

Q&A With The Joint CommissionNavigating the Most Common First Survey Challenges

Hospital Accreditation



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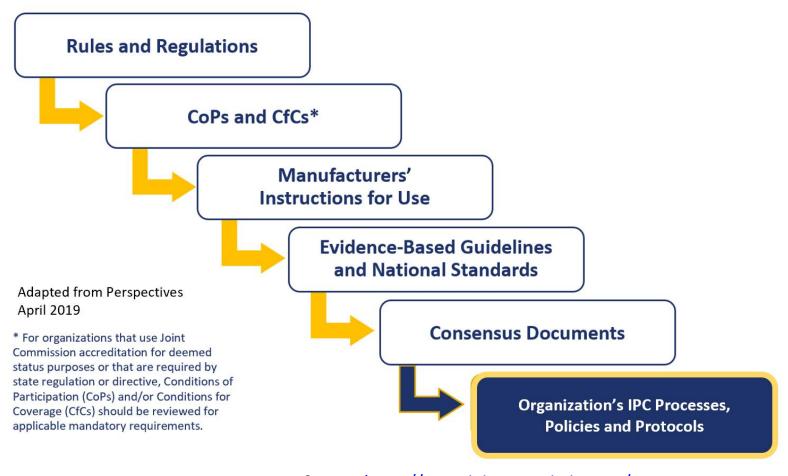


Infection Control

With the ongoing changes in guidance with the current pandemic, how can an organization prepare for a successful accreditation visit in regard to the infection control standards?



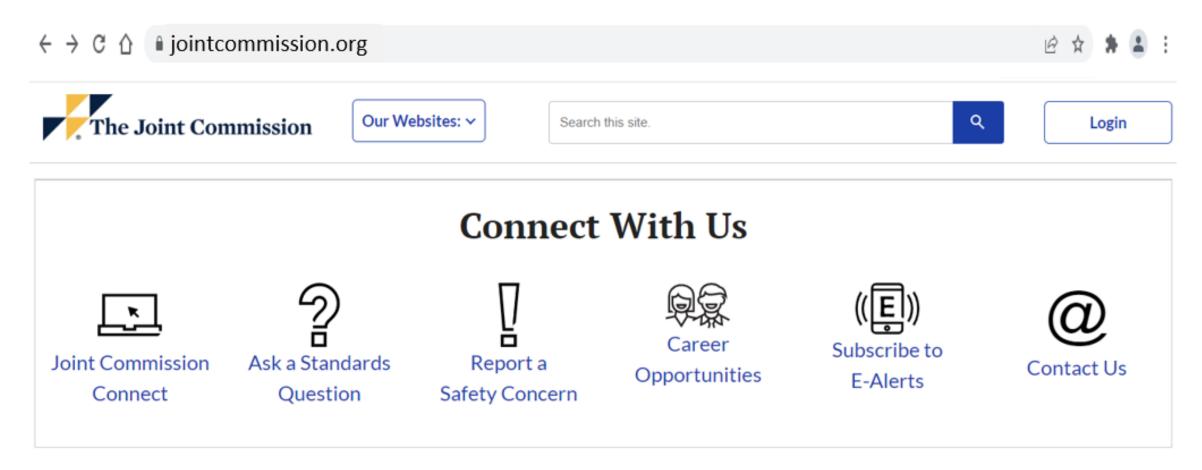
Follow the Hierarchical Approach





Source: https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/ic-hierarchical-approach-to-scoring-standards-april-2019-perspectives.pdf

Resources to Answer YOUR Questions





Resource for Common Questions

Interpreting Joint Commission Standards: FAQs

The Joint Commission's standards are developed with input from a variety of health care professionals, consumers, government agencies and other experts. They form the basis of our evaluation process, and they help you measure, assess and improve your performance.





Ask Organization Specific Questions

Can't Find What You're Looking For?

If you do not find an answer to your question, please contact the Standards Interpretation Group (SIG).

Ask a standards interpretation question

Note: To provide adequate support to those organizations that are either accredited/certified or seeking accreditation/certification, we will only answer those questions submitted by those organizations seeking accreditation/certification or currently accredited/certified by the Joint Commission. The Joint Commission no longer answers questions submitted by students or vendors. Thank you for your understanding.





Will we be penalized if staff that do not work with patients wear a cloth mask with a disposable mask underneath?



Please review the infection control standards pertaining to COVID-19 that will stay in effect.



Are the infection standards weighted more heavily than others because of the pandemic or are they the same when we're not under a public health emergency?



Beyond the infection control standards in the manual, are there extra ones for COVID that are not in there?



How will the surveyor audit the CMS requirement for COVID vaccine?



Will the surveyors request for specific COVID infection control information?



What is the Joint Commission's recommendation regarding how to follow Instructions For Use that offer a limited disinfection list when manufacturer will not clarify or dictate if certain disinfectants are appropriate?





