The Joint Commission and Regulatory Surveys Overview

Presentation to

New Provider Orientation
Joint Commission Hospital Survey

• Unannounced hospital survey expected in 2022.

• Survey will be 5 days long with a survey team complement of 10 surveyors

• All inpatient units, procedural areas, outpatient clinics and offsite locations are eligible for survey

• Tracer methodology used with a focus on patient flow through the healthcare system, patient safety and quality of care
The Survey Process
Tracer Methodology:

• **Individual tracer activity:**

  • Traces the patient’s flow through the system of care
  • Deep dive or detailed exploration of processes, especially a high risk process.

Surveyors will:

• Watch the delivery of care
• Ask questions about our processes
• Conduct chart reviews
• Review policies
The Survey Process

Tracer Methodology:

• **System tracer activity:**
  - Includes an interactive session with a surveyor and relevant staff members in tracing one specific process within the organization
  - Topics evaluated by system tracers:
    - Data management
    - Infection control
    - Medication management
    - Environment of Care/Emergency Management
    - Human Resources
The Survey Process
What does this mean for you?

• Be prepared to be interviewed and observed
  • Up to 80% of survey is how we respond to the surveyors and their questions
• More than one surveyor may ask similar questions
• Same surveyor may also come back later to ask additional questions about the same patient
• Handoffs and timely/complete documentation are critical
Core Principals:
Safety of the Environment

• Means of Egress
Core Principals:
Safety of the Environment

- Separation of clean and dirty items

- Proper storage of patient care items
  - Medications in medication rooms
  - Clean/sterile supplies in clean storage areas
  - Patient care equipment is considered clean only if stored in clean storage rooms
  - $O_2$ tanks: FULL separated from all others

- Clutter: Corridors, nurses stations, workrooms
  - No food and beverages in areas that are at risk of contamination
Core Principles:
Patient Care

- Multidisciplinary Care
  - How is care coordinated across disciplines

- Handoffs (Transitions of Care)
  - Effective communication

- Time-Out and documentation of time out
  - Procedural areas are a focus
  - Might watch the entire procedure, especially in non-operating room locations (Interventional Radiology, Cath Lab, Urology, Digestive Disease Clinic)

- Labeling of medications on and off the sterile field
  - Includes medications for bedside procedures

- Medication administration
  - Aseptic technique
  - Check for expiration before administration
Core Principals: Infection Prevention

- Hand-hygiene
- Proper PPE
  - Isolation Rooms
  - Procedures (Bedside, clinic, OR)
- Proper post procedure handling of dirty items
  - Proper storage and cleaning of endoscopes
  - Proper discarding of disposable instruments
  - Proper pre-cleaning of non-disposable instruments
Core Principals: Accurate Documentation

- Consent present prior to invasive procedure? Dated and timed?

- Is the H&P or interval note done timely?
  - Within 24 hours of admission or prior to surgical procedure; whichever comes first

- DO NOT USE abbreviations

- Is there evidence of inappropriate “copy/paste”?

- Is medication reconciliation done in a timely fashion?
Core Principals:
Accurate Documentation

- Orders – pain, restraints, diet, VTE, antibiotics etc.
  - PRN orders must include indication for use
  - Avoid therapeutic duplication
  - Do restraint orders include a face-to-face evaluation of the patient?

- Does the plan of care support what was said?
  - Is it individualized to the patient and reflective of changes in condition or goals of care?

- Procedural sedation documentation
  - Pre and post-assessment complete
Core Principles
Various Chapters

• Privacy
  • What are you doing to ensure privacy of patients?
  • No photos on cell phones

• Patient rights
  • How are patients informed of their rights?

• Know emergency procedures (RACE, PASS, Code Pink, etc)

• What Performance Improvement initiatives are underway in your area or department?
National Patient Safety Goals

1. Improve accuracy of patient identification
   • Use at least 2 ways to identify patients: name and date of birth, MRN
   • Label specimens correctly (we do a 2 person check with label/req before sending to lab)
   • Blood Scanning

2. Improve the effectiveness of Communication among caregivers
   Timely reporting of Critical Results of Tests
   • Get important test results to the right person on time
   • If lab calls results to the unit, do Read Back and Verify
   • For handoff use EPIC for nurse to nurse report
   • Voalte phones

3. Improve the safety of using medications
   • Medication reconciliation done upon admission
   • Label all medications, especially those drawn up at the bedside
   • Label IV bags & tubing
   • 2 person checks of all meds we give
   • Reduce Harm from anticoagulation therapy
   • Hazardous drug waste

4. Reduce harm associated with clinical alarms
   Can you hear alarms?
5. Reduce the risk of health care associated infections
   • Hand hygiene initiatives
   • Central line safety & bundles, CLABSI reduction
   • CAUTI – catheter associated urinary tract infection reduction
   • Surgical site infections reduction
   • Prevent health care associated infections due to multidrug-resistant organisms

6. Identify Patient Safety Risks
   • Identification of patients at risk for suicide

7. Universal Protocol
   • Conduct pre-procedure verification process
   • Mark the procedure site (not in NICU)
   • Time-out is performed before the procedure
Tips for a Successful Survey:

• Questions are intended to help the surveyors understand our practices. Therefore, questions may seem very basic.
  • Positive attitude
    • This is our chance to explain the high quality work we do
    • “Say it with a smile”; Don’t be defensive
  • Fully answer the question, but do not volunteer unrelated information
  • Don’t make up answers; they will verify what we tell them through policy review or other interviews
  • Don’t say “I don’t know”; articulate who to ask
  • Be honest; remember that discussions with site visitors are kept confidential

• Patient care comes first
  • However, please acknowledge that the surveyor would like to speak with you.
  • If you need to leave a surveyor to check on a patient, be polite and offer to meet the surveyor again as soon as possible.
Regulatory Surveys
2018 to Current Completed Surveys:

- American College of Surgeons – Trauma and Burn Verification Surveys
- Joint Commission Advanced Certification – Palliative Care, VAD
- IDIA Washington Dialysis Complaint Survey
- IDIA Complaint Surveys
- TJC Hospital Survey
- IDIA Incidents
- IDIA Dialysis Muscatine
- IDIA Dialysis Grinnell
- IDIA Dialysis Washington
- IDIA Dialysis North Liberty
- Commission on Accreditation of Medical Transport Systems (CAMTS)
- TJC Comprehensive Stroke Center
- Foundation for Cellular Therapy (FACT)
- TJC Survey Follow Up
- IDIA Adult In-Center, SFCH Dialysis Unit, and Home Dialysis
- IDIA Covid infection control of hospital and all dialysis sites
- TJC Laboratory Survey
- CAP/AABB Survey
- TJC Lab Extension Survey North Dodge
Regulatory Surveys

Upcoming:

• IDIA Dialysis Washington - anytime
• Joint Commission VAD Recertification – July 2020 (Covid Delayed)
• Joint Commission Lab Extension Survey Urgent Care Coralville – anytime (Covid Delayed)

❖ Anytime: IDIA or TJC can survey the hospital at any time. IDIA is on site frequently for investigations into complaints and self-reported incidents.
Accreditation Services Resources

- Accreditation Services website:
  - [https://thepoint.healthcare.uiowa.edu/sites/JCAHO/_layouts/15/start.aspx#/](https://thepoint.healthcare.uiowa.edu/sites/JCAHO/_layouts/15/start.aspx#/)
  - Contains survey readiness resources, link to Joint Commission standards and live updates during survey.

- Contact us:
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Questions?