

Continuous Survey Readiness (pre-during-post)

Accreditation Professional Orientation Certificate Program



Vizient: your accreditation partner

A key element of an organization focused on patient safety and performance excellence is Continuous Accreditation Compliance and Survey Management. The previous webinars for the Accreditation Professional Orientation Certificate Program provided you with a foundation of knowledge.

Today, you'll learn about the fundamentals of survey management and responding to unannounced surveys. Recommendations include developing a response plan, implementing that plan during survey, and ensuring a solid process for following up post-survey.





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Disclosure information

Natalie Webb and Mitchell Gesinger do not have any relevant financial or nonfinancial relationships to disclose.



Objectives

- Outline the critical activities of a Continuous Patient Readiness (CPR) model organization undergoing
 an on-site accreditation survey
 - Define the activities that various CPR model organization staff perform during an on-site accreditation survey

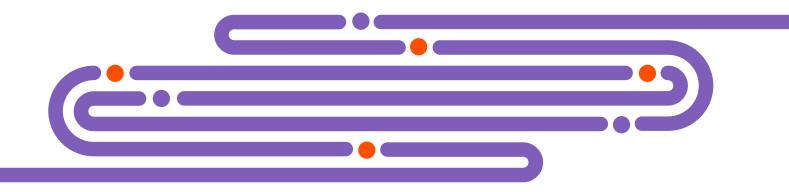
Describe the appropriate technique for challenging surveyor findings while surveyors are on-site



Outline the critical activities that must occur immediately after accreditation surveyors have left the organization



Survey Management





Survey success!

Organizational Culture

First impression

- Feel
- Clean
- Organized
- Engaged
- Learning
- Comfortable
- Confidence

Survey Management

Today's discussion

- The interworking of the survey process
- Pre-survey
- Intra-survey
- Post-Survey

Standards Compliance

The Rules

- Law and regulation
- CMS CoPs
- TJC standards and Eps
- OSHA
- Scope of practice
- MIFU
- Professional guidelines

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Survey management

Pre Survey	Intra Survey	Post Survey
-What do you need think about?	-What do you need think about?	-What do you need think about?



Pre-survey

What needs to happen before the surveyors ever arrive onsite?

Planning-

"If you fail to plan, you are planning to fail"

- Survey Activity Guide (documents)- SAG
- Surveyor touchdown
- Command Center
- Scribes/escorts
- Meeting rooms
- Survey activation
- Opening presentation
- Internal Communication



9







Survey activation guide (SAG)

		Welcome Mitchell	Health Care Organizati Survey Activity Guide (S		
Joint Commission Connect Home	® Survey Process Continuous Complia	ance Communical	Key: The following abbreviations are used throughout this Guide to identify specific accr applicable to the program. All - All programs (All accreditation programs listed below) AHC - Ambulatory Health Care (surveyed from the Comprehensive Accreditation M Hospital Accreditation Manual) BHC - Behavioral Health Care CAH - Critical Access Hospitals HAP - Hospital LAB - Laboratory NCC - Munising Care Centers (previously Long Term Care or Nursing and Rehabilita OBS - Office-Based Surgery OME - Home Acare - Home Health, Home Infusion Therapy, Pharmacy, Hospice HME - Home Medical Equipment	anual for Ambulatory Health	
Pre-Survey	Post-Survey	Customer Feedbac			
Learn More	Learn More	Learn More	Table of Contents		
			Session	Applicable Program	Page Number
Survey Planning Tools	Evidence of Standards	 Evaluations 	Pre-survey	All	12
 <u>Survey Activity Guide</u> 	Compliance		Preparing for Surveyor Arrival Readiness Guide	All	14
	Measure of Success Plan of Correction		Ambulatory Care and Office-Based Surgery Accreditation Programs Document List and Survey Activity List	AHC, OBS	15
	Accreditation Report and Letter		Behavioral Health Care Accreditation Program Document List and Survey Activity List	BHC	19
	Accreditation Report and Letter Accreditation SAFER™ Matrix		Hospital and Critical Access Hospital Accreditation Programs Document List and Survey Activity List	HAP, CAH	22
			Laboratory Accreditation Program Document List and Survey Activity List	LAB	26
Quality Check ®	Application for Accreditation	Continuous Compli	Nursing Care Centers Accreditation Program Document List and Survey Activity List	NCC	28
Learn More	Learn More	Learn More	Home Care Accreditation Program Document List and Survey Activity List	OME	30
Your Quality Report	General Application	Intracycle Monito	During survey – Sessions are generally in order of the survey agenda		
			Surveyor Arrival	All	35
 What's New in Quality Report 	ρητ	 Statement of Cor 	Surveyor Preliminary Planning Session Opening Conference	All	36
Updated Quality Informatio	n	Corporate Portal	Orientation to Your Organization	All	38
			Initial Surveyor Planning	All	40
Organization Commentary		 Clarification Inst 	Individual Tracer Activity	All	41
			Program-Specific Tracers: (conducted during Individual Tracer Activity)		<u>+ ·· </u>
			Continuity of Care	AHC	48
			Elopement	BHC	49
			 Continuity of Foster/Therapeutic Foster Care 	BHC	50
			Violence	BHC	51
			Suicide Prevention	BHC, HAP	52
			Laboratory Integration	HAP, CAH	53
			Patient Flow	HAP, CAH	54
			Staffing	NCC	55
			 Equipment & Supply Management 	HME	56

Fall Reduction

Special Issue Resolution

Competence Assessment

Daily Briefing

Hospital Readmission

Team Meeting/Surveyor Planning

Competence Assessment and Credentialing/Privileging



57 58

59 60

61

62

63

OME

OME

All

All

All

AHC, BHC, NCC,

OBS, OME HAP, CAH

Preparing for surveyor arrival

Start at the beginning...Does security and the front desk know what to do and who to contact?

