



Nursing Care Center Accreditation

Organization Survey Activity Guide

2025

What's New for Nursing Care Center Survey Process 2025

New or revised content for 2025 is identified by underlined text within the noted activity description.

Changes effective July 1, 2025

No changes for July 1, 2025

Nursing Care Center (NCC) Organization Survey Activity Guide (SAG)

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How to Use this Guide

The Joint Commission's Survey Activity Guide for Nursing Care Centers 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 work space 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 of 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.

Please contact your Account Executive if you have any questions about the onsite survey process.

Preparing for Surveyor Arrival

Overview

A Nursing Care Center will receive a 30-day notice for the initial accreditation survey. After that, the surveyors arrive unannounced or with short notice for most surveys. Please consult the Nursing Care Center program accreditation manual, “The Accreditation Process chapter”, “Survey Notification” section, for more information about survey notice. Changes to these accreditation policies and procedures may occur at any time and are published in the Joint Commission newsletter, *Perspectives*.

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 Nursing Care Center Document List found on page 8. If these documents are not available when the surveyors arrive, they immediately begin to evaluate the care, treatment, or services provided to one of your patients or residents 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 The 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.
- Directions to have surveyors wait in the lobby until an organization contact person is available.
- Who 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 the event that leaders and staff are unavailable.
- 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 Session for these steps.)
- A working location for surveyors: 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**.
- Readiness Guide and 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 items on the Document List available for surveyors as soon as your organization validates their identity. **If this information is not immediately available for surveyors at the Surveyor 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 surveyor(s).
- 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 in order to facilitate tracer activity and subsequent record review.
- Identifying your organization's expectations for the on-site survey and who is responsible for sharing these with the surveyor(s).

Note: When a situation is identified that could be a threat to health and safety, surveyors contact the Joint Commission administrative team. The 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 the Joint Commission 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 the 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

Survey Planning and Readiness Notes

Please review the Nursing Care Center 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.

Please 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

Nursing Care Center (NCC) Accreditation Document List

As a Nursing Care Center, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Survey Planning Session, which occurs on the first day of survey.

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

- ☐ Organization Chart
- ☐ Contact person who will assist the surveyor during survey: Name and phone extension
- ☐ Map of your organization, if available
- ☐ List of sites where high-level disinfection and sterilization is in use, when applicable
- ☐ List of staff members on the interdisciplinary team, and when the team meets
- ☐ List of patients/residents discharged in the last 48 hours
- ☐ Facility Level Quality Measure Report, most current
- ☐ Resident Level Quality Measure Report (also known as CMS Form 802)
- ☐ Patient/resident treatment schedules
- ☐ Performance Improvement data from the past 12 months, including your proactive risk assessment
- ☐ Infection risk assessment, i.e., identified risks for infection, contamination, and exposure that pose a risk to patients, residents, and staff
- ☐ Environment of Care Plan
- ☐ Emergency management hazard vulnerability analysis (HVA)
- ☐ Emergency Operations Plan and evaluations of exercises and responses to actual emergencies
- ☐ Evaluations and results of the organization's culture of person-centered care
- ☐ Antimicrobial Stewardship
 - Document describing how the organization is using the CDC's The Core Elements of Antibiotic Stewardship for Nursing Homes
 - Organization approved antimicrobial stewardship protocols (e.g. policies, procedures, or order sets)
 - Antimicrobial stewardship data
 - Antimicrobial stewardship reports documenting improvement (If the data supports that antimicrobial stewardship improvements are not necessary make sure the surveyor is informed.)
- ☐ Most recent culture of safety and quality evaluation data

For Nursing Care Centers that elect the Post-Acute Care Certification option

The following additional documents will need to be available for the surveyor:

- List of patient or resident discharges within the past 30 days
- List of patients or residents readmitted to the hospital within the past 90 days

For Nursing Care Centers that elect the Memory Care Certification option

The following additional documents will need to be available for the surveyor:

- Performance Improvement data from the past 12 months related to psychotropic medication use
- Activity calendar for past 3 months
- Nurse staffing schedule (RN, LPN, CNA) for past 3 months

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

Nursing Care Center Accreditation Survey Activity List

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Key Organization Participants (Refer to Survey Activity Guide for more information)
Surveyor Arrival and Preliminary Planning, includes the Safety Briefing	30-60 minutes	1 st day, upon arrival	
Opening Conference, Orientation to Organization and Brief Orientation Tour	30-60 minutes	1 st day, as early as possible	
Surveyor Planning Initial	30-60 minutes	1 st day, as early as possible	
Individual Tracer	60-120 minutes	Individual tracer activity occurs each day throughout the survey; the number of individuals that surveyors trace varies by organization	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution OR Surveyor Planning/Team Meeting	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Daily Briefing	30-45 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment & Credentialing of <u>Physicians and Other Licensed Practitioners</u>	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Environment of Care and Emergency Management	60-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Life Safety Code Building Assessment	30 minutes	At a time negotiated with the organization	
Leadership and Data Use	90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization. The topics of Infection Control and Medication Management will be covered in this discussion.	
Report Preparation	60-90 minutes	Last day of survey	
CEO Exit Briefing	15 minutes	Last day of survey	
Organization Exit Conference	30 minutes	Last day, final activity of survey	
For Nursing Care Centers that elect the Post-Acute Care Certification option The following activity will be incorporated into the survey agenda as noted under the Suggested Scheduling of Activity column.			
Transitions of Care Session	60 minutes	Only occurs in organizations that elect the optional Post-Acute Care Certification. Occurs towards the middle of survey at a time negotiated with the organization.	

Surveyor Arrival

Joint Commission Participants

Surveyor

Organization Participants

Suggested participants include organization staff and leaders as identified in the Pre-survey Planning process.

Logistical Needs

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

Overview

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

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 the Joint Commission's website at 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.
- 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 Document List. Surveyors will start reviewing this information immediately.

Surveyor Preliminary Planning Session

Joint Commission Participants

Surveyor

Organization Participants

Suggested participants include the staff responsible for coordinating The Joint Commission survey, individual or individuals that will provide the Safety Briefing to surveyors, if different than the accreditation contact or survey coordinator, and others as needed and identified by surveyors.

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.
- The surveyor needs a workspace they can use as their “base” for the duration of the visit. This area should have a desk or table, telephone, **internet access**, and access to an electrical outlet, if possible.
- Provide the surveyor with the name and phone number of a key contact person who will assist them in planning for the survey and their tracer selection.

Objectives

The surveyor 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 the surveyor arrives and their identification has been verified, the surveyor immediately begins planning for tracer activity by reviewing the documents you provide them. If documents are not available for the surveyor 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

Joint Commission Participants

Surveyor

Organization Participants

Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). 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. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

Logistical Needs

The duration of this session is approximately 15 minutes. Immediately following this session is the Orientation to Your Organization. If possible, designate a room or space that will hold all participants and will allow for an interactive discussion. Inform the surveyor at this time of any agenda considerations that may affect the activities for the day.

Objectives

The surveyor will:

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

Overview

The surveyor introduces him- or herself and describes each component of the survey agenda. He or she will describe the System Tracers they will conduct. It is important for you to discuss and review your organization's expectations for the on-site survey with the surveyor. 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. The surveyor will also take time to introduce your organization to the Clarification procedures and new SAFER™ reporting process.

Additionally, the surveyor will explain the patient and resident-centered approach to the survey process and the need to interview patients and residents privately. If your organization has chosen any of the Nursing Care Center optional certifications, Post-Acute Care or Memory Care, the surveyor will also give a brief overview of how these programs are evaluated during the survey.

IMPORTANT

Your organization should ask questions and seek clarification from the surveyor 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 the surveyor's questions, actions, or discussions.

Orientation to Your Organization

Joint Commission Participants

Surveyor

Organization Participants

Suggested participants include the same participants as the Opening Conference. Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). 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. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

Logistical Needs

The suggested duration of this session is approximately 30-60 minutes. **Do not prepare a formal presentation.** This session is an interactive discussion, and it is usually combined with the Opening Conference.

