



Hospital and Critical Access Hospital Accreditation

Check in with The Joint Commission.

July 24, 2023



What We'll Cover Today



What current hospital and critical access customers need to know:

- Learn about standards changes
- What's new during the survey process for hospitals and critical access hospitals
- Most common standards challenges for hospitals and critical access hospitals
- State Relations Update

Today's Hospital Experts



Laura Smith, MA
Project Director
Department of Standards and Survey
Methods
The Joint Commission



Theresa Hendricksen, RN, MS, FACHE
Field Director
The Joint Commission



James Kendig, MS, CHSP, HEM
Field Director
Surveyor Management and Development
Accreditation and Certification Operations
The Joint Commission



Jelitsa Legarreta
Team Lead, Associate Director
Standards Interpretation Group
The Joint Commission



Mark Crafton, MPA, MT(ASCP)
Executive Director
Strategic Alliances
The Joint Commission

Standards Update for Hospitals

Standards Updates – Effective August 27, 2023

- Critical Access Hospital revisions resulting from deeming renewal (available on The Joint Commission’s Standards Pre-publication page on the website)
- Two new EPs address rural health network and personnel qualification definitions
- Two new EPs address compliance with the Life Safety Code and the Health Care Facilities Code



Standards Updates – Effective August 27, 2023

- Critical Access Hospital revisions resulting from deeming renewal continued
 - Revisions to the Environment of Care chapter related to alternative equipment maintenance (AEM)
 - Removal of references to AEM and manufacturer's recommendations - it is up to the CAH to determine how they will maintain facility and medical equipment
 - AEM Guidance added to the organization Survey Activity Guide

Standards Updates – Effective August 27, 2023

- EP deletions and consolidations as part of EP review project
 - Phase 2 of the project to eliminate requirements that do not add value to surveys and allow for additional focus on strategies and structures that support quality and safety
 - Several EPs consolidated and/or deleted for the hospital and critical access hospital program
 - Changes can be found on our website (standards prepublications section)

Standards Updates – Effective January 1, 2024

Hospitals: Revisions to the Environment of Care chapter related to alternative equipment maintenance (AEM) (same as CAH changes)

- Removal of references to AEM and manufacturer’s recommendations
- Guidance added to the organization Survey Activity Guide
- The revisions will be available on The Joint Commission’s Standards Pre-publication page by the end of August



Standards Updates – Effective January 1, 2024

- Medication compounding
 - MM.05.01.07 and NPSG.03.04.01, EP 3 revised to better align with national standards of practice and the Medicare Conditions of Participation
 - Changes applicable to both hospitals and critical access hospitals
 - The revisions will be available on The Joint Commission’s Standards Pre-publication page by the end of August



Other Standards Updates



- Environmental Sustainability
 - Draft requirements were field reviewed
 - Not moving forward with accreditation requirements
- Infection Control Chapter Re-write
 - Field review concluded
 - Responses and feedback being analyzed
 - Implementation planned for July 2024

Certification Program Updates

- Health Care Equity Certification launched July 1st
- Four stroke certification programs revised and developed new requirements effective January 1, 2024
- Advanced Certification in Heart Failure program updated requirements effective January 1, 2024
- Medication Compounding Certification updated requirements effective January 1, 2024
- The certification revisions are available on website under Standards Pre-publications

Checking in with Survey Process

Checking in with the Field Director

PHE is over!

- We will no longer survey to vaccination requirements
- While the standard will remain present in the current manual, surveyors have been advised not to evaluate for compliance. The database will be updated and be reflected in the next standards release later this year.
- We no longer require surveyors to wear masks unless your organization requires it. However, many still choose to wear them and we ask that their practice is respected.



Checking in with the Field Director

- CMS Memo- at this time, CMS is currently re-reviewing their memo regarding avoid dates, same day notification of surveys and the complaint survey process.
- Corporate/System Team Leaders will fully return in 2024 and you will be notified in 4th quarter of 2023 on those assignments.



We hear you...

Lastly, we hear you regarding surveyor consistency!

Work groups are looking at both scoring consistency and surveyor behaviors consistency. Your surveyor evaluations are extremely important to us so please take a few minutes to complete them at the end of your triennial surveys.



