EVIDENCE OF STANDARDS COMPLIANCE (ESC) INSTRUCTIONS

Overview

The Evidence of Standards Compliance (ESC), also referred to as corrective action, is a concise report of actions taken by an organization to correct areas identified as Requirements for Improvement during a survey/review. The ESC should include a specific date when all actions were completed as well as a description of actions taken to ensure compliance is sustainable going forward. Such actions may include, but are not limited, to the following:

- Review, revision, and approval of existing policies or procedures
- Implementation of a new policy or procedure
- Modifications to building infrastructure and/or support services
- Modifications to job descriptions; performance reviews; and/or competency assessment processes, forms, or other tools
- Re-education or reassignment of responsibilities to qualified individuals assigned to complete specific tasks
- Education of those individuals responsible for the delivery of care, treatment, and services to include, but not be limited to, nursing, pharmacy, respiratory care, rehabilitation services, and licensed independent practitioners
- Leadership involvement with corrective action to assist in ongoing sustainment.
- Preventive analysis to ensure potential underlying causes surrounding the finding are addressed.

SAFER Matrix™ Placement	Required Follow-Up Activity
HIGH/LIMITED, HIGH/PATTERN, HIGH/WIDESPREAD	• 60 day Evidence of Standards Compliance (ESC) • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis • Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE / PATTERN, MODERATE/WIDESPREAD	• 60 day Evidence of Standards Compliance (ESC) • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis • Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE / LIMITED, LOW / PATTERN, LOW / WIDESPREAD	• 60 day Evidence of Standards Compliance (ESC)
LOW/LIMITED	• 60 day Evidence of Standards Compliance (ESC)

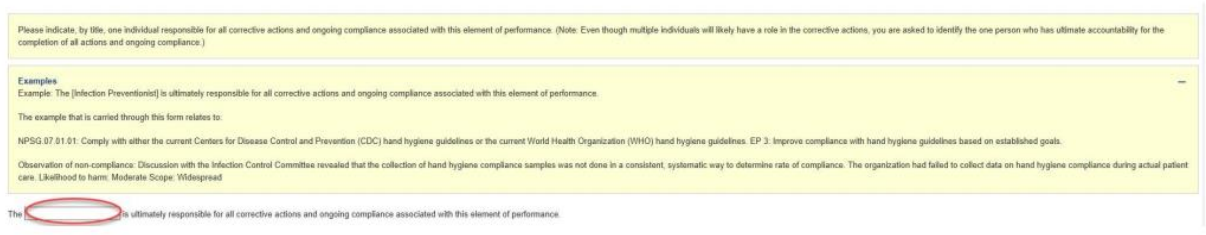
Note: If an Immediate Threat to Health and Safety, also known as Immediate Threat to Life (ITL), is discovered during a survey, the organization immediately receives a preliminary denial of accreditation (PDA) and, within 72 hours, must either entirely eliminate the ITL or implement emergency interventions to abate the risk to patients (with a maximum of 23 days to totally eliminate the ITL). Please see the Accreditation Process Chapter within the Comprehensive Accreditation Manual for more information.

The ESC report on corrective actions taken must include the following elements:

Please note: As you begin to work in the ESC there is a time-out feature for security purposes, please be sure to save your work often as you are working through the form.

ASSIGNING ACCOUNTABILITY

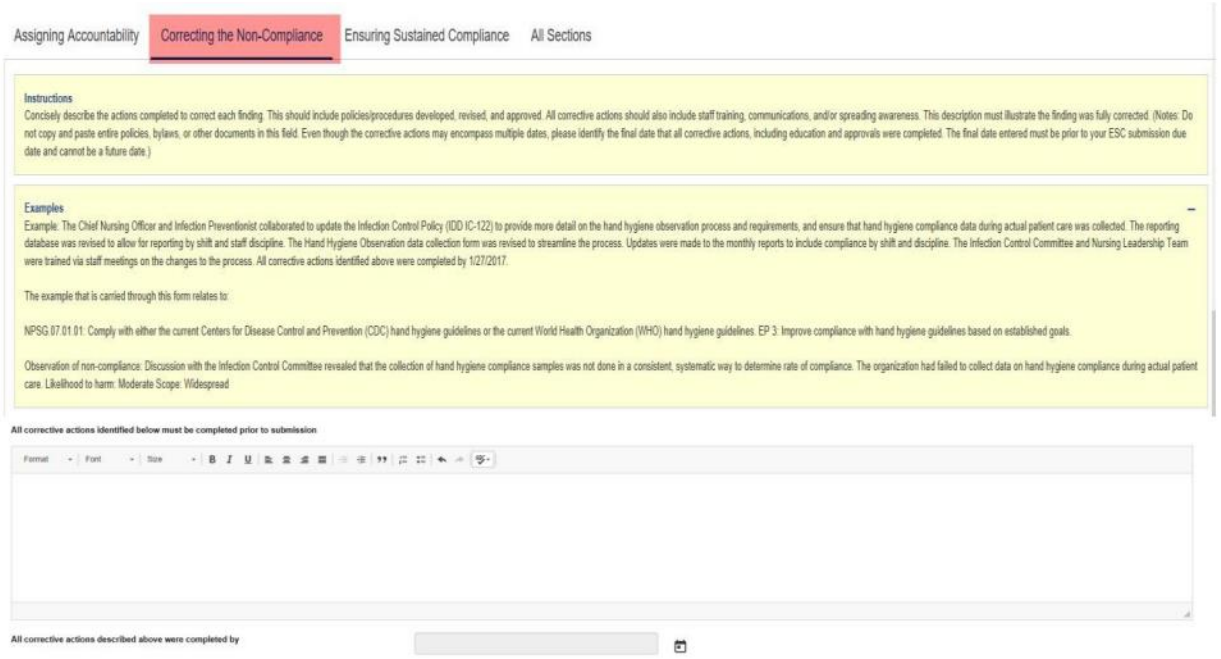
Please indicate, by title, one individual ultimately responsible for the corrective action and overall ongoing compliance.



