



December 24, 2020

Mr. Eric D. Hargan
Deputy Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

[Docket: HHS-OS-2020-0017. Submitted electronically via <http://www.rfi.grants.nih.gov>]

Dear Deputy Secretary Hargan:

The Joint Commission appreciates the opportunity to comment on the U.S. Department of Health and Human Services (HHS) request for information on *Effective and Innovative Approaches/ Best Practices in Health Care in Response to the COVID-19 Pandemic*

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. An independent, not-for-profit organization, The Joint Commission accredits and/or certifies more than 22,000 health care organizations and programs in the United States. The Joint Commission evaluates health care organizations across the continuum of care, including most of the nation's hospitals. In addition, Joint Commission programs encompass clinical laboratories, ambulatory care and office-based surgery facilities, behavioral health care, home care, hospice, nursing care centers, and long-term care organizations. Joint Commission accreditation and certification are recognized nationwide as symbols of quality that reflect an organization's commitment to meeting state-of-the-art performance standards. Although accreditation is voluntary, a variety of federal and state government regulatory bodies, including the Centers for Medicare and Medicaid Services (CMS), recognize and rely upon The Joint Commission's decisions and findings for Medicare or licensure purposes.

Throughout the pandemic, The Joint Commission has been in close contact with its accredited organizations and helped to guide organizations as they adapt to the pandemic. Below, we have provided comments on some of topics discussed in the request for information, including health promotion and prevention of COVID-19, telehealth, and topics of relevance in response to the pandemic. These comments contain best practices from The Joint Commission's long experience with infection control practice and emergency preparedness as well as new recommendations developed specifically in response to the COVID-19 pandemic.

Health Promotion and Prevention of COVID-19 and Non-COVID-19 Medical Conditions Best Practices

Robust Infection Control Standards

Joint Commission standards outline infection control and prevention best practices for health care settings across the continuum of care, including hospitals, home care, ambulatory care, and laboratories. These standards address the planning, implementation, and evaluation of a facility's infection control program. The infection control and prevention plan is applicable to all clinicians, staff, and patients within a health care organization and encompasses all infections or potential sources of infection encountered by health care personnel, including emerging infectious diseases such as COVID-19. Recognizing that such plans need to be well managed to be effective, The Joint Commission also requires hospital leadership to designate the people responsible for the infection control and prevention program and daily management of infection prevention activities.

To aide health care organizations during the COVID-19 emergency, The Joint Commission has hosted a series of webinars to provide infection prevention strategies to targeted audiences. Webinars have covered setting-specific considerations for preventing COVID-19 transmission in hospitals, nursing homes, ambulatory health care settings, and primary health care facilities, as well as overarching best practices such as the appropriate use of personal protective equipment (PPE).

Health System Readiness

Joint Commission standards require hospitals to have an Emergency Operations Plan that takes an all-hazards approach to planning and preparing for possible emergencies, including natural disasters, mass casualty events, and emerging infectious diseases such as COVID-19. As part of the Emergency Operations Plan, hospitals must describe how they plan to respond to a surge of potentially infectious patients.

To ensure that staff understand and can implement the Emergency Operations Plan, The Joint Commission's standards also require hospitals to perform at least two annual exercises, which may include mock disaster drills. Medicare Conditions of Participation only require training at least every two years.¹ The Joint Commission urges CMS to require that all health care organizations review their emergency preparedness plans and participate in training annually. Without thorough preparation, organizations often struggle to implement their Emergency Operations Plan during a disaster. The Joint Commission believes regular drills better prepare staff to respond to future emergencies.

Telehealth Best Practices

Managing Risks to Provide Optimal Virtual Health Services

Health care organizations have relied heavily on telehealth and other virtual health services to provide care to patients during the COVID-19 pandemic, and interest in building or expanding telehealth programs has increased tremendously. To best meet the needs of patients during and after the public health emergency (PHE), organizations should place special focus on managing risks associated with telehealth: information security, patient safety, documentation, and clinical practice guidelines.

¹ 42 CFR §482.15 Conditions of Participation: Emergency Preparedness

The Joint Commission has issued a set of recommendations to help health care providers provide safe and effective telehealth.² Virtual health services should have the same documentation and patient safety practice as traditional health services. The Joint Commission recommends that organizations establish key measures to monitor the success of a telehealth program. Developing care protocols will also help organizations reduce variation between specialties and provide a standardized experience for patients.