Life Safety Current Trends

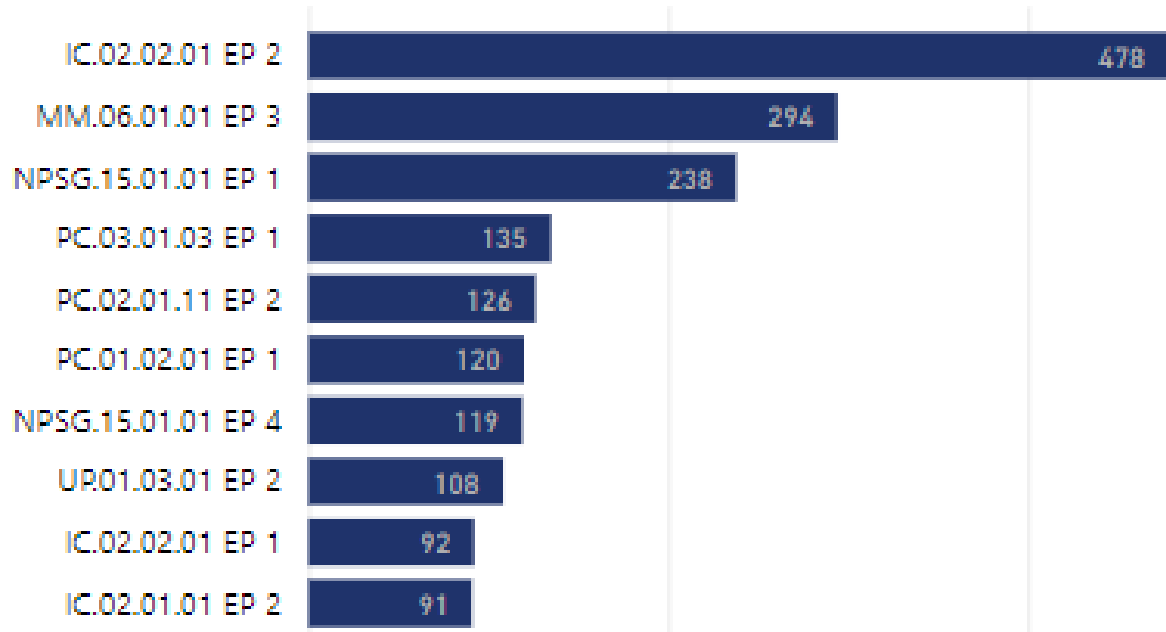
- Have someone available at 8AM to begin facility orientation.
- Accurate life safety drawings
- Inspection, testing, and maintenance documentation organized and readily available (paper or electronic)
- Mock survey critical pressure areas – define relative humidity parameters
- Verify application and Statement Of Conditions & Basic Building Information
 - Business rules for Life Safety Code Surveyor days – what should be included?
- Split surveys coming to a close...
- New requirements for water management, workplace violence, and emergency management.
- Safety Briefing



