter as "review during the accreditation period"). Since review during the accreditation period is a support not for "evaluation" but for "qualitative improvement", the existing accreditation is not reserved based on the review result in principle.

Carry out a review during the accreditation period at 3 years after accreditation according to the new framework, not during the accreditation period specified in V. 6.0.

[Review during the accreditation period]

- "Document survey" is performed for all hospitals.
- "On-site survey" is performed upon the request of the hospital.

Table/Chart 6: Method and details of review during the accreditation period

	Document survey	On-site survey
Subject	All accredited hospitals (Mandatory for all hospitals)	Upon the request of hospitals (Arbitrary)
Cost	Free of charge	Charged
Description	(1) Survey about the present condition Basic information about the hospital, clinical evaluation parameters, etc.	Perform an on-site survey for the items reported in "document survey" (See the left box) during the accreditation period.
	Accumulate/analyze the data obtained in the survey and at 3 years and give feedback to the hospital in the renewal evaluation.	
Surveyor	—	— (including survey of 1

		details)	
Schedule	—	—	Approximately 2 hours
Reporting	Result of collection/analysis	Comparison with previous result/surveyor's comment	Report of the survey result (e.g. condition determined by the surveyor, challenges that should be continuously tackled with) ⇒Subject of information supply

1.3. Review the method of renewal evaluation and perform the survey reflecting the hospital's continual quality improvement activities

Present situation (V.6.0)	New framework
Structures and processes are reviewed in the same way in the renewal evaluation as in the initial evaluation	The renewal evaluation is performed mainly based on the result of the initial evaluation and items identified during the accreditation period

In the conventional evaluation of hospital functions, the condition of establishment of the system and regulations (structures) are reviewed also in the renewal evaluation according to the evaluation guideline and the effective execution of functions/organizational activities (processes) are evaluated and there is no difference from the initial evaluation.

In the renewal evaluation under the new framework, the evaluation is performed focusing on the result of the initial evaluation and items identified during the period and condition of activities carried out for the challenges (condition of changes) based on a different viewpoint from the initial evaluation. The renewal evaluation should be performed according to the changes of the hospital from the initial evaluation and the degree of continual quality improvement efforts determined during the period to reduce the burden of the hospital that has made continual quality improvement efforts.

The evaluation performed for already accredited hospitals for the first time after the introduction of the new framework should be treated as the initial evaluation and the evaluation performed subsequently for the renewal of accreditation should be performed as the renewal evaluation.

2. System of new evaluation items

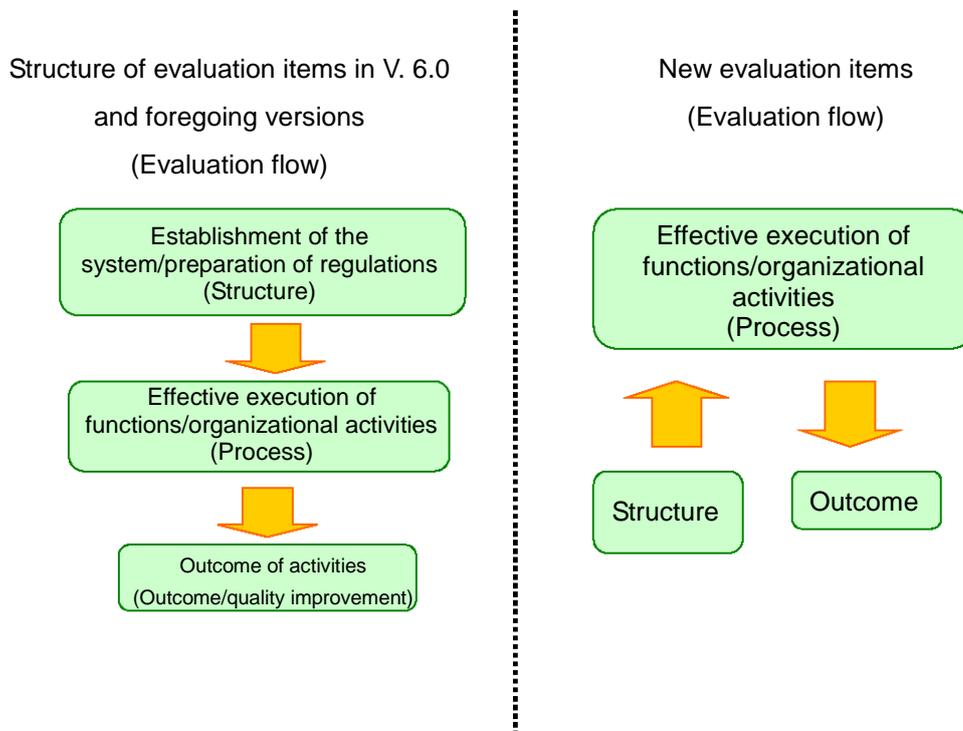
2.1. Giving weight to some of the evaluation items

