

Joint Commission Survey Preparation

Prepared by the SerenaGroup Education Committee
December 2020

SerenaGroup
building the nation's leading wound care team.



What is The Joint Commission?

- The Joint Commission is an independent, not-for-profit group in the United States that administers voluntary accreditation programs for hospitals and other healthcare organizations.
- The commission develops performance standards that address crucial elements of operation, such as patient care, medication safety, infection control and consumer rights.



Why Seek Joint Commission Accreditation?

- Although accreditation is not required by law, not having it puts healthcare facilities at a disadvantage in terms of public image, competitiveness, and the capability to borrow money or float bond issues.
- But perhaps one of the most important issues to hospital operations is the “deemed status” with CMS that allows facilities to participate in Medicaid and Medicare as a third-party payer.

How often does Joint Commission (TJC) inspect?

- Accreditation is awarded for **three years**, except for laboratory accreditation, which is awarded for **two years**. Joint Commission Disease-Specific Care Certification, Primary Stroke Center Certification, and Health Care Staffing Services Certification are awarded for **two years**.

What to expect during a survey

- Although the start of the survey is unannounced to the Hospital, once the surveyors are on site the Hospital will provide an overhead page announcing their arrival and departure each day
- The survey will last between 3-5 days. The length of the survey will depend on; the size of the Hospital, how many surveyors are present and the findings of the survey.
- Although surveyors may find items that lead them to unexpected areas, there is an agenda for their visit.

Surveyors and the survey process should not be viewed as a negative, they are there to help protect staff and patients.

However, each Department has a responsibility to be within guidelines

Joint Commission Survey Agenda

- Survey-planning session- surveyors meet with Hospital executives to outline their visit
- Opening conference and orientation to the organization- Hospital executives will provide an initial presentation to surveyors, provide a tour and disclose any current improvement projects
- Leadership session- Administrators and Department Leaders will be required to provide initial information. This may include policy review, Human Resources requirements etc.
- **Tracer methodology using actual patients, residents or individuals served to assess standards compliance**
- **Individual tracers following the experience of care for individuals through the health care process, including safety culture assessment**
- **System tracers evaluating the integration of related processes and the coordination and communication among disciplines and departments**
- **Competence assessment process**
- Medical staff credentialing and privileging (hospitals only) and optional medical staff session- Surveyors will review the Hospital process of ensuring that all practicing Physicians are within good standing and credentialed appropriately
- **Environment of care session, including a building tour**
- Exit conference, including a written summary of the survey findings – The Surveyors will present to the Hospital executive team the findings of the survey with next steps and actionable items. The Hospital will then relay this information to Department Managers, usually in a large group presentation

Tracer Methodology

Individual and System Tracers

- Tracers are a major component of the Joint Commission survey.
 - Tracers allow the surveyors to view the Hospital's processes, care planning, coordination and policies.
 - Tracers allow surveyors to identify possible issues with these processes for the Hospital to correct.

Individual Tracers

“These tracers are designed to [follow] the care experiences that a patient had while at an organization. It is a way to analyze the organization’s system of providing care, treatment or services using actual patients as the framework for assessing standards compliance. Patients selected for these tracers will likely be those in high-risk areas or whose diagnosis, age or type of services received may enable the best in-depth evaluation of the organization’s processes and practices.”



Individual Tracers continued

- Patients will often be selected from high risk areas; they may come from inpatient surgery, ER/Trauma cases etc.
 - These patients will have a higher likelihood of having made their way throughout various departments in the Hospital for their care.
- Wound Center and Dialysis are common transition point of care for these high risk patients.

System Tracers

“This activity includes an interactive session with a surveyor and relevant staff members in tracing one specific “system” or process within the organization, based on information from individual tracers. While individual tracers follow a patient through his or her course of care, the system tracer evaluates the system or process, including integration of related processes, and the coordination and communication among disciplines and departments in those processes. The three topics evaluated by system tracers are data management, infection control and medication management. Whether all system tracers are conducted varies, but the data use system tracer is performed on every survey.”

