Strategic Surveillance System (S3): Understanding and Using Reports

Mark E. Schario
Senior Field Director
Accreditation and Certification Operations
Surveyor Management and Development
Objectives

- Review background and history of S3
- Describe purpose and value of S3 – Performance Risk Assessment Tool
- Discuss use of dashboard and detail views in comparing indicators/results
- Discuss lessons learned from beta test and implementation
Let’s take a step back…

The Joint Commission has a lot of data on a lot of hospitals

The Priority Focus Process (PFP)

- 5 years of development
- Millions of dollars in research
- Utilization of numerous experts (i.e., consultants, surveyors, etc.)
- Launched January 2004
- Benefits
  - Converts data into information that is used by surveyors to focus the survey
  - Increases consistency in the survey process
  - Customizes the accreditation process
How does it work?

**Step 1:** Data for each organization is compiled from both internal and external sources

**Step 2:** Data is converted to information through use of automated algorithms (rules)

**Internal and External data**
- Previous Survey Findings
- Data from Office of Quality Monitoring
- Data from the Application
- ORYX Core Measure Data for hospitals
- CMS MedPAR hospital data
- CMS Nursing Home Compare data
- CMS Home Health Compare data
- CMS Lab Proficiency Test Failure data

**Priority Focus Areas (PFAs)**
- Assessment and Care/Services
- Communication
- Credentialled Practitioners
- Equipment Use
- Infection Control
- Information Management
- Medication Management
- Organizational Structure
- Orientation and Training
- Rights and Ethics
- Physical Environment
- Quality Improvement
- Patient Safety
- Staffing

**Clinical/Service Groups (CSGs)**
Each accreditation program has its own unique list

**Point Total**
Exploring potential use

© Copyright, The Joint Commission

HASC December 2007
For Example...

Internal data
- Previous Survey Finding in RI.2.40 – Informed Consent is Obtained
- Finding was found during a Cardiac Surgery patient tracer

Rules Processing

Priority Focus Areas (PFAs)
- Assessment and Care/Services
- Communication (+1 point)
- Credentialed Practitioners
- Equipment Use
- Infection Control
- Information Management (+1 point)
- Medication Management
- Organizational Structure
- Orientation and Training
- Rights and Ethics (+1 point)
- Physical Environment
- Quality Improvement
- Patient Safety
- Staffing

Clinical/Service Groups (CSGs)
- Cardiac Surgery (+1 point)
  (Each accreditation program has its own unique list)

Point Total
- New!
The data analysis begins...

- Analyzed PFP data from 2005 and 2006, looking for differences in data
  - Found statistically significant differences among different groups of hospitals
  - Found that PFP Point Total was significantly associated with accreditation status (P=0.0017). The higher the PFP total, the more likely to receive an adverse decision.

Higher point totals may highlight risk as the data that assign points are primarily negative/outlier data.
S3 begins to take shape…

- As analysis continued we began engagement and development activities for S3
- Initially worked with 20 organizations to develop vision
- Spent 2 years in development
- Beta tested in early ’07 with over 100 hospitals
  - Helped assure that S3, when delivered, would be easy to use and applicable in many types of organizations
S3 launches…

- S3 officially launched on July 30, 2007
  - In the 1st week, over 2000 unique users accessed the tool!
- Benefits of S3:
  - Can help hospitals improve care processes by focusing efforts on strategic objectives
  - Provides a series of risk assessment and comparative performance measure reports to help identify and prioritize areas for improvement
  - Access to national and state benchmarks as well as other select groups, in order to compare to others
  - Hospitals with a common owner will have the ability to compare data among each hospital to identify trends or common areas for improvement
  - Provided at no additional cost and use is purely voluntary
The S3 Performance Risk Assessment Tool Is a System Which …

- Builds upon the Priority Focus Process (PFP)
- Gathers, integrates analyzes and translates data into intelligent, actionable information
- Uses intelligent algorithms based on expert literature review and/or expert opinion
- Monitors, identifies and then prioritizes “System Issues” within a given hospital and/or system
- Assesses overall level of risk for negative outcomes (conditional accreditation, preliminary denial of accreditation, etc.)
- Utilizes a “dashboard” to highlight areas for improvement based on Priority Focus Areas.
- Operates as a “diagnostic tool” providing drill down capability within the highlighted areas for improvement
The S3 Performance Risk Assessment Tool Is NOT ...