Front Desk Cheat	Front Desk Cheat sheet: Survey Activation				
Actions to take when surveyor arrives	Comments:				
1) Greet surveyor(s)	Hello, welcome to, if I may see your ID to validate your credentials Thank you, if you would have a seat in the waiting area I will contact the team and let them know you have arrived				
2) Verify identity	Look at picture ID to ensure they are from the Joint Commission				
3) Ask them to wait	Location: Waiting area				
4) Validate authenticity of survey	Contact: (this individual has a user ID and password to access the organization's Joint Commission extranet site) Phone number:				



Pre-survey planning

The first 30 minutes...I just got notified they are here... Who is...

- Going to meet the surveyors?
- Ordering them coffee and pastries?
- Notifying the c-suite and other stakeholders?
- Or how are we notifying staff and unit leadership?
- Downloading the surveyor agenda and reviewing with lead?
- Downloading census and required documents and delivering them?
- Sending out surveyor bios?
- Coordinating lunch and snacks for surveyors, command center and scribes/escorts?
- Reserving rooms?
- Clearing calendars?
- Completing quick environmental sweeps?
- Notifying Vizient?



Sample agenda template

SAMPLE TEMPLATE Hospital Agenda

This Sample Template is intended to provide your organization with the general actedual for survey activities. The start times and duration of some activities may be subjutatives for your specific organization. If the node time for an activity does not work well for your organization, please discuss with your Surveyor Team Leader and the ywill collocate with you or days the schedule. Please note that there will be multiple surveyors on site and the Team Leader will communicate which surveyor(s) will be involved with each System Tracer and Individual Tracer.

	DAY 1
Time	
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	1
9:00 – 9:30 a.m.	Opening Conference and Orientation to Organization
9:30 - 10:00 a.m.	1
10:00 – 10:30 a.m.	Continued Surveyor Planning Session
10:30 - 11:00 a.m.]
11:00 – 11:30 a.m.	Individual Tracer Activity
11:30 – 12:00 p.m.]
12:00 - 12:30 p.m.	
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Individual Tracer Activity
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.]
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	Special Issue Resolution
4:00 – 4:30 p.m.	Surveyor Team Meeting / Planning Session

DAY	2	

Time		
8:00 - 8:30 a.m.	Daily Briefing	
8:30 - 9:00 a.m.	System Tracer - Data	Individual Tracer Activity
9:00 - 9:30 a.m.	Management	
9:30 - 10:00 a.m.	Individual Tracer Activity	
10:00 – 10:30 a.m.		
10:30 – 11:00 a.m.		
11:00 – 11:30 a.m.		
11:30 – 12:00 p.m.		
12:00 – 12:30 p.m.	Surveyor Lunch	
12:30 – 1:00 p.m.	Surveyor Team Meeting / Pla	nning Session
1:00 – 1:30 p.m.	Individual Tracer Activity	
1:30 – 2:00 p.m.		
2:00 – 2:30 p.m.		
2:30 – 3:00 p.m.		
3:00 – 3:30 p.m.		
3:30 – 4:00 p.m.	Special Issue Resolution	
4:00 - 4:30 p.m.	Surveyor Team Meeting / Pla	nning Session

When possible, a Surveyor from Each Program will participate in the following activitie as applicable: Daily Briefings and Leadership Session (Al surveyors on site) System Tracers – Data Management, Infection Control and Medication Management

> Page 1 of 3 Hospital Agenda – 1 or More Surveyors for 5 Days

DAY 3					
Time					
8:00 - 8:30 a.m.	Daily Briefing				
8:30 - 9:00 a.m.	System Tracer – Medication	Individual Tracer Activity			
9:00 – 9:30 a.m.	Management				
9:30 - 10:00 a.m.	Individual Tracer Activity				
10:00 - 10:30 a.m.	-				
10:30 - 11:00 a.m.					
11:00 – 11:30 a.m.					
11:30 – 12:00 p.m.					
12:00 – 12:30 p.m.	Surveyor Lunch				
12:30 – 1:00 p.m.	Surveyor Team Meeting / Pla	nning Session			
1:00 – 1:30 p.m.	Environment of Care	Individual Tracer Activity			
1:30 – 2:00 p.m.					
2:00 – 2:30 p.m.					
2:30 – 3:00 p.m.	Emergency Management	Individual Tracer Activity			
3:00 – 3:30 p.m.					
3:30 – 4:00 p.m.	Special Issue Resolution				
4:00 – 4:30 p.m.	Surveyor Team Meeting / Pla	nning Session			

SAMPLE TEMPLATE

Hospital Agenda

DAY 4

Time		
8:00 – 8:30 a.m.	Daily Briefing	
8:30 – 9:00 a.m.	Individual Tracer Activity	
9:00 - 9:30 a.m.	- -	
9:30 - 10:00 a.m.	1	
10:00 - 10:30 a.m.	1	
10:30 - 11:00 a.m.	1	
11:00 – 11:30 a.m.	Medical Staff Credentialing	Individual Tracer Activity
11:30 - 12:00 p.m.	and Privileging	
12:00 – 12:30 p.m.	Surveyor Lunch	
12:30 - 1:00 p.m.	Surveyor Team Meeting	
1:00 – 1:30 p.m.	System Tracer – Infection	Individual Tracer Activity
1:30 – 2:00 p.m.	Control	
2:00 – 2:30 p.m.	Individual Tracer Activity	
2:30 – 3:00 p.m.		
3:00 - 3:30 p.m.		
3:30 – 4:00 p.m.	Special Issue Resolution	
4:00 – 4:30 p.m.	Surveyor Team Meeting	

Page 2 of 3 Hospital Agenda – 1 or More Surveyors for 5 Days

SAMPLE TEMPLATE Hospital Agenda				
	DAY 5			
Time				
8:00 – 8:30 a.m.	Daily Briefing			
8:30 - 9:00 a.m.	Leadership Session			
9:00 - 9:30 a.m.]			
9:30 – 10:00 a.m.	Individual Tracer Activity			
10:00 - 10:30 a.m.				
10:30 – 11:00 a.m.				
11:00 - 11:30 a.m.	Competence Assessment	Individual Tracer Activity		
11:30 – 12:00 p.m.	-	-		
12:00 - 12:30 p.m.	Surveyor Lunch			
12:30 – 1:00 p.m.	Individual Tracer Activity			
1:00 – 1:30 p.m.				
1:30 – 2:00 p.m.	Surveyor Report Preparation			
2:00 – 2:30 p.m.				
2:30 - 3:00 p.m.	1			
3:00 - 3:30 p.m.	1			
3:30 - 4:00 p.m.	CEO Exit Briefing and Organ	ization Exit Conference		
4:00 - 4:30 p.m.	1			

Page 3 of 3 Hospital Agenda – 1 or More Surveyors for 5 Days



Required documents!