CORRECTING THE NON-COMPLIANCE

Concisely describe the actions completed to correct each finding. This should include staff training, policies/procedures that were developed, revised, and approved. Also, identify the final date that all actions were completed by. This description must illustrate the finding was fully corrected. If the observation was an issue with the following:

- If the finding identifies an issue with lack of documentation, the corrective action must include a solution to the documentation issue.
- If the finding required a change in policy, process, or procedure, it should describe any approvals and education of the appropriate staff.
- If subsequent analysis of the survey finding identifies additional factors impacting patient care, describe what was identified, what actions were taken to correct the issue(s), and whether follow-up with affected patients was needed and what the follow-up consisted of.
- If an Environment of Care or Life Safety finding cannot be resolved in the 60-day timeframe, an sPFI and Time Limited Waiver needs to be submitted through the E-Statement of Conditions (e-SOC). The ESC cannot be accepted until the Time Limited Waiver has been accepted.



ENSURING SUSTAINED COMPLIANCE

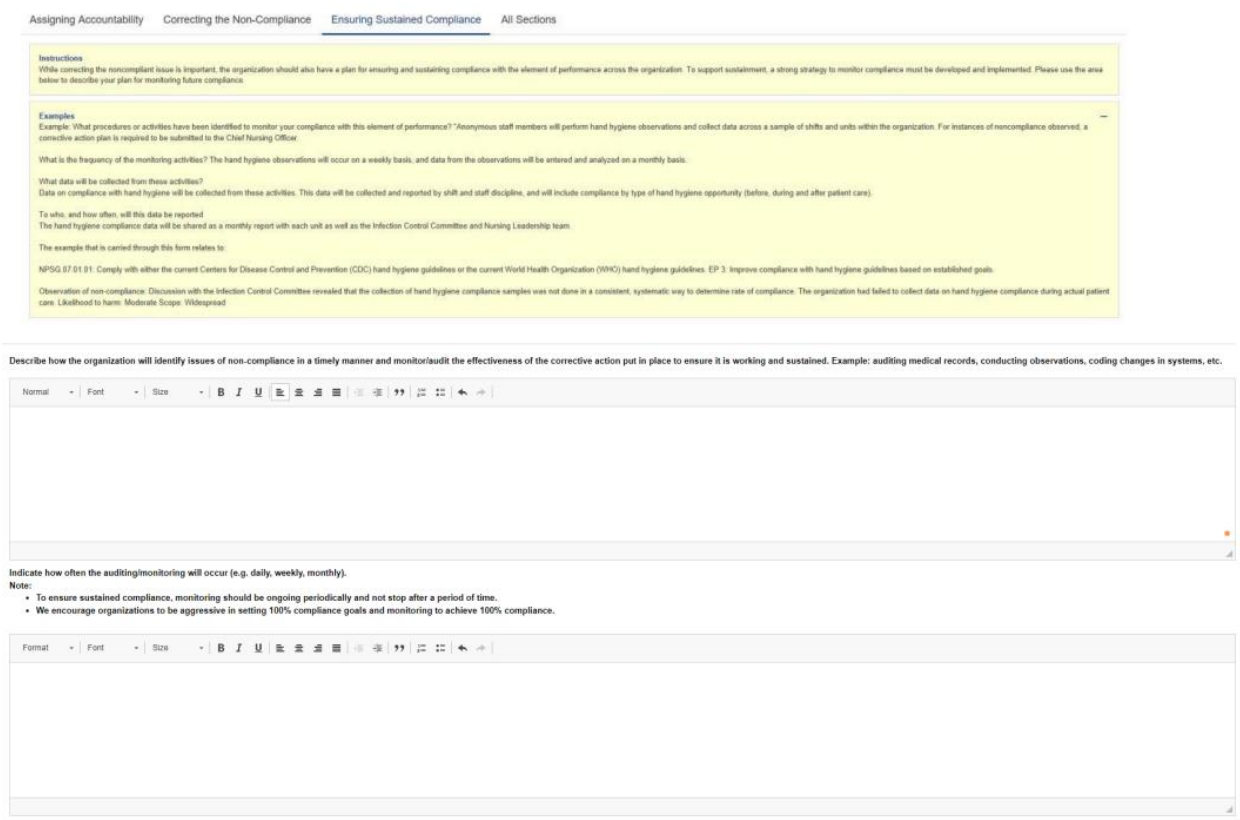
In this section, please describe what process has been implemented that will identify issues of non-compliance in a timely manner and how it will monitor future compliance. The data collected by your organization will not be submitted to The Joint Commission from this identified monitoring activity. Please note that the Joint Commission does not require a compliance rate to be submitted, however we encourage organizations to be aggressive in setting 100% compliance goals to mitigate repeat findings. When addressing the questions in this section please consider the following:

1. If the issue were to arise again, is your organization confident you would be able to detect the issue?

2. Is your organization's plan designed to catch instances of non-compliance quickly?

3. Is the data collection plan appropriate to detect the issue?

4. Is the reporting plan alerting the correct people about non-compliance in an appropriate timeframe?



The ESC report on corrective actions taken must include the following elements if the finding is identified as higher risk within the SAFER matrix:

LEADERSHIP INVOLVEMENT

The measure of the success of change is in its sustainability within organizations. Success and sustainability are highly influenced by support from the top level of Leadership in the organization. In order to ensure this Leadership commitment occurs, details surrounding Leadership involvement for higher risk findings is required. Types of leadership involvement may include but are not limited to: providing resources (e.g., staff, money, expertise), serving as a champion for the change, direct participation on teams, motivating employees, establishing intervals for communication and/or reporting, direct oversight of change, etc.).

Within this section, a plan for leadership involvement must be developed by the time the 60-day ESC is submitted. At a minimum, leaders should be providing resources, have authority over the sustainment of the corrective action, and establish intervals of communication and/or reporting updates.

If a finding of higher risk is noted, the below is what will be asked within the "Assigning Accountability" section on the ESC form on your organization's Extranet site:

In order to achieve the goal of reducing risk, which member(s) of leadership have been involved in the corrective action and are maintaining ongoing involvement with this change? **Please note if selecting "other," this must meet the Joint Commission definition of a leader, as seen in the glossary of the manual.*
(Select one or more)

☐ President
☐ Chief Executive Officer
☐ Vice President
☐ Chief Quality Officer
☐ Chief Medical Officer
☐ Chief Nursing Officer
☐ Chief Operating Officer
☐ Medical Director
☐ Laboratory Director
☐ Director of Nursing
☐ Facilities Director
☐ Director of Clinical Services
☐ Other ☐

Please describe how the above leadership involvement is helping to sustain compliance with this Element of Performance in the future. Describe what actions were taken by senior leadership to correct the non-compliance and how they will ensure that compliance is sustained moving forward.

PREVENTIVE ANALYSIS

An important component of process improvement involves not just fixing the issue at hand, but also ensuring that all underlying reasons that caused the issue (root causes) are identified and addressed as well, in an effort to prevent future occurrences of the issue. In order to assist your organization in reducing potential future risk, detail surround Preventive Analysis for high-risk findings is required (e.g., What went wrong? Why did this happen? What process failed? What is the underlying reason why this went wrong?).
Within this section, responses should be process focused and not people focused. There is not a required tool or form that should be used or submitted, however a description of the analysis completed needs to be included.
If a finding of higher risk is noted, the below is what will be asked within the "Correcting the Non-Compliance" section of the ESC form on your organization's Extranet site:

'What analysis was completed to ensure not only the noncompliant issue was corrected (surface/high level resolution), but also any underlying reasons for the failure were addressed as well? What analysis was completed to determine the extent to which the noncompliant issue(s) impacted patient care, to ensure that the noncompliant issue(s) were corrected (surface/high level resolution), and that any underlying reasons for the failure(s) were addressed as well?

If subsequent analysis of the survey finding identifies additional factors impacting patient care, describe what was identified, what actions were taken to correct the issue(s), and whether follow-up with affected patients was needed and what the follow-up consisted of.'

****Please note that once the Evidence of Standards Compliance is submitted it is considered a final submission.*