Objective

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

Overview

During this session the surveyor will 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
- Any change in ownership, leadership, control, location, capacity, or services offered since application or last survey.
- Operational management structure
- Long Term Care-based physicians (for example, the Medical Director)
- Information management, especially the format and maintenance of medical records
- Contracted services and performance monitoring
- Health care errors reduction and/or patient/resident/individual served safety initiatives
- National Patient Safety Goals (July 1, 2019: Revised goal requirements for NPSG.03.05.01 related to anticoagulant therapy)
- Community involvement
- Leader's role in emergency management planning
- Organization activities related to risk awareness, detection, and response as it relates to cyber emergencies
- Culture transformation, initiatives for patient and resident centered care
- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing, when applicable

Discussion topics include your:

- Leaders' ideas of your organization's potential risk areas
- Leader's approach to completing the Focused Standards Assessment (FSA) Tool and methods used to address areas needing improvement (resurveys only)
- Management and leadership's oversight and other responsibilities
- MDS Quality Measure Reports, Facility MDS Quality Indicator Profile, or Quality Measure Reports
- Most recent CMS state certification report, CMS form 2567

Senior leaders' role in improving performance discussion topics may include:

- How leaders set expectations, plan, 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

Surveyor

Organization Participants

Suggested participants include staff and management involved in the patient's or resident'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 multiple patient or resident records of care, treatment or services during an individual tracer. The purpose of using the record is to guide the review, following the care, treatment, or services provided by the organization to the patient or resident.

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.

Objective

The surveyor will evaluate your organization's compliance with standards as they relate to the care and services provided to patients or residents.

Overview

The majority of survey activity occurs during individual tracers. The term "individual tracer" denotes the survey method used to evaluate your organization's compliance with standards related to the care, treatment, and services provided to a patient or resident. 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 your organization's clinical services as reported in your e-application and the general risk areas identified for the accreditation program. On subsequent re-surveys, the surveyor will also consider any organization-specific risk areas listed in the Intracycle Monitoring (ICM) Profile. As the survey progresses, the surveyor may select patients or residents with more complex situations.

The individual tracer begins in the setting/unit/program/service/location where the patient or resident and his/her 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 patient or resident from preadmission through post discharge
- 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 system tracers or other survey activities

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

- Care, treatment or services being provided to patients or residents by clinicians, including physicians
- Patients who will be discharged on antimicrobials
- The medication process (e.g., preparation, dispensing, administration, storage, control of medications)
- Infection control issues (e.g., techniques for hand hygiene, equipment disinfection, food sanitation, and environmental cleaning and disinfection). For further details, see the [Infection Prevention and Control Program Assessment Tool](#)
- The process for planning care, treatment or services
- The environment as it relates to the safety of patients or residents and staff

During the individual tracer, the surveyor interviews staff about:

- Processes as they relate to the standards
- Intradepartmental and interdepartmental communication for the coordination of care, treatment or services for example, hand offs
- The use of data in the care of patients or residents, and for improving organization performance; their awareness and involvement in performance improvement projects
- Patient or resident flow through the organization
- National Patient Safety Goals (July 1, 2019: Revised goal requirements for NPSG.03.05.01 related to anticoagulant therapy)
- Patient or resident education
- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing initiatives, when applicable; resources available to staff on this topic
- Staff member orientation, education, and competence assessment
- The information systems they use for care, treatment, and services (paper, fully electronic or a combination of the two) and about any procedures they must take to protect the confidentiality and integrity of the health information they collect
 - Back up procedures they've been instructed to use if 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
- Other issues

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

- Organization processes that support or may be a barrier to patient or resident care, treatment, and services
- Communications and coordination with other licensed practitioners (hospitalists, consulting physicians, primary care practitioners)
- Discharge planning, or other transitions-related resources and processes available through the organization
- Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred
- The education or information they have been provided on antimicrobial resistance and the organization's antimicrobial stewardship program
- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing initiatives, when applicable; Prescription Drug Monitoring Database and criteria for accessing

During the individual tracer, the surveyor interviews patients or residents and their families about:

- Coordination and timeliness of services provided
- Education, including discharge instructions
- Response time when call bell is initiated or alarms ring, as warranted by care, treatment or services
- Perception of care, treatment or services
- Staff observance of hand-washing and verifying their identity
- Understanding of instructions (e.g., diet or movement restrictions, medications, discharge and provider follow-up), as applicable
- Rights of patients or residents
- Other issues

Using individual tracers for continuous evaluation

Many organizations find tracer activity helpful in the continuous evaluation of their services. If you choose to conduct mock tracers, in addition to clinical services, consider the following criteria in selecting the patient or resident.

Selection Criteria

- Patients or residents with infections and complicated, multi-medication regimens or who are receiving high-risk medications which allow provide a focused look at organization systems for infection prevention and control and medication management
- Patients or residents who move between programs, services and settings, for example, patients or residents scheduled for follow-up in ambulatory care, nursing care patients or residents transferring to or returning from the hospital, nursing care center patients or residents receiving behavioral health care or other ambulatory health care services
- Recently admitted patients or resident

- Patients or residents due for discharge or recently discharged
- Patient or resident receiving health services coordination, for example, medication management, skin integrity, complex medical services)
- Patient or resident with limited mobility
- Resident who smokes
- Resident from a special population (children/young adults, neurologic ITBI, developmentally disabled)
- Resident with a dementia diagnosis
- Resident on an antipsychotic medication
- Resident residing in the organization's distinct dementia or memory care unit, if applicable
- Resident receiving supervised assistance with one or more Activities of Daily Living
- Patient or resident receiving rehabilitation therapy
- Patient or resident representative of the organization's performance on quality indicators from MDS, if available

Program Specific Tracer – Staffing

Joint Commission Participants

Surveyor

Organization Participants

The surveyor will suggest participants. This may include CNAs, as applicable; agency staff; non-nursing ancillary staff; administrator; family council members, if available (may be telephonic); and other leaders

Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity. Documents that are requested include staffing plans, staff variance reports, and meeting minutes.

Objectives

The surveyor will:

- Evaluate actions taken by your organization during staff turnover to ensure positive outcomes to resident care
- Identify processes and possibly system issues contributing to negative resident outcomes in light of staff or administrative turnover

Overview

The focus of this session is to identify breaches in continuity of care and explore operational processes in the presence of staff or administrative turnover.

The surveyor conducts individual interviews with staff that includes the following discussions:

- Processes pertaining to the care of residents to prevent negative outcomes
- Barriers to those processes
- Staff's knowledge of the residents for which they are assigned
- Perception of issues leading to turnover
- Staff communication
- Recruitment and hiring practices
- Orientation and training
- Changes in policy, procedure, vision, expectations

The surveyor also conducts interviews with residents and/or their family members (family interviews can be conducted telephonically) to ask questions about:

- The care received and the perceived barriers to that care
- Communication regarding administrative and staff turnover
- Changes in the provision of care when there is administrative or staff turnover

The surveyor conducts individual interviews with leadership (for example, governing body member, administrator, director of nursing, etc.) to discuss their knowledge regarding:

- MDS outcomes
- Association of negative outcomes with staff issues
- Follow-up actions taken
- Monitoring of actions taken
- Communication of changes in mission, vision, process, etc.
- Methods used to stabilize or prevent turnover

Special Issue Resolution

Joint Commission Participants

Surveyor

Organization Participants

None, unless otherwise requested by the surveyor

Logistical Needs

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.

The surveyor 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

The surveyor explores issues that surfaced throughout the survey that 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 patient or resident records to validate findings
- Discussions with staff, if necessary
- Review of personnel and credentials files
- Review of data, such as performance improvement results

Surveyor Planning / Team Meeting

Joint Commission Participants

Surveyor

Organization Participants

None

Logistical Needs

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.

Overview

The surveyor uses this session to review their observations for the day and plan for upcoming survey activities.

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

Daily Briefing

Joint Commission Participants

Surveyor

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 occurs every morning of a multi-day survey, except for the first day. The surveyor may ask to hold a daily briefing before concluding activity on the first day, depending on circumstances.

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 surveyor briefly summarizes the survey activities completed the previous day. During this session the surveyor makes general comments regarding significant issues from the previous day, notes potential non-compliance, and emphasizes performance patterns or trends of concern that could lead to findings of non-compliance. The surveyor 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 the surveyor with information related to corrective actions being implemented for any issues of non-compliance. The surveyor 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 surveyor about anything that you do not understand. Note that the surveyor 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 surveyor discusses.

Competence Assessment and Credentialing/Privileging

Joint Commission Participants

Surveyor

Organization Participants

Suggested participants include staff responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing physician and other licensed practitioner 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. In order to plan for a file review, inform the surveyor of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in personnel or credential files. The surveyor identifies specific staff, physicians, or other licensed practitioners whose files they would like to review.

