



# **Behavioral Health Care and Human Services Accreditation**

## **Organization Survey Activity Guide**

**2026**

## **What's New for Behavioral Health and Human Services Survey Process 2026**

No changes for January 2026.

# **Behavioral Health Care & Human Services (BHC) Organization Survey Activity Guide (SAG)**

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## How to Use this Guide

Joint Commission's Survey Activity Guide is available on your organization's extranet site.

This guide contains:

- Information to help you prepare for survey
- An abstract of each survey activity that includes logistical needs, session objectives, an overview of the session, and suggested participants
- Sessions are listed in the general order that they are conducted.

A template agenda and a list of survey activities that occur during an onsite visit are posted to your organization's *Joint Commission Connect* extranet site in proximity to the time your application is received and reviewed. When the template agenda and survey activity list is available, please download and review the activities and think about the people you might like to have involved. The activity list includes a column in which you can record participant names or positions next to each of the sessions. Identifying key participants (and their phone numbers) for each session, including back-ups, is important. Consider including possible meeting locations and surveyor workspace in your planning documents. Reference the sessions in this Survey Activity Guide and learn more about what you can expect to occur during the activity.

The template agenda and activity list include suggested duration and scheduling guidelines for each of the activities. On the first day of survey, there will be an opportunity for you to collaborate with the surveyor in preparing an agenda for the visit that is considerate of your day-to-day operations.

**Please Note:** Not all the activities described in this guide are included in the activity list or on the agenda template. Many of the accreditation program-specific activities are designed to take place during individual tracer activity. Surveyors will incorporate these into the onsite survey when they are applicable to your organization.

For **organizations** being surveyed under more than one accreditation manual or for more than one service under one accreditation manual, you will receive an agenda template for each of the programs being surveyed (e.g., hospital, home care, behavioral health care). Include an organization contact name and phone number for each program, as well as names or positions and phone numbers of activity participants from all the programs on these activity lists.

For multiple services being surveyed under a single accreditation program, be sure to include contact names and phone numbers from all your organization's services for example, Addictions Services, Opioid Treatment Program, Mental Health Services, and Eating Disorders Treatment.

This Survey Activity Guide is created for small and large organizations. Some organizations will have one surveyor while others will have multiple surveyors. If you have any questions about the number of surveyors who will arrive at your site, please contact your Account Executive. If you are unsure of your Account Executive's name or phone number, call Joint Commission switchboard operator at 630-792-3007 for assistance.

# Preparing for Surveyor Arrival

## Overview

The surveyors arrive unannounced or with short notice for most surveys. Please consult the program accreditation manual, "The Accreditation Process chapter", "Unannounced Surveys" section, for more information about exceptions to the unannounced survey process. Changes to these exceptions may occur at any time and are published in Joint Commission's newsletter *Perspectives*.

**\*All CMS deemed surveys or surveys conducted for CMS recognition are unannounced.**

Comments received from staff in accredited organizations indicate that a planned approach for the surveyor's arrival allows them to feel calmer and more synchronized with the survey. Whether the surveyor arrival is announced or unannounced, the first hour of the surveyor's day is devoted to planning for your survey activities. This planning requires review of specific documents provided by your organization which can be found on the Document List for Behavioral Health Care and Human Services program in the pages that follow. If these documents are not available when the surveyors arrive, they immediately begin to evaluate the care, treatment, or services provided to an individual served by your organization through an individual tracer.

## Preparing for Survey

Prepare a plan for staff to follow when surveyors arrive. The plan should include:

- Greeting surveyors: Identify the staff usually at the main entrance of your organization. Tell them about Joint Commission and educate them about what to do upon the arrival of surveyors. Explain the importance of verifying any surveyor's identity by viewing their Joint Commission identification badge. This badge is a picture ID.
- Persons to notify upon surveyor arrival: Identify leaders and staff who must be notified when surveyors arrive. Create a list of names, phone numbers, or cell phone numbers. Also, include the individual who will be the surveyor's "contact person" during the survey. Identify alternate individuals in case leaders and staff are unavailable.
- A location for surveyors: Ask surveyors to wait in the lobby until an organization contact person is available. Surveyors will need a location that they will call their "base" throughout the survey. This location should have a desk or table, electrical outlet, phone access, **and internet access**.
- Validation of survey: Identify who will be responsible for the validation of the survey and the identity of surveyors. Identify the steps to be taken for this process. See Surveyor Arrival and Preliminary Planning activity description for these steps.
- Readiness Guide and Accreditation Program-specific Document Lists: The Guide is created for you to use as a planning tool and can be included with your survey plan. Your organization should be prepared to have the requested documents available for review by surveyors. These documents should be given to surveyors as soon as your organization validates their identity. **If this information is not immediately available for surveyors at the Surveyor Arrival and Preliminary Planning Session, they will begin the survey with an individual tracer.**
- Identifying who will provide the Safety Briefing for the surveyors

- The purpose of the Safety Briefing is for your organization to inform surveyors about any current safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site.
- **The briefing is informal, five minutes or less**, and should take place once the surveyors are settled in the “base” location reserved for their use throughout the survey.
- Situations that should be covered include fire, smoke or other emergencies; workplace violence events (including active shooter scenarios); any contemporary issues the surveyors may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action).
- Identifying who will serve as escorts for the surveyors.
- Identifying who will assist the surveyors with review of electronic records of care, if applicable to your organization; surveyors may ask to print some components of the record to facilitate tracer activity and subsequent record review.
- Identifying your organization’s expectations for the on-site survey and who will share these with the surveyor(s).

Note: When a situation is identified that could be a threat to health and safety, surveyors contact Joint Commission’s administrative team. Joint Commission either sends a different surveyor to investigate the issue or the surveyor on site will be assigned to conduct the investigation. Investigations include interviews, observation of care, treatment and service delivery and document review. Your cooperation is an important part of this process. Surveyors collaborate with Joint Commission’s administrative team and outcomes will be communicated to your organization when a determination is reached.

# Readiness Guide

Actions to take when surveyor arrives	Responsible Staff	Comments:
Greet surveyor(s)		
Verify identity		Look at picture ID to ensure they are from Joint Commission
Ask them to wait		Location:
Validate authenticity of survey		Contact: _____ (this individual has a user ID and password to access the organization's Joint Commission extranet site) Phone number: _____

**Note:** Please download the entire *Survey Activity Guide* for additional information on how to prepare for survey

Document Lists and Survey Activity Lists for each accreditation program appear on the pages that follow. These lists are intended for use with the Survey Activity Guide.

## Survey Planning and Readiness Notes:

1. Please review the Behavioral Health Care and Human Services Survey Activity List to assist you in preparing for your survey. The list includes the potential survey activities that can occur on an accreditation survey, including the suggested duration, and suggested timing for these activities. This information will allow your organization to begin identifying participants that need to be involved in the survey. The activity list includes a column for your organization to use for recording participant names, possible meeting locations, times that could conflict with participant availability, or any other notes.
2. Make available as many of the materials noted on the Behavioral Health Care and Human Services Document List as possible for the Surveyor Arrival and Preliminary Planning Session.
3. Work with your surveyor(s) to confirm the best day and time for specific survey activities to take place.

Contact your Account Executive with any questions related to this information.

# Behavioral Health Care and Human Services Accreditation

## Requested Documentation List

Behavioral Health Care and Human Services organizations need to have the following information and documents available for the surveyor(s) to begin reviewing during the Surveyor Arrival and Preliminary Planning activity. This review will continue at various times throughout the survey.

*Note: The 12-month reference in the following items is not applicable to initial surveys.*

- Organization Chart, if available
- Contact person who will assist the surveyor(s) during survey (name, phone number, extension)
- Map of your organization, if applicable/available
- Results of data analysis
  - Performance improvement projects
  - Infection Control, such as hand hygiene adherence
  - Environment of Care (e.g., fire drill critiques, reports of injuries to individuals served, occupational illnesses and staff injuries, property damage or security incident reports, environmental monitoring for deficiencies, hazards, or unsafe practices)
  - Emergency Management Plan and evaluations of exercises and responses to actual emergencies
- Lists of individuals served by program/service with diagnosis or condition
- Reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies and annual objective evaluation of organization's financial ability to provide care, treatment, or services. Regulatory body reports including but are not limited to licensing reports and local/state fire inspections.
- Most recent culture of safety and quality evaluation data

### For Certified Community Behavioral Healthcare Clinic (CCBHC) Surveys:

- Needs assessments and staffing plans
- Crisis Policy/ Procedure
- Quality Improvement Plans
- Data tracking
- Provision of services with community partners and designated collaborating organizations (DCOs)
- Proof of non-profit or government status
- Fee schedules and eligibility
- Malpractice/ Liability Insurance
- Financial Audit
- Policy/Procedure for individuals served who live at a distance from the CCBHC.

