



Joint Commission Requirements How Do You Stay Continuously Survey Ready?

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Today's Focus

- Significant Changes and Hot Issues in TJC Accreditation Standards and National Patient Safety Goals for 2009 and 2010
- TJC's new hospital accreditation requirements and CMS CoPs
- Strategies for maintaining continuous survey readiness



The Challenge

- Numerous new TJC requirements since September 2008 as TJC applies to CMS for continued hospital deeming authority
- New survey requirements and approaches are published monthly in Perspectives.
- New standards FAQs appear at irregular intervals.
- New information on National Patient Safety Goals is published on the Joint Commission website.

Stricter TJC Scoring

- Must submit ESC for all EPs that are scored as partial compliance or insufficient compliance.
- Time line for completing the ESC submission depends on the “criticality” of findings and immediacy of risk.
- Change also affects the completion of your PPR

Consider....

***You Are Only One Complaint Away from
an Unannounced Survey!!!***

***How you would do
if surveyors arrived today?***



TJC Letter Provided Morning of Unannounced Survey for Cause

Dear CEO:

***This is to inform you that xx and xx have
been assigned to conduct an
unannounced for cause survey to review
complaint allegations related to (Titles of
chapters in the manual).***



TJC Letter Provided Morning of Unannounced Survey for Cause

During the course of the survey, the surveyors will review standards related to the area which were subject to the complaint.

In addition to reviewing any written documentation and materials and making observations, the surveyors may also interview managers and staff members to determine the degree of compliance with any applicable standards.



TJC Letter Provided Morning of Unannounced Survey for Cause

The surveyors may conduct the survey off hours.

Before the survey begins, the surveyors will review the survey agenda with you. At the completion of the survey, the surveyors will orally report their observations with out rendering a conclusion.



TJC Letter Provided Morning of Unannounced Survey for Cause

Please be advised that failure to permit our surveyors to proceed with the survey will be viewed as noncompliance. If this occurs, action will be initiated to withdraw your organizations accreditation.



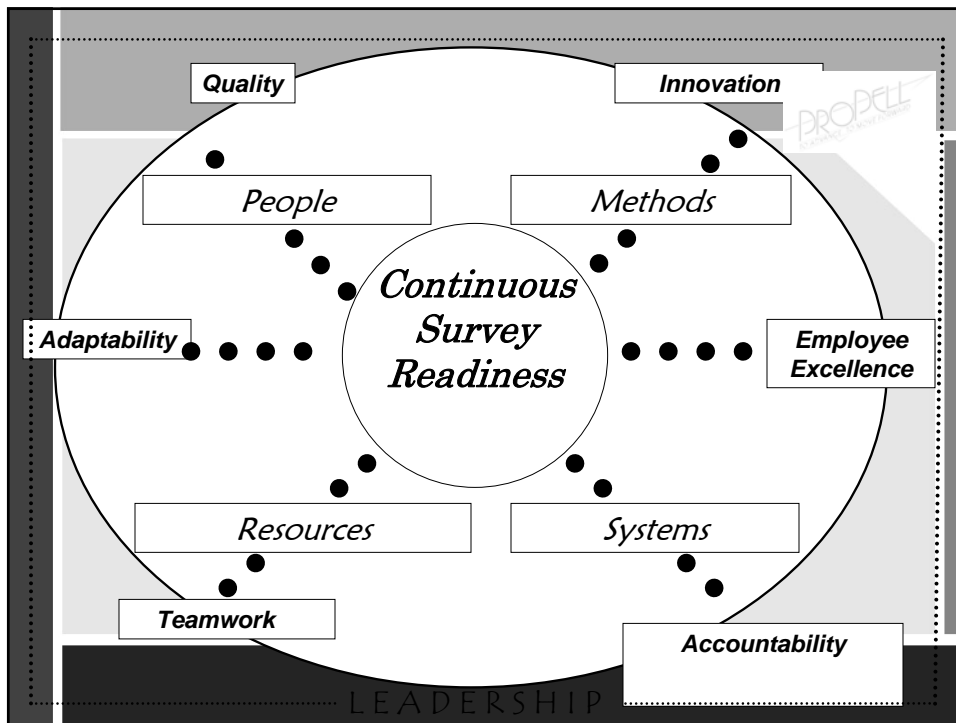
TJC Letter Provided Morning of Unannounced Survey for Cause

You will receive a report of this survey from our Central Office after appropriate review and discussion. If the allegations are found to be true, the accreditation status of your organization could be affected.