- A requirement for Accreditation
- A tool which requires data input by the Hospital
- Used by surveyors for any part of the survey process
- An additional expense to the organization
Feedback to date...

- No reported technical issues

Feedback generally positive:
  - “This will be an added value to our corporate office providing data in one user friendly application/tool.”
  - This gives us the opportunity to Benchmark and use this information in our performance improvement and quality improvement initiatives. Our Quality department is excited about this possibility.”
  - Just finished experimenting with the tool-- the amount and quality of information is incredible! Want to say I think the tool is invaluable and I will make it my mission to share this information with staff- this is an absolutely wonderful system.
  - “It was a wonderful tool that will be very beneficial to my facility and my medical staff. It provides analytical data and really does a good job showing the "big picture" of clinical outcomes measurement.”

- Some criticism

- Many ideas for future enhancements
Where to access S3?

On your Joint Commission Connect Extranet Site
Who Gets Initial Access to S3?

- S3 is available only to Accredited Hospitals excluding Critical Access Hospitals

- S3 Corporate Administrator:
  - Default users identified through your Joint Commission electronic application for accreditation
    - Primary Owner Contact, Secondary Owner Contact and Corporate Contact

- S3 Hospital Administrator:
  - Default users identified through your Joint Commission electronic application for accreditation
    - CEO, Primary Accreditation Contact
Corporate Views vs. Hospital Views

Corporate Views
- Upon initial login, the Corporate Administrator must verify the list of hospitals the corporate owns.
- Once verification is complete, the Corporate Administrator can view data on all hospitals, and drill into hospital-specific, underlying data for all hospitals.
- The Corporate Administrator may grant access to their individual hospitals to view each others’ data on the dashboard views.
  - Corporate Administrators will have the option of either blinding or un-blinding hospital names.
- The Corporate Administrator may also add additional Corporate Users that have the same access rights as they do.

Hospital Views
- Upon initial login, the Hospital Administrator must verify their owner.
- Once verification is complete, the Hospital Administrator initially can only view data on their own hospital, and only drill into hospital-specific, underlying data for their own hospital.
- The Hospital Administrator may request access to view other hospitals within their system by contacting their Corporate Administrator.
  - However, even if granted corporate views, the hospital will still only be able to drill down into their hospital’s specific, underlying data.
- The Hospital Administrator may also add additional Hospital Users that have the same access rights as they do.

For more details on the official S3 User Roles, see the March 2007 issue of Perspectives.
Priority Focus Process (PFP) Point Totals Report

Key functions:

- Calculates a ‘system-level’ or ‘hospital-level’ Priority Focus Process Point Total
  - Point Total can be compared to the average Point Total for various Comparison Groups (i.e., Solucient Top 100, Magnet hospitals, Preliminary denial of accreditation hospitals, etc.)
  - Analysis has shown that there are statistically significant differences in the average Point Totals among these various groups of hospitals
- Serves as a ‘risk index’
  - Alerts you when a hospital is approaching a threshold where other hospitals have had negative outcomes
Priority Focus Process (PFP) Point Totals

PFP Point Total Averages Across Various Comparative Groups of Hospitals

Group Name

- Corporate (n=59)
- Solvency Top 100 (n=85)
- Magnet (n=163)
- US News & World Report (n=1049)
- National (n=163)
- State (n=163)
- For Cause (n=37)
- Confidential (n=69)

PFP Point Total

- 235
- 163
- 173
- 190
- 220
- 226
- 239
- 348
- 348

In the Hospital view this would be the hospital name / PFP Point Total

HASC December 2007
Priority Focus Area (PFA) Dashboard Report

Key functions:

- Identifies and prioritizes all 14 Priority Focus Areas for a given hospital or system of hospitals
- Displays a ‘Point Total’ in each Priority Focus Area
  - Since the data that feeds into the Priority Focus Process is primarily negative/outlier data, higher point totals may highlight risk
- Calculates comparative group values for Priority Focus Area Point Totals
  - Each Point Total can be compared to the average Point Total for various Comparison Groups (i.e., Solucient Top 100, Magnet hospitals, Preliminary Denial of Accreditation hospitals, etc.)
- Reports performance against comparative group
  - A Red, Yellow or Green stoplight will populate based on how the hospital compares
- Allows the user to see themes/trends in Priority Focus Areas across hospitals and/or across a system of hospitals
# Priority Focus Area (PFA) Dashboard Report – Corporate View

![Dashboard Image](@image)

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Assessment &amp; Care Service</th>
<th>Communication</th>
<th>Credentialled Practitioners</th>
<th>Equipment Use</th>
<th>Infection Control</th>
<th>Patient Safety</th>
<th>Physical Environment</th>
<th>Quality Improvement Activities</th>
<th>Rights and Ethical Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>26.00</td>
<td>27.00</td>
<td>28.00</td>
<td>14.00</td>
<td>22.00</td>
<td>11.00</td>
<td>13.00</td>
<td>22.00</td>
<td>9.00</td>
</tr>
<tr>
<td>B</td>
<td>15.00</td>
<td>19.00</td>
<td>20.00</td>
<td>14.00</td>
<td>8.00</td>
<td>14.00</td>
<td>26.00</td>
<td>9.00</td>
<td>26.00</td>
</tr>
<tr>
<td>C</td>
<td>15.00</td>
<td>19.00</td>
<td>20.00</td>
<td>13.00</td>
<td>8.00</td>
<td>14.00</td>
<td>26.00</td>
<td>9.00</td>
<td>26.00</td>
</tr>
<tr>
<td>D</td>
<td>15.00</td>
<td>19.00</td>
<td>20.00</td>
<td>13.00</td>
<td>8.00</td>
<td>14.00</td>
<td>26.00</td>
<td>9.00</td>
<td>26.00</td>
</tr>
</tbody>
</table>

**Note:** Higher points highlight risk as the data assigns points are primarily negative / outlier data.
Hospital Drill-Down Reports

Key functions:

– Allows user to drill-down into a particular hospital within a system

– Allows user to drill-down into various Priority Focus Areas and/or Clinical/Service Groups within the hospital
  – Displays definition for Priority Focus Area and Clinical/Service Group
  – Displays related standards
  – Displays all individual pieces of data that contributed points to the Priority Focus Area and Clinical/Service Group Shows data points trended over time
Drill-Down Into Specific PFA - Staffing

Click on any alert / stoplight to drill into Hospital specific information for further analysis.

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Assessment &amp; Care</th>
<th>Communication</th>
<th>Credentialled Practitioners</th>
<th>Equipment Use</th>
<th>Control</th>
<th>n</th>
<th>Event</th>
<th>Event</th>
<th>Event</th>
<th>Patient Control</th>
<th>Patient Safety</th>
<th>Physical Environment</th>
<th>Improvement</th>
<th>Activities</th>
<th>Rights and Ethics</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison Group = National n = 3500</td>
<td>18.00</td>
<td>26.00</td>
<td>20.00</td>
<td>13.00</td>
<td>14.00</td>
<td></td>
<td>8.00</td>
<td></td>
<td></td>
<td>18.00</td>
<td>18.00</td>
<td>9.00</td>
<td>5.00</td>
<td>25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>26.00</td>
<td>37.00</td>
<td>28.00</td>
<td>14.00</td>
<td></td>
<td></td>
<td>8.00</td>
<td></td>
<td></td>
<td>18.00</td>
<td>9.00</td>
<td>26.00</td>
<td>5.00</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>15.00</td>
<td>19.00</td>
<td>20.00</td>
<td>13.00</td>
<td></td>
<td></td>
<td>8.00</td>
<td></td>
<td></td>
<td>12.00</td>
<td>20.00</td>
<td>12.00</td>
<td>7.00</td>
<td>3.00</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>26.00</td>
<td>37.00</td>
<td>28.00</td>
<td>14.00</td>
<td></td>
<td></td>
<td>8.00</td>
<td></td>
<td></td>
<td>18.00</td>
<td>9.00</td>
<td>26.00</td>
<td>5.00</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>15.00</td>
<td>19.00</td>
<td>20.00</td>
<td>13.00</td>
<td></td>
<td></td>
<td>8.00</td>
<td></td>
<td></td>
<td>12.00</td>
<td>20.00</td>
<td>12.00</td>
<td>7.00</td>
<td>3.00</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>
### Hospital A Detail - Staffing