Hospital Accreditation Program Critical Access Hospital Accreditation Program Document List

As a Hospital, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Surveyor Planning Session, which occurs on the first day of survey.

In addition to the documents noted below, please be prepared to provide the Life Safety Surveyor, upon arrival, the documents found on the Life Safety and Environment of Care Document List and Review Tool, which is located later in this Guide.

Note: The 12-month reference in the following items is not applicable to initial surveys.

- 1. Hospital license
- 2. CLIA Certificates
- 3. An organization chart
- 4. Name of key contact person who can assist surveyors in planning tracer selection
- 5. A map of the organization, if available
- 6 List of all sites that are eligible for survey
- 7. List of sites where deep or moderate sedation is in use
- 8. List of sites where high-level disinfection and sterilization is in use
- 9. List of departments/units/ areas/programs/services within the organization, if applicable
- List of patients that includes: name, location, age, diagnosis and length of stay, admit date, source of admission (FD, direct admit transfer)
- Lists of scheduled surgeries and special procedures, e.g. cardiac catheterization, endoscopy lab, electroconvulsive therapy, caesarian sections, including location of procedure and time
- 12. List of unapproved abbreviations
- 13. List of all contracted services
- 14. Agreement with outside blood supplier (Not applicable to Critical Access Hospitals unless they operate Rehab and Psych Distinct Part Units)
- 15. Organ Procurement Organization agreement
- 16. Tissue and Eye Procurement Organization agreement
- 17. Organ, tissue and eye procurement policies
- 18. Performance improvement data from the past 12 months
- 19. Documentation of performance improvement projects being conducted, including the reasons for conducting the projects and the measurable progress achieved (this can be documentation in governing body minutes or other minutes)
- 20. Patient flow documentation: Dashboards and other reports reviewed by hospital leadership; documentation of any patient flow projects being conducted (including reasons for conducting the projects); internal throughput data collected by emergency department, inpatient units, diagnostic services, and support services such as patient transport and housekeeping
- 21. Analysis from a high risk process
- 22. Organ donation and procurement conversion rates (Hospital only)
- 23. Environment of Care data
- 24. Environment of Care Management Plans and annual evaluations
- 25. Environment of Care multidisciplinary team meeting minutes for the 12 months prior to survey
- 26. Hazard Vulnerability Analysis
- 27. Emergency Operations Plan (EOP) and documented annual review and update, including communications plans
- 28. Continuity of Operations Plan*
- Documentation of completed/attempted contacts with local, state, tribal, regional, federal EM officials in organization's service area*

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Hospital & Critical Access Hospital Accreditation Document List ...continued

- 30. Annual training*
- 31. Tracking system for sheltered and relocated patients*
- 32. Emergency Management Policy*
- 33. Emergency management protocols for Transplant Services* (Hospital only)
- 34. Integrated EM system risk assessments, plan, and annual review*
- 35. Emergency management drill records and after action reports
- 36 Infection Control Plan
- Annual risk assessment and Annual Review of the Program
- Assessment-based, prioritized goals
- 37. Infection Control surveillance data from the past 12 months
- 38. Medical Staff Bylaws and Rules and Regulations
- 39. Medical Executive Committee meeting minutes
- 40. The organization's signed and dated agreement with the QIO; in the absence of an agreement with a QIO, the organization's Utilization Review plan (Not applicable to Critical Access Hospitals unless they operate Rehab and Psxch Distinct Part Units)
- 41. Governing Body minutes for the last 12 months
- 42. Autopsy policy (Not applicable to Critical Access Hospitals unless they operate Rehab and Psych Distinct
- Part Units)
- 43. Blood transfusion policy
- 44. Complaint/grievance policy
- 45. Restraint and seclusion policy
- 46. Waived testing policy and quality control plan
- 47. ORYX data (required only for very small hospitals exempt from submitting this data through vendors)
- 48. Available regulatory reports (CMS, State)
- 49. Medication management policy (which defines what is a complete medication order and therapeutic duplication)
- 50. Abuse and neglect policy for inpatient, and ambulatory sites, if applicable
- 51. Fall risk assessment and policy
- Document describing how the organization is using the CDC's Core Elements of Hospital Antibiotic Stewardship Programs
- 53. Organization approved antimicrobial stewardship protocols (e.g. policies, procedures, or order sets)
- 54. Antimicrobial stewardship data
- 55. Antimicrobial stewardship reports documenting improvement (Note: If the data supports that antimicrobial stewardship improvements are not necessary make sure the surveyor is informed.)
- 56. Final Reports of Certification/Testing for all Primary Engineering Controls and Secondary Engineering Controls associated with Sterile Medication Compounding (including any documentation of remediation/retesting conducted based on reported results) (*Hospital only*)
- 57. Most recent culture of safety and quality evaluation data

*These documents are related to the CMS Emergency Management Final Rule and will need to be available for surveyor review on all Deemed Status Hospital surveys. Note: Document formats may vary, and many of the documents may be included in the Emergency Operations Plan.

Please note that this is not intended to be a comprehensive list of documentation that may be requested during the survey. Surveyors may ask, on an as needed basis, to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

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Opening presentation...

Organization's 1st big impression

What should you be thinking about?

- Who?
- Where?
- How long?
- What?