Present situation (V.6.0)	New framework
Evaluation of the system of individual departments, preparation of regulations, and organizational activities Intermediate items: 137 items Small items: 352 items	Evaluation items focusing on process evaluation { Intermediate items: 88 to 92 items } * The number of evaluation items differ between functional categories.
Large items/intermediate items/subordinate items 4-layer evaluation items	Large items/intermediate items 2-layer evaluation items

In V. 6.0, 137 intermediate items and 352 small items are specified including the structural evaluation items regarding the establishment of the system and preparation of regulation in each department (1 to 6 areas).

In the new framework, to perform the evaluation as appropriate for the present condition, the evaluation items are determined focusing on the process evaluation. The conventional layer consisting of small items is abolished in the review of the structure of evaluation items to make clear of the important evaluation items.

Table/Chart 7: Architecture of evaluation items



2.1.1. Area of evaluation target and evaluation details

In V. 6.0, evaluation items are based on the areas starting from the organizational system. In the system of new evaluation items, the principle of evaluating "provision of high-quality care from the viewpoint of patients" is clearly shown.

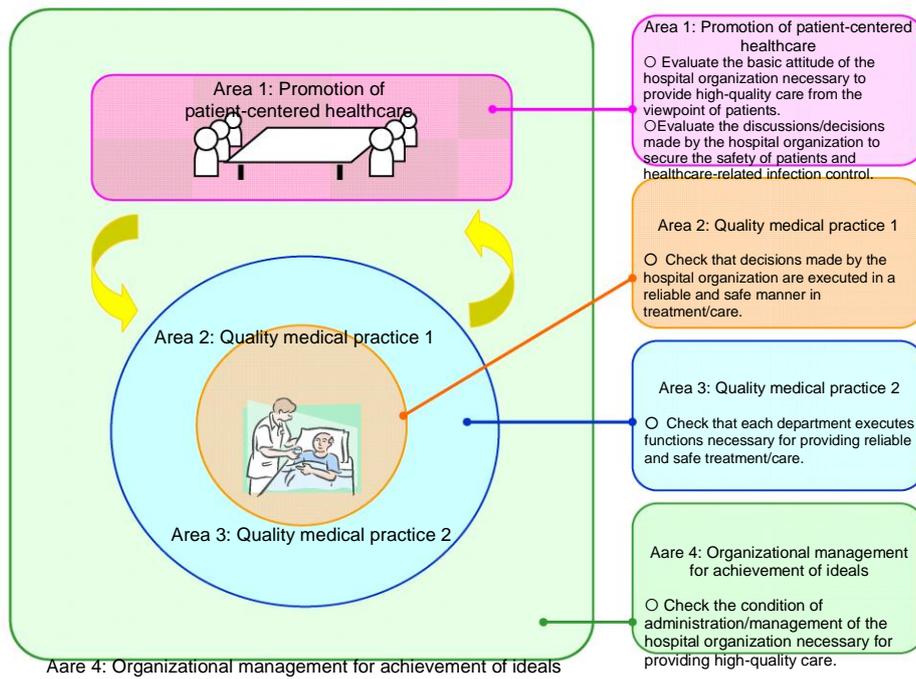
New evaluation items are roughly classified into 4 areas. Area structure is the same irrespective of the functional category. In Area 1: "promotion of patient-centered healthcare", evaluation items include the basic attitude shown by the hospital organization necessary to provide high-quality care from the viewpoint of patients and details of review and decision making of hospital organization to secure the safety of patients and treatment-related infection control. In Area 2: "quality medical practice 1", check that decisions made by the hospital organization are executed in a reliable and safe manner in treatment/care. In Area 3: "quality medical practice 2", check that each department executes functions necessary for providing reliable and safe treatment/care. In Area 4: "organizational management for achievement of ideals", check the condition of administration/management of the hospital organization necessary for providing high-quality care.