<table>
<thead>
<tr>
<th>Hospital A</th>
<th>Corporate Average</th>
<th>All Joint Commission Accredited Hospitals’ Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>29</td>
<td>25</td>
</tr>
</tbody>
</table>

#### Definition for Staffing:

Joint Commission hospital standards that are related to Staffing.

#### Underlying data that contributed points to Staffing includes:

#### Complaint and Sentinel Event (non-self reported) Data

<table>
<thead>
<tr>
<th>Sentinel Event</th>
<th>Primary PFA</th>
<th>Secondary PFA(s)</th>
<th>Clinical Service Group</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Abduction</td>
<td>Staffing</td>
<td>Physical Environment</td>
<td>none</td>
<td>2006</td>
</tr>
<tr>
<td>Wrong Site Surgery - Amputation</td>
<td>Staffing</td>
<td>Patient Safety</td>
<td>General Surgery</td>
<td>2006</td>
</tr>
<tr>
<td>Inpatient Suicide</td>
<td>Staffing</td>
<td>Patient Safety</td>
<td>Medication Management</td>
<td>2005</td>
</tr>
</tbody>
</table>

#### High

#### Medium

<table>
<thead>
<tr>
<th>Primary PFA</th>
<th>Secondary PFA(s)</th>
<th>Clinical Service Group</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>Rights and Ethics, Patient Safety</td>
<td>none</td>
<td>2006</td>
</tr>
<tr>
<td>Staffing</td>
<td>Patient Safety</td>
<td>General Surgery</td>
<td>2006</td>
</tr>
</tbody>
</table>

#### Low
Hospital A Detail – Staffing (cont.)

**MedPAR Hospital Inpatient Data (FY2004)**
- **Average Length of Stay**
- **Complications**
  - Cardiac Surgery Complications Index in upper 90th percentile
  - Rehab Complications Index in upper 90th percentile

**Mortality**

**ORYX Core Measure Data**
- **Data Quality**
- **Outlier(s)**
  - PN-3b - Blood Cultures Performed Before First Antibiotic Received in Hospital
  - HF-2 - LVF assessment

**Past Survey Findings Data**
- **Requirements for Improvement**
  - Standard | Primary PFA | Secondary PFA(s) | Clinical Service Group | View
  - IM.3.10 | Staffing | Communication | Cardiology | View
  - IM.5.10 | Staffing | Patient Safety | General Surgery | View
  - HR.3.20 | Staffing | Patient Safety, Rights and Ethics | Gynecology | View

**Supplemental Findings**
Hospital A Trend Tracker

MedPAR Cardiac Surgery Complications Index and Percentile Rank

**Notes about Index:**
- A value = 1 means that your actual complications are the same as your expected.
- Values < 1 are desirable, meaning your actual complications are less than your expected.
- Values > 1 are undesirable, meaning your actual complications are greater than your expected.

**Notes about Percentile Rank:**
Higher percentages are worse. For example, a percentile rank = 74.80 on an complication index indicates your hospital is in the **highest** 74th percent of all complication indices. In other words, 74% of all hospitals have an index lower than your hospital's.