SWAT- environment of care (EOC) checks

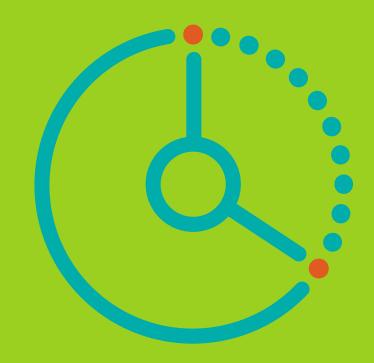
What's the SWAT checklist?

	VIZI	ent
Environment of Care Checklist		
ITEM	Compliant	Non- Compliant
All Departments/Units – Complete this section. Review entire department, including adjacent hallways, waiting rooms, lounges, etc.		
1. Fire alarm pull boxes and fire extinguishers are not obstructed.		
 Corridors are clear and unobstructed. Items such as furniture, scales, dietary, 		
environmental, and maintenance carts, and computers on wheels not actively in use		
cannot be in the hallway for longer than 30 minutes or they are considered as "being		
stored". Crash carts, lifts, transport carts, isolation carts, wheelchairs and medical		
emergency equipment are allowed to remain in the corridor as long as a width of at		
least 5 feet is maintained. Business occupancies (including clinics) must maintain a		
corridor width of at least 44". No storage of any kind allowed in stairwells.		
 Carts containing hazardous materials, supplies, or tools are secured or attended. 		
 Corridor fire / smoke double doors were exercised by pulling them away from their magnets and the doors self-closed and self-latched. 		
 Corridor fire / smoke double doors have no more than ap.1/8" gap between the two 		
doors (width of 2 pennies side by side). Doors also have less than a ¾" gap under the		
door (height of 1 penny).		
Storage is at least 18" below the bottom of the sprinkler head throughout the room.		
Storage must be at least 21" below a recessed sprinkler head (hidden sprinkler head with a round cover over it) (Exception: storage up to the ceiling is acceptable against		
the wall as long as there is no sprinkler head above it).		
*For non-sprinklered rooms – storage must be 24" below the ceiling throughout.		
7. Storage room doors self-close and self-latch.		
8. Mechanical, electrical, environmental services, and communication rooms are locked		
 Sprinkler heads are free from dust, debris, and paint. The escutcheon (round plate that goes around the sprinkler head) is in place and flat against the ceiling with no gaps around it. 		
 Supplies are stored off of the floor; on a plastic pallet, shelf, linen cart, etc. Medical supplies are not stored in outside shipping containers. 		
11. Linen and/or trash chute doors self-close and self-latch securely.		
12. Soiled and clean utility rooms maintain appropriate airflow.		
Soiled = negative pressure. With the door closed, hold a tissue at the bottom of the		
door; the air should suck the tissue in toward the room. Clean = positive pressure. With the door closed, hold a tissue at the bottom of the		
door; the air should blow the tissue out toward the corridor.		
*Facilities must be notified immediately for non-compliant critical spaces in		
procedural areas!		
 Electrical outlets are not damaged or loose. Items are not stored within 3 feet of any electrical closet or panel. 		
14. Exit lighting is visible, lit and not damaged.		
 Ceiling tiles are all in place and not stained or damaged (cracks, holes, gaps). O2 /Air Tanks are stored properly – none are lying on the floor or unsecured. Empty tanks are segregated from full and partial tanks. Full and partial tanks can be in the same rack labeled as Full/Partial. Empty tanks (hit the red zone) are stored in a rack labeled Empty. 		
17. O ₂ tanks on crash carts and within clinic have sufficient pressure.		

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18. Under sink and ice machine storage is empty or contains only cleaning supplies.	
19. No outdated supplies.	
20. Chemicals are properly labeled and stored. store separately from supplies and medications. Secondary chemical containers must be labeled with product name, hazard label, and manufacturer. Hazardous chemicals are not stored above eye level. 21. Plumbed eye wash stations are activated weekly for 2-3 minutes to flush the lines and ensure the stations are functioning safely and properly. The activation date is	
documented on the Eye Wash Inspection Log.	
22. Floors / hallways are in good condition. No tripping hazards are present.	
23. Walls are in good condition without loose wall coverings, dents, or holes in the sheetrock and handrails are intact.	
24. To accommodate cleaning and to prevent accumulation of contaminants, all surfaces are intact and without chips or cracks.	
 Furnishings such as mattresses, exam tables, chairs, etc. are in good condition (no rips, tears, etc.) 	
Clinical Departments/Units – Continue to complete this section. BE SURE TO CHECK PATIENT ROOMS AS WELL AS GENERAL SPACES	
 Monitor for dust accumulation on equipment/surfaces – Don't forget to look on top of equipment/storage shelves. 	
 Crash cart daily checklist has been completed with no gaps. Current month log only on clipboard. 	
30. Clean linen is covered or stored in a dedicated enclosed cupboard with no other supplies or equipment.	
31. Clean supplies only in clean storage. Soiled storage does not contain clean supplies.	
32. Blanket warmers temperature does not exceed 130 degrees F and are not overfilled.	
 Instruments being sent for sterilization are kept moist and transported in a closed, rigid container marked biohazard. 	
34. Counter by sink: If it is a med prep area, meds need to be prepped 3 ft. from the sink. If that is not	
possible, a splash guard needs to be installed by maintenance. Place a work order.	
If it is not a med prep area, items may be stored by the sink that are in a cleanable	
container. Example: tongue depressors in a container or other supplies in a container.	
Cannot store paper items or non-cleanable items near the sink; example is large paper pack of 4x4's.	
35. Regulated waste containers are labeled, covered and not overflowing (red = medical, black or white/blue = pharmaceutical, and yellow = pathological). The circular opening on black, white and yellow boxes is closed.	
36. Sharps containers are less than 2/3 full.	
37. Needles or syringes are not left out or in unsecured drawers or cupboards.	
 Lead aprons are stored appropriately – hung without creases or folds in a soft "w". 	
 Medical gas panels are not blocked. The width of the panel should be clear from ceiling to floor. All panels and alarm panels are labeled with the room numbers with which they correspond. 	
40. Patient food refrigerator contains only patient food; patient items are labeled. If not on temptrak, refrigerator temperatures are recorded with no gaps.	
41. Bathroom call cords are not wrapped around the grab bar and are not touching the floor. (If an issue, contact Electronics & Technical Services).	
42. Check Point of Care testing supplies and validate appropriate open and expiration dates per manufacturer recommendations. Equipment is not soiled with blood or bodily fluids.	