In Area 2, large items (2.2 Provision of treatment/care by team medicine) include review for the evaluation items corresponding to the properties for the functional category.

Table/Chart 8: Evaluation areas and details

Evaluation areas	Description of main evaluation items
1. Promotion of patient-centered healthcare	<ul style="list-style-type: none">○ Evaluate the basic attitude of the hospital organization necessary to provide high-quality care from the viewpoint of patients.○ Evaluate the discussions/decisions made by the hospital organization for securing the safety of patients and healthcare-related infection control.
2. Quality medical practice 1	<ul style="list-style-type: none">○ Check that decisions made by the hospital organization are executed in a reliable and safe manner in treatment/care.
3. Quality medical practice 2	<ul style="list-style-type: none">○ Check that each department executes functions necessary for providing reliable and safe treatment/care.
4. Organizational management for achievement of ideals	<ul style="list-style-type: none">○ Check the condition of administration/management of the hospital organization necessary for providing high-quality care.

Table/Chart 9: Scope of evaluation items



2.1.2. Layered structure of evaluation items

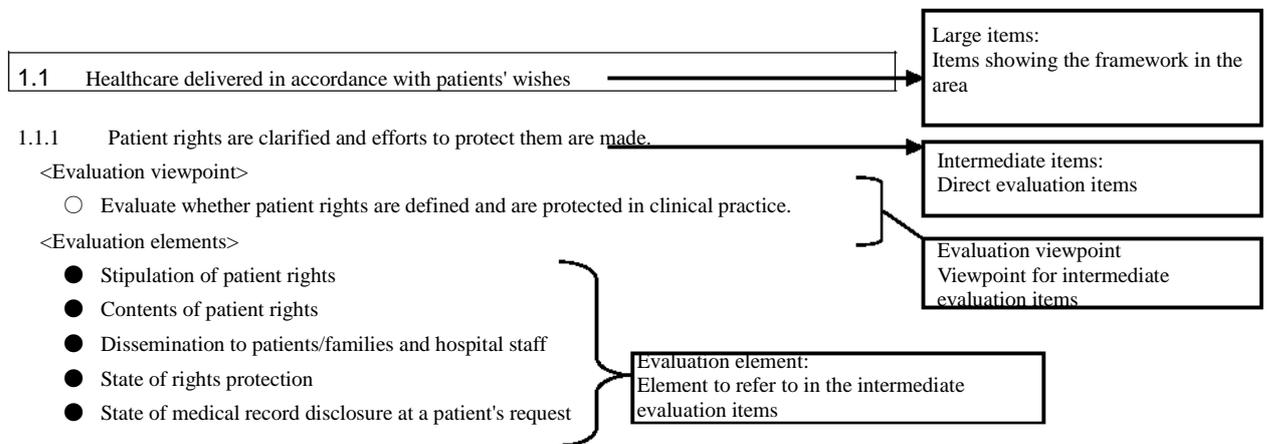
In V. 6.0 and foregoing versions, the layered structure consisting of 4 layers (large items, intermediate items, small items, subordinate items) was employed.

In the new evaluation system, the purpose and specifics of the evaluation items are more clearly shown through the review of the item-specific layered structure. Specifically, small items were abolished and the evaluation items consist of "large items" and "intermediate items". "Large items" show the framework in the area, "intermediate items" are the direct evaluation items in the surveyor's evaluation.

In each "intermediate item", viewpoint for the evaluation of the intermediate item (evaluation viewpoint) is clearly shown with the specification of reference factors (evaluation factors) in the evaluation of intermediate items.