Today's Focus

What you need to do to be continuously survey ready?



Stay Continuously Survey Ready

Two questions to ask:

- Do your systems and processes support compliance with the standards?
- What needs to improve?



Stay Continuously Survey Ready

- Use the PPR as an internal self assessment
- Not a one-person job
- Teams and leaders
- Interpret standards and elements of performance
- Understand scoring
- Integrate with other compliance efforts (CMS, State regulations)



What Do You Need to Do?

Internal Self Assessments

- ✓ Ongoing process review and design to meet new standards or new National Patient Safety Goals
- ✓ Compare actual processes to what is stated in your organization's policies and procedures and JCAHO standards
- ✓ Perform multiple tracers to "stress test" old and new processes



How Can Doing Tracers Help You?

By performing individual tracers on your most complex patients, you are able to "stress test" your processes and determine where you need to improve.



Tracers are Two Tools in One

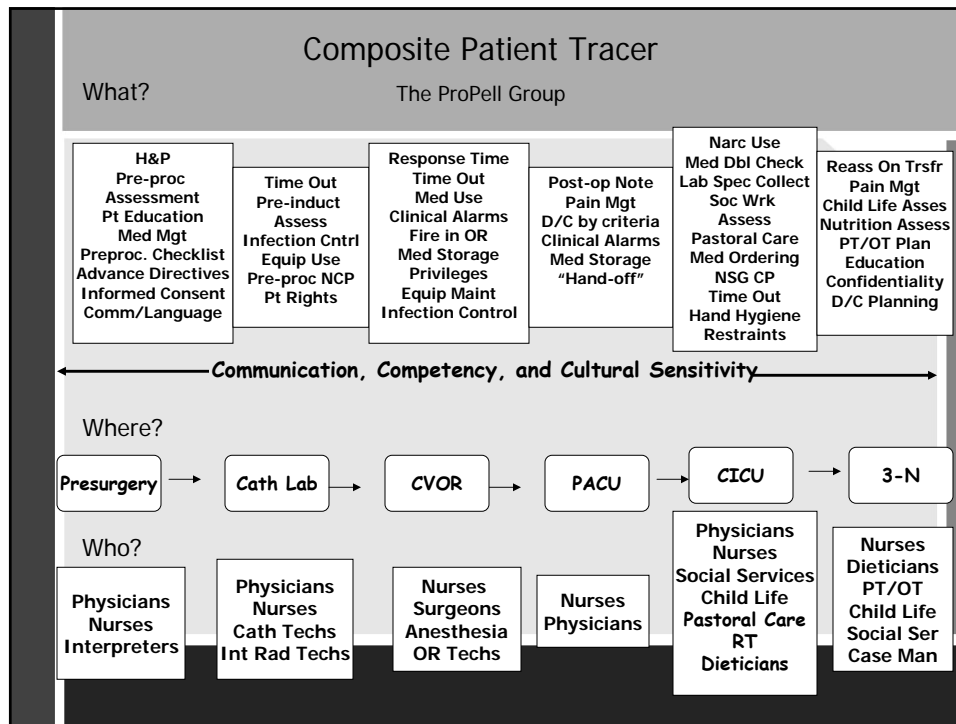
1. An assessment tool for asking:
 - How are our processes working?
 - Do they need to be modified?
 - Can staff describe what they do?
 - Have “work arounds” been created?
 - Are we compliant with TJC standards and with our own policies and procedures?



Tracers are Two Tools in One

2. A tool for educating staff about:
 - Critical nature of hand-offs
 - Potential breakdowns during the course of care
 - The importance of communication, not only verbally but through documentation in the medical record.





How Can Doing Tracers Help You?