Environment of Care and Life Safety



Medical Gas storage -- Can 1 or more "in use" medical gas in a rolling cart be stored in a designated clean storage area and does that storage area then require signage? What if there is an electrical panel in that storage area?



How often should the floors be cleaned at a facility in ancillary areas?



Besides the fire drill requirements per The Joint Commission standards, are emergency codes (i.e. Code Pink, Green, Blue, etc.) required on a regular basis for provider-based clinics (clinics under the hospital license)?



Is there a certain format that surveyors are expecting to see in EP 2 that shows, "an evaluation of the physical and chemical conditions of each step of the water flow diagram?

Please define physical/chemical conditions and review the new water standards.



For time frames, is The Joint Commission looking for frequencies at intervals from the date of the last event? I.e for quarter frequencies, will surveyors start counting +/- 10 days from the last inspection date? 1st Quarter. 1/18/22, 2nd Quarter due 4/08/22 - 4/28/22?



Is there a checklist of items available that The Joint Commission uses while walking the facilities?





Survey Process

We are building a children's hospital that will have an initial survey. Is the survey process the same as for our original acute care hospital?



Is there a special part of the survey that's going to occur that is just devoted to COVID?



Are there any special survey requirements for COVID positive hospitals?



Will the surveyors tell us exactly who they want to be present during every day or will we know that before you come?



How many surveyors will be there be? Do they stay together or will they be going to different areas separately as we go through this?



Do we always have to have someone escort them or do they do their own walkabouts without any of our staff with them?



Will the surveyors address the issue of privileging when they arrive or does that occur elsewhere in the survey?



Will someone point blank ask us about the vaccine status of our staff, providers, students?





Standards Questions

What are the requirements for tissue tracking and maintenance of Instructions for Use (IFUs)?



What's the best way to prepare as someone new to quality?



How long we should keep the pharmacy records ready for inspection?



Is there a check off list or guide for a new hospital survey we could utilize as a cross reference to tracers?



What are some tips to give staff who've never participated in the survey process? Can they ask the surveyors questions?



Do The Joint Commission standards define onboarding/orientation processes for staff who resign or end a travel nurse contract for a brief period and then return to the same clinical setting? Example: Travel nurse delays the begin of a new contract by 4 weeks.



Where do we locate the eligibility requirements and understanding the requirements?





Account Operations

Due to the pandemic, will our initial survey be on time or delayed?



Do we have the opportunity to say when we don't want our first survey? Since we began the process we've had a lot of COVID cases.



Are full accreditation surveys being conducted using the hybrid model?



Will we know how many days Joint Commission will be here so we can prepare the staff?



Do we have any advance warning when the team is going to come into the hospital to begin the survey?





Continuous Resources: Key Example: *The Heads Up Report*

Heads-Up Reports on Joint Commission Connect The Joint Commission





TOPIC: Patient assessment before administration of sedation or anesthesia HEADS UP... SETTING: Hospital (HAP) and Critical Access Hospital (CAH) Programs

WHY IS THIS IMPORTANT?

During operative or other procedures requiring moderate or deep sedation or general anesthesia, the patient's cognitive, ve buring operative or other procedures requiring moderate or deep sedation or general anesthesia, the patient's cognitive, vecardiovascular functions become or may become impaired. That is why a patient assessment must be performed to decrease carquovascular functions become or may become impaired. That is why a patient assessment must be performed to decrea anesthesia-associated complications. This pre-procedural assessment should be based on established or recommended presented by the complex of th anestnesia-associated complications. This pre-procedural assessment should be based on established or recommended preguidelines from American Society of Anesthesiologists, American Association of Nurse Anesthetists, American Dental Association of Nurse Anesthet guidennes from American Society of Allestnesiologists, American Association of Nurse Allestnetists, American Dental As for Gastrointestinal Endoscopy). The [critical access] hospital should determine who is qualified to perform the assessment of the control of for Gastronitesunal Engoscopy). The [critical access] nospital should determine who is quained to perform the assessing competencies of staff, scope of practice, and the rules and regulations governing their state. For deep sedation or generally must be performed by an anesthesia provider.

Number of run surveys performed: HAP = 611; CAH = 77

Number of surveys with moderate to high risk findings for PC.03.01.03 EP 1: HAP = 66 (11%); CAH = 77 (11%) Relevant standard/EP: PC.03.01.03 The [critical access] hospital provides the patient with care before init procedures, including those that require the administration of moderate or deep sedation or anesthesia. **EP 1 Be** procedures, including those that require the administration of moderate or deep sedation or anesthesia. **EV 1 B** procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The [critical access pre-anesthesia patient assessment. (RC.02.01.01, EP 2).

