

December 2022 Education

Joint Commission/DNV Survey Preparation



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.



What to expect during an on-site survey?

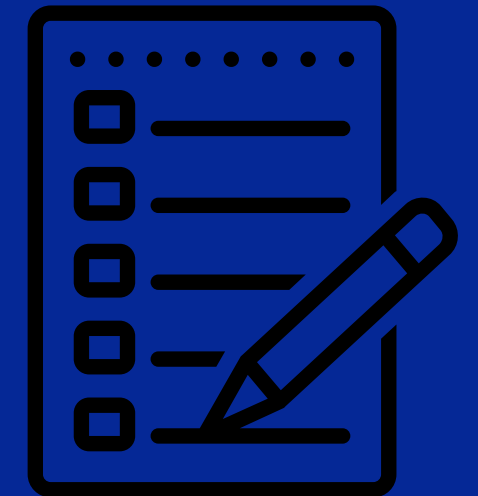
- Although the start of the survey is unannounced to the Hospital, once the surveyors are on site the Hospital will provide an overhead page announcing their arrival and departure each day
- The survey will last between 3-5 days. The length of the survey will depend on; the size of the Hospital, how 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



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 Tracer Cont.

- 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.”



Tracer Template

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.				



Competence Assessment

Clinic Responsibilities-

1. Staff must be familiar with the following:
 - a. Hospital and Department specific policies, including where to find them for reference.
 - b. 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:
 - a. Proof of License/Certification (RN,LPN,MA etc.) from a 3rd party verifier, your state should have a website to view license status.
 - b. Proof of current ALS/BLS certification if applicable.
 - c. Completed and current Nursing and HBO core competencies.
 - d. Completed and current annual staff evaluations
 - e. Center/Department specific orientation plan or checklist
 - f. Continuing nursing education efforts



Competence Assessment

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

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.



Areas of Focus:

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



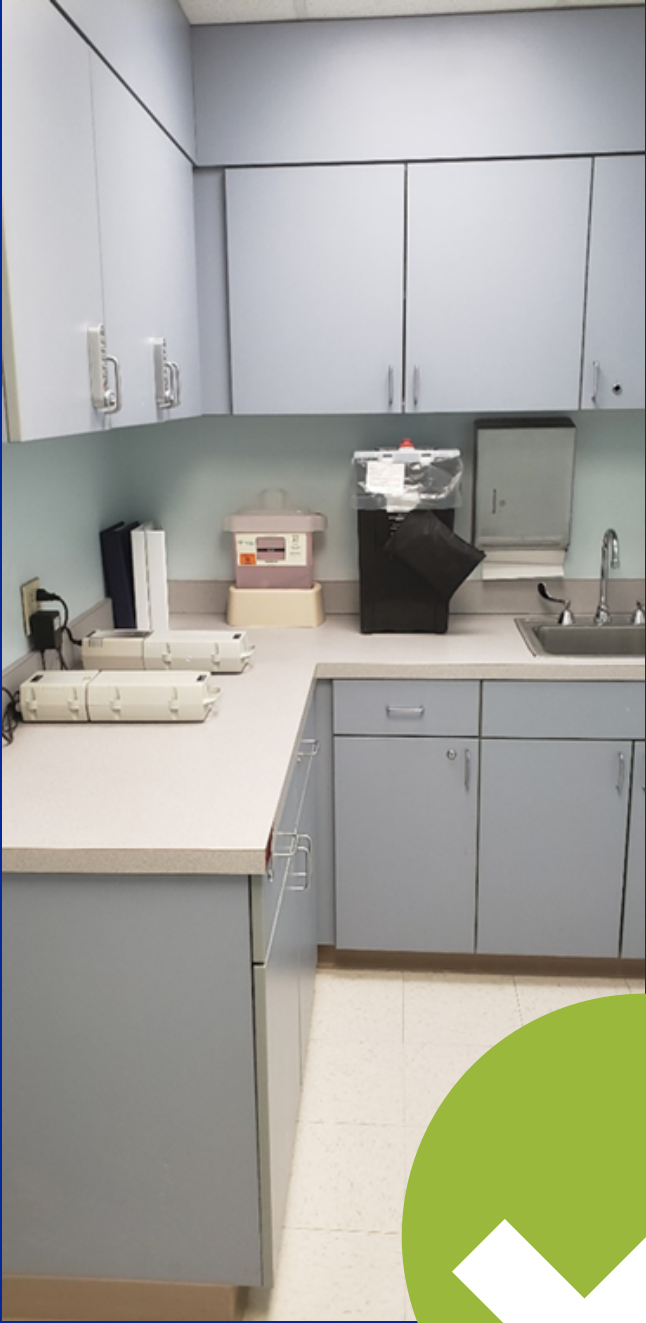
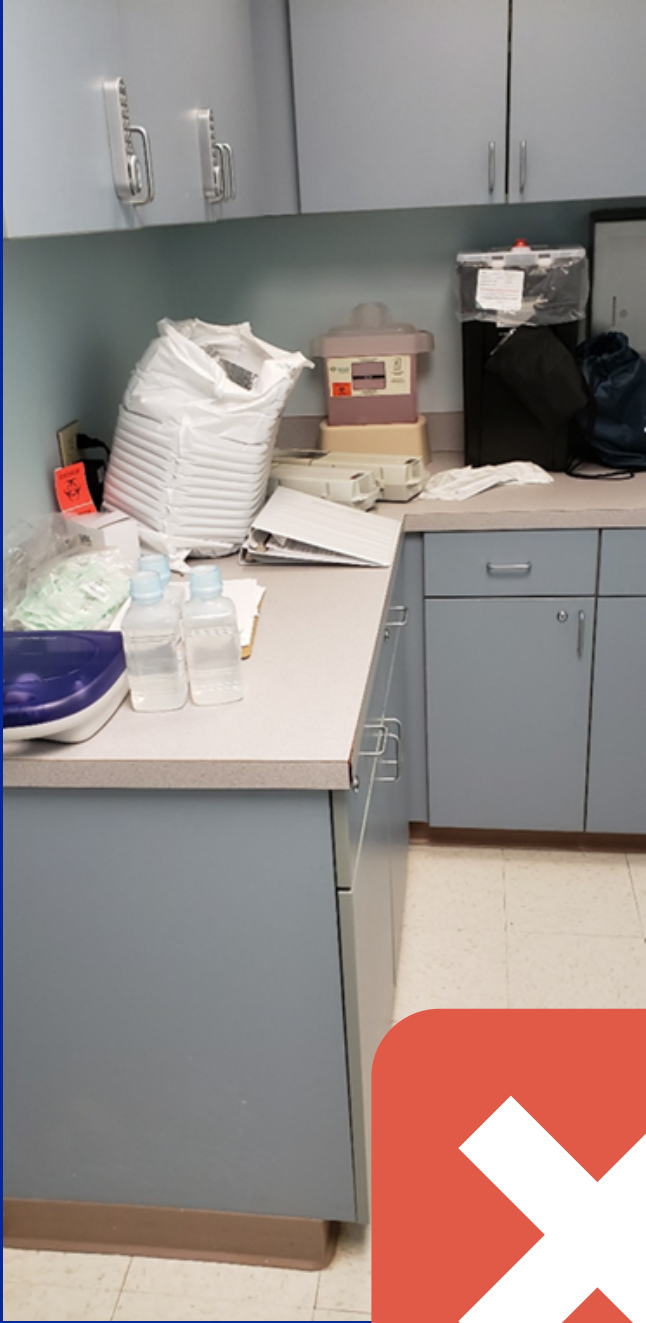
EOC Safety