Example: TJC question template for tracers

Tracer Team Member(s):				
Tracer Topic:				
Data Record(s):				
Unit(s) or Department(s):				
Interview Subject: Emergency Department Manager				
Questions	Correct	Incorrect	Follow-up	Comments
[1] Please provide the patient's medical record for review.				
[2] How are physicians informed that a stat result has been transmitted to the emergency department?				
[3] Are those results visible to patients and other non-staff?				
Interview Subject: Laboratory Supervisor				
Questions	Correct	Incorrect	Follow-up	Comments
[4] What is your typical turnaround time for emergency department lab results?				
[5] Have you considered the time from specimen collection to receipt in the laboratory, and the time from results to communication of the result to the physician?				
[6] May I see the procedures, proficiency test results, quality control, calibration, calibration verification, and maintenance and temperature records for the automated chemistry and hematology analyzers?				
[7] Please provide the quality control records for the pregnancy test that was performed on the patient.				
Interview Subject: Human Resources Manager				
Questions	Correct	Incorrect	Follow-up	Comments
[8] Please provide the competency and education records for the staff performing these laboratory tests.				

Resources

- https://www.jointcommission.org/assets/1/18/joint_commission_acc_reditation_a_systems_approach.pdf

Competence Assessment

Clinic Responsibilities-

1. Staff must be familiar with the following:

- Hospital and Department specific policies, including where to find them for reference.
- Department staff meetings; agenda, minutes, topics etc. it is recommended to have a staff meeting binder readily available in a common area.

2. Managers must be able to provide the following within a reasonable amount of time:

- Proof of License/Certification (RN,LPN,MA etc.) from a 3rd party verifier, your state should have a website to view license status.
- Proof of current ALS/BLS certification if applicable.
- Completed and current Nursing and HBO core competencies.
- Completed and current annual staff evaluations
- Center/Department specific orientation plan or checklist
- Continuing nursing education efforts



Environment of Care (EOC)

During this phase the survey team will tour the facility to inspect the building, speak with staff, and review policy.

Areas of Focus:

1. Safety
2. Security
3. Hazardous materials and waste
4. Fire safety
5. Medical Equipment
6. Utilities

** Some of these areas are universal/standard, others will be determined by Hospital specific policy. It is the responsibility of the Clinic to be familiar with each.*

Revisions to LD.03.01.01

Hospital Accreditation Program

Standard LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the hospital.