### For organizations that elect the Behavioral Health Home (BHH) Certification option

- Health screening policy with triggers
- Policy on performing assessments
- Treatment planning policy
- Brochure/information on BHH services for individuals served
- If EHR system in use, evidence of certification

**Please note** that this is not intended to be a comprehensive list of documentation that may be requested during the survey. The surveyor(s) may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

# Behavioral Health Care and Human Services Accreditation

## Survey Activity List

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Key Organization Staff (Refer to Survey Activity Guide for more info.)
Surveyor Arrival and Preliminary Planning, including the Safety Briefing	30 minutes	1 <sup>st</sup> day, upon arrival	
Opening Conference	15 minutes	1 <sup>st</sup> day, as early as possible	
Orientation to Organization	45 minutes	1 <sup>st</sup> day, as early as possible	
Individual Tracer	60-120 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals served that surveyors trace varies by organization. If travel is required to perform tracer activity it will be planned into this time.	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution <b>OR</b> Surveyor Planning / Team Meeting	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Daily Briefing	30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment	60 minutes	After some individual tracer activity has occurred	
Environment of Care and Emergency Management	60-90 minutes	After some individual tracer activity has occurred	
System Tracer – Data Management	60 minutes	After some individual tracer activity has occurred at a time negotiated with the organization. If this is the only system tracer taking place during survey, the topics of Infection Control and Medication Management will be covered in this discussion.	
Leadership	60 minutes	Towards the middle or end of survey at time negotiated with organization	
Report Preparation	60-90 minutes	Last day of survey	
CEO Exit Briefing	15 minutes	Last day of survey	
Interim Exit	30 minutes	Last activity on last day of survey on surveys occurring simultaneously with other program surveys, e.g., hospital	
Organization Exit Conference	30 minutes	Last day, final activity of survey	
<b>Note: The following activities may be incorporated into the survey agenda as noted under the Suggested Scheduling of Activity column.</b>			
Life Safety Code Building Assessment	60 minutes	Only takes place on surveys when the organization is subject to compliance with the Life Safety Code standards. See the	

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Key Organization Staff (Refer to Survey Activity Guide for more info.)
		Accreditation Manual for Behavioral Health Care and Human Services, Life Safety chapter Overview, Applicability of the Standards section. If required, occurs at a time negotiated with organization	
Foster Parents Group Meeting	60 minutes	<b>Only applicable to organizations providing Foster Care services.</b> At a time negotiated with the organization	
Foster/Therapeutic Foster Family Home Visit	60-90 minutes	<b>Only applicable to organizations providing Foster Care services.</b> At a time negotiated with the organization	
System Tracer – Medication Management	60 minutes	Only occurs if the organization is responsible for any of the critical medication processes. Takes place after some individual tracer activity has occurred. Topic may be covered during the Data Management system tracer depending on the length of survey	

# Surveyor Arrival

## Organization Participants

Suggested participants include the organization's accreditation contact or survey coordinator.

## Logistical Needs

- Identify a location where surveyors can wait for organization staff.
- Identify a location surveyors can consider as their “base” throughout the survey.

## Overview

Surveyors arrive at approximately 7:45-7:50 a.m. unless business hours, as provided in the accreditation application, indicate that your organization opens later. Surveyors will check in at the front desk, identifying themselves as Joint Commission surveyors.

## Surveyor Arrival Activities

- Implement your Readiness Guide as discussed in the Preparing for Surveyor Arrival section
- Notify key organization members as identified in the pre-survey planning session of the surveyor's arrival
- Validate that the survey is legitimate by accessing your Joint Commission extranet site. A staff member in your organization with a login and password to your Joint Commission extranet website will follow through with this by:
  - Accessing Joint Commission's website at [www.jointcommission.org](http://www.jointcommission.org)
  - Click on the “Joint Commission Connect” logo
  - Enter a login and password
  - If you cannot access the extranet site to validate the survey or surveyors, call your Account Executive
- Your organization's extranet site contains the following information:
  - Confirmation of scheduled Joint Commission event authorizing the surveyor's presence for the unannounced survey
  - Surveyor name(s), picture, and biographical sketch
  - Survey agenda template
- If you have not already downloaded a copy of your survey agenda, do so at this time.
- Begin gathering and presenting documents as identified in the Behavioral Health and Human Services Requested Documentation list. Surveyors will start reviewing this information immediately.

# Surveyor Preliminary Planning Session

## Organization Participants

Suggested participants include the organization's accreditation contact or survey coordinator and individual or individuals that will provide the Safety Briefing to surveyors, if different than the accreditation contact or survey coordinator.

## Logistical Needs

The suggested duration of this session is approximately 30 to 60 minutes, with only a few minutes of this time designated for the Safety Briefing.

Surveyors need:

- A work area they can use as their “base” for the duration of the survey with a desk or table, telephone, **internet access**, and access to an electrical outlet, if possible.
- A means to secure their belongings.
- The name and phone number of a key contact person to assist them in survey planning and tracer selection.
- As much information and material noted on the Behavioral Health Care and Human Services Requested Documentation list as possible.

## Objectives

Surveyors will:

- Learn about any current organization safety or security concerns and how they should respond if organization safety plans are implemented.
- Review organization documents to become acquainted with your organization.
- Plan for tracer activity.

## Overview

After surveyors arrive and their identification has been verified, surveyors immediately begin planning for tracer activity by reviewing the documents you provide them. They begin discussing the focus of the survey with the other surveyors (when applicable). If documents are not available for surveyors to review during this session, they will proceed to areas where care, treatment, or services are provided and begin individual tracer activity.

The organization is requested to provide surveyors with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the surveyors of any current organization safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site. Situations to cover include:

- Fire, smoke, or other emergencies
- Workplace violence events (including active shooter scenarios)
- Any contemporary issues the surveyor may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)

# Opening Conference

## Organization Participants

Suggested participants include members of the governing body and senior leadership representing the programs/services seeking accreditation.

Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives.

## Logistical Needs

The duration of this session is approximately 15 minutes.

Immediately following this session is the Orientation to the Organization. If possible, designate a room or space that will hold all participants and will allow for an interactive discussion.

## Objectives

Surveyors will:

- Describe the structure of the survey
- Answer questions your organization has about the survey
- Review your organization's expectations for the survey

## Overview

Surveyors introduce themselves and describe each component of the survey agenda. It is important for you to discuss and review your organization's expectations for the on-site survey with the surveyor(s). Questions about the on-site visit, schedule of activities, availability of documents or people and any other related topics should be raised at this time. Surveyors will also take time to review any updates to the accreditation process that may have been implemented since the organization's last full survey event.

## IMPORTANT

Your organization should ask questions and seek clarification from the surveyor(s) about anything that you do not understand throughout the onsite event. Depending on the question, issue, or concern, the surveyor may suggest addressing them during a Special Issue Resolution Session later in the day. It is important for you to request clarification at any time you do not understand surveyor questions, actions, or discussions.

# Orientation to the Organization

## Organization Participants

Attendees should be able to address leadership's responsibilities for:

- Strategic planning,
- Resource allocation,
- Management, oversight,
- Performance improvement, and
- Support in carrying out your organization's mission and strategic objectives

Consider including the following individuals

- Senior leadership representing the programs and services
- Member(s) of the governing body, or organization trustee
- Administrators
- Clinical leader(s)
- Administrative leader(s)
- Accreditation contact

## Logistical Needs

- This activity is usually combined with the Opening Conference.
- Meeting space should allow for an interactive discussion.
- The suggested duration of this session is approximately 30-60 minutes.
- **Please do not prepare a formal presentation.**

## Objective

Surveyors will learn about your organization through an interactive dialogue to help focus subsequent survey activities.

## Overview

During this activity surveyors become acquainted with your organization. They begin to learn how your organization is governed and operated, discuss leaders' planning priorities, and explore your organization's performance improvement process.