Table/Chart 10: Composition of evaluation items

Large items (X.X)	Items showing the framework in the area	
Intermediate items (X.X.X)	Direct evaluation items	
	Evaluation viewpoint	Viewpoint for intermediate evaluation items
	Evaluation element	Element to refer to in the intermediate evaluation items



2.2. Review of definitions of scores and judgment for accreditation/reservation

Present situation (V.6.0)	New framework
Intermediate items: 5-grade rating ...5.4.3.2.1 Small items: 3-grade rating ...a.b.c	Intermediate items: 4-grade rating ...S.A.B.C
Categories whose scores are not more than 2 - Corrective action recommendation (Items with high significance/urgency) - Considerations (Significance of the problem is mentioned but the urgency for corrective actions is not high.) - Reporting items (Items scored as "2" or under other than the items treated as corrective action request and considerations")	Grade C category - Corrective action recommendation (Items with high significance/urgency)

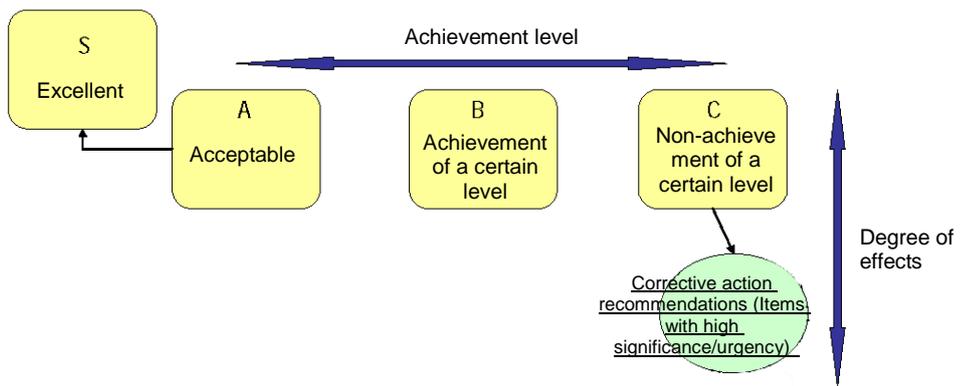
In V. 6.0 and foregoing versions, "intermediate items" are rated as "5" to "1" but often rated as "4" to "2". Items rated as "2" or under are classified to "corrective action recommendation", "considerations", and "reporting items" for the accreditation judgment.

In the new framework, as a result of the review of the 5-grade evaluation, the evaluation is made using 4 levels, which are "S (excellent)", "A (acceptable)", "B (achievement of a certain level)", and "C (non-achievement of a certain level)". In "C" evaluation, for the items with high significance and urgency, corrective action efforts are the preconditions and "corrective action recommendations" are necessary for the accreditation.

Table/Chart 11: Definitions and principles of evaluation results (1)

Evaluation	Definitions, principles
S	Excellent
A	Acceptable: No item that needs corrective action request
B	Achievement of a certain level: Slight problems (e.g. continuity) is seen but has no effect on the accreditation.
C	Non-achievement of a certain level ⇒ Taking corrective actions is the precondition for accreditation for the items with high significance/urgency and included in [Corrective action recommendations].

Table/Chart 12: Definitions and principles of evaluation results (2)



- Rate "A" item as "S" when excellent.
- Present corrective action recommendation for the items with high significance/urgency when the problem is rated as "C".

3. New on-site evaluation system

Present situation (V.6.0)	New framework
3-day on-site evaluation (2 days for hospitals with less than 100 beds)	2-day on-site evaluation

Since the evaluation is performed for focused items, review the schedule for the on-site survey. In V. 6.0, it is specified that the on-site survey should be performed as the 2-day to 3-day survey but in the new framework, the on-site survey is performed in principle as the 2-day survey to increase the survey efficiency.

Also since the evaluation is performed for more focused/specific items, review the number/proportion of each background of the surveyor team. In V. 6.0 and foregoing versions, it is specified that the survey team leader should be a dedicated person, but as a result of review of the roles of the leader, one of the surveyors with a background as a medical doctor, the surveyor with a background in nursing, and the surveyor with a background as an administrative officer should be responsible for the coordination of the survey team.