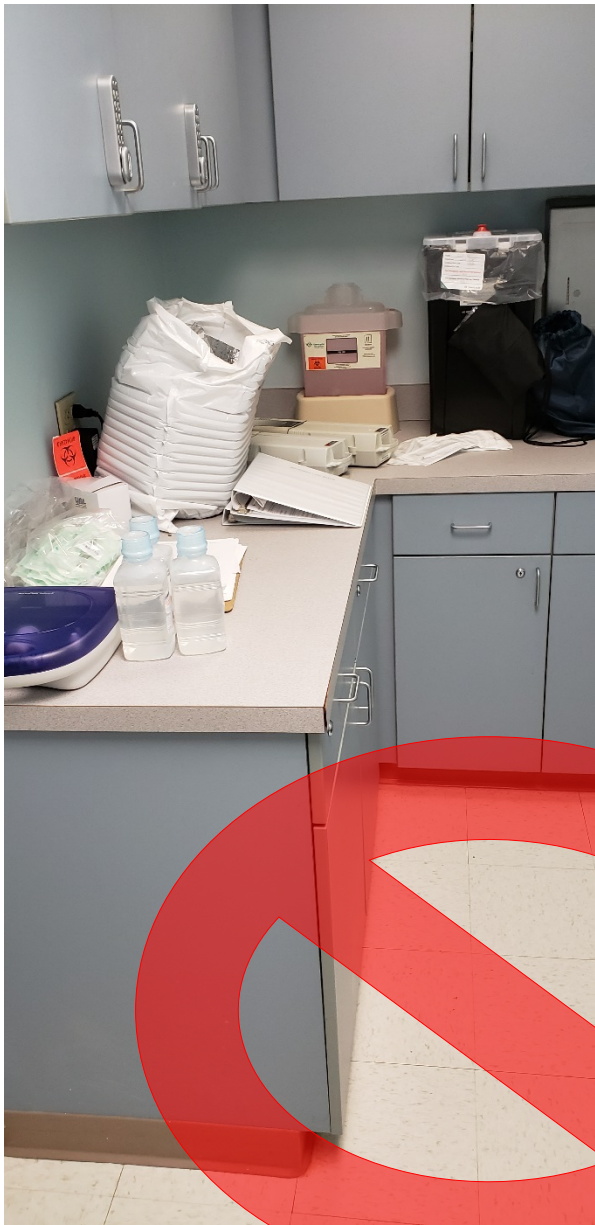
Element of Performance for LD.03.01.01

1. Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
2. Leaders prioritize and implement changes identified by the evaluation.
3. Leaders provide opportunities for all individuals who work in the hospital to participate in safety and quality initiatives.
4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
5. Leaders create and implement a process for managing behaviors that undermine a culture of safety.
6. Leaders provide education that focuses on safety and quality for all individuals.
7. Leaders establish a team approach among all staff at all levels.
8. All individuals who work in the hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality. (See also LD.04.04.05, EP 6)
9. Literature and advisories relevant to patient safety are available to all individuals who work in the hospital.
10. Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.

EOC- Safety

Clinic Responsibilities:

- Area free of hazards- corrugated cardboard, fall risks, food/drink in clinical areas, stained/broken ceiling tiles etc.
- Reporting and Initiatives- Staff should be familiar with how to report a safety concern as well as with Hospital safety initiatives (fall reduction, infection prevention etc.)
- Familiar with Hospital codes- red, blue, brown, silver etc.
 - Staff must know meaning, reporting process, and their responsibility/role.



Corrugated Cardboard



Corrugated cardboard provides an ideal atmosphere for insect larva and mold formation

EOC- Security

Clinic Responsibilities:

- Codes- staff should be familiar with reporting a security event and their role.
- Aggressive/Dangerous situation- staff should be familiar with process of handling an aggressive patient and the resources available to them.

EOC- Hazardous Materials

Clinic Responsibilities:

- Codes- staff should be familiar with reporting a hazardous materials spill and their role.
- Waste- staff should be familiar with the process of disposing unused medications (lidocaine) and other potentially hazardous materials
- Sanitization- staff should be familiar with manufacturer recommended sit/dry times for cleaning solutions, how often an area is cleaned, requirements for PPE, sharps disposal etc.
- Soiled Instruments- be able to demonstrate the process of handling soiled instruments in the clinic.
- Oxygen- be familiar with Hospital policy related to storage of O2 tanks stored in the wound center.
- SDS (formerly MSDS)- All staff must be able to speak to the Safety Data Sheets. What information they contain and where to find them.

EOC- Fire Safety

Clinic Responsibilities:

- Codes- be able to speak to code red process including R.A.C.E. and P.A.S.S. for both wound care and HBO. Know the evacuation route and shelter in place area.
- HBO safety- must be familiar with smoke hood usage, decompression and evacuation requirements and be able to reference the HBO safety manual including safety drills.
- Area- must be free of obstruction (equipment in halls), doors not propped open, nothing stored less than 18” from ceiling, sprinklers free of obstruction, nothing blocking fire extinguishers, staff must aware of closest pull station and fire extinguisher.



EOC- Medical Equipment

Clinic Responsibilities:

- Equipment Binder- each clinic should have a binder with manuals for each piece of medical equipment. Staff should be able to reference the binder for manufacturer recommendations for usage and cleaning. Also be aware of weight limits on equipment.
- Safety- broken equipment should be appropriately labeled as out of service in alliance with Hospital policy. Staff should be able to speak to weight limits and proper use of equipment (lifts, chairs etc.)
- Cleaning- Staff should know cleaning process, cleaning frequency and appropriate storage of all equipment.

*Equipment “in use” may be left in the clinic hall *ONLY* if it has been properly cleaned, it is not obstructing egress, and if it has not been stationary for more than 30min. If it is not used within 30min it must be properly stored.