<table>
<thead>
<tr>
<th>Year</th>
<th>Index</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2002</td>
<td>1.16</td>
<td>74.8 %</td>
</tr>
<tr>
<td>FY2003</td>
<td>1.36</td>
<td>87.24 %</td>
</tr>
<tr>
<td>FY2004</td>
<td>1.61</td>
<td>94.09 %</td>
</tr>
</tbody>
</table>

- Index: FY2002 - 58 cases, FY2003 - 72 cases, FY2004 - 48 cases
- Percentile: GOOD

© Copyright, The Joint Commission
Lessons learned…

• Most common questions related to who receives initial access and how to add additional people
• Many questions on MedPAR data
• Questions on timeframes of different data used in tool, concern over some data being ‘old’
• It may take awhile for your data to change or improvements to be reflected
• Can be close to average and still be a yellow stoplight
• Differences in stoplight methodologies on PFA and CSG tabs versus MedPAR tab
Ideas for using S3 data…

Mock tracers

– Use PFA dashboards to help identify areas (and standards) to focus on during mock tracers
– For example, Hospital X is interested in becoming a magnet hospital. When they compare themselves to magnet hospitals, they see they are a red stoplight in Information Management. Hospital X decides to drill-down into Information Management to see what standards are related to it, and address those standards on some mock tracers

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Assessment &amp; Case/Service</th>
<th>Communication</th>
<th>Credentialled Practitioners</th>
<th>Equipment Use</th>
<th>Infection Control</th>
<th>Information Management</th>
<th>Medication Management</th>
<th>Organizational Structure</th>
<th>Orientation and Training</th>
<th>Patient Safety</th>
<th>Physical Environment</th>
<th>Quality Improvement Expertise/Activities</th>
<th>Rights and Ethics</th>
<th>Staffing</th>
<th>Total Hospital PPF Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison Group = Magnet Hospitals n = 208</td>
<td>19.40</td>
<td>17.15</td>
<td>11.61</td>
<td>2.14</td>
<td>10.60</td>
<td>12.27</td>
<td>11.32</td>
<td>1.72</td>
<td>3.25</td>
<td>10.47</td>
<td>2.54</td>
<td>17.92</td>
<td>1.70</td>
<td>9.75</td>
<td>126.83</td>
</tr>
</tbody>
</table>

[Table and chart with data]
Ideas for using S3 data...

Mock tracers
- Use CSG dashboards to help select types of patients to trace
- For example, Hospital X notices they are a red stoplight in Endocrinology when they compare themselves to their state’s average. They decide to do a mock tracer on a current Endocrinology patient.
Ideas for using S3 data…

Validate past ‘fixes’ are still in place

- Hospital X had a higher than average point total in Medication Management. When they drilled-down into that PFA, they saw they had 3 past survey findings in this area. They know that they had already implemented fixes for these Requirements as part of the ESC/MOS process, but that was almost 2 years ago. Hospital X decides to revisit those fixes to ensure they are still in place and working as designed.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Primary PFA</th>
<th>Secondary PFA (s)</th>
<th>Clinical Service Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM 2.20</td>
<td>Medication Management</td>
<td>Physical Environment</td>
<td>Psychiatry, General Medicine</td>
</tr>
<tr>
<td>MM 4.30</td>
<td>Patient Safety</td>
<td>Medication Management</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Requirement 8A</td>
<td>Medication Management</td>
<td>Information Management</td>
<td>General Medicine</td>
</tr>
</tbody>
</table>

Supplemental Findings
No Contributing Data
Ideas for using S3 data…

Follow-up on links to PFAs for ideas on where to look next or what to do

- While drilling into Medication Management, Hospital X notices that a lot of MedPAR high average length of stay outliers appear. They question how high LOS is linked to Medication Management.
- A search on pubmed.gov turns up a list of articles/studies on the topic. Hospital X explores some of those articles and finds one particularly interesting in that it found that inappropriate drug prescribing was associated with increased length of stay. It also found that pharmacist participation on medical rounds was associated with shorter length of stay.
- Based on that information, Hospital X decides to pull charts from patients with the highest LOS in the identified clinical areas and review them to look at the medications that were prescribed for the patient.
- They also decide to do a cost-benefit analysis to determine if adding a pharmacist on medical rounds would be a feasible idea.
Ideas for using S3 data…

Follow-up on links to PFAs for ideas on where to look next or what to do

- While drilling into Staffing, Hospital X notices that a lot of MedPAR mortality outliers appear. They question how high mortality is linked to Staffing.
- A search on pubmed.gov turns up a list of articles/studies on the topic. Hospital X explores some of those articles and finds one particularly interesting in that it found that high mortality outlier hospitals had a higher use of per diem nurses and had lower skill level among nursing staff.
- Hospital X does use a lot of per diem nursing staff and they decide to re-evaluate this practice.