The number of surveyors and the time of completion of the on-site survey should be decided based on the main functional category and the scale of the hospital based on the number of beds.

When a hospital undergoes the evaluation for multiple functional categories, one additional surveyor with certain experiences/expertise in the area of the secondary function should join the team apart from the designated number of surveyors for the main functional category. When a hospital undergoes the on-site survey for a different functional category, two surveyors perform the one-day on-site survey.

Table/Chart 13: Categories of the survey system and the number/background characteristics of the surveyors

Main functional category		Category 1	Category 2	Category 3	Category 4
General Hospital	Authorized number of beds	20 to 99 beds	100 or more beds*		
	Number of surveyors	3 (Medical doctor, nursing, administration)			
District Hospital	Authorized number of beds	20 to 99 beds	100 to 199 beds	200 to 499 beds	500 or more beds
	Number of surveyors	3 (Medical doctor, nursing, administration)		5 (Medical doctor × 2, nurse × 2, administration)	6 (Medical doctor × 2, nurse × 2, administration 2)
Rehabilitation Hospital	Authorized number of beds	20 to 199 beds	200 or more beds		
	Number of surveyors	3 (Medical doctor, nursing, administration)			
Chronic Care Hospital	Authorized number of beds	20 to 199 beds	200 or more beds		
	Number of surveyors	3 (Medical doctor, nursing, administration)			

Psychiatric Hospital	Authorized number of beds	20 to 199 beds	200 or more beds		
	Number of surveyors	3 (Medical doctor, nursing, administration)			
When undergoing the evaluation for multiple functional categories	Concurrent evaluation	Add one surveyor (medical doctor, nurse) for each functional category			
	Subsequent evaluation	2 surveyors for each functional category, 1-day survey			

*When the hospital with 200 or more beds selects "general hospital" as the main functional category, apply the survey system category 2.

4. Time of commencement of evaluation of hospital functions according to the new framework and evaluation items
 - 4.1. Time of commencement of acceptance of application for the evaluation of hospital functions according to the new framework and evaluation items and the date of commencement of the on-site survey

Commencement of acceptance October 1, 2012

Commencement of the on-site survey April 1, 2013 (First day of on-site survey)
 - 4.2. Time of termination of acceptance of application for the evaluation of hospital functions according to the present evaluation items (Ver. 6.0)

Termination of acceptance September 30, 2012

Completion of the on-site survey March 31, 2013 (Last day of on-site survey)
 - 4.3. Special measures for the hospitals of which the accreditation period expires before March 2013

Subjects: Special measures for the hospitals of which the accreditation period expires during the period of from July 1, 2012 to April 30, 2013. For this purpose, the period for the renewal evaluation (on-site survey) can be extended for a period not exceeding one year after the expiration of the accreditation period (and falling on April 1, 2013 to March 31, 2014).
 - 4.4. Treatment of the hospitals that have applied for the evaluation according to Ver. 6.0 but delayed the on-site survey to the day not earlier than April 2013 because of the reconstruction or the earthquake

Principle: Perform the evaluation for the applied version of evaluation items.

Special measures: Perform the evaluation according to the new framework and evaluation items sometime not earlier than April 1, 2013 upon the request of the hospital. In this case, the last day of the post-renewal accreditation period falls on 5 years after the next day of the last day of the previous accreditation. See the table for the evaluation fees according to the new framework/evaluation items.
 - 4.5. Date of application for the on-site survey support corresponding to the new evaluation items and the date of commencement

Commencement of acceptance October 1, 2012

Commencement of the on-site survey January 4, 2013

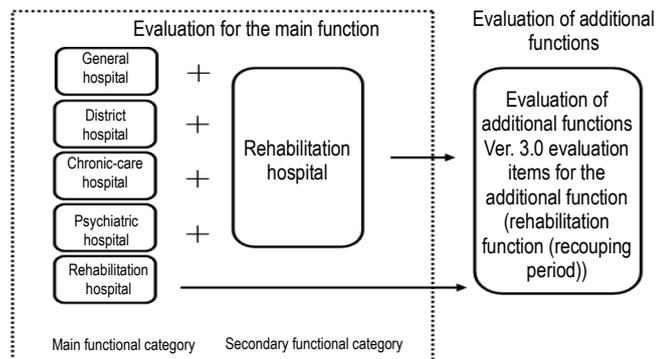
5. Revision of evaluation for the additional function (Rehabilitation function (recouping period))