Interacting with Surveyors

- Only answer the questions that you are asked
 - They may only have a few things they want to check on when they come by to visit your area, so don't give them a reason to look into some other issues by telling them more than what they are asking for.
- If you don't know an answer, do not make one up or guess
 - Tell the surveyor that you know where to go get the answer and take them there to show them how you would find the answer.
- Know where to find the Policies & Procedures, reference guides and instruction manuals
 - Everyone in the clinic needs to know where and how to find the information they may need to refer to.
- Do not start your answers with, "I think...", "We might...", "We do it this way...", or "On my shift, we do this..."
 - Surveyors are looking for staff who know the answer and they want to see consistency from staff. Do not give them a reason to question what you know by appearing unsure of yourself or showing inconsistencies in processes

Interacting with Surveyors

- Have references available
 - Make info-graphics, reminders, quick reference guides, posters, or whatever else for staff to refer to for answers and information.
- Do not argue with the surveyors—even if you know you are right
 - Voice your concerns to your program director and allow the hospital team to explore and research the issue. They will help bring up the issue with the surveyors at a later time if it is warranted.
- Be prepared to quickly react and change something if there is a finding
 - Know the steps for process improvement and know what measure to implement at your clinic or hospital to fix issues. Be ready to develop and implement a quick plan of action to address any issue. Let your hospital team know what you are doing and use their guidance as they will be wanting to quickly respond to any findings from the surveyors to show you are addressing the issue.
- Remember that the surveyors are looking out to protect staff and patients
 - Surveyors want what is best for the patients at your hospital and clinic. They are there to explore areas of possible risk and to make sure everyone is doing the best and safest job they can. They are not the enemy!

Preparing for a Survey

- **Mock Surveys**- Most Hospital systems will utilize a mock survey to prepare staff and to identify potential areas of need several months before a potential Joint Commission survey.
- **“Pop Quiz”**- It is beneficial for Department Managers to periodically ask staff questions that they might experience during a survey to make sure staff know the answers and are comfortable being asked questions directly.
- **Scheduled Checks**- The department should take time to regularly search for expired or soon to expire supplies, cardboard shipping boxes, broken or damaged equipment, dusty or dirty areas etc.
- **Customized Approach**- Centers are encouraged to experiment with learning techniques that work best for them to be confident in the lead up to a Joint Commission survey window.

High Risk Area- Wound Care

- Debridement
 - Consent
 - Time out
- Cellular Tissue Products
 - Consent
 - Storage
 - Documentation
 - Product Information
- Infection Prevention
 - Hand hygiene
 - Soiled instruments
 - PPE



Simple Steps to Joint Commission Survey Success

- 1. Know your ABCs.** This refers to the scoring grades of A, B, and C. Know the differences between the letters, and be sure to score each standard appropriately during your mock surveys. Remember that with an A policy, one failure equals an RFI, so your performance must be 100%, Patton said. If The Joint Commission has an EP scored at an A, you must have a policy for it, he said. “Even if the policy only says, ‘We do not permit physicians to bring their own medications into the hospital to give out,’ you still need to say you don’t allow it.” And with B standards, remember that you get to design the process. “Defend your process when appropriate, and never throw your policy under the bus if you think it fits the standard,” said Patton.
- 2. Fix it or find another way.** If staff members can’t adhere to a policy, you’re allowed to change that policy or your technology. For example, if you require staff members to check and log refrigerator temperatures every day, that will inevitably be missed sometimes, and it is obvious to surveyors if they see one day missed on a check-off sheet. If staff members can’t do this every day, find a system that keeps a log electronically, Pejakovich said.
- 3. Monitor more than critical lab values.** Most hospitals have a way to identify which lab values are critical, but you must also have a system for identifying which tests are always critical. “If you just say stat tests, people may take that for granted,” Patton said. “Maybe you need to have a category ‘super stat’ for tests [for which] you need the results immediately every time.”
- 4. Keep policies and procedures and medical staff rules and regulations in sync.** Prior to drafting or revising policies and procedures, always review Joint Commission standards, CMS standards, state health department requirements, existing hospital policies, and med staff bylaws, rules and regulations, and policies.
- 5. Do the full periodic performance review (PPR), and use it more effectively.** The full PPR will prepare staff members for an unannounced survey better, and the results will be taken more seriously than if you score everything yourself, Patton said. “It may be painful the first time and more work, but it will give you a more accurate sense of what you need to fix.” Also, once you create an action plan from the PPR, be sure to stay with it until it is fixed.
- 6. Don’t do it just for The Joint Commission.** Standards and goals aren’t there just to make your life miserable, Pejakovich said. They are there to increase patient safety, help prevent medical errors, and improve the quality of care and service. Remind staff members of these reasons when creating and implementing new policies and procedures. If a policy seems to decrease patient safety but helps you comply with a goal, you need to go back and reassess what you’re doing.