And you are are off...

- The first two hours are over and the actual survey has begun...
- Shifting to intra-survey!





Organization and logistics



- Surveyor conference room
- Scribe/Escort room
- Command center
 - Location
 - Equipment
 - Supplies

Essential functions- scribe/escort

Escort: Person who is comfortable and knowledgeable about your organization, operations, locations, and provision of patient care.

Job functions:

- Build a relationship with the surveyor
- Serve as the liaison to aid the surveyor in traveling the hospital.

Scribe: Person who is detail-oriented, eager to learn and has the time to participate. Job Functions:

- Communicate with the command center (never bypass)
- Take notes of surveyor questions
- Track medical record numbers of records reviewed
- Track staff and medical staff personnel for competency files

Don't forget- Train the escorts and scribes in advance!

Essential functions- command center

You are the heart of survey management!

Job functions:

- Track and complete objectives
- Mitigate/manage findings
- Track surveyors
- Communicate to the organization
- Coordinate needs
- Notify operations of arrival

Key stakeholders:

- Infection prevention
- Clinical Informatics
- Accreditation/Quality/Risk
- Central support departments
- Policy

Positions:

- Lead
- 1st assist
- Logistics
- Informatics
- IP
- Objective coordinators



Onsite: Utilize team lead

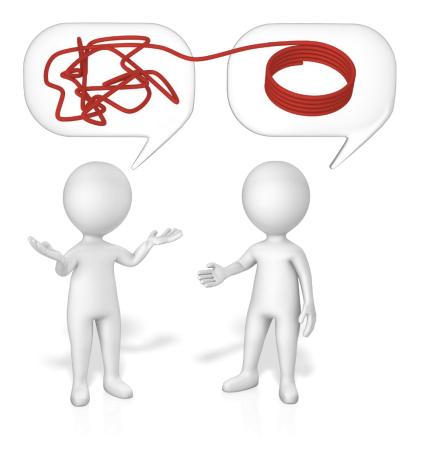
Interacting with team lead

Maintain ongoing dialogue with team lead; be direct, professional and assertive when necessary

Discuss results and potential deficiencies

Address conflicts with surveyors ASAP with the team lead

Accreditation staff – know standards and your organization's data so as to be able to facilitate real time clarifications of findings with the team lead





Life safety

Life safety engineer

Part of full survey team

TJC provides agenda and document list

Life safety exit conference may be held separately from full survey exit conference

By exit conference, organization should know what the issues are

Survey process

Begin to rectify any serious issues immediately

If there are disagreements on issues, involve team lead, call home office, ensure issue is fully clarified before life safety engineer leaves



Tracer methodology

Focus areas:

- Patient care processes: admission to discharge
- Critical operational processes

Types of Tracers:

- Individual Tracer
 - Specific patient population
- Risk Area Tracer
 - High level disinfection
 - Sedation/Anesthesia
 - Ligature risk
 - Hemodialysis
- System Tracer
 - Tissue management
- Patient Flow Tracer
 - ED and OR / boarding / bed placement





Tracer methodology

Individual tracer

Taken from patient lists provided

Follow patient through their stay: may focus on complex patients

10% of average daily census or 30 medical records

Will review consents, care plans, orders, medications

May review policies and procedures related to care, treatment and services

Interviews of staff and patients

Identify synergies and collaboration between departments and multidisciplinary team

Risk area tracer

Drill into particular organization-wide high risk process

Review of processes that may have a significant impact on patient if gaps exist or errors occur

Examples:

- Cleaning, disinfecting, & sanitization
- Patient Flow process continuum
- Contractual agreements
- Diagnostic Imaging
- OPPE & FPPE
- Therapeutic radiation
- Clinical & Health Information

Tracer methodology

System tracer

Exploration of one specific system or process

Surveyor evaluates integration of system or process

Interactive interview session

Process flow, identification of risk points, integration of key information

Communication among team

Baseline assessment of standards compliance

Examples:

Tissue management

Patient flow tracer

Review of patient flow from admission to discharge

Identification of potential treatment delays, unsafe practices during periods of patient congestion (high census)

Examples:

- Emergency department throughput – use of hallway beds
- Initiation of care
- Post-operative recovery unit throughput
- Time from discharge to clean bed
- Discharge process