Objectives

The surveyor will:

- Learn about your organization's competence assessment process for staff, physicians, and other licensed practitioners
- Learn about your organization's orientation, education, and training processes as they relate to staff, physicians, and other licensed practitioners encountered during individual tracers

Overview

The surveyor discusses the following topics:

- 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, physicians, and other licensed practitioners
- Orientation of staff, physicians, and other licensed practitioners to your organization, job responsibilities, and/or clinical responsibilities
- Experience, education, and abilities assessment
- Ongoing education and training
- Education on antimicrobial resistance and antimicrobial stewardship (Note: Surveyors will not review human resource records or medical staff records related to antimicrobial stewardship)
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Process for granting of privileges to physicians and other licensed practitioners
- Other topics and issues discovered during the tracer activity

Environment of Care and Emergency Management

Joint Commission Participants

Surveyor

Organization Participants

Participants include leaders and other individuals familiar with the management of the environment of care (EC) and emergency management (EM) in all major areas within your organization. This may include the safety management coordinator, security management coordinator, facility manager, building utility systems manager, information technology (IT) representative, and the person responsible for emergency management.

Logistics

In preparation for the EC discussion, the surveyor will evaluate written documentation of the following:

- Preventive maintenance of essential mechanical, electrical, and patient care equipment in accordance with manufacturer's recommendations
- Annual evaluation of the EC management plans (as required by the services provided)
- Performance of fire drills and fire response activity
- Safety data analysis and actions taken by the organization
- EC multidisciplinary team meeting minutes for the previous 12 months

In preparation for the EM discussion, the surveyor will evaluate written documentation of the following and make certain that the documents have been updated and reviewed at least annually:

- Hazard vulnerability analysis
- Emergency operation plan and policies and procedures
- Communications plan
- Education and training
- Testing (exercises/drills)
- Program evaluation (after-action/improvement plans)

Objective

The surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's management of the environment of care and emergency management processes.

Overview

The duration of this session is approximately 60 minutes depending on the type of organization, services provided, and facilities. This activity is divided into two parts: Environment of Care/Emergency Management group discussion and an Environment of Care tracer.

Environment of Care Discussion – Be prepared to discuss how the various environment of care risks (i.e., safety and security, hazardous materials and waste, fire safety, medical equipment, utilities, and emergency management) and construction activities, when applicable, are addressed in each of the six management processes (i.e., planning, teaching, implementing, responding, monitoring, and improving).

Emergency Management Discussion - During this portion of the discussion, the organization should be prepared to discuss the following.

Part 1: “Actual” emergencies or disaster incidents

The organization describes what “actual” events impacted them and how they utilized their risk assessment, emergency operations plan, policies, and procedures to prepare for these events.

Be prepared to discuss:

- Recent emergencies or disaster incidents that have occurred in the past 12-36 months in which the emergency operations plan was activated.
- What services you were you able to provide during the event(s)
- How the recent events were identified, and risk prioritized as part of the risk assessment (hazard vulnerability analysis)
- The communication methods that were used to notify staff, patient, and others about the event(s)
- How staffing was managed to meet patient care needs and if any additional staffing (such as volunteers, etc.) was used/needed during the recent event(s) (as applicable)

Part 2: Emergency exercises

As part of planning and preparedness, the organization describes what emergency exercises they recently conducted as they should be based on past experiences, known risks/hazards, recent changes to their emergency operations plan, policies, or procedures. These exercises should be comprehensive enough to gain a realistic understanding of the organization’s readiness for a real emergency or disaster incident.

Be prepared to discuss:

Describe the one (1) required annual exercise conducted.

- Did the organization conduct at least one emergency management exercise?

Note: The annual exercise may be either an operations-based (full-scale or functional) or a discussion-based exercise (such as a mock drill, tabletop, seminar, or workshop)

- Why was the exercise selected?
- Provide documentation of the exercise conducted.

Part 3: Education and training

The organization describes what education and training they provided to their staff in the past 12–36 months.

Be prepared to discuss:

- The education and training that was provided to staff (new and existing)

- The validation used to assess staff knowledge of emergency response procedures

Part 4: Evaluation, After-action and improvement plans, and review

The organization describes the evaluation process, lessons learned, and actions taken to improve the program.

Be prepared to discuss:

- As a result of recent events and/or exercises, were any gaps identified in the emergency operations plan or policies or procedures?
- What lessons were learned? What was identified as opportunities for improvement based on recent events and/or exercises? How were they incorporated into revised plans, policies, and procedures?

After the EM session has concluded the surveyor will continue relevant discussions and review of emergency management-related activities that include the following:

- During tracer activity, asking staff about any orientation or training they have received in emergency preparedness roles or responsibilities, and their involvement in emergency management exercises, and/or responses to recent actual emergencies or disaster incidents.
- During the competency and credentialing/privileging activities, reviewing personnel and provider files to verify completion of initial and ongoing EM-related education and training.

Environment of Care Tracer

The surveyor observes and evaluates your organization's performance in managing the selected environment of care risks. They observe implementation of those management processes determined to be potentially vulnerable, such as:

- Beginning where the risk is encountered or first occurs. (i.e., a starting point might be where a safety or security incident occurs, a piece of medical equipment is used, or a hazardous material enters your organization)
- 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 the emergency management plan for mitigation, preparedness, response, and recovery strategies, actions and responsibilities for each priority emergency
- Assess the emergency plan 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 risk, reviewing implementation of relevant inspection, testing, or maintenance procedures

- If others in your organization have a role in responding to the problem or incident, having them describe or demonstrate that role, and reviewing the condition of any equipment they use in responding

If the risk moves around in your organization's facility (i.e., a hazardous material or waste), the surveyor follows the risk.

Emergency Management Documentation Review Tool – NCC

Assessment Item	Applicability	Joint Commission Standards	CMS CoP	Comments
Emergency Management Program				
<input type="checkbox"/> Written emergency management program (may be incorporated with EOP or other policies and procedures) (See listed items to ensure comprehensive program requirements) <input type="checkbox"/> Complies with all applicable Federal, State and local EM requirements	All NCC programs	EM.09.01.01, EPs 1 & 3	LTC §483.73	<input type="checkbox"/> Annual review complete <input type="checkbox"/> Annual review not completed <input type="checkbox"/> Date of last Review:
Hazard Vulnerability Analysis (HVA)				
<input type="checkbox"/> Written all-hazards HVA that include: <input type="checkbox"/> Facility-based and community-based risk assessment <input type="checkbox"/> Strategies for addressing events identified by the risks <input type="checkbox"/> HVA includes All-hazards: <ul style="list-style-type: none"> • Natural hazards • Human-caused hazards • Technological hazards • Hazardous materials • Emerging infectious diseases 	All NCC programs	EM.11.01.01, EPs 1-4 EM.17.01.01, EP 3	LTC §483.73 (a) to (a)(2)	<input type="checkbox"/> Annual review complete <input type="checkbox"/> Annual review not completed <input type="checkbox"/> Date of last Review:
Emergency Operations Plan (EOP)				
<input type="checkbox"/> Written EOP that include: <ul style="list-style-type: none"> • Addresses patient population & persons at-risk • Type of services provided in an emergency • Continuity of operations • Delegation of authority • Leadership succession • Cooperation and collaboration with external authorities 	All NCC programs	EM.12.01.01, EPs 1 & 2 EM.13.01.01, EPs 1-4 EM.17.01.01-EP 3	LTC §483.73 (a), (a)(3) to (a)(4)	<input type="checkbox"/> Annual review complete <input type="checkbox"/> Annual review not completed <input type="checkbox"/> Date of last Review:
EM Policies and Procedures				
<input type="checkbox"/> Written Policies & Procedures that include: <input type="checkbox"/> Provision of subsistence needs for staff and patients <ul style="list-style-type: none"> • food, water, medical and pharmaceutical supplies <input type="checkbox"/> Alternate sources of energy to maintain:	All NCC programs	EM.12.01.01, EPs 1, 3, 4 & 9 EM.12.02.01-EP 6 EM.12.02.03, EPs 1 & 2 EM.12.02.05-EP 1	LTC §483.73 (b) to (b)(8)	<input type="checkbox"/> Annual review complete <input type="checkbox"/> Annual review not completed <input type="checkbox"/> Date of last Review:

<ul style="list-style-type: none"> temperatures to protect patient health & safety & safe and sanitary storage of provisions emergency lighting, fire detection, extinguishing and alarm systems <input type="checkbox"/> Sewage and waste disposal <input type="checkbox"/> System to track location of on-duty staff and sheltered patients <input type="checkbox"/> Safe evacuation from the hospital (needs of evacuees, staff responsibilities, transportation, evacuation location(s)) <ul style="list-style-type: none"> Means to shelter in place System of medical documentation to preserve PHI Use of volunteers and other staffing strategies Arrangements and/or agreements with other hospitals and providers to receive patients if needed Role of the hospital in providing care and treatment at alternate care sites under an 1135 waiver 		EM.12.02.07-EP 2 EM.12.02.11-EP 4 EM.17.01.01-EP 3		
Communications plan				
<input type="checkbox"/> Written communication plan that includes: <input type="checkbox"/> Names & contact information for: <ul style="list-style-type: none"> Staff Entities providing services under arrangement Patient physicians Other hospitals Volunteers <input type="checkbox"/> Contact information for: <ul style="list-style-type: none"> Federal, state, tribal agencies Other sources of assistance <input type="checkbox"/> Primary and alternate means for communicating with: <ul style="list-style-type: none"> Hospital staff Federal, state, tribal agencies <input type="checkbox"/> Method for sharing information & medical documentation with other healthcare providers, residents, and families	All NCC programs	EM.09.01.01-EP 3 EM.12.01.01-EP 1 EM.12.02.01, EPs 1, 3, 5 & 6 EM.12.02.05-EP 1 EM.17.01.01-EP 3	LTC §483.73 (c) to (c)(8)	<input type="checkbox"/> Annual review complete <input type="checkbox"/> Annual review not completed <input type="checkbox"/> Date of last Review:

<input type="checkbox"/> Means of providing/releasing information under 45 CFR 164.510(b)(1)(ii) <input type="checkbox"/> Means of providing information about occupancy needs and ability to provide assistance				
Education and Training Program				
<input type="checkbox"/> Written education and training program Documented education & training occurs: <ul style="list-style-type: none"> <input type="checkbox"/> Initially to all new/existing staff, those providing services under contract, volunteers <input type="checkbox"/> Annually <input type="checkbox"/> Staff demonstrate knowledge in EM procedures <input type="checkbox"/> Conduct training when: <ul style="list-style-type: none"> • When roles & responsibilities change • When significant revisions are made to P&Ps • When procedural changes are made during an event 	All NCC programs	EM.15.01.01, EPs 1, 2, 3 EM.16.01.01-EP 1 EM.17.01.01-EP 3	LTC §483.73 (d) to (d)(1)(i) - (iv)	<input type="checkbox"/> Annual review complete <input type="checkbox"/> Annual review not completed <input type="checkbox"/> Date of last Review:
Exercise/Testing Program				
<input type="checkbox"/> Two annual emergency exercises are documented and conducted as follows: <ul style="list-style-type: none"> <input type="checkbox"/> Participation in one operational-based exercise (full-scale community (if avail) or a functional facility-based) <i>and</i> <input type="checkbox"/> One additional exercise of choice operations-based or discussion-based <input type="checkbox"/> Has exemption from conducting its next operations-based exercise due to a real event in which the EOP was activated 	All NCC programs	EM.16.01.01-EP 2	LTC §483.73 (d)(2) to (d)(2)(i)-(ii)	<input type="checkbox"/> Two annual exercises complete <input type="checkbox"/> Two annual exercises not completed <input type="checkbox"/> Date/dates of exercises:
Evaluation Program				

<input type="checkbox"/> Documents and reviews all emergency exercises, emergency or disaster incidents (After-action reports) <input type="checkbox"/> Documentation, review, & update of improvement plans, actions taken, and any revisions made to plans/policies and procedures	All NCC programs	EM.17.01.01, EPs 1 & 3	LTC §483.73 (d)(2)(iii)	<input type="checkbox"/> Annual review complete <input type="checkbox"/> Annual review not completed <input type="checkbox"/> Date of last Review:
Emergency & standby power systems (may be incorporated with LS document review/LS building tour)				
<input type="checkbox"/> Written plan for managing essential or critical utilities during an emergency that includes: <ul style="list-style-type: none"> • Emergency & standby power systems • Emergency generator location • Emergency generator inspection & testing • Emergency generator fuel source 	All NCC programs	EM.12.02.11, EPs 1-3 EM.12.02.09, EPs 1 & 2	LTC §483.73 (e) to (g)	
Unified and Integrated EM Program (if applicable)				
<p>If hospital is part of health care system and participates in a unified and integrated emergency management program:</p> <input type="checkbox"/> Program accounts for the hospital's unique circumstances, patient population, and services offered <input type="checkbox"/> Documented community-based & individual facility-based risk assessment <input type="checkbox"/> Unified and integrated EOP <input type="checkbox"/> Integrated P&Ps <input type="checkbox"/> Coordinated communication plan <input type="checkbox"/> Training and testing program <input type="checkbox"/> Reviews and evaluates exercises and emergency events <input type="checkbox"/> Documentation of improvement plans, actions taken, revisions to plans/policies and procedures	Only applies to long-term care facilities (NCCs) that have elected to be part of a system that has a unified and integrated EM program	EM.09.01.01-EP 2 EM.11.01.01 EM.12.01.01 EM.13.01.01 EM.15.01.01 EM.16.01.01 EM.17.01.01	LTC §483.73 (f) to (f)(5)	<input type="checkbox"/> Written documentation <input type="checkbox"/> No written documentation <input type="checkbox"/> Annual review complete <input type="checkbox"/> Annual review not completed <input type="checkbox"/> Date of last Review:

Life Safety Code® Building Assessment

Joint Commission Participants

Surveyor

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 escort needs to have keys or tools necessary to open locked rooms, closets or compartments in order to allow the surveyor access.

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, and areas under construction. 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

The surveyor will:

- Evaluate the effectiveness of processes for maintaining fire safety equipment and fire safety building features
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code*® 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*® or during periods of construction
- Evaluate the effectiveness of processes for maintaining and testing any emergency power systems
- Evaluate the effectiveness of processes for maintaining and testing any medical gas and vacuum systems
- Determine the degree of compliance with relevant *Life Safety Code*® requirements
- Educate attendees on potential actions to take to address any identified *Life Safety Code*® 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, and areas under construction
- Organization processes for Interim Life Safety Measures (ILSMs)

Overview of Building Tour

The surveyor will:

- Assess operating/procedure rooms for proper pressure relationships (if any)
- 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)
- 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

Documentation of Findings

A *Life Safety Code*® deficiency will be recorded as a Requirement for Improvement in the Summary of Survey Findings Report.

Leadership and Data Use

Joint Commission Participants

Surveyor

Organization Participants

Suggested participants include leaders with responsibility and accountability for design, planning, organizational processes, and data management. Typically, participants include the following:

- At least one member of the governing body or an organization trustee (in single-owner organizations, this individual may also be the Administrator)
- Senior organization leaders (Administrator, COO, CNO, CFO, CIO, VP for Clinical Services, Director of Patient Services or Branch Manager)
- Other organization leaders (Director of Human Resources, MDS Coordinator, and Performance Improvement).

Logistical Needs

The suggested duration of this session is approximately 90 minutes.

Objective

The surveyor will explore and evaluate how leaders of the organization oversee the collection and use of data to evaluate the safety and quality of care being provided to patients and residents, where the organization is on its journey to high reliability, and to understand and assess the organization's performance improvement process.