5.1. Difference in the intended purpose/positioning of evaluation items between the present evaluation for the additional function (rehabilitation function (recouping period)) and the revised evaluation items

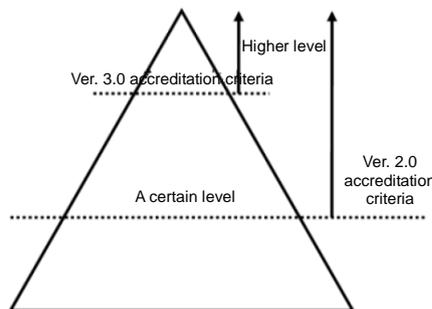
Ver. 2.0 evaluation items presently applied to the evaluation for the additional function (recouping period) include the items that the hospital with the rehabilitation function should achieve to a certain level. The Ver. 2.0 evaluation items presently applied to the evaluation for the additional function (recouping period) is employed in the new framework for the evaluation of hospital functions in which the "functional category of rehabilitation hospital" is introduced. Therefore, for the potential dual application of the evaluation items in the evaluation for the main function and the evaluation for the additional function, the evaluation items are revised.

In the Ver. 3.0 evaluation items for the additional function (recouping period) are applied to the hospitals undergoing the evaluation of "functional category of rehabilitation hospital" for the main functional category or the secondary functional category.

Table/Chart 13: Procedures for the evaluation according to Ver. 3.0 evaluation items for the additional function (rehabilitation function (recouping period))



Table/Chart 14: Ver. 3.0 accreditation criteria for the additional function (rehabilitation function (recouping period))



5.2. Revision of evaluation items

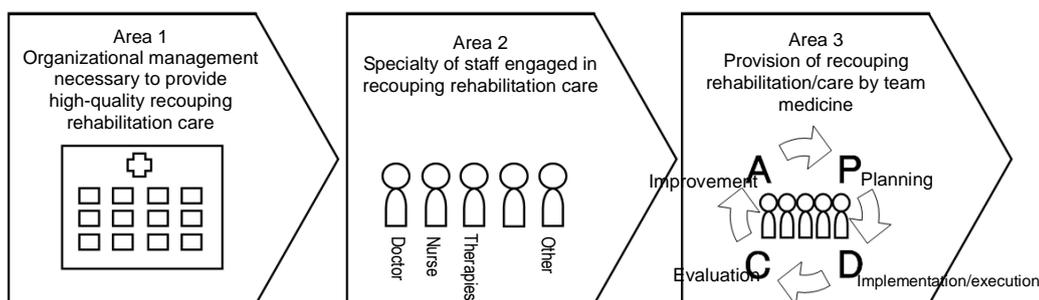
Since the evaluation items apply to the hospitals undergoing the evaluation for the main or the secondary "functional category of rehabilitation hospital", the evaluation items need to be redone for consistency.

The Ver. 3.0 evaluation for the additional function (rehabilitation function (recouping period)) is roughly classified into three areas. In the Area 1 evaluation for "organizational management necessary to provide high-quality recouping rehabilitation care", the hospital is evaluated for personnel assignment, activities for quality improvement, and coordination with local medical institutions. In the Area 2 evaluation for "specialty of staff engaged in recouping rehabilitation care", the specialty of main staff for the management of recouping rehabilitation care is evaluated for "roles/functions", "guidance/support", "engagement in the team medicine", and "activities for quality improvement". In the Area 3 evaluation for "recouping rehabilitation/care by team medicine", care processes are evaluated through conferences. More specifically, the hospital is evaluated for the development of the early evaluation and its plan, provision of rehabilitation care by various vocational staff, sharing of and response to challenges among multi-vocational staff, and activities for return to home care.