- Evaluate methods of communication as the patient moves from one service or department to another
- Determine compliance with policies & procedures
- Identify clinical and operational improvement opportunities
- Verify that changes to processes and systems are adequately designed to meet standards of quality and patient safety



Understand the Difference between Tracers and Audits

- Plan to audit high risk areas
- Train staff to understand audit criteria
- Do not re-audit until you take action
- Use small sample sizes

Involve Staff Members

- ✓ Provide brief education programs to staff members about the tracer methodology and their role in the tracer assessment process
- ✓ Involve them in “mock” tracers



Involve Staff Members

- ✓ Semi annual review of employee files to keep up to date
- ✓ Periodically review the questions surveyors are most likely to ask



Maintaining Ongoing Survey Readiness

- As a part of daily operations...
 - Regulatory review rounds: Does your practice match the standards and your current policies and procedures?
 - Unannounced mock tracers
 - Conduct audits to monitor standards compliance
 - Use checklists
 - Periodic education sessions
 - Feedback to individual staff members
 - Ongoing performance improvement

Maintaining Ongoing Survey Readiness

- Policies and procedures up to date
- Employee files reflect initial assessment of competence if recently hired, evidence of annual competency, and recent performance appraisal

Maintaining Ongoing Survey Readiness

- Staff compliant with medication security, labeling procedures, medication storage
- Staff can answer questions about relevant NPSGs and other safety issues
- Environmental issues addressed, equipment check, etc.

What Else Do You Need to Do?

- ✓ Maintain the documents usually requested for Surveyor Planning Session current
- ✓ Periodic ‘sweeps’ to sustain practices related to infection control and the environment of care



Do Your Own Mini-Mock Surveys!

- **Check:**
 - Housekeeping issues
 - Medication security and storage
 - Crash cart and emergency medication security
 - Medication/supplies outdates
 - Equipment checks current
 - Equipment storage issues

Do Your Own Mini-Mock Surveys!

- **Check:**
 - Food and medication refrigerators
 - Fluid warmers
 - Blanket warmers
 - Tissue storage
 - Patient information confidentially
 - Vendor security

Do Your Own Mini-Mock surveys!

- Staff Q&A review
- Staff to print or find policies and procedures

And Then...

- ✓ Once weak or non compliant areas are identified,
 - Make corrections/improvements or redesign processes
 - Educate staff
 - Audit for compliance
 - Coach/Counsel
 - Develop systems for accountability



Evaluate...

- How were the organization's systems and processes used in actual care delivery?
- Were they applied accurately?
- Can staff members describe them?
- How did the processes support or hinder the desired outcomes for the patient?



Continuous Survey Readiness

If you stress-test your processes, improve where necessary and hold your staff accountable for following your policies and procedures, most of the time you will meet TJC/CMS regulatory requirements as a by-product.



Practice Managing the Real Thing!

Run Your Survey Like a Disaster Drill!

- Command Center-Network of communication/disaster tree
- Define the list of people to be notified ahead of time
- Have roles and steps in writing
- Multiple copies of what to do with assignments in writing
- Make assignments by role, not name
- Provide back up plans
- Use only official page announcements
- All communication to go through the command center
- Don't let good intentions derail the process



Practice your Unannounced Survey Procedure!

Communication

- Upon arrival
 - » Verification of surveyor identity
 - » Initial instructions
 - » Where to take them
 - » Whom to call

Practice your Unannounced Survey Procedure!

General notification (“Command Center” concept)

- » Within the building
- » Managers/ leaders out of the building
- » Physician leaders
- » Board chair and other board members
- » Date/time of Leadership Interview
- Updates on schedule, survey trends and issues

Practice your Unannounced Survey Procedure!

- Location of required documents
- Plan to obtain documents they will want initially
 - » Current census by unit with diagnoses and length of stay
 - » Organizational chart
 - » General hospital information
 - » Describe how to assure it remains current and/or where to go to locate a current copy of each document

Practice your Unannounced Survey Procedure!

- Usual and customary documents
 - » Develop leadership book with copy of the bylaws, medical staff bylaws, PI plan, other organizational plans, core measures data....
 - » Describe how to assure it remains current and/or where to go to locate a current copy of each document

Practice your Unannounced Survey Procedure!

- Documents and minutes required in standards
 - » Assess who maintains what documents, minutes, plans, data
 - » Define location, how to obtain (especially if locked/sensitive information),
 - » Create master grid of plan for key documents and maintain with survey coordination materials

Practice your Unannounced Survey Procedure!

Logistics

- » Surveyor escorts
- » Back up escorts
- » Surveyor “Home Base”
- » Who decides
- » Which meetings get bumped

(Consider meetings that will be cancelled in the midst of a survey)

Practice your Unannounced Survey Procedure!

- Opening conference
 - Where to hold
- Who to be in charge of survey coordination
 - First alternate, Second alternate, Third alternate (may be temporary role unit arrival of other coordinator)

Practice your Unannounced Survey Procedure!