Overview

During this session, the surveyor will facilitate discussion with leaders and staff to understand the organization's adoption of performance improvement fundamental principles such as:

- Efforts to achieve the characteristics of a high reliability organization—flexibility, agility, ability to sustain effective performance
- 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 surveyor will want to discuss how performance improvement principles are integrated into organization systems, processes, and outcomes such as

- MDS outcomes
- Medication monitoring through data including medication errors, adverse events, utilization, pain management and prescribing practices including use of opioids
 - Medical director involvement in pain assessment, pain management
- Infection prevention and control, collection and use of surveillance data

- Antimicrobial stewardship
 - The organization's use of the CDC's *The Core Elements of Antibiotic Stewardship for Nursing Homes*
 - Demonstration that antimicrobial stewardship is an organizational priority
 - Antimicrobial stewardship multidisciplinary team functions
 - Organization development and approval of antimicrobial stewardship protocols (e.g. policies, procedures or order sets)
 - Antimicrobial stewardship data collection, analyses and reports
 - Data and reports demonstrating antimicrobial stewardship improvement (if available)
- Monitoring of CDC or WHO hand hygiene compliance
- The vaccination program for patient and residents, including education on vaccination
- Monitoring performance of contracted services
- Monitoring staff compliance with employee health screening requirements
- The culture transformation planning process, evaluation of culture transformation efforts, and the quality of person-centered care being provided to patients and residents

For Nursing Care Centers that elect the Post-Acute Care Certification option

The following additional topics will be explored by the surveyor during the Leadership and Data Use Session:

- Post-acute patients that are readmitted to the hospital or emergency department
- Opportunities for improvement identified following the discharge of post-acute patients

For Nursing Care Centers that elect the Memory Care Certification option

The following additional topics will be explored by the surveyors during the Leadership and Data Use Session:

- The role of the Coordinator in the provision of dementia care, programs, and services
- How the organization remains current with trends in the provision of dementia care
- Efforts to minimize the use of psychotropic medications, particularly antipsychotic medications

Surveyor Report Preparation

Joint Commission Participants

Surveyor

Organization Participants

None

Logistical Needs

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

Overview

The surveyor uses this session to compile, analyze, and organize the data collected during the survey into a report reflecting your organization's compliance with the standards. He or she 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. The surveyor may also ask organization representatives for additional information during this session.

CEO Exit Briefing

Joint Commission Participants

Surveyor

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

The surveyor will:

- Review 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

The surveyor will review the Summary of Survey Findings Report (organized by chapter) with the most senior leader. He or she will discuss any patterns or trends in performance. The surveyor 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

Joint Commission Participants

Surveyor

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

The surveyor will:

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

Overview

The surveyor 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.

The surveyor 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. He or she will provide information about the revised Clarification process. If follow-up is required in the form of an Evidence of Standard Compliance (ESC) the surveyors explain the ESC submission process.

Note: The surveyor will direct you to information on your extranet site that explains “What Happens after Your Survey.”

Infection Prevention and Control Program Assessment Tool – Nursing Care Center

Required Documents and Data

- Assessment of infection risks
Note: Performed at least annually, the format is determined by the organization.
- Infection prevention and control policies and procedures that guide program activities and methods (in electronic or paper form)
- Documentation of completed job-specific staff education, training, and competencies on infection control and prevention
- Program documents demonstrating that the problems identified by the infection prevention and control program have been reviewed and addressed in collaboration with the organization's quality assessment and performance improvement leaders
Note: The format of this documentation is determined by the organization. Examples may include relevant committee meeting agendas and minutes, presentations, reports, planning documents.

Table: Elements of Compliance and Scoring Guidance

Elements of Compliance	Standard(s)/EP(s)
1. Infection Prevention and Control Program & Infection Preventionist	
<p>1. The organization designates one or more individual(s) as the infection preventionist(s) who is responsible for the infection prevention and control program. The infection preventionist(s) or infection control professional(s) meets all of the following criteria:</p> <ul style="list-style-type: none"> a. Has primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field b. Is qualified by education, training, experience or certification c. Works at least part-time at the organization d. Has completed specialized training in infection prevention and control <p>Note: Examples of training may include in-person or online courses or training from recognized entities (state public health, CDC), professional associations and societies (APIC, SHEA, IDSA, AMDA, etc.), and colleges and universities.</p>	IC.04.01.01 EP 1
<p>2. The infection preventionist(s) collaborates with the organization's quality assessment and improvement leaders and updates the leaders on the infection prevention and control program on a regular basis.</p> <p>Note: Collaboration includes providing documentation of incidents of communicable disease and infections identified in the organization to quality assessment and improvement leaders.</p>	IC.04.01.01 EP 2
<p>3. The organization develops and implements necessary action plans to address infection control issues and improve its infection prevention and control program.</p> <p>This includes:</p> <ul style="list-style-type: none"> a. The organization infection prevention and control policies and procedures are reviewed at least annually to ensure effectiveness and that they are in accordance with current standards of practice for preventing and controlling infections. The program is then updated as necessary. b. If the organization population and its characteristics change, the organization identifies components of the infection prevention and control program that must be changed accordingly. <p>Note: The organization evaluates and revises its plan as needed.</p>	IC.06.01.01 EP 6
2. Program Policies and Procedures	

1. The organization's infection prevention and control program 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.	IC.04.01.01 EP 3
<p>2. The written policies and procedures address the following, at a minimum:</p> <ul style="list-style-type: none"> - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the organization - When and to whom possible incidents of communicable disease or infections should be reported - Standard and transmission-based precautions to be followed to prevent spread of infections - When and how isolation should be used for a patient or resident, including but not limited to, the type and duration of isolation and a requirement that the isolation is the least restrictive possible for the patient or resident under the circumstances - Circumstances under which the organization prohibits employees with a communicable disease or infected skin lesions from direct contact with patients or residents or their food, if direct contact will transmit the disease - Hand hygiene procedures to be followed by staff involved in direct patient or resident contact <p>Note: Standard precautions include hand hygiene, environmental cleaning and disinfection, injection and medication safety, use of personal protective equipment (PPE), minimizing potential exposures, and reprocessing of reusable medical equipment or devices. For full details on standard precautions, refer to the Centers for Disease Control and Prevention's (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html</p>	IC.04.01.01 EP 3
<p>3. When enhanced barrier precautions (EBP) are used by the organization, the policies and procedures must identify the criteria, required personal protective equipment (PPE) for high-contact activities, and duration of the enhanced barrier precautions.</p> <p>Note: The rationale for using enhanced barrier precautions in nursing homes includes the high prevalence of multidrug-resistant organism colonization among residents and the presence of indwelling a medical device and/or wound (regardless of MDRO colonization or infection status). EBP are indicated for residents with any of the following:</p> <ul style="list-style-type: none"> • Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or • Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO 	IC.04.01.01 EP 3
3. Risk Assessment	
<p>1. The organization identifies risks for infection, contamination, and exposure that pose a risk to patients and staff to prioritize program activities, including the following:</p> <ol style="list-style-type: none"> The organization evaluates risk based on the geographical location and population it serves, for example, risk for exposure to tuberculosis (TB). The organization evaluates risk based on the care, treatment, and services it provides, for example, the types of procedures, medical equipment, devices, and supplies used (for example, the organization considers risks associated with group activities, wound care). The organization includes community data in its risk assessment, for example, influenza and community-onset cases of multi-drug resistant organisms. The organization includes risks from organisms with a propensity for transmission within health care facilities based on published reports and the occurrence of clusters of patients or residents (for example, norovirus, respiratory syncytial virus (RSV), influenza, and organisms with antimicrobial resistance such as Carbapenem-resistant Enterobacterales (CRE), <i>Candida auris</i>). 	IC.06.01.01 EP 1
2. As reflected in the water management program documentation, the organization includes a risk assessment to identify where <i>Legionella</i> and other opportunistic waterborne pathogens (for example, <i>Pseudomonas</i> , <i>Acinetobacter</i>) could grow and spread in the water system.	EC.02.05.02 EP 2
<p>3. The organization reviews identified risks at least annually or whenever significant changes in risk occur.</p> <p>Note: Organization has documentation of an annual review of the infection prevention and control program using a risk assessment of both organization and community risks and updates the program as necessary.</p>	IC.06.01.01 EP 2
4. Surveillance	