Governance and operations-related topics for discussion include:

- Organization's mission, vision, goals, and strategic initiatives
- Organization structure
- Operational management structure
- Planning, resource allocation, and decision-making processes
- Information management, especially the format and maintenance of medical records
- Contracted services and performance monitoring, including telemedicine, telehealth services
- Error reduction and individual served safety initiatives
- National Patient Safety Goals, such as suicide risk reduction NPSG.15.01.01 including environmental risk assessments and mitigation plans
- Community involvement initiatives
- Leader's role in emergency management planning
- Characteristics of the individuals served (population) by the organization such as race, ethnicity, and language/communication needs
- Organization activities related to risk awareness, detection, and response as it relates to cyber emergencies
- Assessing the organization's culture and attention to safety

- Organization's workplace violence prevention program, including who leads the program, the definition of workplace violence, annual worksite analysis, staff education and training, and incident reporting processes
- Use of a standardized tool or instrument to measure outcomes

### **Certified Community Behavioral Health Clinic-Specific Topics for Discussion**

- Scope of health and social services provided and coordinated
- Business hours and hours of availability
- Eligibility criteria to receive care, treatment and services from the clinic
- Organization's crisis plan
- Provisions for or facilitation of transportation for individuals served
- Provisions or arrangements for individuals served who live a distance from the clinic
- Board members/governance and what members of the community they represent
- Organization's needs assessment and staffing plans
- Standardized screening and assessment tools and methods used, including motivational interviewing

Additional discussion topics include:

- Leaders' ideas about the organization's potential risk areas
- Management and leadership's oversight and other responsibilities

Senior leadership role in improving performance discussion topics may include:

- How leaders set expectations, plan (set priorities), assess, and measure initiatives to improve the quality of services
- Routine performance monitoring and identifying and prioritizing improvement projects
- Use of data in strategic and project-level decision-making and planning
- Improvement methodology and improvement tools being used
- Organization approach to safety, including selection of proactive risk assessment topics, resulting improvements, and Board/Governance involvement in safety issues
- Provision of personnel and resources including time, information systems, data management, and staff training
- Note: Surveyors will request examples of performance improvement initiatives including evidence that performance was achieved and sustained.

# Individual Tracer Activity

## Joint Commission Participants

One surveyor per individual tracer

## Organization Participants

Suggested participants include staff and management involved in the individual's care, treatment, and services.

## Logistical Needs

- The suggested duration of individual tracer activity varies but typically is 60-120 minutes.
- Care is taken by surveyors to assure confidentiality and privacy and they will seek the help and guidance of staff in this effort.
- Surveyors may use records of care, treatment, or services for multiple individual served during individual tracer activity. The purpose of using the record is to guide the review, following the care, treatment, or services provided by the organization to the individual served.

A surveyor may arrive in a setting/unit/program/service and need to wait for staff to become available. If this happens, the surveyor may use this time to evaluate environment of care issues or observe the care, treatment, or services being rendered.

If there are multiple surveyors conducting the survey, they will make every effort to avoid visiting the same areas at the same time and will try to minimize multiple visits to the same location. However, an individual tracer does follow where the individual served received care, treatment, or services.

## Objective

The surveyor will evaluate your organization's compliance with standards as they relate to the care, treatment, or services provided to individuals served.

## Overview

Most survey activity occurs during individual tracers. The term "individual tracer" denotes the survey method used to evaluate the organization's compliance with standards related to the care, treatment, and services provided to an individual served. Most of this survey activity occurs at the point where care, treatment, or services are provided.

Initially, the selection of individual tracer candidates is based on organization care, treatment, and services as reported in your e-application and the general risk areas identified for the accreditation program which are listed in the Intra-Cycle Monitoring (ICM) Profile. Surveyors will also consider any organization-specific risk areas listed in the ICM Profile. As the survey progresses, the surveyors may select individuals served with more complex situations.

The individual tracer begins in the setting/unit/program/service/location where the individual served, and their record of care are located. The surveyor starts the tracer by reviewing a record of care with the staff person responsible for the individual's care, treatment, or services. The surveyor then begins the tracer by:

- Following the course of care, treatment, or services provided to the individual served, from preadmission through post discharge, as applicable to the program
- Assessing the interrelationships between disciplines, departments, programs, services, or units, where applicable, and the important functions in the care, treatment or services provided
- Identifying issues that will lead to further exploration in the tracing of organization systems or other survey activities such as Competence Assessment and the Leadership Session

During the individual tracer, the surveyor observes the following (includes but is not limited to):

- The process for planning care, treatment, or services
- Care, treatment, or services being provided to individuals served by staff, clinicians, including physicians
- The environment as it relates to the safety of individuals served and staff
- Any medication processes (e.g., preparation, dispensing, administration, storage, control of medications)
- Infection control issues (e.g., techniques for hand hygiene)
- Administration of the organization's standardized tool or instrument for measuring outcomes to an individual served

During the individual tracer, the surveyor interviews staff about:

- Processes as they relate to the standards
- Communication for the coordination of care, treatment, or services. (e.g., hand-offs)
- **For CCBHC Surveys:** Organizations the clinic has agreements/partnerships with to promote care coordination
- **For CCBHC Surveys:** Referrals, to these organizations and if they are confirming individuals served are keeping appointments
- **For CCBHC Surveys:** Frequency of treatment plan updates
- The use of data in the care of individuals served, and for improving organization performance; awareness and involvement in performance improvement projects
- Individual served flow through the organization
- National Patient Safety Goals for example, suicide risk reduction (NPSG.15.01.01)
- Individual served education
- Orientation, training, and competency of staff
- Workplace violence prevention program, education and training related to workplace violence prevention, and workplace violence incident reporting process
- The systems in use for documenting care, treatment, or services being provided to individuals (paper, fully electronic or a combination of the two) and about any procedures that must be followed to protect the confidentiality and integrity of the information they collect, such as
  - Alternate procedures when the primary system is unavailable
  - If internet-connected health information, equipment, or devices are used in care, treatment, or service, staff may be asked to describe their access procedures (passwords, authentication, etc.), confidentiality measures, and instructions on down-time procedures
  - How they approach risk awareness, detection and/or response as it relates to potential cyber emergencies
- Process for physical pain screening
- **Behavioral Health Care and Human Services Acute 24-hour settings (includes inpatient crisis stabilization or medical supervised withdrawal management):** Process for physical pain assessment and treatment or referral for treatment
- Pain assessment, pain management and safe opioid prescribing initiatives, when applicable, and resources made available by the organization; Prescription Drug Monitoring Database and criteria for accessing, when applicable

- For substance use disorder treatment programs that serve individuals with opioid use disorder: The process for providing access to medications for opioid use disorder (MOUD).
  - If they refer out, how is it confirmed that the individual has received treatment and continues to receive treatment.
- The standardized tool or instrument that is being used to measure outcomes
- Other issues

During the individual tracer, the surveyor may speak with available licensed practitioners, including physicians about:

- Organization processes that support or may be a barrier to care, treatment, and services for the individual served.
- Communications and coordination with other licensed practitioners (hospitalists, consulting physicians, primary care practitioners).
- For substance use disorder treatment programs that serve individuals with opioid use disorder: The process for providing access to medications for opioid use disorder (MOUD).
  - If they refer out, how is it confirmed that the individual has received treatment and continues to receive treatment.
- Discharge planning, or other transitions-related resources and processes available through the organization.
- Workplace violence prevention program, education and training related to workplace violence prevention, and workplace violence incident reporting process
- Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred.
- Pain assessment, pain management and safe opioid prescribing initiatives, when applicable and resources made available by the organization; Prescription Drug Monitoring Database and criteria for accessing, when applicable.

During the individual tracer, the surveyor interviews individuals served, about:

- Coordination and timeliness of services provided.
- Education and information they have been provided, including
  - If they are aware of their risk for suicide and the mitigation plan
  - For individuals receiving medication for opioid use disorder (MOUD) (through the organization or a referral): If they were made aware of the risk related to abrupt discontinuation of MOUD.
  - Discharge instructions
- Perception of care, treatment, or services.
- Staff observance of handwashing and verifying their identity.
- Understanding of instructions provided by staff, as applicable.
- Rights of individuals served.
- Experience with the standardized tool or instrument to measure and track their outcomes including their understanding of how it is used to monitor their progress, and whether anyone from their care team discuss data with them.
- Other issues.

## **Using individual tracers for continuous evaluation**

Many organizations find tracer activity helpful in the continuous evaluation of their services. If choosing to conduct mock tracers, consider the following criteria in selecting the individuals served.

### **Selection Criteria**

- Individuals served who move between or participate in multiple programs/services
- Individuals served recently admitted
- Individuals served due for discharge or recently discharged
- Individuals served requiring both medical and behavioral health care
- Individuals served with conditions that allow for observation of organization medication management and infection prevention and control practices

### **Selection Criteria for Certified Community Behavioral Health Clinics**

- Active US military member or a veteran
- Native American or Alaska Native
- Individual who screened for substance use disorder
- Individual(s) with specific language needs (e.g., requires interpreter services)
- Individual who has received crisis services from the clinic
- Individual who has received case management services from the clinic

Care provided through programs and services to:

- High risk populations (restraint use, seclusion, suicidal)
- Vulnerable populations (very young [child welfare recipients], very old, persons with intellectual or developmental disabilities)
- Long length of stay populations

# Individual Tracer Activity – Medication Safety

**Applicable to** organizations that offer care, treatment, and services to individuals served that involve the use of medications.