Sample survey observations [from surveyor notes] and contribu

- Observed in Document Review. In two of three records reviewed for patients who received mod lacked evidence of a pre-sedation ASA score and a pre-sedation airway evaluation (e.g., Mallam Sample observations:
 - Observed in Individual Tracer. During tracer of a patient who underwent a procedure in the S was noted that the pre-anesthesia assessment/evaluation did not contain the required elemen was noted that the pre-anesthesia assessment/evaluation did not contain the required element policy states that pre-anesthesia assessment should include a physical examination of cardia heart and lung assessment on the patient's paper pre-anesthesia documentation was not fill Observed in Individual Tracer. There was no evidence that the hospital had defined the re

- Documentation issues: Forms or fields in the EHRs didn't include the ASA class numbering syssedation/pre-anesthesia assessment; providers were inconsistent or used wrong field/form. Potential contributing factors:

 - Incomplete or out-of-date policy regarding sedation and anesthesia. Lack of education, knowledge on documentation requirements. Lack of compliance monitoring to determine adherence to the policy.

How to identify potential problems in your organization Review your policies and procedures

- Review your policies and procedures

 Has the [critical access] hospital defined the required elements of a pre-sedation and pre-anesthesia patient assessment?

 Have the medical staff by laws or rules and regulations addressed the requirements for practitioners privileged to administ ☐ Has the [critical access] hospital defined the required elements of a pre-sedation and pre-anesthesia patient assessment?

 ☐ Have the medical staff bylaws or rules and regulations addressed the requirements for practitioners privileged to administer sedation/anesthesia.

 ☐ Is the assessment based on established or recommended professional practices (e.g., ASA, AANA, ADA, ASGE)?

 The professional practices (e.g., ASA, AANA, ADA, ASGE)? ☐ Is the assessment based on established or recommended professional practices (e.g., ASA, AANA, ADA, ASGE)?

 Consistent with guidelines, laws, and regulations?

 Is the assessment based on established or recommended professional practices (e.g., ASA, AANA, ADA, ASGE)?

 Consistent with guidelines, laws, and regulations? Interview staff (e.g., clinicians and support staff)
- Interview staff (e.g., clinicians and support staff)

 Are staff aware of the requirements for completing a pre-sedation and pre-anesthesia assessment for patients receiving anesthesia established.
- ☐ Do the staff understand the documentation requirements?
- services?

 Does the staff receive training and/or education regarding care of patients during high risk or operative procedures? ☐ Does the staff receive training and/or education regarding care of patients during high risk or op Do the staff understand the documentation requirements? Assess your environment

 Does the [critical access] hospital have easily accessible forms and/or screens/prompts in the electronic medical record for documenting the pre-anesthesia and pre-sedation assessment?

documenting the pre-anesthesia and pre-sedation assessment?

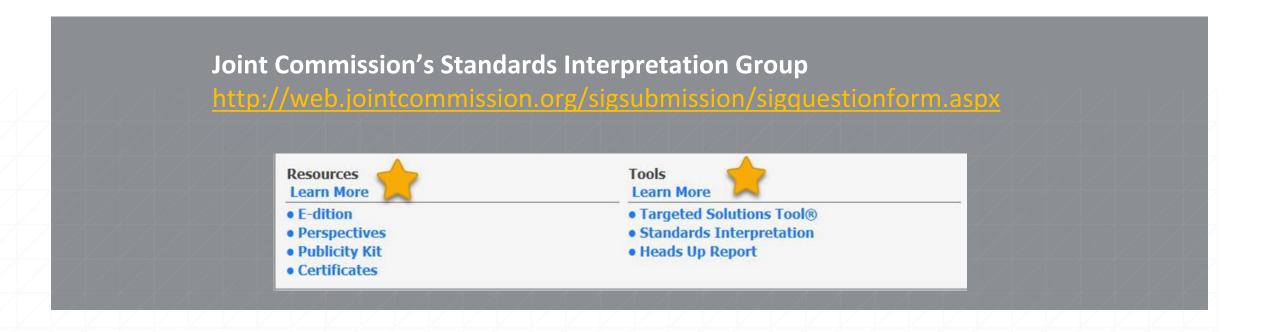
Does the [critical access] hospital schedule procedures so enough time is available for clinicians to perform a pre-anesthesia assessment? $E_{
m Valuate\ implementation}$

- Evaluate implementation

 Is there a mechanism to ensure compliance, i.e., a pre-sedation and pre-anesthesia assessments are completed as required by the hospital, medical staff, leadership, and consistent with current professional guidelines and state laws and regulations (e.g., observation). ☐ Is there a mechanism to ensure compliance, i.e., a pre-sedation and pre-anesthesia assessments are completed as required by the electronic health record/chart audits)? What are some resources can assist me in mitigating risks in these areas?

 Intermediate Laint Commission etandards FAOs. Sadation a • Joint Commission, Interpreting Joint Commission standards, FAQs: Sedation and anesthesia: Understanding the assessment The American Academy of Anesthesiologists: Standards and Guidelines, <u>Basic Standards for Pre-anesthesia Care</u> (December,

Resources on Joint Commission Connect® Extranet Site







Time for additional questions



Thank you!