A tag review sheet

Design and methods in formation is forwarded to PC 04 02 01 EP 1 A087 - 482.34(i) Main production of the medical methods of the medical of the medical Record within 3 days RC 02.01 01 EP 2 A0460 - 482.24(i)(A RC 02.01 01 EP 2 Documentation of set-administration of hospital methods on brought in by patter as reported by patter methods on brought in by patter as reported by patter methods on brought in by patter as reported by patter methods on brought in by patter as reported by patter methods on brought in by patter Rec 0.01 0.02 EP 3 A0464 - 482.24(i)(A A0464	Medical Record Review Components	TJC Standard	A Tag/CoP				
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-identity of practitioner who ordered restraint or seduation diagnosis, and desrobes patient's progress and seduation RC 01.04.01 EP 1 -Orders (see also 482.13 (e)(5), (e)(5), (e)(5))(/A- Orders (see also 482.13 (e)(5), (e)(5), (e)(5))(/A- Constitution of use of restraint and seclusion to heattending (see also 482.13 (e)(14) RC 01.04.01 EP 1 Regible, complex, dated, timed and authenticated PC 01.02.01 EP 3 PC 01.03.01 EP 1 PC 02.02.03 EP 7 PC 01.03.01 EP 4 PC 01.03.01 E							
-Orders (see also 42.13 (e)(5), (e)(5), (e)(5)(1)(A- Cond (e)(8)(1) egible, complex, dated, timed and authenticated FC 012.01.03 EP 1 Notification of use of restraint and seclusion to the attending (see also 42.13)(e)(14) FC 01.03.01 EP 1 FC 01.02.01 EP 3 Notification (see also 42.13)(e)(14) FC 03.05.03 EP 1 FC 01.02.01 EP 3 A0800 – 482.28(b) Postilization (see also 42.13)(e)(14) FC 03.05.03 EP 1 A0800 – 482.43(e)(14) Discharge planning in early stage of FC 01.03.01 EP 1 A0800 – 482.43(e)(10) Postilization Organization Guide, January 2020 Discharge planning evaluation – eval of pt FC 04.01.03 EP 2, 4 A0800, A0811	-Identity of practitioner who ordered restraint or			diagnosis, and describes	patient's progress and	RC 01.04.01 EP 1	
Nutritional needs PC 01 02.01 (EP 3) A0820 - 482.28(c) PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 01 03.01 EP 1 PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 03.05.03 EP 1 A0800 - 482.43(a) Restraints proefy and safely appled PC 04.01.03 EP 2.4 A8800, A0811 Restraints proefy and safely appled PC 04.01.01 EP 2 42.43(b)(3), (b)(1)	seclusion						
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Discharge planning (see also 482.13(e)(7) PC 02.02.03.5P7 Ocnsultation (see also 482.13(e)(7) Discharge planning in early stage of PC 04.01.03 EP 1 A0800 – 482.43(a) Restraints projerly and safely applied PC 03.05.03 EP 1 A0167 – 482.13(e)(1) Discharge planning in early stage of PC 04.01.03 EP 1 A0800 – 482.43(a) opplight 2020 The Joint Commission Organization Guide, January 2020 Discharge planning evaluation – eval of pt PC 04.01.03 EP 2, 4 A0800, A0811				Hutritional needs			A0028 - 482.28(D)
Restraints properly and safely applied PC 03.05.03 EP 1 A0167 – 482.13(e)(4) hospitalization properly and safely applied PC 04.01.03 EP 2, 4 A0800, A0811 opyright 2020 The Joint Commission Organization Guide, January 2020 Insecting post-hospital services, pt capacity for RC 02.01.01 EP 2 482.43(b)(3), (b)(4 A0800, A0811 A0800, A	the attending (see also 482.13(e)(7)						
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	covright 2020 The Joint Commission Organizati	on Guide January 2020					
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Medical Record Review Components	TJC Standard	A Tag/CoP		
Admitting diagnosis	RC 02.01.01 EP 2	A0463 - 482.24(c)(4) (ii)		
I&P 30 days prior or within 24 hours	PC 01.02.03 EP 4	A0458 - 482.24(c)(4)(1)(A)		
	RC 01.03.01 EP 3	A0358 - 482.22(c)(5)(i)		
	RC 02.01.03 EP 3	A0952 - 482.51(b)(1)(i)		
H&P Update	PC 01.02.03 EP 5	A0461 - 482.24(c)(4)(i)(B)		
	RC 01.03.01 EP 4	A0359 - 482.22(c)(5)(ii)		
		A0952 - 482.51(b)(1)(ii)		
All orders, including verbal orders, are dated,	PC 02.01.03 EP 1	A0454 - 482.24(c)(2)		
imed, and authenticated	RC 01.01.01 EP 7, 13 RC 01.02.01 EP 3, 4			
	RC 02.03.07 EP 3, 4, 6			
Orders, nursing notes, reports of treatment.	RC 02.01.01 EP 2	A0467 - 482.24(c)(4)(vi)		
nedication records, radiology reports, lab reports.	NG 02.01.01 EF 2	A0539 - 482.26(b)(4) orders radiologi		
vital signs, and other information necessary to		services		
monitor the patient's condition		A0553 - 482.26(d)		
		A0630 - 482.28(b)(2) orders for		
		patient diets		
		A1051 - 482.53(d)		
		A1133 - 482.57(b)(4) respiratory care		
		orders		
RN supervises and evaluates nursing care	PC 01.02.03 EP 3,6	A0395 - 482.23(b)(3)		
Nursing care plan	PC 01.02.05 EP 1	A0396 - 482.23(b)(4)		
	PC 01.03.01 EP 1, 5, 23			
	PC 02.01.01 EP 5			
nform patient of rights	RI 01.01.01 EP 2	A0117 - 482.13(a)(1)		
nformed consent	RC 02.01.01 EP 4	A0466 - 482.24(c)(4)(v)		
	RI 01.03.01 EP 1, 2	A0955 - 482.51(b)(2)		
Advanced directives – does patient have one,	RC 02.01.01 EP 4	A0132 - 482.13(b)(3)		
patient notified of hospital policy, advance directive in record	RI 01.05.01 EP 1, 9	A0466 - 482.24(c)(4)(v)		
Patient asked about notifying family and	RI 01.02.01 EP 1	A0133 - 482.13(b)(4)		
physician about inpatient admission	RI01.02.01 EP 1	AU133 - 462.13(D)(4)		
Patient informed of visitation rights	RI 01.01.01 EP 2	A0216 - 482.13(h)(1) &(2)		
Medication administration is in accordance with	MM 06.01.01 EP 1. 3. 9	A0405, A0406, A0409		
order and is for the right patient, at the right time,	MM 05.01.07 EP 5	482.23(c), (c)(1), (c)(1)(i),		
correct dose and route	PC 02.01.03 EP 1	(c)(1)(ii),(c)(3), (c)(4)		
	PC 02.01.01 EP 15	(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Medical record information justifies admission	RC 01.01.01 EP 5, 7,13	A0449, A0450, A0454		
and continued hospitalization, supports the	RC 01.02.01 EP 4	482.24(c), (c)(1), (c)(2)		
diagnosis, and describes patient's progress and	RC 01.04.01 EP 1			
response to Medication and services; entries are	RC 02.01.01 EP 2			
egible, complete, dated, timed and authenticated	PC 02.01.03 EP 1			
Nutritional needs	PC 01.02.01 EP 3	A0629 - 482.28(b)(1), (b)(2)		
	PC 01.03.01 EP 1			
	PC 02.02.03 EP7			
Discharge planning in early stage of	PC 04.01.03 EP 1	A0800 - 482.43(a)		
hospitalization				
Discharge planning evaluation – eval of pt needing post-hospital services, pt capacity for	PC 04.01.03 EP 2, 4 RC 02.01.01 EP2	A0806, A0811		
eeding post-hospital services, pt capacity for self-care	RG 02.01.01 EP2	482.43(b)(3), (b)(4), (b)(6)		
err-care Discharge plan – document arrangements made	PC 04.01.03 EP 1-4	A0820 - 482.43(c)(3)		
or initial implementation of the discharge plan,	PG 04.01.03 EP 1-4	AU020 - 402.43(0)(3)		
or initial implementation of the discharge plan, ncluding training and materials provided to the				
batient or patient's informal caregiver				
Discharge planning – pt and family counseled to	PC 04.01.05 EP 1. 2. 7	A0820 - 482.43(c)(5)		
repare them for discharge		10020 - 102.10(0)(0)		
	1			
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Applicable Programs HAP