Establish survey coordination guide and overview for survey coordinator/temporary coordinator

- » P&P Manuals
- » Document review matrix listing (who is the owner of what documents)
- » List of survey coordinators, alternates and contacts
- » Opening conference information for the surveyors

Practice your Unannounced Survey Procedure!

Daily briefing

- Where to hold
- Who to attend
 - Survey coordinators
 - Administrative team members
 - Representation from medical staff leadership
 - Surveyor escorts
 - Designated note taker
- Who will communicate key issues to all management?

Practice your Unannounced Survey Procedure!

System tracer sessions

- Medication Management
- Data management
- Infection Control
- Environment of Care
 - Who to attend
 - Who to notify - attendees of time and place
 - Key information to have ready

Practice your Unannounced Survey Procedure!

- Medical Staff Credentialing
- Competency Assessment
 - Who to attend
 - Who to notify - attendees of time and place
 - Key information to have ready

Important Things to Know about TJC and CMS Requirements

- **TJC Standards Linkage with CMS CoPs**
- **High Profile TJC Standards**
- **NPSGs**

TJC Revised 2009 Standards: Linkage with CMS

- Standing Orders and Protocols
- Discharge Planning
- Blood Supply
- Performance Improvement
- Medication Preparation
- Medication Errors

TJC Revised 2009 Standards: Linkage with CMS

Standing Orders and Protocols
Dating, timing and authenticating

TJC Revised 2009 Standards: Linkage with CMS

Discharge Planning

Added nine new elements of performance, numbered 22-30 derived from the CMS Condition of Participation 482.43.

TJC Revised 2009 Standards: Linkage with CMS

Survey Tips

- Your policies and procedures for performing discharge evaluations and developing discharge plans should describe your processes for complying with the above requirements.
- Documentation in the medical record should reflect that the elements of performance have been followed.

TJC Revised 2009 Standards: Linkage with CMS

Survey Tips

- Staff members should be prepared to describe how patients and their families receive information about the discharge evaluation, and how they participate in discharge planning.
- Surveyors may observe staff discussions with the patient or family about the discharge evaluation and planning process. Surveyors also interview patients or families about their understanding of the discharge plan.

TJC Revised 2009 Standards: Linkage with CMS

Reassess Your Discharge Planning Process

- Review your hospital's goals for the discharge planning process.
- Develop specific evaluation criteria to determine if you are following your planning process and achieving expected outcomes.
- Determine realistic time frames for reassessment. Consider annually and each time you change the process.

TJC Revised 2009 Standards: Linkage with CMS

- Select a sample of medical records. Review plans of care, progress notes, the discharge evaluation and other relevant documents to determine if the discharge plan was designed to meet the needs of the patient. Consider cognitive status, pain, mobility and other issues at the time of each patient's discharge.
- Identify points in the discharge planning process that require improvement.

TJC Revised 2009 Standards: Linkage with CMS

Blood Supply

- Adequate supply of blood and blood components is available at all times to the organization.
- Written agreement with the blood supplier to notify the hospital within three calendar days after the blood supplier determined that it had supplied blood and blood components collected from an infectious donor, whenever records are available.

TJC Revised 2009 Standards: Linkage with CMS

Blood Supply

What to Do:

- Review the written agreement with your outside blood supplier. Make sure it hasn't expired.
- Determine if the agreement includes all of requirements in the EPs.
- Evaluate compliance. Interview staff members to determine if there have been times when the required elements of performance have not been met or if an adequate supply of blood and blood components has not been maintained. If so, investigate why and start working to improve the process.

TJC Revised 2009 Standards: Linkage with CMS

Leaders establish priorities for performance improvement.

The hospital documents the following:

- What quality improvement projects are being conducted
- The reasons for conducting these projects
- The measurable progress achieved on these projects

The hospital participates either in a quality improvement organization (QIO) cooperative project or its own PI projects that are comparable in scope and quality.

The hospital annually identifies the number of its distinct PI projects

TJC Revised 2009 Standards: Linkage with CMS

Medication Management

Medications are prepared and administered in accordance with the orders of a licensed independent practitioner responsible for the patient's care, and in accordance with law and regulation.

TJC Revised 2009 Standards: Linkage with CMS

Medication Management

- The [organization] responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.
- Medication administration errors, adverse drug reactions, and medication incompatibilities are immediately reported to the attending physician, and, as determined by the hospital, to the organizationwide performance improvement program.