## Organization Participants

Suggested participants include staff and management involved in the individual's care, treatment, and services, clinical and support staff responsible for medication management sub-processes.

## Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity.

## Objectives

During this activity the surveyor will want to identify any medication processes that are within the scope of the organization's care, treatment, and services and evaluate those processes for compliance with the standards.

## Overview

Surveyors will select an individual served that is receiving a medication and trace the related medication management processes that are within the scope of the organization's care, treatment, or services.

The tracer activity begins with review of the individual's clinical/case record. Staff should be prepared to identify and describe the medication management sub-processes (selection/procurement, storage, ordering/transcribing, preparing/dispensing, administration, monitoring and evaluation) that are within the scope of the organization's care, treatment, and services.

### If the organization is prescribing medications

The surveyor will interview prescribers to determine:

- If they have access to the Prescription Drug Monitoring Program databases.
- Awareness of the process for reporting of errors/system breakdowns/near misses.

Surveyors will interview individuals served about their medication and the information they have been provided by the prescriber.

### If the organization is administering medications,

The surveyor will interview staff responsible for administering medications to determine:

- Education they received about the medication.
- Where and how this and other medications are stored and how they are accessed.
- Training on administering this medication.
- If they are aware of the potential medication side effects and reactions.
- Consequences of missed doses and not administering medications at the prescribed time.
- If they know who to call with questions about the medication or administration.
- Process for reporting of errors/system breakdowns/near misses.

The surveyor will interview individuals about the medications they are being administered by staff to determine if:

- They received education about the medication.
- They were told about the potential medication side effects and reactions.

- Staff are administering according to a schedule and if there have been instances where doses may have been missed.
- They received any education about consequences of not taking medication as prescribed.
- They have been instructed to contact with questions about the medication.

Surveyors will want to interview **individuals served who are self-administering medications** within the organization's facilities about:

- Education they received about the medication.
- Training they received for administering the medication.
- Where and how the medications are stored and how they access them.
- Medication potential side effects and reactions.
- Missed doses and consequences of not taking medication as prescribed.
- Who they have been instructed to call with questions about the medication or administration.

# Program Specific Tracer - Elopement

**Applicable to** 24-hour program settings that provide care, treatment, or services such as: Addictions, Children and Youth, Residential Treatment, Group Homes, Developmental Disabilities, Foster/Therapeutic Foster Care, and Mental Health.

## Organization Participants

Suggested participants include staff and management who have been involved in the care, treatment, or services of the individual served.

## Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity

## Objectives

The surveyor will:

- Evaluate the effectiveness of the organization's processes to prevent elopement therefore enhancing safety.
- Identify process and system level issues contributing to successful elopements.

## Overview

The surveyor selects an individual served who eloped multiple times. The surveyor begins by reviewing the case/clinical record for the events leading up to the elopement of the individual served. The surveyor evaluates the organization's physical environment and security systems.

The surveyor interviews staff about the elopement and the processes that are in place to prevent elopement and ensure the safety of individuals served.

The surveyor also interviews the individual served, if available, and family, if applicable, about:

- Their perception of the services provided, the episode of elopement, the causation and treatment, and use of restraints
- Elopement prevention activities they know about
- Guidance provided from staff to prevent escalation in the future

# Program Specific Tracer – Continuity of Foster Care or Therapeutic Foster Care

**Applicable to Foster and Therapeutic Foster Care service providers.**

## **Organization Participants**

Suggested participants include the case manager, individual served, and foster parents/family members.

## **Logistical Needs**

This focused tracer occurs during time designated for Individual Tracer Activity.

## **Objectives**

The surveyor will:

- Evaluate the effectiveness of the foster care agency's processes surrounding number of foster home placements
- Identify processes and system level issues contributing to multiple placements

## **Overview**

A problem in Foster Care may be the issue of multiple foster home placements of a single individual served. This leads to disconnects in the continuity of care, a sense of alienation and isolation, and potential for the foster care agency/organization missing serious problems with the individual served.

The surveyor selects an individual served with multiple foster homes within the foster care agency being surveyed. The surveyor conducts a home visit at the current foster home and interviews the individual served about their experience with foster care homes; their perception of issues that led to multiple placements; and their involvement in the process including communications from their case worker.

The surveyor also interviews foster parents/caregivers, when possible, about the placement process and how they were assessed for fostering.

The surveyor interviews the case manager about:

- Assessment processes.
- Content and use of information communicated from a state or county agency.
- Process and content of basic assessment to ensure the safety of the individual served and foster family when emergency placement is made.
- Compliance with the triage process for initial placement.
- Use of guiding criteria for appropriate placement.
- Ongoing evaluation of the foster family.

# Program Specific Tracer – Violence Prevention

## Organization Participants

Suggested participants include staff and management involved in the care, treatment, or services of the individual served.

## Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity.

## Objectives

The surveyor will:

- Evaluate the effectiveness of your organization's processes to control violence and ensure the safety of others
- Identify process and system level issues contributing to violent behavior

## Overview

The surveyor selects an individual served who had a history of violent behavior with or without injury to self, staff, or others. The surveyor begins the tracer by reviewing the clinical record to identify the documentation of events leading up to the violence. The surveyor also evaluates the following:

- The physical environment that could make violent behavior possible
- The annual worksite analysis related to the workplace violence prevention program
- Measures taken by your organization to ensure security for individuals served
- Security systems such as security cameras and alarm mechanisms, when present

The surveyor interviews the individual served and family about the following:

- Perception of the episodes of violent behavior and use of restraints.
- Violent behavior prevention activities.
- Guidance provided from staff to prevent further violent behavior.

The surveyor interviews staff about the following issues:

- The episodes of violent behavior.
- Communication to other caregivers.
- Inclusion of the individual served and family in identifying the risk for and prevention of violent behavior.
- The risk assessment process.
- Restraint use.
- Orientation and training of staff about violent behavior risks and de-escalation techniques.

# Program Specific Tracer – Suicide Prevention

**Applicable to** organizations providing care, treatment, and services in 24-hour settings.

## Organization Participants

Staff and management who have been involved in the care, treatment, or services of the individual served.

## Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity.

## Objectives

The surveyor will:

- Evaluate the effectiveness of your organization's suicide prevention strategy.
- Identify processes and system level issues contributing to suicide attempts.

## Overview

Suicide ranks as the 10<sup>th</sup> most frequent cause of death per CDC 2019 data (second most frequent in young people [ages 10-24]; and third most frequent in people ages 25-44) in the United States. Suicide of a care recipient while in a staffed, round-the-clock care setting and following discharge from such settings, continues to be a reported sentinel event to Joint Commission. Identification of individuals at risk for suicide while under the care of or following discharge from a behavioral health care and human services organization 24-hour setting, is an important first step in protecting and planning the care of these at-risk individuals.

The surveyor begins by reviewing the record of the individual served to attain an understanding of services provided and specific concerns for the individual. The surveyor interviews the clinical staff working with the individual served about the following topics:

- Crisis process
- Initial assessment process
- Reassessment process
- Environmental assessment for ligatures and other risks for self-harm and/or suicide
- Planning of care, treatment, or services
- Mitigation plans for individuals who are at high-risk for suicide
- Continuum of care, treatment, or services
- Education provided to the individual served
- Orientation, training, and competency of clinicians and staff
- Organization staffing
- Information management, including timely access to information by staff.

# Program Specific Tracer – Certified Community Behavioral Health Clinics (CCBHC)

**Applicable to** organizations providing care, treatment, and services according to SAMHSA's CCBHC Model.

## Organization Participants

Staff and management who have been involved in the care, treatment, or services of the individual served.

## Logistical Needs

None. The evaluation of CCBHC requirements draws on information gathered during multiple survey activities including the following:

- Opening Conference
- Orientation to the Organization
- Individual Tracers
- Competence Assessment / Credentialing Session
- Leadership and Data Use Session

Surveyors may conduct this tracer activity to compile and assess the CCBHC-related information gathered and then use remaining time to seek further details about these services, if necessary, through additional individual tracer activity, record or other document review, or staff interview. This activity takes place during time designated for Individual Tracer Activity on the agenda.

## Objectives

The surveyor will:

- Evaluate your organization's provision of CCBHC services according to SAMHSA established requirements.
- Identify CCBHC processes and systems-level improvement opportunities.

