The Joint Commission and Regulatory Surveys Overview

*Presentation to*

New Provider Orientation
## Joint Commission Survey

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Triennial re-accreditation survey required of all hospitals; linked to CMS for funding</th>
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<tbody>
<tr>
<td>Visit Dates</td>
<td>Unannounced&lt;br&gt;September 12, 2016 – September 16, 2016&lt;br&gt;Next survey 18-36 months</td>
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<tr>
<td>Format</td>
<td>5 days&lt;br&gt;Primarily tracers&lt;br&gt;Some in-room group interviews</td>
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<td>Locations</td>
<td>All locations include off-sites</td>
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<tr>
<td>Transitions of Care</td>
<td>Focus on TOC from admission to discharge and communication to next provider of care</td>
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### Joint Commission Survey

<table>
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<tr>
<th>Emphasis</th>
<th>All aspects of hospital operations and the impact on safe and high quality care; <strong>delivery of care</strong></th>
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<tbody>
<tr>
<td>Patient Safety</td>
<td>Safety of the environment; infection control practices including cleanliness of the environment; culture of safety including error reporting</td>
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<tr>
<td>Healthcare Quality</td>
<td>Using data to improve care</td>
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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
  – The three topics evaluated by system tracers:
    • Data management
    • Infection control
    • Medication management
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

• Clutter: Corridors, nurses stations, workrooms
  – No food and beverages in areas that are at risk of contamination
Core Principles:
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
  - $O_2$ tanks: FULL separated from all others
Core Principals:

Patient Care

• 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 and 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

- 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- know them and don’t use them
  - Don’t make up abbreviations; don’t use unapproved abbreviations

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

- Is medication reconciliation done timely?

- 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?
Core Principals: Accurate Documentation

- 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

- Privacy
  - What are you doing to ensure privacy of patients?
  - No photos on cell phones
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
2016 to Current Completed Surveys:

- Joint Commission Advanced Certification – Palliative Care
- IDIA Washington Dialysis Complaint Survey
- IDIA Complaint Survey
- TJC Disease Specific Certification – Aortic Aneurysm and Valve Repair & Replacement
- CMS Transplant Certification Survey
- TJC VAD Survey
- TJC UICMS Lab Survey
- TJC Hospital Survey
- CMS Transplant Survey Follow-Up
- IDIA Incident
- TJC CMS Follow Up Survey
- IDIA Dialysis Muscatine
- IDIA Dialysis Grinnell
- IDIA Dialysis Washington
- 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
- TJC Extension Survey Children’s Hospital
- TJC Laboratory Survey
- CAP/AABB Survey
Regulatory Surveys

Upcoming:

- IDIA North Liberty Dialysis (anytime)
- Joint Commission Aortic Aneurysm/Valve Recertification Survey – April 2018
- Burn – May 2018
- Ventricular Assist Device – July 2018

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