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.



Example of EOC Safety



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 Material



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.



Example for EOC Fire Safety



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.



Wound Center Risk

Wound Centers are a HIGH RISK area due to:

- Infection Control (open wounds)
- Tissue Product Storage
- Hyperbaric Medicine (HBO)
- Debridement Procedures



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



Preparing for a Survey

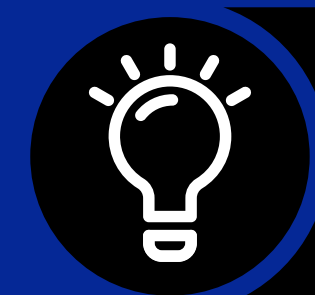


- **Mock Surveys**
 - Most Hospital systems will utilize a mock survey to prepare staff and to identify potential areas of need several months before a potential Joint Commission survey.
 - By partnering with SerenaGroup, the Standards of Compliance + Accreditation Program will come on site and perform a mock 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.



TIPS for a Successful Survey

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.



**QUICK
TIPS**



QUIZ TIME

Joint Commission/DNV Survey Preparation

Serena Group

Serena Group

Question 1

Joint Commission/DNV Survey Preparation

Joint Commission compliance preparations should only be made leading up to a survey.

FALSE

TRUE



Answer 1

Joint Commission/DNV Survey Preparation

Joint Commission standards should be maintained at all times. Final preparations are made as a double check.

FALSE



Question 2

Joint Commission/DNV Survey Preparation

If you do not know the answer to a surveyor's question, you should make something up and hope they do not notice.

FALSE

TRUE



Answer 2

Joint Commission/DNV Survey Preparation

It is okay to not know the answer to a question.
HOWEVER, you should know where to find the
answer. Example: policy manual, manager,
SDS, intranet

FALSE



Question 3

Joint Commission/DNV Survey Preparation

SerenaGroup has increased the support for all clinics in their regulatory preparations.

FALSE

TRUE



Answer 3

Joint Commission/DNV Survey Preparation

There are now checklists, mock surveys and on-site visits for all SerenaGroup clinics approaching a regulatory survey.



Question 4

Joint Commission/DNV Survey Preparation

Discovering areas for improvement during survey preparation is a positive and should not be avoided.

FALSE

TRUE



Answer 4

Joint Commission/DNV Survey Preparation

The preparation measures are not punitive in any way, they are designed to help.



Question 5

Joint Commission/DNV Survey Preparation

It is my manager's job to make sure the clinic are prepared for a survey. As a staff member, I do not need to be concerned with the regulations.

FALSE

TRUE



Answer 5

Joint Commission/DNV Survey Preparation

It is important for all staff to be familiar with regulatory requirements to ensure the safety of caregivers and patients.

FALSE



Thank you!