## Overview

**Certified Community Behavioral Healthcare Clinic (CCBHC):** An integrative behavioral health care model based on Substance Abuse and Mental Health Services Administration (SAMHSA) criteria that provides individuals served with coordinated, comprehensive access to a spectrum of behavioral health care services, as well as primary care screening, monitoring, and coordination. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services, to all individuals.

- CCBHCs are required to provide nine core services, either directly or through formal relationships with designated collaborating organizations (DCOs). A DCO is an entity that

is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC.

- These services include, but are not limited to:
  1. Crisis services including 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, suicide crisis response, withdrawal management, and coordination with law enforcement and hospitals,
  2. Treatment planning,
  3. Screening, assessment, diagnosis, and risk assessment,
  4. Outpatient mental health and substance use services,
  5. Targeted case management,
  6. Outpatient primary care screening and monitoring,
  7. Community-based mental health care for veterans,
  8. Peer counseling and peer, family, and caregiver support services,
  9. Psychiatric rehabilitation services.

The surveyor will begin by asking for specific documents and policies that are specific to CCBHCs. The surveyor will also review the records of individual(s) served to attain an understanding of services provided and specific concerns for these individuals. The surveyor interviews the clinical staff working with the individual served in the CCBHC program as well.

The organization should be prepared with the following documents:

**For Certified Community Behavioral Healthcare Clinic (CCBHC) Surveys:**

- Needs assessments and staffing plans
- Crisis Policy/ Procedure
- Quality Improvement Plans
- Data tracking
- Provision of services with community partners and designated collaborating organizations (DCOs)
- Proof of non-profit or government status
- Fee schedules and eligibility
- Malpractice/ Liability Insurance
- Financial Audit
- Policy/Procedure for individuals served who live at a distance from the CCBHC.

# Special Issue Resolution

## Organization Participants

None, unless otherwise requested by the survey team

## Scheduling Guidelines

For surveys lasting more than one day, 30 minutes is scheduled toward the end of each day except the last for surveyors to conduct either Special Issue Resolution or engage in Surveyor Planning or Team Meeting activity. The surveyor will inform your organization's contact person what activity they will be conducting.

## Logistical Needs

Surveyors will inform your organization's contact person of what documentation, if any, is needed for the Issue Resolution activity if being conducted and any staff who they would like to speak with or locations they want to visit.

## Overview

This time is available for surveyors to explore any issues that may have surfaced during the survey and could not be resolved at the time they were identified (staff unavailable for interview, visit to another location required, additional file review required, etc.). Depending on the circumstances, this may include:

- The review of policies and procedures
- The review of additional individual served records to validate findings
- Discussions with staff, if necessary
- Review of personnel and credentials files
- Review of data, such as performance improvement results
- Other issues requiring more discussion

# **Surveyor Planning/Team Meeting**

## **Organization Participants**

None

## **Scheduling Guidelines**

For surveys lasting more than one day, 30 minutes is scheduled toward the end of each day except the last for surveyors to conduct either Special Issue Resolution or engage in Surveyor Planning or Team Meeting activity. The surveyor will inform your organization's contact person of the activity they will be conducting.

## **Logistical Needs**

Surveyors will inform the organization's contact person if they need to have any information available.

## **Overview**

Surveyors use this session to debrief on the day's findings and observations and plan for upcoming survey activities.

Before leaving the organization, surveyors will return organization documents to the survey coordinator / liaison. If surveyors have not returned documentation, your organization is encouraged to ask surveyors for the documents prior to their leaving.

# Daily Briefing

## Organization Participants

Suggested participants include representative(s) from governance, CEO/Administrator or Executive Director, individual coordinating the Joint Commission survey, and other staff at the discretion of organization leaders.

## Logistical Needs

The suggested duration for this session is approximately 15 to 30 minutes and it occurs every morning of a multi-day survey, except for the first day. Surveyors may ask to hold a daily briefing before concluding activity on the first day, depending on survey length and circumstances. If a surveyor is visiting a remote location, you may be asked for assistance with setting up a conference call to include all surveyors and appropriate staff from locations that were visited.

## Objective

The surveyor will summarize the events of the previous day and communicate observations according to standards areas that may or may not lead to findings.

## Overview

The surveyors briefly summarize the survey activities completed the previous day. During this session the surveyors make general comments regarding significant issues from the previous day, note potential non-compliance, and emphasize performance patterns or trends of concern that could lead to findings of non-compliance. The surveyors will allow you the opportunity to provide information that they may have missed or that they requested during the previous survey day. You may also present surveyors with information related to corrective actions being implemented for any issues of non-compliance. Surveyors will still record the observations and findings but will include a statement that corrective actions were implemented by the organization during the on-site survey.

Your organization should seek clarification from the surveyors about anything that you do not understand. Note that the surveyors may decide to address your concerns during a Special Issue Resolution Session, later in the day. It is important for you to seek clarification if you do not understand anything that the surveyors discuss.

# Competence Assessment and Credentialing/Privileging

## Organization Participants

Suggested participants include staff responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing licensed practitioner and physician competency. There should be someone with authority to access information contained in personal and credential files.

## Logistical Needs

The suggested duration for this session is 30-60 minutes. Inform the surveyors of your process for maintaining competency and credentials records. The review of files is not the primary focus of this session; however, the surveyor will verify process-related information through documentation in personnel or credential files. The surveyor identifies specific staff, licensed practitioners, and physicians whose files they would like to review based on tracer activity.

For CCBHC Surveys: Surveyors will need to see staffing plan(s). Surveyors will also look for evidence that the organization is meeting SAMHSA Criteria 1.b.2. that specifies the type of staff required be available through a CCBHC.

## Objectives

The surveyor will:

- Learn about the organization's competence assessment process for staff, licensed practitioners, and physicians.
- Learn about the organization's orientation, education, and training processes as they relate to staff, licensed practitioners, and physicians.

## Overview

The surveyor will want to discuss the following topics with organization staff:

- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission standards
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
- Performance improvement initiatives related to competency assessment for staff, licensed practitioners, and physicians
- Orientation of staff, licensed practitioners, and physicians to the organization, job responsibilities, or clinical responsibilities, if applicable
  - Does orientation, training, and education include the topic of workplace violence prevention. When is this topic usually covered and how frequently?
  - Who receives education and training on workplace violence prevention (e.g., staff, leaders).
  - What content is covered in the education and training. Does it include:
    - What constitutes workplace violence
    - Roles and responsibilities of leaders, clinical staff, security personnel and external law enforcement
    - De-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
    - Reporting process for workplace violence incidents.

- Experience, education, and abilities assessment
- Ongoing education and training related to screening for physical pain.
- In acute, 24-hour settings (including inpatient crisis stabilization or medically supervised withdrawal management), education on pain assessment and management
- Competency assessment, maintenance, and improvement, including
  - **For staff who assess, plan services for, and deliver services to individuals with opioid use disorder:** Competencies and/or education regarding evidence-based practices on treating opioid use disorder, including at least:
    - Medication for opioid use disorder
    - Psychosocial therapies
    - Harm-reduction
- **For CCBHC Surveys:** Clinic staff competencies required for:
  - Military and veteran culture,
  - Primary care integration,
  - CCBHC continuity plan,
  - Person-centered, recovery-oriented, evidence-based care,
  - Roles of families and peers in care
- Competency assessment process for contracted staff, as applicable
- Process for assigning clinical responsibilities
- Other topics and issues discovered during tracer activity

# Infection Control, Environment of Care and Emergency Management Session

## Organization Participants

Participants should include individuals familiar with processes: To prevent and reduce the spread of infection; related to safety, security, and management of the environment of care; and, to identify, plan, and prepare for potential emergencies. This may include leaders, safety and security coordinator, facility manager, building utility systems manager, office manager, information technology (IT) representative, and the person(s) responsible for emergency management.

## Objective

The surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's processes to prevent and reduce the spread of infection, manage the environment of care, and identify, plan, and prepare for potential emergencies.

## Logistics

The duration of this session is approximately 60 minutes depending on the type of organization, services provided, and facilities.