<table>
<thead>
<tr>
<th>MedPAR OrthopedicMortality upper 90th</th>
<th>Orthopedic Mortality Index and Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Index = 2.12, % Rank = 91.25</td>
</tr>
<tr>
<td></td>
<td>Orthopedic # of Cases and Percentile Rank</td>
</tr>
<tr>
<td></td>
<td># of Cases = 64.00, % Rank = 28.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MedPAR UrologyMortality upper 90th</th>
<th>Urology Mortality Index and Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Index = 2.94, % Rank = 92.56</td>
</tr>
<tr>
<td></td>
<td>Urology # of Cases and Percentile Rank</td>
</tr>
<tr>
<td></td>
<td># of Cases = 35.00, % Rank = 43.79</td>
</tr>
</tbody>
</table>
Ideas for using S3 data…

Use S3 to set internal goals

- For example, Gastroenterology is a high volume service for Hospital X. While looking at their MedPAR data, they notice that they are right around the 50th percentile in their ALOS for Gastroenterology. They decide this is an area they would like to make improvement, so based on their data they set a target value for FY2008 to reduce their Gastroenterology ALOS to < 4.00. They then consult expert literature regarding Gastroenterology ALOS to look for ideas on how to make improvements.
Ideas for using S3 data...

**Trend performance**
- You can trend your performance in a particular PFA and/or CSG over time.
  - For example, Hospital X may decide to focus on the PFA of ‘Staffing’. With each quarterly S3 run they look at their point totals in Staffing to see if they are increasing or decreasing.
  - Hospital Z may have recently implemented some improvements related to Gynecology. Understanding it takes awhile for improvements to be reflected in data, they take their current point total in Gynecology as a baseline and check each quarter to see if/when it improves.

**Identify outlier areas for chart review**
- For example, Hospital X notices that they have a very high MedPAR Cardiology Complications Index. They drill into Cardiology to see which DRGs fall under it and do a random chart review of those DRGs, looking for issues that may have resulted in complications or looking for trends among those patients.
Ideas for using S3 data…

Systems

- Look for common themes
- System XYZ notices that when compared to the Thomson Top 100 Hospitals, all 8 of their hospitals are either yellow or red stoplights on ‘Orientation and Training’. They decide to look into their Orientation and Training programs at their hospitals.
Ideas for using S3 data...

**Systems**

- Look for good/poor performers
- System XYZ notices that one of their hospitals has a lot of red and yellow stoplights, as opposed to the hospital below it that has a lot of green stoplights. The System decides to compare practices in particular areas to see if they can learn anything from the ‘better performing’ hospital.

<table>
<thead>
<tr>
<th>Assessment &amp; Care Services</th>
<th>Communication</th>
<th>Credentialled Practitioners</th>
<th>Equipment &amp; Use</th>
<th>Infection Control</th>
<th>Information Management</th>
<th>Medication Management</th>
<th>Organisational Structure</th>
<th>Orientation and Training</th>
<th>Patient Safety</th>
<th>Physical Environment</th>
<th>Quality Improvement</th>
<th>Expertise / Activities</th>
<th>Rights and Ethics</th>
<th>Staffing</th>
<th>Total Hospital PFF Points</th>
</tr>
</thead>
</table>
| ![Green](green.png)        | ![Green](green.png) | ![Yellow](yellow.png)       | ![Orange](orange.png) | ![Orange](orange.png) | ![Green](green.png) | ![Green](green.png) | ![Green](green.png) | ![Green](green.png) | ![Orange](orange.png) | ![Green](green.png) | ![Orange](orange.png) | ![Green](green.png) | ![Green](green.png) | ![Green](green.png) | ![Green](green.png) | ![Green](green.png) | ![Green](green.png) | ![Green](green.png) | ![Yellow](yellow.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | ![Orange](orange.png) | # The Joint Commission 2007
Thank you

Follow up information can be obtained from:

Mark E. Schario
630.792.5706
mschario@jointcommission.org