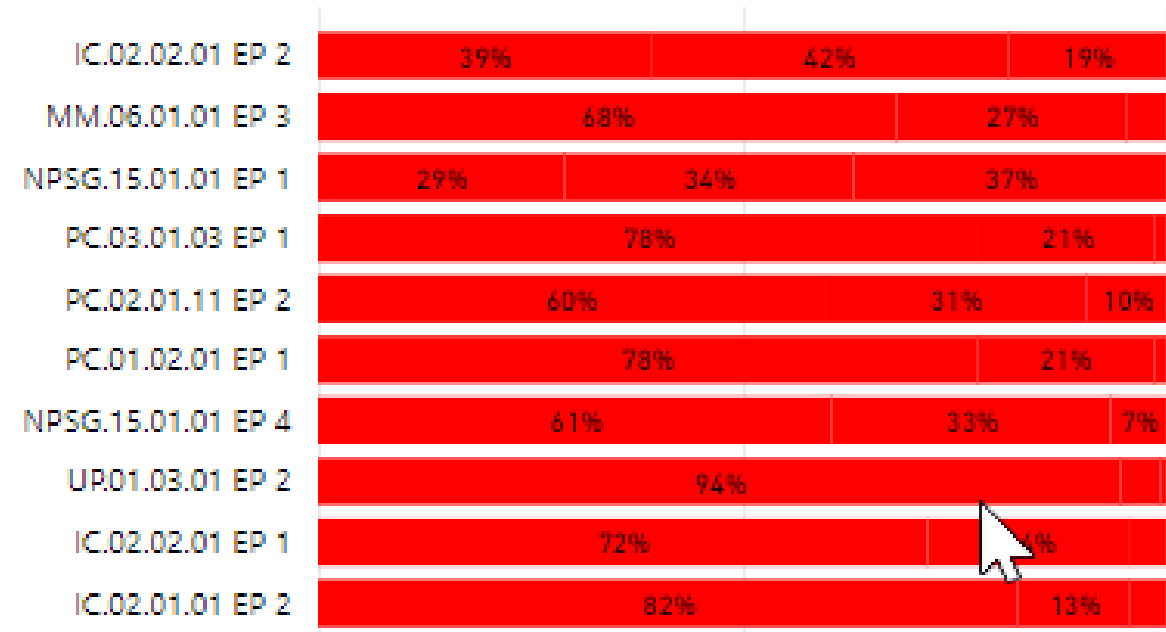
Standards Interpretation Group

Top 10 Scored Standards/EPs in the Hospital Program

Number of EP-Level RFIs and SAFER Placement



Proportion of SAFER Placement



Data from July 1, 2022 – June 30, 2023

MM.06.01.01 EP 3

Before administration, the individual administering the medication does the following: - Verifies that the medication selected matches the medication order...

- The medication administered was not one ordered for the patient.
- Titrations not administered at the correct starting dose, time intervals, clinical endpoint.

IC.02.01.01 EP 2

*The hospital uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection.*

- Opened multiple dose vials were found to be in use in patient treatment areas.
- Staff failed to perform hand hygiene while delivering patient care.

PC.03.01.03 EP 1

Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital conducts a pre-sedation or pre-anesthesia patient assessment.

- No evidence airway assessment performed as part of pre-anesthesia or pre-sedation (mod. or deep) assessment.
- Pre-anesthesia assessment / evaluation did not contain the required elements as defined by the HCO/Medical Staff.

PC.02.01.11, EP 2

Resuscitation equipment is available for use based on the needs of the population served.

- Crash cart / emergency cart log incomplete.
- It was observed in the ED that, even though a pediatric population was seen, there was no pediatric resuscitation equipment available

NPSG.15.01.01 EP 1

For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide.

- The organization could not produce an environmental risk assessment prior to or at the time of the building tour.
- Although environmental risks had been identified, there was little to no evidence progress had been made to correct the risks identified.

NPSG.15.01.01 EP 4

Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.

- Overall level of suicide risk was not determined or documented.
- There were no documented or implemented mitigation strategies for a patient determined to be at moderate risk for suicide.

PC.01.02.01 EP 1

The hospital defines, in writing, the scope and content of screening, assessment, and reassessment. Patient information is collected according to these requirements.

- The HCO had not defined the minimum required elements for the pre-anesthesia or post-anesthesia assessments.
- The HCO had not defined in writing, the scope and content of the information it required for assessments and reassessments.

UP.01.03.01 EP 2

The time-out has the following characteristics: - It is standardized, as defined by the hospital.

- HCO was not uniformly following its own time-out policy.
- The time-out participants did not pay attention and participate in the time out.

IC.02.02.01 EP 1

Cleaning and performing low-level disinfection of medical equipment, devices, and supplies.