and time death raint/seclusion was	TJC Standard	A Tag/CoP
in the internal log or	PC 03.05.19 EP 2,3	A0214 - 482.13(g)(3)(i) and (ii)
r system fter date of death of birth, date of esponsible for I number and	PC 03.05.19 EP 3	A0214 - 482.13(g)(4)(i) and (ii)
of or attempts to infectious blood	PC 05.01.09 EP 2	A0592 - 482.27 (b)(6)(iii)
tient, it documents in uating circumstances xceed 12 weeks.	PC 05.01.09 EP 2	A0592 - 482.27(b)(7)(i)(B)

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Tracer sessions (system tracers)

- Competency (HR)
- Competency (credentialing/ privileging)
- Infection prevention
- Medication management
- Data
- Leadership



Role of accreditation professional in tracer methodology

Daily census, surgical and procedure schedules

- Provide list of active patients
- Names, current locations, diagnosis & conditions

Surveyors may request staff to help in selecting appropriate tracer patients

Coach your staff as to the appropriate type of patient to choose

As surveyor navigates your hospital:

- They will interview staff involved in patient's care
- Questions are focused on what those staff have experience in doing every day
- Keep track of patients (for HIPAA purposes) and staff (for personnel file review) who are interviewed



Our first finding...

Don't panic- it is going to happen...



Do...Investigate...Ask...

- Is it a finding?
- Can you find supporting documentation?
- Can you provide clarity?
- Evaluate against the source of truth?



Source of truth

Hierarchy:

- Law or regulation (state law, OSHA)
- CMS (CoP of CfC)
- Manufacturer's Information for Use (MIFU)
- Evidence based guidelines
- Consensus documents
- Policy





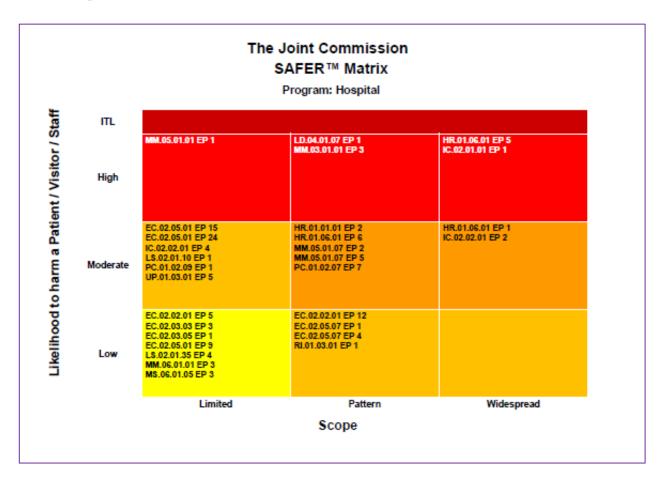
Our first disagreement on a finding...

Special issue resolution...



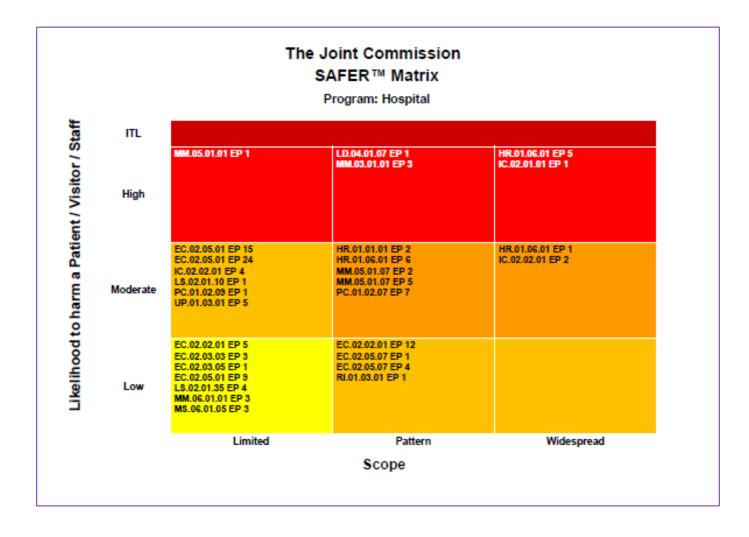
Communicating themes and trends...

SAFER to keep to the left





Morning (daily) debriefing...





Morning (daily) debriefing...