High Profile Standards Surveyor Hot Spots

- Competency
- Ongoing training safety/infection control
- Medications ordered/given/documented
- Pain management
- Restraints
- Assessment and Reassessment
- Care Planning
- Dating and Timing of entries
- Environmental Safety
- Infection Control

High Profile Standards Surveyor Hot Spots

- Disruptive Behavior
- Conflict Resolution
- Emergency Management
- OPPE/FPPE
- NPSGs

Goal 1: Patient Identification

NPSG 1: Improve the accuracy of patient identification

Six elements of performance (EP) instead of five implementation expectations (IE).

New: EP 1

Prior to any specimen collection, medication administration, transfusion, or treatment, the hospital **actively involves** the patient, and as needed the family, in the identification and matching process.

When **active patient involvement** is not possible or the patient's reliability is in question, the hospital will designate the caregiver responsible for identity verification.

New Requirement:

NPSG.01.03.01:

Eliminate transfusion errors related to patient misidentification.

Elements of Performance:

1. Before initiating a blood or blood component transfusion, the patient is objectively matched to the blood or blood component during a two person bedside or chair-side verification process. At least two unique identifiers are used in the process, and it is conducted after the blood or blood component that matches the order has been issued or dispensed.

If two individuals are not available, an automated identification technology (for example, bar coding) may be used in place of one of the individuals.

Goal 2: Improve Communication

NPSG 2: Improve the effectiveness of communication among caregivers

NPSG.02.01.01

For verbal or telephone orders or for telephone reporting of critical test results, record and "read-back" the complete order or test result.

Element of Performance # 3: The individual who gave the order or test result confirms the information that was read back.

Goal 2: Improve Communication

NPSG.02.03.01

Timeliness of reporting, and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.

Element of Performance # 2: The hospital defines the acceptable length of time between the ordering of critical tests and reporting the results of these tests, *whether normal or abnormal*.

Goal 2: Improve Communication

NPSG.02.05.01

Implements a standardized approach to hand-off communications, including an opportunity to ask and respond to questions.

Element of Performance # 2: Process for effective hand-off communication includes the following: Up-to-date information regarding the patient's condition, care, treatment, ***medications***, services, and any recent or anticipated changes.

Anticoagulation Therapy

Goal 3: Improve the safety of using medications.

NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

Element of Performance #9: The hospital evaluates its anticoagulation safety practices, takes appropriate action to improve its practices, and measures the effectiveness of those actions on a regular basis.

Health Care Associated Infections

Goal 7: Reduce the risk of health care associated infections

- NPSG.07.03.01: Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.
- NPSG.07.04.01: Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.
- NPSG.07.05.01: Implement best practices for preventing surgical site infections.

Health Care Associated Infections

Goal 7: Reduce the risk of health care associated infections

Common themes among all three new sets of requirements are:

- Conduction of periodic risk assessments using best practices or evidence-based guidelines, monitoring compliance, and evaluating the effectiveness of prevention efforts;
- Institution of measurement strategies that follow evidence-based practices;

Health Care Associated Infections

Goal 7: Reduce the risk of health care associated infections

- Education of health care workers;
- Education of patients and their families;
- Implementation of policies and practices aimed at reducing the risk of infections;

Health Care Associated Infections

Goal 7: Reduce the risk of health care associated infections

- Provision of infection rate data and prevention outcome measures to key stakeholders including leaders, licensed independent practitioners, nursing staff, and other clinicians

Medication Reconciliation

NPSG.08.01.01

A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the organization.

New!

Element of Performance #4

When the patient's care is transferred within the hospital, the current provider(s) inform the receiving provider(s) about the up-to-date reconciled medication list and document the communication.

Medication Reconciliation

NPSG.08.02.01

Elements of Performance #1 and #2

- 1 The patient's most current reconciled medication list is communicated to the next provider of service, either within or outside the hospital. The communication between providers is **documented**.
- 2 At the time of transfer, the transferring hospital informs the next provider of service how to obtain clarification on the list of reconciled medications.

Medication Reconciliation

NPSG.08.03.01

Elements of Performance #1

When the patient leaves the hospital's care, the current list of reconciled medications is provided and explained to the patient, and their family as needed.

This interaction is documented.