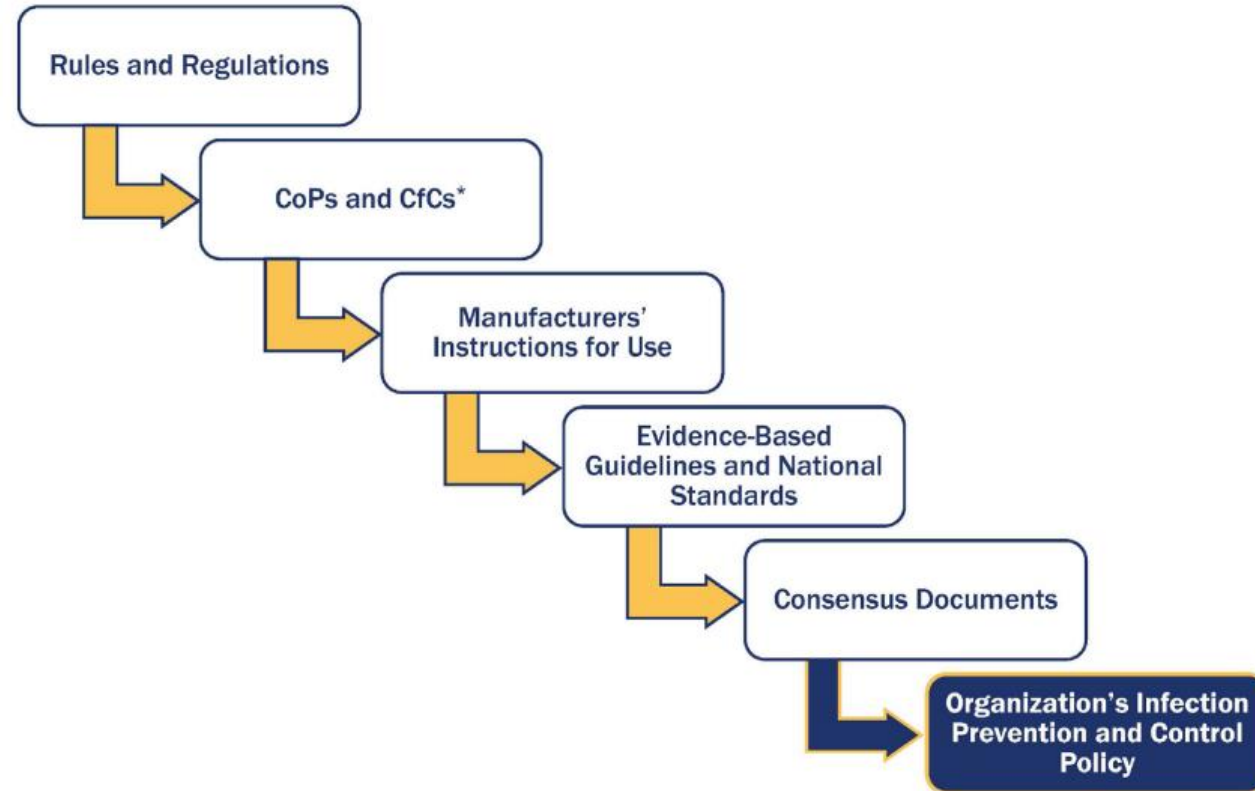
- No evidence staff followed contact time (wet time) as specified by manufacturer's IFUs (MIFU) when cleaning and disinfecting equipment.

IC.02.02.01 EP 2: Greatest risk to be scored at ITHS

Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.

- The HCO was not monitoring temperature of HLD solution as required per MIFU.
- The HCO was not meeting the MIFU required sterilization parameters.

The Infection Control Hierarchy



** For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.*

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Top Types of Questions SIG Receives From Customers

Most inquiries pertain to:

- New/updated standards
- Mandates: CMS/Rules and Regulation

Particular Standards and EPs:

- Medical Staff: Credentialing and Privileging
- PC: History and Physicals
- Infection Control: How to implement IC processes

Resources: Standards Support

Standards Interpretation Group

Standards Support

Joint Commission website

- FAQs
- Online submission form
(communication via email or conference calls to discuss standards-related issues.)
- R3 Reports
- Pre-publication of standards
- Perspectives (available on the portal)

The Joint Commission Standards Online Submission Form

Please consider reviewing the [Standards Interpretation FAQs page](#) prior to submitting a question. If you are Joint Commission accredited, click [Login](#) and then click "Joint Commission Connect". Then go to Resources and Tools, Standards Interpretation, and click on the online form link to submit your question. If you prefer to use this form, please complete Steps 1-3 below:

Joint Commission accredited? Yes No

Health Care Organization Information

Complete the three steps below. In Step 3, only health care organizations accredited/certified by The Joint Commission are included in the list. Step 3 is required if you selected Yes to the Joint Commission accredited question above.

Step 1. Select the state/territory: Step 2. Select the city: Step 3. Select the health care organization:

Select... Required

If you DID NOT find the name of the health care organization from the list in Step 3 above or the state/city is incorrect, please select "No" to "Joint Commission accreditation?" and complete the information below the question. If you are in the process of applying for accreditation, please select "Yes" to the "Are you in the process of becoming TJC accredited?" question and continue to fill out the rest of the information below.

Prefix First Name Last Name Title Professional Credentials

Phone Phone Extension

E-Mail Address

Please respond to my Question via: Email Phone

Questions

State Relations Update

Updates from State Relations

- Legislation to Align State Licensure Regulations with Extended Joint Commission Re-credentialing cycle

- Guest Physicians



- Inclusion/Exclusion of Controversial Drugs from Formularies

Updates from State Relations

- Criminalization of Threats Against Healthcare Workers
- Patient Visitation
- Mental Health
- Prohibition of Unauthorized Intimate Examinations



Thank you for joining us.