During survey	Post survey
Daily briefing – highlight of significant issues	Begin to rectify any serious issues immediately
Opportunity to identify issues that need to be clarified or resolved	 TJC scoring process Surveyors score elements of performance Likelihood to harm and scope Score performance and compliance track record Accreditation decision process Based on criticality model – RISK 60 days to respond to a requirement for improvement
Present IOUs from previous day's survey activities	
By exit conference, organization should know what the issues are	

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Exit briefing - executive leadership

Surveyors defer to organization leadership as to whether and how this briefing occurs

Who attends:

- CEO, COO, CMO, CNO, CFO Board members are welcome
- Accreditation staff should be present to assist with any clarification leaders need from surveyors

Session follows preparation of preliminary survey report

Survey team reviews summary of findings



Organizational exit conference

Leadership

Organizational leaders determine:

- Who attends
- What is shared
- Whether it occurs

TJC – preliminary report posted to the organizational extranet prior to exit conference

TJC – final report is posted to the organizational extranet within 10 business days

Staff

Leaders should consider sharing information with staff at the end of survey

Staff have: Worked hard Experienced anxiety during survey

Some organizations hold a separate organizational exit conference or conference call to share results



Tools





Document request form

Date Location	Document	Surveyor	Escort	Copies provided Y/N	Copies made by	Comment

Log all documents requested / given to survey team – assists in tracking issued reviewed



Human resource employee request form

Date Location	Employee name	Employee title (e.g.: RN, OT)	Surveyor	Escort	Copies provided Y/N	Copies made by	Comment

Log all employees interviewed each day – helps begin to build potential list of employee files to be reviewed

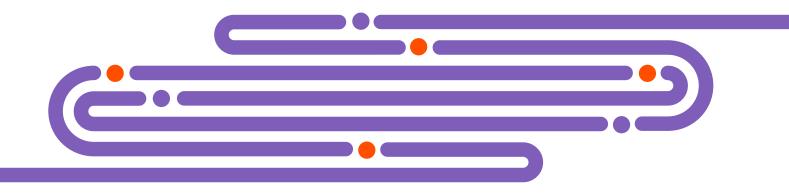
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Medical records request form

Date Location	Patient name	MR #	Surveyor	Escort	Copies provided Y/N	Copies made by	Comment

Track all records reviewed for HIPAA purposes – record will also be valuable in following up on issues, findings, clarifications (as applicable)







Immediately post-survey Celebrate





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Review preliminary report

- Determine impact of findings
- Begin to frame responses before receipt of the final report
- Specific attention should be devoted to those findings that have a direct impact on patients or are scored at the condition-level
- Determine if there are findings that need to be discussed with your account representative (hopefully you will have addressed all issues during survey!)
- Develop a timeline for addressing and correcting findings



Accreditation staff:

- Support, monitor, and coordinate response to survey findings
- Ensure consensus on and approval of the responses and action plans
- Work with operational partners to develop and implement corrective action plans and evidence of standards compliance
- Submit corrective action plan / evidence of standards compliance timely (per voluntary accrediting body or CMS instruction)
- Monitor development of action plans, data collection and monitoring to validate compliance
- Update leadership on progress



Monitoring action plans:

- Select appropriate sample sizes for tracking compliance
 - Population size < than 30, 100% of cases
 - -30 100 cases, 30 cases
 - -101 500 cases, 50 cases
 - -> than 500, 70 cases
- What is considered compliant?
 - Shoot for 90% or greater
 - Think about the patient the higher the better
- Based on risk and compliance determine duration of monitoring

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DA	TE SURVEY	COMPLETED	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE							
(1.1.1)								(107)	
(X4) ID PREFIX		SUMMARY STATEMENT OF DEFICIENCIES			PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION	
TAG	(EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			CROS	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)			DATE	
patients. (See r	statement ending with an asterisk (*) denotes a deficiency which everse for further instructions.) Except for nursing homes, the find	dings stated	above are disclos	able 90 days follo	wing the date of survey whether or not a pla	n of correct	ion is provide	d. For nursing	
homes, the abo continued prog	ove findings and plans of correction are disclosable 14 days follow gram participation.	e these documents	s are made availab	ble to the facility. If deficiencies are cited, an	approved pl	an of correct	ion is requisite to		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S			TURE	TITLE			(X6) DATE		

FORM CMS-2567 (02/99) Previous Versions Obsolete

If continuation sheet Page _____ of ___

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CMS 2567Form: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms2567.pdf

CMS plan of correction

- A-Tag and primary issue: Each corrective action should be crosswalked to the applicable deficiency
- Corrective action: High level statement outlining what will be done to correct issue, mitigate/prevent future issues (Potential Root Cause Analysis)
- Policy/Procedure: Is the issue in any way linked to a policy / procedure? If so, list it and delineate whether it will be modified in any way as part of the corrective action
- Training/Communication: If training is part of the action, who will be trained, how will they be trained, and when will training be completed?
- QAPI Measurement/Monitoring: Will there be quality measurement of monitoring to ensure corrective action is sustained? Who will it be reported to and at what frequency?
- Responsible Party: One person who is ultimately accountable for the action
- Completion Date: Date it will be completed

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Summary

• Develop a response plan.



- Be confident in your knowledge of organizational compliance so that you are able to communicate to the survey team and assist organizational staff in conveying compliance.
- Stay connected to team lead during survey to understand issues as they are identified.
- At the end of survey, celebrate your success.
- Ensure your survey report is accurate.
- Assist operational partners in building a valid corrective action plan with appropriate monitoring to validate ongoing compliance.

Questions







- 1. Complete evaluation
- 2. Stay connected -
 - Network Members register for Fundamental and Advanced webinar series and encourage operational partners to listen in to pertinent webinars

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- Attend Vizient conferences to stay up to date with trends and requirements
- Connect with the colleagues during the course
- Connect with your Vizient faculty



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Contact:

Diana Scott, Associate VP, Accreditation Advisory Services, <u>Diana.Scott@vizientinc.com</u> Natalie Webb, Accreditation Director, <u>Natalie.Webb@vizientinc.com</u>

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