Medication Reconciliation

NPSG.08.04.01

NEW!

In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

Medication Reconciliation

Elements of Performance for NPSG.08.04.01

The hospital obtains and documents an accurate list of the patient's current medications and known allergies in order to safely prescribe any setting-specific medications and to assess for potential allergic or adverse drug reactions.

Medication Reconciliation

Elements of Performance for NPSG.08.04.01 #2

- When short-term medications prescribed and no changes are made to the patient's current medication list
- Provide list containing the short term medication additions that the patient will continue after leaving the hospital.
- Short term med. list not considered part of the original, known and current medication list.

Medication Reconciliation

Elements of Performance for NPSG.08.04.01 #2

When patient leaves the list of the original, known, and current medications does not need to be provided unless

- Patient is assessed to be confused or unable to comprehend adequately
- Patient's family is provided both medication lists and the circumstances are documented.

Medication Reconciliation

Elements of Performance for NPSG.08.04.01

A complete, documented medication reconciliation process is used when:

- 3 New long term (chronic) medications prescribed.
- 4 Prescription change for current, known long-term medications.
- 5 Patient is admitted for ongoing care.

Patient Falls

No significant changes to Goal 9:
Reduce the risk of patient harm resulting
from falls

Potential Concerns:

Fall Risk Assessment

Fall Risk Interventions

Reassessment if location changes

Patient/Family Education

Patient Involvement

NPSG.13.01.01-Goal 13:

Encourage patients' active involvement in their own care
as a patient safety strategy.

New!

Must provide the patient with information regarding
infection control measures according to the patient's
condition.

- Hand hygiene practices
- Respiratory hygiene practices
- Contact precautions

Patient Involvement

- Discuss information with the patient and his/her family members on the day the patient enters the hospital or as soon as possible.
- The patient's understanding of the information is evaluated and documented.

Patient Involvement

NPSG.13.01.01 Elements of Performance-New!

For surgical patients, the hospital describes the measures that will be taken to prevent adverse events in surgery.

- Pt. ID
- Prevention SSI
- Marking procedure site

The patient's understanding is evaluated and documented.

Goal 16: Recognition and Response

NPSG.16.01.01

Method for staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

New: must evaluate program, **take appropriate action to improve and measure the effectiveness of those actions on a regular basis.**

Universal Protocol

Conduct a Pre-Procedure Verification Process

- **Accurately completed, and signed, procedure consent form.**
- Correct **diagnostic** and radiology test results that are properly labeled.
- **Any required blood products**, implants, devices and/or special equipment for the procedure.

Universal Protocol

Mark the Procedure Site:

- Marked by a licensed independent practitioner or other provider who is **privileged or permitted by the hospital to perform** the intended surgical or non-surgical invasive procedure.
- This individual will be **involved directly in the procedure and will be present** at the time the procedure is performed.

Universal Protocol

A **defined, alternative process** is used for visually identifying the correct side and site for patients who refuse site marking or who cannot easily be marked due to the following:

- Technically or anatomically impossible or impractical to mark the site

Universal Protocol

Time-out

New!

When two or more procedures are being performed on the same patient, a time-out is performed to confirm each subsequent procedure before it is initiated.

Universal Protocol

The time-out addresses the following:

- An accurate procedure consent form.
- The need to administer antibiotics or fluids for irrigation purposes.
- Safety precautions based on patient history or medication use.

Universal Protocol

The completed components of the Universal Protocol and time-out are clearly documented.

The Challenge: Staying Continuously Survey Ready

- Internal Self Assessment: tracers, audits, mini mock surveys
- Practice your unannounced survey procedure
- Measure compliance with high profile standards and NPSGs
- Stay current with new and changing standards and NPSGs

Consider whether you have....

- Kept leaders, physicians and staff members informed of changes in the standards
- Provided education on the new National Patient Safety Goals
- Practiced the tracer methodology to evaluate care and communication within each department, and at transfer between departments/areas.

Consider whether you have....

- Assessed compliance with the important standards and National Patient Safety Goals
- Developed action plans to address issues of non compliance
- Established measures of success and evaluated the data on an ongoing basis
- Readjusted action plans if desired results were not achieved

Put It All Together

If you...

- Stress-test your processes
- Improve where necessary
- Hold your staff accountable

Most of the time you will meet the TJC/CMS requirements as a byproduct of providing good care and service!

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Healthcare Industry



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