1. The organization has procedures in place for early detection and management of potentially infectious symptomatic patients or residents at the time of admission, including implementation of precautions as appropriate. Note: Required procedures may include documentation of recent antibiotic use and screening for history of infections or colonization with <i>C. difficile</i> or antibiotic-resistant organisms.	IC.04.01.01 EP 3
2. The organization implements a system for the notification of the infection preventionist by clinical laboratory about the resident's colonization status and/or infection.	IC.06.01.01 EP 3
3. The organization has an established system for surveillance based on the national standards of practice and the organization assessment, including the patient and resident population and care and services provided. The organization's surveillance practices include: <ul style="list-style-type: none"> a. Use of published surveillance criteria (e.g., CDC National Healthcare Safety Network (NHSN) Long Term Care Criteria) to define infections b. Use of a data collection tool c. Reporting to organization's quality assessment and improvement leaders d. Follow-up activity in response to surveillance data (e.g., outbreaks) e. Report summarizing surveillance data annually 	IC.06.01.01 EP 3
4. The organization has a current list of communicable diseases which are reportable to local/state public health authorities.	IC.06.01.01 EP 3
5. The organization staff can demonstrate knowledge of when and to whom to report infectious, communicable diseases, contamination or exposure, or infection control breaches.	IC.06.01.01 EP 3
5. Education, Training, and Competency Assessment	
1. The organization provides <u>job-specific</u> training and education on infection prevention and control. The staff's records confirm completion of education and training. Note 1: Job-specific means that education and training are consistent with or tailored to the performed roles and responsibilities. For example, environmental services staff must be trained in the methods and procedures for surface disinfection. Note 2: The training and education must include the practical applications of infection prevention and control guidelines, policies, and procedures.	HR.01.04.01 EP 3 orientation HR.01.05.03 EP 5 ongoing
2. The organization provides training to staff expected to have contact with blood or other potentially infectious material on the blood borne pathogen standards upon hire, at regular intervals, and as needed.	HR.01.04.01 EP 3 orientation HR.01.05.03 EP 5 ongoing
3. The organization staff receive training in the following: <ul style="list-style-type: none"> a. When personal protective equipment (PPE) is necessary b. What PPE is necessary c. How to properly don, doff, adjust, and wear PPE 	HR.01.04.01 EP 3 orientation HR.01.05.03 EP 5 ongoing
4. The organization defines and assesses staff competency in infection prevention and control. Note: Competencies must be job-specific, for example, the staff who manage indwelling medical devices demonstrate competency in access and maintenance of central venous catheters and /or care, maintenance, and removal of urinary catheters.	HR.01.06.01 EPs 1, 3, 5, 6
6. Standard Precautions: Hand Hygiene	
1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) and/or the current World Health Organization (WHO) hand hygiene guidelines.	NPSG.07.01.01 EP 1
2. Set goals for improving compliance with hand hygiene guidelines.	NPSG.07.01.01 EP 2
3. Improve compliance with hand hygiene guidelines based on established goals.	NPSG.07.01.01 EP 3
4. Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, patient/resident care areas, food, and medication preparation areas. Note: Patient/resident care supplies should be protected from splashing water if located close to sinks.	IC.06.01.01 EP 3

5. Soap and water are used when hands are visibly soiled (e.g., blood, body fluids) and is also preferred after caring for a patient with known or suspected <i>C. difficile</i> or norovirus during an outbreak, or if rates of <i>C. difficile</i> infection in the organization are persistently high.	IC.06.01.01 EP 3
6. Alcohol-based hand rub is readily accessible and placed in appropriate locations. Some examples may include: <ul style="list-style-type: none"> a. Entrance to the organization b. Entrances to resident rooms c. At the bedside (as appropriate for resident population) d. In individual pocket-sized containers carried by healthcare personnel e. Staff workstation, and/or f. Other convenient locations 	IC.06.01.01 EP 3
7. Organization staff perform hand hygiene (even if gloves are used): <ul style="list-style-type: none"> a. Before contact with the resident b. Before performing an aseptic task (e.g., insertion of an invasive device (e.g., urinary catheter) c. After contact with the resident d. After contact with blood, body fluids, or visibly contaminated surfaces e. After contact with objects and surfaces in the resident's environment f. After removing personal protective equipment (e.g., gloves, gown, facemask) 	IC.06.01.01 EP 3
8. When being assisted by healthcare staff, patient or resident hand hygiene is performed: <ul style="list-style-type: none"> a. Prior to resident leaving room if on transmission-based precautions b. After toileting c. Before meals 	IC.06.01.01 EP 3
7. Standard Precautions: Cleaning and Disinfection of Environmental Surfaces and Reusable Equipment	
1. The organization follows cleaning/disinfection policies which include routine and terminal cleaning and disinfection of patient/resident rooms, and high-touch surfaces in common areas. Note: Privacy curtains should be changed when visibly soiled.	IC.06.01.01 EP 3
2. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered for use in healthcare facilities, including products labelled as effective against <i>C. difficile</i> and norovirus) are available and used according to manufacturer instructions for use. Note: If environmental services are performed by contract staff, verify that appropriate EPA-registered products are provided by contracting company.	IC.06.01.01 EP 3
3. The organization cleaning/disinfection policies and procedures include handling of equipment shared among patients or residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.) Note: Staff can verbalize who is responsible for cleaning and disinfection of shared equipment	IC.04.01.01 EP 3
8. Standard Precautions: Injection, Medication, and Sharps Safety	
1. Injections are prepared using aseptic technique in an area that has been cleaned and separated from potential sources of contamination (for example, visible blood, body fluids, sinks or other water sources).	IC.06.01.01 EP 3
2. Single-dose or single-use vials, ampules, bags or bottles of parenteral solution, fluid infusion or administration sets (for example, intravenous tubing) are used for one patient only.	IC.06.01.01 EP 3
3. Diaphragms of medication vials are disinfected before inserting a device into the vial.	IC.06.01.01 EP 3
4. Needles and syringes are used for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	IC.06.01.01 EP 3
5. Medication vials are entered with a new needle and a new syringe. Note: Reuse of syringes and/or needles to enter a medication vial contaminates the contents of the vial, making the vial unsafe for use on additional patients/residents	IC.06.01.01 EP 3
6. The same lancing/fingerstick device is <u>not</u> used for more than one individual, even if the lancet is changed.	IC.06.01.01 EP 3

7. If multidose medications (for example, multidose vials for aerosolized medications, wound care ointments, creams) are used for more than one patient or resident, medications do not enter the immediate patient or resident treatment area. Note: If multi-dose medications enter the immediate patient treatment area, they must be dedicated for single patient use and discarded immediately after use.	IC.06.01.01 EP 3
8. Immediately or as soon as possible after use, contaminated sharps are discarded in puncture-resistant, leakproof (on the sides and bottom) sharps containers, and sharps containers are replaced when the fill line is reached.	IC.06.01.01 EP 3
9. Standard Precautions: Risk Assessment with Appropriate Use of Personal Protective Equipment	
1. Staff have immediate access to PPE and are able to select, put on, remove, and dispose of PPE in a manner that protects themselves, the patient, and others.	IC.06.01.01 EP 3
2. Gloves are worn when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin, or contaminated equipment could occur. The staff change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.	IC.06.01.01 EP 3
3. A gown is worn 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.	IC.06.01.01 EP 3
4. Protective eyewear and a mask or a face shield are worn to protect the mucous membranes of the eyes, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions, and excretions. Note: Masks, goggles, face shields, and combinations of each are selected according to the need anticipated by the task performed.	IC.06.01.01 EP 3
5. PPE removal and disposal: PPE, other than respirators, are removed and discarded upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door. Disposable gloves are removed and discarded upon completion of a task or after contact with blood or body fluids, mucous membranes, or non-intact skin, followed by hand hygiene.	IC.06.01.01 EP 3
10. Standard Precautions: Minimizing Potential Exposures	
1. Signs are posted at the entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions. Note: See CDC website for examples of signage.	IC.06.01.01 EP 3
2. The organization implements a written policy that requires family and visitors take appropriate precautions if they are having symptoms of respiratory infection during their visit.	IC.06.01.01 EP 3
11. Standard Precautions: Reprocessing of Reusable Medical Equipment	
1. Single-use devices are discarded after use and never used for more than one patient or resident.	IC.06.01.01 EP 3
2. Reusable medical devices or equipment are cleaned and reprocessed prior to use on another patient or resident.	IC.06.01.01 EP 3
3. The organization reprocesses reusable medical and surgical devices or equipment in accordance with the Spaulding classification system and manufacturers instructions for use. Note: The Spaulding classification system identifies three risk levels associated with medical and surgical devices or equipment: a. Critical items (devices that enter sterile tissues or the vascular system) b. Semi-critical items (devices that contact mucous membranes or non-intact skin) c. Non-critical items (equipment that comes in contact with intact skin but not mucous membranes)	IC.06.01.01 EP 3
4. If used for more than one patient or resident, the point-of-care testing device (e.g., blood glucose meter, INR monitor) is cleaned and disinfected after every use according to device and disinfectant manufacturer's instructions. Note: if manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient or resident.	IC.06.01.01 EP 3