New Focus on COVID-19

- Expect Joint Commission surveys to look different for the foreseeable future
 - There will be less surveyors on site
 - There will be an increase of virtual meetings and question sessions
 - If a surveyor does come to the department, there will be limited numbers of escorts and limited contact with staff or patients
- The Hospital's Emergency Operations Plan will not be a focus of the survey due to the CMS waivers and other exceptions
 - However: PPE, Disinfection, Distancing, Patient Safety, staffing, community resources, supplies, surge planning, communication and triggers for action will be discussed

4 Criteria for On-Site Survey Eligibility During COVID-19

1. State-level restrictions

- Travel bans
- Business closures
- Visitor restrictions

2. Testing Capacity (% positivity rate)

- If more than 20% of the administered tests are positive, these areas are excluded from survey

3. New Case Trends = (current 2 week new cases ÷ previous 2 week cases)

< 1 indicates new cases are decreasing > indicates new cases are increasing

</= 0.9 indicates that a Hospital is eligible for survey

4. New cases per 1,000 residents

</= 1.4 new cases per 1,000 is Okay for Survey

1.4-1.9 new cases per 1,000 local surveyors only may be on site

>/= 2.0 new cases indicates Hot Spot and Hospital is excluded from survey at this time

Key Takeaways

- The Joint Commission is an independent not-for-profit organization designed to ensure Hospitals are providing the safest quality care a patient can receive.
- Following best practices and adhering to Hospital and Serena Group policies and procedures will ensure you are always performing the highest quality care and are prepared for a survey
- If you are questioned by a surveyor it is best to stay calm and only answer the questions being asked. If you do not know the answer to a question, be honest, and describe how you would find the answer.
- Staff are encouraged to actively participate in the regulatory component of care to assist with preparations and to fully understand why regulations exist.

Quiz (page 1)

Name _____

- 1. You only have to know and follow Joint Commission regulations when your Hospital is expecting a survey in the near future.**
 - a. True
 - b. False
- 2. Final survey preparations should be made;**
 - a. When the surveyors arrive on site.
 - b. A few days before you expect the surveyors to arrive
 - c. Several months in advance of the Joint Commission survey window
 - d. Never
- 3. If you do not know the answer to a surveyor's question it is best to;**
 - a. Make something up and hope they don't notice.
 - b. Change the subject i.e. "did you see that baseball game last night?"
 - c. Stare at the surveyor like a deer in headlights and hope they give you a hint.
 - d. State that you do not know the answer to the question and explain where you would find the answer; intranet, supervisor etc.
- 4. Joint Commission accreditation ensures that patients receive the highest standard of care and allows the facility to receive payment from Medicare and Medicaid?**
 - a. True
 - b. False

Quiz (page 2)

Name _____

5. Only department managers are responsible for preparing for a joint commission survey.

- a. True
- b. False

6. Individual tracers are designed to follow the experiences a patient had while receiving care in an organization.

- a. True
- b. False

7. When it is announced that the Joint Commission has arrived at the Hospital, I should

- a. Tell my supervisor immediately and allow them to handle everything
- b. Cancel all patient appointments to be ready at a moment's notice
- c. Perform my assigned last minute "sweep" and be prepared to answer questions as needed.
- d. Call in sick for the rest of the week

8. SDS (formerly MSDS) stands for _____ and can often be found on the Intranet.

- a. Safety Dummy Sheets
- b. Safety Data Sheets
- c. Seriously Dread Surveys
- d. Someone Do Something

Quiz (page 3)

Name _____

9. The EOC portion of the survey checks for

- a. Environmental safety codes and regulations
- b. Medical record compliance
- c. Work flow efficiencies
- d. Overtime utilization in the center

**10. Hospital systems will often schedule mock surveys several months ahead of an anticipated survey
In order to prepare staff and identify potential areas of need ahead of The Joint Commission arrival.**

- a. True
- b. False