The Joint Commission Survey Experience

Accreditation & Regulatory Forum April 21, 2016

*Your line has been muted upon entry. If you need assistance please use the chat tool.

Reminders for Participants

• Phone lines have been muted to reduce background noise. You will not be able to unmute yourself.

• If you need assistance:
  • Click on the “Raise Hand” symbol, and someone will chat privately with you to provide assistance.

• OR use the “Chat” feature to send a private message to the Host.
Reminders for Participants

- At the conclusion of the presentation, you will be given instructions on how to ask a question verbally.

- You may also submit a question at any time by using the “Q&A” panel.

- This presentation will be posted on our web site within 48 hours.

Accreditation & Regulatory Forum
The Joint Commission Survey Experience

Connecticut Children's Medical Center
Hartford

Champions for Children's Health
Logistics

Dates of survey: December 7-10, 2015

Type of survey: Hospital Triennial Survey

List all programs surveyed: Hospital

Dates of previous survey: March 25, 2013

Preparing For The Survey

1. Did you use a consultant? Yes
   CIHQ
   – Would you recommend them to others?

2. Share Innovative/New strategies for survey prep that worked
   – Clean sweeps
   – Manager challenges
   – Regulatory Newsletter
Tracer Activities

Did you have any unique system or patient tracers? (e.g. suicide patient tracer, MRSA infection control patient tracer, Medication Management tracer with focus on Errors)

- Blood bank tracer:
  - reviewed the process for appropriateness of orders
  - Looked at the training for non-licensed staff who can pick up blood
  - Asked about a second ID band for blood

- Medication Management Tracer
  - Wanted to see the data before and after barcoding started

How were they managed?
- Took it all in stride

Surprises & Lessons Learned

- Pay attention to the email that describes your survey compliment.....
- Start your sessions off with a safety story

What worked well?
- Document review: having the appropriate staff sitting at the table. The mock survey helped us with this
- Leadership: New CEO (here less than 30 days) so the rest of the team was on their “A” game
- Data Management: flooded them with all of our SPS data
- Patient safety: Staff were able to show them our DMS boards and speak to the things their units were tracking
Survey Results

<table>
<thead>
<tr>
<th>Standard</th>
<th>Type of Standard</th>
<th>Findings/RFIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC.02.02.01 EP 2</td>
<td>A - Direct Impact</td>
<td>Pre-cleaning of instruments before sending to decontamination</td>
</tr>
<tr>
<td>L5.02.01.20 EP 1</td>
<td>A - Direct Impact</td>
<td>Transport of endoscopes to decontamination</td>
</tr>
<tr>
<td>EC.02.03.01 EP 10</td>
<td>I - Indirect</td>
<td>Delayed egress door without appropriate signage</td>
</tr>
<tr>
<td>EC.02.03.05 EP 10</td>
<td>I - Indirect</td>
<td>The hospital written fire response and control plan does not describe the specific roles of licensed independent practitioners (we had included them as 'staff')</td>
</tr>
<tr>
<td>EC.02.05.01 EP 8</td>
<td>I - Indirect</td>
<td>The hospital did not provide a written inventory of total fire department water supply connections</td>
</tr>
<tr>
<td>EC.02.05.09 EP 3</td>
<td>I - Indirect</td>
<td>The hospital did not label the vacuum utility system controls to facilitate partial or complete emergency shutdowns (CORRECTED DURING SURVEY)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>area shutoff valve observed being blocked by equipment</td>
</tr>
</tbody>
</table>

Clarifying RFIs

- Were you able to challenge or clarify any of your RFIs? Yes
  - What were they?
    - Clarification regarding therapeutic duplication
  - How did you clarify?
    - Issue resolution at the end of the third day.
  - Why did they allow the clarification?
    - Brought in our Pain Clinic APRN.
Achieving Compliance

- What are your plans for following up on RFIs
  - None of our findings had MOS, and two findings were fixed at time of survey

- How do you plan to achieve compliance
  - Team is working on rounding to help comply with hallway clutter and med gases blocked by equipment

How did survey findings affect or roll-up to CMS CoPs?

Only 4 standard level findings
How were your survey findings impacted by state law or requirements (like your own policies)?

- Required some tweaking of our policies related to Central Sterile findings

Recommendations to Forum Members

- Collaboration
  - Nursing Leadership
  - Environment of Care Team

- Mock Survey

- EMT Round table topics
Questions?