5. Equipment and devices used by a single patient or resident are cleaned and disinfected according to the manufacturer's instructions for use. Note: Mesh nebulizers which remain in the ventilator circuit and are not cleaned or disinfected are changed at an interval recommended by manufacturer's instructions. Nebulizers/drug combination systems are cleaned and disinfected according to the manufacturer's instructions.	IC.06.01.01 EP 3
12. Transmission-Based Precautions	
1. The organization has policies and procedures for transmission-based precautions (i.e., contact precautions, enhanced barrier precautions, droplet precautions, airborne isolation) including the following: a. Selection and use of personal protective equipment (for example, indications, donning/doffing procedures) b. Patient or resident placement (for example, single/private room or cohorted) Note: The placement decision may be made on an individual case basis based on presence of risk factors for increased likelihood of transmission (e.g., uncontained drainage, stool incontinence) c. A process to manage patients or residents on transmission-based precautions when no single/private room is available	IC.04.01.01 EP 3
2. The organization implements transmission-based precautions and adjusts or discontinues precautions per policies and procedures and clinical information.	IC.06.01.01 EP 3
3. Signs indicating that a patient is on transmission-based precautions are clear and visible.	IC.06.01.01 EP 3
4. Personal protective equipment and supplies are available and located near point of use.	IC.06.01.01 EP 3
5. Hand hygiene is performed before entering patient or resident care environment.	IC.06.01.01 EP 3
6. Personal protective equipment is put on/donned and removed/doffed properly.	IC.06.01.01 EP 3
7. Gloves and gowns are removed and properly discarded, and hand hygiene is performed before leaving the patient or resident care environment.	IC.06.01.01 EP 3
8. Reusable equipment is cleaned and disinfected according to manufacturers' instructions prior to use on another patient or resident.	IC.06.01.01 EP 3
9. The organization limits the movement of patients or residents with active symptoms for highly infectious disease (for example, norovirus, <i>C. difficile</i>) in accordance with policies and procedures. If a patient is on transmission-based precautions and must leave their room for medically necessary purposes, the organization implements methods and processes to communicate that patient's or resident's status and to prevent transmission of infectious disease.	IC.06.01.01 EP 3
10. When the patient or resident who are on transmission-based precautions is being assisted by healthcare staff, the patient or resident hand hygiene is performed prior to patient/resident leaving room.	IC.06.01.01 EP 3
13. Invasive Medical Devices for Clinical Management	
1. The organization has policies and procedures on invasive medical devices that are used among the organization's patient and resident population (for example, intravascular catheter, enteral feeding tube, indwelling urinary catheter, ventilator). The policies and procedures address the following: a. Appropriate indication and required documentation b. Devices insertion, maintenance, and discontinuation and required documentation	IC.04.01.01 EP 3
2. The organization follows the attending physician/practitioner written rationale for the use of a urinary catheter and its policies and procedures for appropriate insertion, maintenance, and discontinuation of urinary catheters.	IC.06.01.01 EP 3
3. The organization adheres to the policies and procedures on the insertion and maintenance of intravascular catheters, and promptly removes any intravascular catheter or device that is no longer needed.	IC.06.01.01 EP 3
14. Wound Management	
1. Hand hygiene is performed before a wound procedure.	IC.06.01.01 EP 3
2. Personal protective equipment is used as follows: a. Gloves are worn during the wound dressing procedure	IC.06.01.01 EP 3

<ul style="list-style-type: none"> b. Face protection (e.g., goggles and facemask, or a face shield) is worn when the wound care procedure may generate splashes or aerosols such as irrigation, pulse lavage, and handling of equipment such as vacuum-assisted closure devices c. A gown is worn if healthcare personnel contamination is anticipated during the dressing procedure (e.g., large or excessively draining wounds). 	
3. Clean wound dressing supplies (e.g., gauze, measure tape) are handled in a way to prevent cross contamination between patients or residents (e.g., wound care supply cart which remains outside of resident care areas; unused supplies are not returned to the clean supply cart but either discarded or remain dedicated to patient or resident; supplies on the cart should only be handled by individuals with clean hands).	IC.06.01.01 EP 3
15. Laundry & Linen	
1. Soiled textiles/laundry are handled with minimum agitation to avoid contamination of air, surfaces, and persons.	IC.06.01.01 EP 8
2. Soiled linens are bagged or otherwise contained at the point of collection in leak-proof containers or bags and are not sorted or rinsed in the location of use. Note: Covers are not needed on contaminated textile hampers in patient/resident care areas.	IC.06.01.01 EP 8
3. Clean linen are packaged, transported, and stored in a manner that ensures cleanliness and protection from contamination (e.g., dust and soil).	IC.06.01.01 EP 8
4. The organization implements its policy for cleaning and disinfecting linen carts on the premises or for cart exchange off the premises.	IC.06.01.01 EP 8
5. The receiving area for contaminated/soiled linen is clearly separated from clean laundry areas. Note: Workflow should prevent cross contamination (i.e., If fans are used the ventilation should not flow from dirty to clean laundry areas).	EC.02.05.01 EP 16
16. Preventing and Controlling the Development and Transmission of Vaccine-preventable Diseases Among Patients, Residents, and Staff	
1. The organization offers recommended vaccinations, including influenza, pneumococcal disease, and COVID-19, to patients or residents, unless the vaccination is medically contraindicated, or the patient or resident has already been immunized. Note 1: The organization follows national guidelines on when to administer recommended vaccinations to a patient or resident. Note 2: Before offering vaccination, the organization provides education to patients and residents and their surrogate decision-makers on the benefits and potential side effects of vaccination. Note 3: The organization gives the patient or resident or their surrogate decision-maker the opportunity to refuse vaccination. Note 4: Receipt or nonreceipt of vaccination due to medical contraindication or refusal is documented in the patient's or resident's medical record.	IC.06.01.03 EP 1
2. The organization offers recommended vaccinations, including the COVID-19 vaccination at a minimum, to staff. Note 1: The Advisory Committee on Immunization Practices (ACIP) provides vaccine-specific recommendations and guidelines at https://www.cdc.gov/vaccines/hcp/acip-recs/index.html . Note 2: Before offering vaccination, the organization provides education to staff on the benefits and potential side effects of vaccination.	IC.06.01.03 EP 2

Guide for OPTIONAL Memory Care Certification (MCC)

Joint Commission Participants:

Surveyor

Organization Participants:

Staff involved in patient or resident care, support staff, and clinical management staff, interdisciplinary team

Objective:

To survey nursing care centers identified to take part in optional certification.

Logistical Needs:

During the surveyor planning session, your organization will need to provide information related to the memory care services provided at your nursing care center. This information will help the surveyor determine the areas of focus for the certification survey.

Profile of memory care services:

- Number of patients or residents with dementia
- Varying cognitive levels or stages of dementia
- Services provided in distinct specialized memory care unit or throughout the organization

Overview:

Memory Care (MCC) certification is optional and can be obtained initially through an extension survey or as part of your triennial accreditation survey. Once certification is obtained, recertification will always occur at the time of the triennial survey. If an extension survey is chosen as the route for initially obtaining MCC certification, then only the unique MCC accreditation requirements are evaluated during the certification survey. When MCC certification is obtained as part of the accreditation survey, all nursing care center standards as well as the unique MCC accreditation requirements are evaluated.

Documents to have available:

There are no additional documents required for the MCC survey beyond the list of documents to have available for the accreditation survey.

Scope of MCC survey:

The MCC survey will focus on evaluating the organization's provision of care needed for patients or residents who have been diagnosed with memory-impacting conditions such as Alzheimer's disease or dementia. The survey will include an evaluation of how the organization:

- Coordinates care through collaborative assessment and planning
- Provides care that is consistent with current advances in dementia care practices
- Ensures staff possess the knowledge and competency to assess and provide care for a patient or resident population with memory impairment

- Provides activity programming matched with the patient's or resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function.
- Manages patient or resident behaviors with emphasis on the use of non-pharmacological interventions as an alternative to antipsychotic medication use
- Provides a safe and supportive physical environment to promote safety and minimize confusion and overstimulation
- Conducts performance improvement activities related to MCC

Guide for OPTIONAL Post-Acute Care Certification

Joint Commission Participants:

Surveyor

Organization Participants:

Staff involved in patient care, support staff, and clinical management staff, interdisciplinary team

Objective:

To survey nursing care centers identified to take part in optional certification.