Other Topics:

Please Describe Effective Strategies to address critical barriers including provider well-being.

Protecting the Mental Health of Health Care Workers

The response to COVID-19 has demonstrated the importance of providing for the mental health needs of health care workers. The pandemic has taxed health care professionals and staff, and providing an environment where employees feel they are safe at work is essential to enhancing provider resiliency and maximizing employee retention.

The Joint Commission recommends that health care organizations prevent unexpected changes to processes that could add stress and uncertainty to work environments, and design new processes to minimize employee frustration and anxiety. Providing flexibility to staff, such as updating telework and leave guidance, enables appropriate and safe working environments as well as full recovery for employees who need time off. Communications with health professionals and their families should also prioritize well-being and mental health.^{3,4}

Many clinicians fear repercussions if they seek mental health services. The Joint Commission encourages health care organizations to not ask about a clinician's history of mental health conditions or treatment and limit questions regarding conditions that currently impair a clinician's ability to perform their job. Such questions contribute to fears that the disclosure of mental health treatment could harm their career if disclosed during the credentialing or licensing process and may prevent health care workers from seeking mental health treatment.

Please Describe Other Input Not Already Covered by The Previous Topics

Review of Health System Pandemic Response

The Joint Commission has routinely participated in retrospective analyses of the impact of emergencies on the health care system. These analyses have been used to strengthen the health care system in preparation for future emergencies. In response to the COVID-19 pandemic, The Joint

² The Joint Commission, *Quick Safety Issue 55: The Optimal Use of Telehealth to Deliver Safe Patient Care*, 2020 Oct. <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-55/>.

³ The Joint Commission, *Quick Safety Issue 54: Promoting Psychosocial Well-Being of Health Care Staff During Crisis*, 2020 Jun. <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-54/quick-safety-issue-54-promoting-psychosocial-well-being-of-health-care-staff-during-crisis/>.

⁴ Deloitte & Joint Commission Resources, *COVID-19 Lessons Learned: A Resource for Recovery*, 2020, Sept. <https://www.jcrinc.com/products-and-services/covid-19-lessons-learned-a-resource-for-recovery/>.

Commission undertook a review of the health system response in partnership with Deloitte and provided additional considerations to help health care organizations prepare for future emergencies.⁵

Managing Protective Equipment to Prevent Infection

Access to PPE is an essential part of a health care organization's infection control and prevention plan, especially in a pandemic where limited PPE is a safety risk to both patients and staff. Joint Commission standards require that facilities keep a documented inventory of resources on hand that might be necessary during an emergency, including PPE, and have a plan to obtain and replenish these supplies throughout the response and recovery phases of an emergency. However, the health system has struggled to ensure continuous access to critical equipment, including testing supplies and PPE, throughout the current PHE, due to increased demands and a limited supply chain.

Offsite Surveys by AOs

As an accrediting organization (AO) that conducts surveys recognized by federal and state government regulatory bodies, including CMS, The Joint Commission grappled with ways to continue its important work while also adhering to travel restrictions and other guidelines during the pandemic. In response, The Joint Commission initiated offsite (virtual) surveys for health care organizations meeting certain criteria. The Joint Commission received approval from CMS to conduct offsite surveys for initial surveys and continues to work with CMS to allow The Joint Commission to conduct offsite surveys for follow-up and reaccreditation surveys.

Flexibility to allow AOs to conduct offsite surveys for initial, Medicare-deficiency, and triennial surveys during a PHE is critical. An onsite survey may create safety risks for surveyors and hospitals, and travel to hospitals may be impacted by the PHE. Offsite surveys allow AOs to continue to assess health care organizations, address safety issues, and conduct deemed surveys on behalf of the federal government.

The Joint Commission is pleased to answer any questions you may have regarding our comments. If you have any questions, please do not hesitate to contact me or staff: Patrick Ross at 202-783-6655 or pross@jointcommission.org.

Sincerely,



Kathryn E. Spates, JD
Executive Director, Federal Relations

⁵ Deloitte & Joint Commission Resources, *COVID-19 Lessons Learned: A Resource for Recovery*. 2020, Sept. <https://www.jcrinc.com/products-and-services/covid-19-lessons-learned-a-resource-for-recovery/>