Table/Chart 15: Evaluation areas and details of Ver. 3.0 evaluation items for the additional function (rehabilitation function (recouping period))

Evaluation areas	Description of main evaluation items
1. Organizational management necessary to provide high-quality recouping rehabilitation care	○ The hospital is evaluated for personnel assignment, activities for quality improvement, and coordination with local medical institutions to provide high-quality recouping rehabilitation care.
2. Specialty of staff engaged in recouping rehabilitation care	○ The specialty of main staff for the management of recouping rehabilitation care is evaluated for "roles/functions", "guidance/support", "engagement in the team medicine", and "activities for quality improvement".
3. Provision of recouping rehabilitation/care by team medicine	○ Care processes are evaluated through conferences regarding the implementation of recouping rehabilitation/care by team medicine. More specifically, the hospital is evaluated for the development of the early evaluation and its plan, provision of rehabilitation care by various vocational staff, sharing of and response to challenges among multi-vocational staff, and activities for the return to home care.

Table/Chart 16: Ver. 3.0 evaluation areas for the additional function (rehabilitation function (recouping period))



5.3. Revision of the Document Survey Form (Survey of Present Condition)

Make a small-scale revision corresponding to the revision of medical service fees.

5.4. Number/background characteristics of the surveyors

According to the present Ver. 2.0 evaluation procedures for the additional function (recouping period), 2 surveyors perform the on-site survey.

In the Ver. 3.0 evaluation procedures for the additional function (recouping period) focusing on the effective operation of specialty and team medicine, 3 surveyors (including one physical therapist, work therapist, or speech therapist) perform the on-site survey.

5.5. Date of acceptance of the application and the date of commencement of the on-site survey for the Ver. 3.0 evaluation for the additional function (rehabilitation function (recouping period))

Commencement of acceptance October 1, 2012

Commencement of the on-site survey April 1, 2013 (First day of on-site survey)

5.6. Time of termination of acceptance of the application for the on-site survey for the present Ver. 2.0 evaluation for the additional function (rehabilitation function (recouping period))

Termination of acceptance September 30, 2012

Completion of the on-site survey March 31, 2013 (Last day of on-site survey)

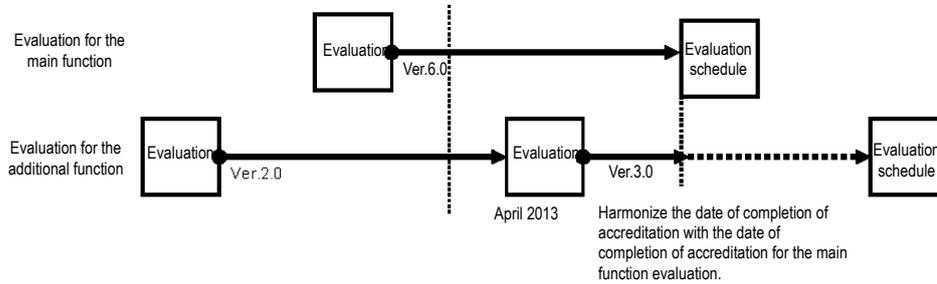
5.7. Tentative/transitional measures for the hospitals accredited for the additional function (rehabilitation function (recouping period))

Hospitals accredited for the additional function (rehabilitation function (recouping period)) according to the Ver. 2.0 procedures can undergo the evaluation according to Ver. 3.0 procedures before the evaluation (accreditation) under the new framework for the evaluation of hospital functions on the precondition that the hospital apply for the main or the secondary "functional category of rehabilitation hospital" in the next renewal evaluation. During the period of accreditation, the certificate of accreditation for the period of

accreditation for the main "functional category of rehabilitation hospitals" is issued and the certificate of accreditation for the extended period is issued after the renewal of accreditation for the main functional category.