Logistical Needs:

During the surveyor planning session, your organization will need to provide information related to the types of post-acute care services provided at your nursing care center, such as stroke, post-op wound care, or orthopedic rehab. Additionally, you will want to be prepared to share the average length of stay and census, as well as whether or not post-acute care services are provided in a distinct unit(s) or throughout the organization. This information will help the surveyor determine the areas of focus for the certification survey.

Overview:

Post-Acute Care (PAC) certification is optional and can be obtained initially through an extension survey or as part of your triennial accreditation survey. Once certification is obtained, recertification will always occur at the time of the triennial survey. If an extension survey is chosen as the route for initially obtaining PAC certification, then only the unique PAC accreditation requirements are evaluated during the certification survey. When PAC certification is obtained as part of the accreditation survey, all nursing care center standards as well as the unique PAC accreditation requirements are evaluated.

Documents to have available:

In addition to the list of documents to have available for the accreditation survey, organizations taking part in the optional PAC certification survey should have the following additional documents available:

- List of patient discharges within the past 30 days
- List of patients readmitted to the hospital within the past 90 days

Scope of PAC survey:

The survey will focus on evaluating the organization's provision of goal-directed, time-limited medically complex care or rehabilitative services to patients who have typically been recently hospitalized. Additionally, the survey will include an evaluation of how the organization:

- Uses clinical practice guidelines to guide the provision of care, treatment, and services of the post-acute patient
- Identifies early warning signs of a change in patient's condition and responds to a decline in condition

- Helps the patient transition from the nursing care center to a lower level of care setting or home
- Manages the discharge/post-discharge process to minimize the risk of unnecessary re-hospitalizations
- Conducts initial and ongoing assessments
- Ensures physician availability and provides medical director oversight
- Provides collaborative effective communication processes
- Conducts provider hand-offs
- Conducts staff competencies
- Conducts PI activities related to PAC

Transitions of Care Session

Applies to: Optional Post-Acute Care Certification Only

Joint Commission Participants

Surveyor

Organization Participants

Suggested participants include staff and leaders who are involved in the patient admission and discharge process (e.g., as applicable, post-acute care coordinator, discharge planner, social worker, case manager, clinical liaison).

Logistical Needs

The suggested duration of this session is approximately 60 minutes.

Objective

Surveyors will explore and evaluate the effectiveness of the organization's processes related to transitions of care of the post-acute patient, and to help the organization identify opportunities for process improvement.

Overview

During this session, the surveyor will facilitate discussion with staff to understand their roles related to the following:

- Admission process, including sources of patient referrals, procedures followed to determine if a prospective patient is eligible for admission, how communication occurs between care settings, and physician coordination of care
- Provider hand-off, including the availability of advance information to ensure timely availability of needed medications, equipment, and accommodations
- Medication reconciliation process during transitions between care settings
- How to recognize and respond to a patient's change in condition
- Development, implementation, and evaluation of the effectiveness of clinical practice guidelines
- Physician availability to meet the needs of the post-acute patient population
- Discharge process, including the provision of patient/family education, and how the organization facilitates the transfer of important information to other service providers
- Post-discharge process, including the topics discussed during the follow-up communication with the patient and/or family, and how this information is used for process improvement
- Medical director's review of admissions, transfers and discharges for appropriateness

The surveyor may also speak with patients and family members who have recently been admitted to the post-acute care setting or who are close to being discharged

Nursing Care Center Accreditation – Sample Agenda

DAY 1

Time	Activity
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	<ul style="list-style-type: none"> Opening Conference and Orientation to Organization Brief Orientation Tour of the Organization
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	Environment of Care and Emergency Management
3:30 – 4:00 p.m.	Life Safety Building Tour (Abbreviated)
4:00 – 4:30 p.m.	Special Issue Resolution OR Surveyor Planning/Team Meeting

DAY 2

Time	Activity
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership and Data Use Session This session will focus on: <ul style="list-style-type: none"> Leadership's role and use of data role in maintaining systems, infrastructure and key processes that contribute to the quality and safety of resident and patient care Leadership use of data and related activities for evaluating and improving the organizations culture of providing person-centered care The organization's performance improvement process The use of data in providing safe and quality care such as the following: <ul style="list-style-type: none"> Infection control Medication management MDS performance Resident and staff perceptions on the provision of person-centered care
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	Individual Tracer Activity
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Competence Assessment Session
12:30 – 1:00 p.m.	Credentialing of <u>Physicians and Other Licensed Practitioners</u>
1:00 – 1:30 p.m.	Surveyor Lunch
1:30 – 2:00 p.m.	Individual Tracer Activity
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	Surveyor Report Preparation
4:00 – 4:30 p.m.	CEO Exit Briefing and Organization Exit Conference

Nursing Care Center Accreditation with Memory Care Certification – Sample Agenda

DAY 1

Time	Activity
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	<ul style="list-style-type: none"> Opening Conference and Orientation to Organization Brief Orientation Tour of the Organization
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	Environment of Care and Emergency Management
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	Life Safety Building Tour (Abbreviated)
4:00 – 4:30 p.m.	Special Issue Resolution OR Surveyor Planning/Team Meeting

DAY 2

Time	Activity
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership and Data Use Session
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	<p>This session will focus on:</p> <ul style="list-style-type: none"> Leadership's role and use of data role in maintaining systems, infrastructure and key processes that contribute to the quality and safety of resident and patient care Leadership use of data and related activities for evaluating and improving the organizations culture of providing person-centered care The organization's performance improvement process The use of data in providing safe and quality care such as the following: <ul style="list-style-type: none"> Infection control Medication management MDS performance Resident and staff perceptions on the provision of person-centered care
10:00 – 10:30 a.m.	Individual Tracer Activity
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	Competence Assessment Session
12:00 – 12:30 p.m.	Credentialing of <u>Physicians and Other</u> Licensed Practitioners
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Individual Tracer Activity
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	Surveyor Report Preparation
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	CEO Exit Briefing and Organization Exit Conference

Nursing Care Center Accreditation with Post-Acute Care Certification – Sample Agenda

DAY 1

Time	Activity
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	<ul style="list-style-type: none"> Opening Conference and Orientation to Organization, including Rehabilitation and Advanced Care Services Brief Orientation Tour of the Organization
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	Environment of Care and Emergency Management
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	Life Safety Building Tour (Abbreviated)
4:00 – 4:30 p.m.	Special Issue Resolution OR Surveyor Planning/Team Meeting

DAY 2

Time	Activity
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Individual Tracer Activity
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	
10:00 – 10:30 a.m.	Transitions of Care for Rehabilitation and Advanced Care Patients
10:30 – 11:00 a.m.	<p>This session will focus on the organization's:</p> <ul style="list-style-type: none"> Processes and criteria for evaluating prospective patients needing rehabilitation and advanced care Activities performed when a patient is initially admitted for rehabilitation and advanced care Efforts in preventing avoidable re-hospitalizations Activities in preparing rehabilitation and advanced care patients to return home or to a lesser level of care. Activities conducted as part of the discharge process and post-discharge processes for patients receiving rehabilitation and advanced care
11:00 – 11:30 a.m.	Individual Tracer Activity
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	Special Issue Resolution OR Surveyor Planning/Team Meeting

DAY 3

Time	Activity
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership and Data Use Session This session will focus on: <ul style="list-style-type: none"> ▪ Leadership's role and use of data role in maintaining systems, infrastructure and key processes that contribute to the quality and safety of resident and patient care ▪ Leadership use of data and related activities for evaluating and improving the organizations cultural of providing person centered care ▪ The organization's performance improvement process ▪ The use of data in providing safe and quality care such as the following: <ul style="list-style-type: none"> - Infection control - Medication management - MDS performance - Resident and staff perceptions on the provision of person-centered care - Patients receiving rehabilitation and advanced care that are readmitted to the hospital or emergency department - Opportunities for improvement identified following the discharge of patients who received rehabilitation and advanced care
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	
10:00 – 10:30 a.m.	Individual Tracer Activity
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	Competence Assessment Session
12:00 – 12:30 p.m.	Credentialing of <u>Physicians and Other</u> Licensed Practitioners
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Individual Tracer Activity
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	Surveyor Report Preparation
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	CEO Exit Briefing and Organization Exit Conference

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