## Overview

This activity begins with a group discussion of the organization's infection prevention and control risk assessment, the environment of care risks and plans to mitigate those risks, and finally emergency management planning and preparation. Topics may include the following:

- Identification of infection risks and current priorities for prevention and control.
- Activities to minimize or reduce the risk of infection (e.g., data collection on hand hygiene compliance, staff orientation and training on infection prevention and control policies, environmental cleaning and disinfection procedures, safe food practices, and for residential settings, linen management).
- Relevant infection control issues identified by the local state or federal public health authorities.
- Action plans when infection control issues arise.
- As applicable to the organization's services and population of individuals served, be prepared to describe:
  - Storage and disposal of infectious waste.
  - Cleaning, disinfection and sterilization (when applies) of reusable medical equipment.
- Organization representatives should be prepared to describe and explain the environment of care (EC) risks (e.g., safety and security, fire safety, hazardous materials and waste, utilities, construction) that have been addressed in each of the organization's management processes (that is, plan, teach, implement, respond, monitor, and improve), such as:
  - Setting-specific EC risks.
  - Communication of staff EC roles and responsibilities.
  - Procedures and controls (both human and physical components) implemented to minimize the impact of EC risks to individuals served, visitors, and staff.
  - Procedures to report and respond to EC problems, incidents, and failures, including those related to workplace violence.
  - Monitoring of EC performance (both human activities and physical components) and monitoring activities that have taken place within the last 12 months.

- Environment of care issues that are currently being analyzed and the actions that have been taken as a result of EC monitoring.
- Organization representatives should be prepared to discuss how they are complying with **emergency management requirements** including:
  - Identifying potential risks and emergencies (such as those related to emerging infectious diseases) and what approach was used (such as all-hazards) that could affect demand for organization services or the organization's ability to provide services (sometimes referred to as a, Hazard Vulnerability Analysis).
  - Determining response strategies and how the Emergency Operations Plan supports these strategies.
  - Cooperating and collaborating with external agencies and/or relevant community partners and authorities to coordinate responses.
  - Describing the initial and ongoing education and training provided to staff (at least every two (2) years) and how the organization validates staff knowledge of emergency response procedures.
  - Conducting at least one (1) exercise per year to test the emergency operation plan based on the identified risks (or hazard vulnerabilities) and needs of the organization that is consistent with care, treatment, and services provided. Exercise design should be demanding enough to surface weaknesses, gaps, or opportunities for improvement in the organization's response effort. Documentation of exercises conducted is required.
  - Making any necessary improvements to its emergency management based on critiques of emergency management drills and response to actual emergencies.
  - Reviewing and updating the emergency operations plan to make necessary updates at least every two (2) years to incorporate the opportunities for improvement identified during the evaluations (after action reports) of all emergency response exercises and actual emergencies.

During Individual Tracer Activity both before and after this activity, the surveyor will be observing and evaluating the organization's performance in managing selected EC risks. They observe implementation of those management processes determined to be potentially vulnerable or trace a particular risk(s) in one or more of the environment of care risk categories your organization manages. For example:

- Safety – Tracing the organization's process for maintenance of safe grounds and equipment; tracing the organization's process for environmental tours using their tools, if applicable.
- Security – tracing the organization's process for ensuring the security of individuals; tracing how organizations prevent contraband.
- Hazardous Materials – tracing the process for the management of sharps, chemicals, or other hazardous materials.
- Fire Safety – using the outcomes of the organization's fire drills to trace identified problematic issues; tracing a fire response plan in a high-risk area, if applicable.
- Utilities – tracing the planned actions for a communication failure or electrical failure.

Tracer activity will include:

- Having staff describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs, and how to report the problem or incident.
- Assessing any physical controls for minimizing the risk (i.e., equipment, alarms, building features).

- Assessing emergency plans for responding to utility system disruptions or failures (e.g., alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services).
- If equipment, alarms, or building features are present for controlling the particular risk, reviewing implementation of relevant inspection, testing, or maintenance procedures.

# Infection Prevention and Control Assessment Tool for the Behavioral Health Care and Human Services Program

**Table. Elements of Performance Applicability Grid by Settings and Services**

EP	24-hr Therapeutic School	Adult Day Care	Community-Based Homes	Correctional Services	Day Treatment	Forensic Services	Group Homes	In-Home Care, Treatment or Services	Inpatient Crisis Stabilization	Intensive Outpatient Program	Outdoor Treatment/ Wilderness Program	Outpatient CTS* /Staff Offices	Partial Hospitalization	Residential Care, Treatment, or Services	Therapeutic Day School	Transitional/ Supportive Living	Shelter	Certified Community Behavioral Health Clinic	Foster Care
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**IC.04.01.01**

3	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NA
9	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NA

**IC.06.01.01**

1	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NA
2	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NA
3	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NA
6	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NA
8	x					x		x						x			x		NA

\*\*CTS Care, Treatment, and Services. Note: Certified Community Behavioral Health Clinic may provide several types of services/settings.

**Required Documents:**

- Infection prevention and control policies and procedures
- Risk assessment
- Action plan(s) for any identified infection control issues

**Policies and Procedures**

**Standard/EP: IC.04.01.01 EP 3**

- ✓ The organization has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections and communicable diseases. The policies and procedures are in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice, including the use of standard precautions. Standard Precautions include the following:
  1. Hand hygiene
  2. Environmental cleaning and disinfection
  3. Injection and medication safety (if applicable to organization)
  4. Appropriate use of personal protective equipment based on the nature of the interaction and potential for exposure to blood, body fluids and/or infectious material
  5. Minimizing potential exposures (respiratory hygiene and cough etiquette)
  6. Cleaning and disinfection of reusable medical equipment between each patient and when soiled (if applicable)
- ✓ *For organizations that use and manage temporary invasive medical devices (for example, intravascular catheter):* The organization has policies and procedures on the management of invasive medical devices used among the organization's population.
- ✓ *For organizations that use the point-of-care testing devices (for example, blood glucose meter):* The organization has policies and procedures on cleaning and disinfection after every use according to device and disinfectant manufacturers' instructions.

**Resources**

**Standard/EP: IC.04.01.01 EP 9**

- ✓ Supplies necessary for adherence to hand hygiene (such as alcohol-based hand rub, soap, water, and a sink) are readily accessible in all areas where care is being delivered
- ✓ Alcohol-based hand rub is readily accessible and placed in appropriate locations where it can be accessed by the staff, individuals served, and visitors. The locations may include entrances to facilities or care areas, staff workstations, residential areas.
- ✓ The organization determines, based on its risk assessment, what personal protective equipment (PPE) is available, based on the nature of care interactions and potential for exposure to blood, body fluids and/or infectious material.

**Annual Risk Assessment**

**Standard/EP: IC.06.01.01 EPs 1, 2**

- ✓ The organization has a written assessment of its identified risks for infection, contamination, and exposure that pose

a risk to individuals served and staff based on the following:

- Care, treatment, and services it provides (for example, seasonal infection risks in residential/group setting, the presence of multiuse vials, foodborne safety)
- Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the organization.

Note: Risks may include organisms with a propensity for transmission within health care and residential facilities based on published reports and the occurrence among individuals served (for example, norovirus, respiratory syncytial virus [RSV], influenza, COVID-19).

Note: Risk identification may be based on auditing activities and identified lapses in infection prevention and control practices. Organizations may use assessment checklists from established authorities, for example [Infection Prevention Checklist For Outpatient Settings; CDC Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control](#)

### **Infection Prevention and Control Activities**

#### **Standard/EP: IC.06.01.01 EP 3**

- ✓ **Hand hygiene** is performed, at a minimum, as follows:
  - Before contact with an individual served
  - Before performing an aseptic task (for example, insertion of IV, preparing an injection, performing wound care)
  - After contact with the individual served
  - After contact with blood, body fluids, or contaminated surfaces
  - Moving from a contaminated body site to a clean body site during direct care
  - After removal of personal protective equipment (PPE).
- ✓ Staff adhere to **safe injection and medication practices**, including the following:
  - Use of aseptic technique when preparing and administering medications in an area that has been cleaned and separated from potential sources of contamination (for example, body fluids, sinks or other watersources)
  - Not reusing needles, lancets, or syringes for more than one use on one individual served
  - Not administering medications from a single-dose vial or ampule to multiple individuals served
  - Use of fluid infusion and administration sets (intravenous bags, tubing, and connectors) for one individual served only and appropriate disposal after use
  - Considering a syringe or needle/cannula contaminated once it has been used to enter or connect to an individual's served intravenous infusion bag or administration set
  - Entering medication containers with a new needle and a new syringe even when obtaining additional doses for the same individual served
  - Dedicating insulin pens for a single individual served and never sharing, even if the needle is changed
  - Disposing of sharps in accordance with applicable state and local laws and regulations.

#### **Environmental cleaning and disinfection**

- ✓ Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturers' instructions (for example, dilution, storage, shelf-life, contact time).

#### **Personal protective equipment (PPE)**

- ✓ Staff have immediate access to PPE and are able to select, put on, remove, and dispose of PPE in a manner that avoids contamination
- ✓ Gloves are worn when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, potentially contaminated skin, or contaminated equipment could occur.
- ✓ Staff change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.
- ✓ Staff wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.