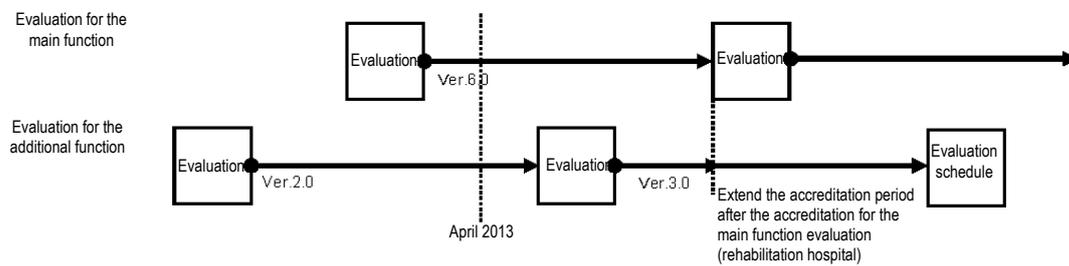
Table/Chart 17: Principles for the tentative/transitional accreditation period for the additional function (rehabilitation function (recouping period))

[Before the accreditation of a hospital for the "functional category of rehabilitation hospital"]



Harmonize the date of completion of accreditation with the date of completion of accreditation for the main function evaluation.

[After the accreditation of a hospital for the "functional category of rehabilitation hospital"]



Extend the accreditation period after the accreditation for the main function evaluation (rehabilitation hospital)

Price List

◆ **Operations of evaluation of hospital functions: including expenses for return travel to the site, accommodation expenses, and various expenses incurred for the on-site survey by the surveyors**
[Evaluation for the main function]

	Category of the survey system	Surveyor	Price (including tax)	Remarks
Evaluation for the main function * 1 New/renewal	Category of the survey system 1	3	1,260,000 yen (including the application fee of 315,000 yen)	
	Category of the survey system 2	3	1,575,000 yen (including the application fee of 420,000 yen)	
	Category of the survey system 3	5	2,100,000 yen (including the application fee of 525,000 yen)	
	Category of the survey system 4	6	2,625,000 yen (including the application fee of 630,000 yen)	

	Time of evaluation	Surveyor	Price (including tax)	Remarks
Evaluation for the main function (Secondary function) New/renewal	Concurrently with the main function	1	210,000 yen	Per function
	During the accreditation period (after issuance of the certificate of accreditation for the main function)	2	525,000 yen	Per function

	Evaluation method	Surveyor	Price (including tax)	Remarks
Re-examination, confirmatory evaluation, supplemental evaluation, improvement evaluation	No surveyor visit	-	84,000 yen	Per function
	Surveyor visit *2	1	189,000 yen	Per function

	Evaluation method, other fees	Surveyor	Price (including tax)	Remarks
Renewal evaluation	On-site visit	3	399,000 yen	
	Fee for clerical procedures for contract renewal	-	10,500 yen	
	Fee for re-issuance of the certificate of accreditation	-	21,000 yen	2 and subsequent pages 10,500 yen

[Additional function]

	Review details	Surveyor	Price (including tax)	Remarks
Evaluation for the main function New/renewal	Emergency medicine function	2	525,000 yen	Period of visit: 1 day
	Rehabilitation function (recouping period)	3	525,000 yen	Period of visit: 1 day
	Palliative care function	2	525,000 yen	Period of visit: 1 day

*The fee for the re-evaluation for the additional function is the same as that for the re-evaluation for the main function.

◆ **Operations of improvement support of hospital functions: including expenses for the return travel to the site, accommodation expenses, and various expenses incurred for the on-site survey by the surveyors**

		Surveyor	Price (including tax)	Remarks
Consultation contact	JCQHC consultation contact	1	31,500 yen	1 hour per consultation
On-site survey support *2	Hospital visit and document survey	3	525,000 yen	Period of visit: 1 day
Dispatch of consultation specialist *1*2	After the evaluation for hospital functions	1	315,000 yen	Period of visit: 1 day
Support for promotion of palliative care	Hospital visit and document survey	2	525,000 yen	Period of visit: 1 day

*1 Support members (B) are entitled to receive a discount from the price of 210,000 yen for one business from the designated fee. (Applicable for one of multiple functions (e.g. "Improvement support of hospital function" + "evaluation of hospital functions"))

*2 The additional payment of 105,000 yen each is necessary for each additional surveyor.