#### **Minimizing potential exposures**

- ✓ The organization prompts individuals served and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage or handouts at points of entry and throughout the organization.

#### **Cleaning and disinfection**

- ✓ Reusable medical equipment (for example, blood glucose meters, blood pressure cuffs, oximeter probes) are cleaned/disinfected prior to use on another individual served and when soiled.
- ✓ Staff maintain separation between clean and soiled equipment to prevent cross contamination.
- ✓ Single-use equipment is discarded after use.
- ✓ Point of care devices intended for individual use (for example, a glucometer) are not used on multiple individuals

#### **Invasive medical devices**

- ✓ Staff adhere to invasive medical devices maintenance practices, in accordance with organization policies and procedures.

### **Action Plan**

#### **Standard/EP: IC.06.01.01 EP 6**

- ✓ The organization develops an action plan when infection control issues arise. Actions may include the following:
  1. Policy, procedure, or practice changes
  2. Education for individuals served, caregivers, and staff regarding transmission of communicable diseases and prevention of infections

3. Development of process metrics that could be used to monitor and address identified issues (for example, infection prevention and control observations for technique)

**Linen**

**Standard/EP: IC.06.01.01 EP 8**

**See Table for applicability**

- ✓ Staff handle, store, process, and transport linens in accordance with local or state regulations.
- ✓ Soiled textiles/laundry are handled with minimum agitation to avoid contamination of air, surfaces, and persons.
- ✓ Clean textiles/linens are covered if stored in a clean area or may be uncovered if stored in a dedicated clean storage area.

# Life Safety Code® Building Assessment

**Applicable to 24-hour care settings only.**

See the Life Safety standards chapter overview in the Accreditation Manual for more information. This activity does not apply to Behavioral Health Care and Human Services organizations designated as business occupancies.

## Organization Participants

Suggested participants include the individual who manages your organization's facility(ies) and other staff at the discretion of your organization.

## Logistical Needs

The surveyor will need a ladder and flashlight for this activity and the escort needs to have keys or tools necessary to open locked rooms, closets, or compartments to allow the surveyor access to and observation of space above the ceilings.

In preparation for this session, the surveyor meets with an organization staff member to become oriented to the layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with sprinklers, areas under construction, and any equivalencies granted by Joint Commission). This activity is greatly facilitated if the organization has plans and drawings available that display the building fire safety features. The surveyor will also review your organization's processes for Interim Life Safety Measures (ILSMs).

## Objectives

During this session, the surveyor will:

- Evaluate the effectiveness of processes for maintaining fire safety equipment and fire safety building features (*NFPA 99-2012*)
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code®* (*NFPA 101-2012*) problems
- Evaluate the effectiveness of processes for activities developed and implemented to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code®* (*NFPA 101-2012*) or during periods of construction
- Evaluate the effectiveness of processes for maintaining and testing any emergency power systems (*NFPA 99-2012*)
- Evaluate the effectiveness of processes for maintaining and testing any medical gas and vacuum systems (*NFPA 99-2012*)
- Determine the degree of compliance with relevant *Life Safety Code®* (*NFPA 101-2012*) requirements
- Educate attendees on potential actions to take to address any identified *Life Safety Code®* (*NFPA 101-2012*) problems

## Facility Orientation

The surveyor will meet with appropriate organization staff to become oriented to the:

- Layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with automatic sprinklers, areas under construction, and any equivalencies granted by Joint Commission)
- Organization processes for Interim Life Safety Measures (ILSMs)

## Building Tour

During the building tour, the surveyor will:

- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- Assess required fire separations
- Assess required smoke separations (at least two)
- Conduct an "above the ceiling" survey at each location identified above by observing the space above the ceiling to identify:
  - penetrations of smoke, fire, or corridor walls
  - smoke or fire walls that are not continuous from slab-to-slab and outside wall to outside wall
  - penetrations or discontinuities of rated enclosures including hazardous areas, stairwells, chutes, shafts, and floor or roof slabs
  - corridor walls that are not slab-to-slab or do not terminate at a monolithic ceiling (if the building is fully sprinklered and the ceiling is smoke tight, the walls may terminate at the ceiling line)
  - the presence or absence of required smoke detectors or fire dampers
  - the presence or absence of required fire proofing on structural members such as columns, beams, and trusses
- Verify that fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- Assess any kitchen grease producing cooking devices
- Assess the bottoms of any laundry and trash chutes
- Assess the **main** fire alarm panel (if any)
- Assess the condition of emergency power systems and equipment
- Assess any medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

# Foster Family Home Visits

**Applicable to** providers of Foster Care and Therapeutic Foster Care only.

## Organization Participants

Suggested participants include the case manager, foster parent or family, and individual served

## Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity. The suggested duration for this activity is approximately 90 minutes. Time will be spent in the agency, traveling, and in the foster family home. To help with planning for this session, identify the foster parents/family scheduled for a visit that a Joint Commission surveyor can observe. This provides the surveyor with an opportunity to interview the individual served and the family about the foster care program. You will need to obtain written permission for the home visit from the foster parent/family. This signed permission form should be kept by your organization.

## Objectives

The surveyor will:

- Assess the interaction among the foster parents/family, the individual served, and the case worker
- Assess the environmental safety issues in the home

## Overview

**Prior to the home visit**, the surveyor asks the Case Manager for an overview of the services and care required by and provided to the individual served. This overview includes the following:

- History of the individual served
- The medical and emotional assessments of the individual served
- The case plan
- Special needs of the individual served
- The plan for coordination with other service providers
- Permanency goal for the individual served (children/youth only)
- The Case Manager's understanding of organization policies, procedures, job responsibilities and performance improvement

**During the home visit**, the surveyor observes the home environment for:

### Staff/individual served/foster family interaction including:

- Safety, security, and confidentiality
- Communication in a language the individual served/foster family can understand
- Encouragement by the case manager for the individual served/foster family to verbalize and ask questions
- Respect for the privacy of the individual served and foster family
- Respect for their culture/religious beliefs

### Care, including:

- Provision of a nurturing care environment
- Recognition of (and provision for) the assessed special needs of the individual served
- Opportunities for the individual served to interact with siblings and other members of the family of origin, if indicated in the case plan(children/youth only)
- Participation of the individual served/foster family in case planning, permanency planning (children/youth only) and planning for independent living (when appropriate)

### Environmental safety issues including:

- Life safety issues such as smoke detectors in or near the sleeping room of the individual served and a large window or other means of secondary egress from the sleeping room
- Safe storage, handling, and dispensing of medications in the home
- Sanitary living conditions

Depending on the level of maturity of the individual served, and their condition, and personal wishes, the surveyor interviews him or her (without the foster parents present) to discover the opinions about his or her placement, agency support, protection of his or her individual rights, involvement in case plan decisions, and permanency planning (for children/youth only). The surveyor interviews the individual served in the presence of the case manager or other agency staff or may talk privately with him or her as long as they stay in visual contact with the foster parents and the case manager. This casual talk may include the following topics:

- His or her involvement in case planning, permanency planning (for children/youth only), and preparation for independent living (if appropriate)
- Steps taken to meet any “special needs” that may have been identified during assessment
- How his or her unique cultural/ethnic/religious needs (if any) are addressed
- How the foster parents handle the situation if he or she doesn’t obey the house rules”
- His or her understanding of their rights to safety and privacy (to learn how these issues are addressed by your organization and the foster family)
- His or her contacts with organization staff and the support services received

The surveyor will ask about information the foster parents/family received from your organization related to the following topics:

- The special physical, emotional, and social needs of the individual served
- The rights of the individual served, foster family, and family of origin
- Procedures for reporting incidents and accidents
- Support services available from your organization and the community
- Foster care financial reimbursement issues
- Respite care policies and procedures
- How to ensure a safe living environment
- Provision for the educational and health needs of the individual served
- Confidentiality of information
- How the special cultural/ethnic needs of the individual served are addressed
- Education and training provided by your organization
- Requirements for foster care family licensure
- Competency assessment and evaluation

The surveyor is also interested to know if the foster parent/family have ever identified any problems with the support or services offered by your organization and, if so, how these problems were handled.

# Foster Parents Group Meeting

**Applicable to providers of Foster Care and Therapeutic Foster Care only.**

## **Organization Participants**

Suggested participants include staff who are familiar with your organization's foster care services and foster parents who are representative of all the foster care services provided by your organization.

## **Logistical Needs**

This focused tracer occurs during time designated for Individual Tracer Activity. The suggested duration of this session is approximately 60 minutes. During this session, surveyors visit foster homes. You are responsible for making all arrangements for this visit, including securing a location, notifying foster parents of the date, time, and place. If you host a regularly scheduled meeting with foster parents for training, education, communication, or other purposes, explore the possibility of scheduling this meeting during the survey. It may be held any afternoon or evening of the survey except for the last day.

## **Objectives**

The surveyor will:

- Learn about your organization's recruitment, licensing, and training process
- Learn about the preparation of foster parents to meet the needs of individuals served
- Learn about your organization's foster care program from the foster parent's perspective

## **Overview**

Foster parents provide important information about a foster care program's services and support which makes them key participants in an accreditation survey. A Foster Parents Group meeting provides a surveyor the opportunity to speak with more foster parents than individual home visits will allow.

The surveyor asks about information foster parents receive from your organization regarding the following areas:

- The special physical, emotional, and social needs of the individual served
- The rights of the individual served, foster family, and family of origin
- Procedures for reporting incidents and accidents
- Support services available from your organization and the community
- Foster care financial reimbursement issues
- Respite care policies and procedures
- How to ensure a safe living environment
- Provision for the educational and health needs of the individual served
- Confidentiality of information
- How the special cultural/ethnic needs of the individual served are addressed
- Education and training provided by your organization
- Requirements for foster care family licensure, including competency

# Leadership and Data Use Session

## Organization Participants

Suggested participants include senior leaders who have responsibility and accountability for design, planning, and implementation of organization processes, as well as data use and management. Leaders can include but are not limited to members of the governing body/trustee, owner(s), CEO, administrator, leaders of organization staff who provide care, treatment, and services.

## Logistical Needs

The suggested duration of this session is approximately 60 minutes.

## Objective

Surveyors will want to learn about and evaluate how leaders guide and oversee the collection and use of data in monitoring the safety and quality of care, treatment, and services provided to individuals served. Surveyors will also evaluate where the organization is on the journey to high reliability in terms of leadership's responsibility for creating and maintaining a culture of safety and a commitment to improving organization's systems, infrastructure, and key processes.

## Overview

During this session, surveyors will evaluate, through organization-specific examples, leaders' commitment to:

- Improving the quality and safety of care, treatment, and services to individuals served.
- Creating a culture of safety for staff.
- Use of data and process improvement methods and tools.

The surveyor facilitates a discussion with leaders to understand their roles related to performance of your organization-wide processes and functions. This discussion will be a mutual exploration of both successful and perhaps less successful organization performance improvement initiatives, or introduction of a new service or an optimal performing department, unit, or area vs. one in need of improvement. Surveyors will want to hear how leaders view and perceive these successes and opportunities and learn what they are doing to sustain the achievements, as well as encourage and support more of the same success. Throughout the discussion surveyors will listen for and evaluate performance based on examples of:

- The planning process used.
- Approaches to data collection.
- Processes for data aggregation and analysis.
- How data is being used.
- Leaders' chosen improvement methodology and tools and their satisfaction with the approach and how well it is serving their needs and those of staff.
- The approach used to change processes and workflow.
- How information about newly implemented processes is communicated throughout your organization.
- How leaders assess the culture of safety throughout the organization.
- How leaders envision the performance of processes that are selected for improvement.
- Leadership support and direction, including planning and resource allocation.
- The degree to which the implementation is comprehensive and organization-wide.

- The relationship of the function or process to the safety and quality of care, treatment, and services provided to individuals served.
- How the effective performance of the function or process is evaluated and maintained

Data-related topics that will be discussed during this activity include:

- Use of a standardized tool or instrument for outcome measurement and use of the data generated at both the individual and organization level.
- National Patient Safety Goal data.
- Contracted services performance monitoring.
- Proactive risk assessment efforts.
- Regulated data collection, e.g., federal, state, or local reporting.
- Incident and error reporting.
- Staffing issues.

Surveyors will also want to talk in more detail about the safety culture in the organization, including:

- Assessment process/tool
- Scope of assessment activity
- Response rates
- Willingness of people at all levels to discuss safety issues
- Internal or external benchmarks
- Board involvement in setting expectations
- Leaders' response to safety concerns
- Improvement projects undertaken to improve safety culture scores
- Code of conduct/behavior for staff –
  - Is it the same for everyone?
  - How do staff report intimidating behavior?
  - Is your organization monitoring frequency of intimidating or disrespectful behavior occurrences?
  - Have you been able to reduce or eradicate intimidating and disrespectful behavior?
  - Discuss organization policies and procedures for dealing with intimidating behavior
- Organization's safety program, including:
  - Management, participants, and scope of program
  - Internal reporting systems for incidents, near misses, close calls, actual errors
    - What is the process for staff to report such occurrences?
    - How often is it used? Any recent examples?
    - How does the organization determine whether actual errors, when an individual served is harmed, were a system error or a person is responsible and should be held accountable?
    - Does the organization conduct root cause analyses of all near misses/close calls?
- Workplace Violence Prevention Program
  - Who is leading the program?
  - What staff are involved in the design and maintenance of the program, including the annual worksite analysis, prevention and response procedures to workplace violence

including victim and witness follow-up and support, and the incident reporting system, and analysis of incidents and trends?

- What type of Incident reporting process and structure is in place, including any governance involvement?
- What types of actions have been taken to address risks based on the worksite analysis or analysis of reported events?

- Improving health outcomes for all and the organization's efforts to reduce health care disparities, including
  - Identification of an individual to lead activities.
  - Identification of health-related social needs for the patient population served by the organization.
  - Processes to assess patients' health-related social needs, including collection of data.
  - Information the organization has gathered about community resources and support services available to the patient population being served.
  - Work planned or underway to identify health care disparities in the patient population being served.
  - Patient population health care disparities identified for initial focus and status of efforts.
  - Key stakeholders that will be receiving reports and monitoring organization progress to reduce health care disparities.

**For CCBHC Surveys:**

- Surveyors will want to know if the organization is collecting data that includes, but is not limited to:
  - Staffing, access to services, use of services, screening/prevention, treatment, care coordination, processes of care, costs.
  - Data reporting and other requirements, Medicaid and state specific.

Other high-risk areas and a performance improvement plan regarding these areas:

- Suicide attempts of individual served.
- 30-day hospital readmission rates (for SUD or mental health), any others per the state.

# Surveyor Report Preparation

## Organization Participants

None

## Logistical Needs

The suggested duration of this session is approximately 60-120 minutes. Surveyors need a room that includes a conference table, power outlets, telephone, and internet access.

## Overview

Surveyors use this session to compile, analyze, and organize the data collected during the survey into a report reflecting your organization's compliance with the standards. Surveyors will provide you with the opportunity to present additional information at the beginning of this session if there are any outstanding surveyor requests or further evidence to present from the last day of survey activity. Surveyors may also ask organization representatives for additional information during this session.

# CEO Exit Briefing

## Organization Participants

Suggested participants include the Chief Executive Officer (CEO) or Administrator, if available

## Logistical Needs

The suggested duration of this session is approximately 10 to 15 minutes.

## Objectives

Surveyors will:

- Review the survey findings as represented in the Summary of Survey Findings Report
- Discuss any concerns about the report with the CEO/Administrator
- Determine if the CEO/Administrator wishes to have an Organization Exit Conference or if the CEO/Administrator prefers to deliver the report privately to your organization

## Overview

Surveyors will review the Summary of Survey Findings Report (organized by chapter) with the most senior leader. Surveyors will discuss any patterns or trends in performance. Surveyors will also discuss with the most senior leader if they would like the Summary of Survey Findings Report copied and distributed to staff attending the Organization Exit Conference.

# Organization Exit Conference

## Organization Participants

Suggested participants include the CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.

## Logistical Needs

The suggested duration of this session is approximately 30 minutes and takes place immediately following the Exit Briefing.

## Objectives

Surveyors will:

- Verbally review the Summary of Survey Findings Report, if desired by the CEO
- Review identified standards compliance issues

## Overview

Surveyors will verify with participants that all documents have been returned to the organization. You are encouraged to question the surveyor about the location of documents if you are unsure.

Surveyors will review the Summary of Survey Findings Report with participants. Discussion will include the SAFER™ matrix, Requirements for Improvement, and any patterns or trends in performance. If follow-up is required in the form of an Evidence of Standard Compliance (ESC) the surveyors explain the ESC submission process. Surveyors will direct you to information on your extranet site that explains “What Happens after Your Survey.”

For organizations being surveyed under more than one accreditation manual or for more than one service under one accreditation manual, there may be instances when surveyors from other programs will not be present for the entire duration of the survey. In this situation, the surveyor departing early will request an Interim Exit Conference where they may provide the organization with a brief report of their findings and will respond to questions.

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