The Joint Commission:
Partnering for Excellence

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Joint Commission Overview

Joint Commission's Mission and Vision, Goals

- “Evaluating and Inspiring” is our mission
- Partnering for ASCs to be successful in an evolving healthcare environment
- Providing resources and assistance to help prevent serious safety events

Spectrum of Care

- Accrediting Ambulatory Care since 1975
- Awarding Gold Seal of Approval to more than 2,100 AHC organizations representing 8,500 sites of care
Our Value
Our accreditation program incorporates nationally recognized standards and collaborative surveyors to educate and help ambulatory care organizations continuously improve performance and maintain quality.

Accreditation for a wide variety of ambulatory settings including:
- Surgery centers
- Medical group practices
- Variety of other ambulatory

Optional certifications:
- Deemed status for ambulatory surgery centers
- Orthopedic – core & advanced for joint replacement

What sets us apart?
- Comprehensive, collaborative survey
- Excellent customer service: quick call-backs, access to various staff members for specific needs
- Prompt scheduling and processing of on-site survey findings

Standards and Survey Process
Steps for ASCs Seeking Deemed Status

Know Additional CMS Requirements
Review the Medicare “Conditions for Coverage” (CFCs), in-division. Also prepare:
- List of surgical cases from 6 months prior to survey
- List of cases from previous 12 months that required a patient to be transferred to a hospital
- Documents related to your infection control program
- Infection Control Worksheet (to be completed by surveyor on-site)
- Observation of at least two surgical procedures, one in its entirety, during the survey

Your survey will be unannounced—survey dates will not be provided to your facility (mandated by CMS). CMS, not The Joint Commission, grants the final decision for Medicare certification.

Joint Commission Updates
Project REFRESH

- Project Refresh is a series of inter-related and/or inter-dependent process improvement initiatives underway
- REFRESH projects implemented in a phased, coordinated approach (starting 2016, continuing in 2018)

Guiding principles: Simplification, Relevancy, Innovation
Joint Commission Updates

SAFER Matrix

- Effective 2017, organizations scored via SAFER
- RFIs to be placed within matrix according to likelihood to cause harm to patients, staff or visitors
- Visualization of potential risk areas to the organization
- 60 days to submit ESCs

Example of SAFER™
Matrix Report for ASCs

Immediate Threat to Health & Safety

High

Moderate

Low

Joint Commission Updates
New Web Resource Available on SAFER
www.jointcommission.org/safer
Survey Process
2017 Survey Complement Changes

Reminder: Effective 2017, ASC deemed surveys include an additional clinical day
- Additional time to cover Joint Commission and CMS requirements, conduct patient tracers, review medical records and credentialing files, and complete CMS required worksheets
- Provide ASCs with a more educational and consultative experience that includes the sharing of leading practices
- Better prepare ASCs for their CMS state survey (validation or other), which will lead to better success with possible CMS survey event

The Joint Commission Updates

Project REFRESH:
EP Review Project: Effective July 1, 2017

85 Deleted EPs in AHC for 1st phase:
- Are similar to, implicit in, or duplicative of other existing EPs
- Address issues that no longer need to be addressed
- Are adequately addressed by law and regulation or other external requirements

<table>
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<tr>
<th>Standard</th>
<th>Number of Deleted EPs</th>
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<tbody>
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<td>EC</td>
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Joint Commission Updates

Emergency Preparedness: Effective Nov 2017

- New: EM-03.01.03
  - Requires two annual emergency exercises
  - Review current emergency preparedness policies, modifying if needed, documenting approval by Governing Board
  - Review effectiveness of emergency management plans
  - Participating in an evaluating emergency response exercise to identify gaps
Joint Commission Updates

Emergency Management Resources

Emergency Management Portal

https://www.jointcommission.org/emergency_management.aspx

The Joint Commission Updates

Hand Hygiene Compliance

Effective Jan 2018: Citing Observations of Hand Hygiene Noncompliance (Perspectives Nov 2017)
- Any observation by surveyors of individual failure to perform hand hygiene in the process of direct patient care will be cited as a deficiency resulting in a Requirement for Improvement (RFI) under IC.02.01.01, EP 2

The Joint Commission Updates

New Survey Report Format for Surveys

Beginning Jan 2018
- Cover Page
  - Organization Name and Address
  - Type of Survey Conducted
  - Program Surveyed
- Table of Contents
- Executive Summary
  - Program and Survey Dates
  - Follow-up activities
  - Follow-up timeframes & submission due dates
  - Survey Findings
  - SAFER Matrix
  - CMS Deeming Requirements
  - Appendices
Customer Driven Improvements
Survey Report Redesign


Report Improvement
In addition to PDF version of Accreditation Report, Excel file containing report content is also posted to Joint Commission Connect

Joint Commission Updates
Redesigned Website Launching in Spring 2018

- A unified single sign-on for multiple sites of Joint Commission Enterprise
- Content that is more effectively and dynamically organized setting, needs, current stage in accreditation process
- A faster, more comprehensive search experience providing results from across all Enterprise websites
- Optimization for fast, easy mobile viewing
- Consistent presentation for ease in navigation

Joint Commission Updates
Project REFRESH – Future

2018 Topics for Improvement
- Evidence of Standards Compliance (ESC)
  - Low/Limited Findings – Potential to ease burden
- Intracycle Monitoring (ICM)
- Mixed customer views:
  - Works fine
  - Not helpful
  - Reduce scope/frequency
  - Technical improvements
- Standards Decoder – adding key words in tools (eg. SAFER)
The Joint Commission Updates

Project REFRESH:
EP Review Project: Effective July 1, 2018

10 more Deleted EPs in AHC

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<thead>
<tr>
<th>Program</th>
<th>Chapter</th>
<th>Number of EPs Before</th>
<th>Number of EPs After</th>
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<td>RC</td>
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Joint Commission Updates

Standards Changes for Fluoroscopy Services

Effective July 2018, changes for Ambulatory providers to increase awareness of radiation exposure risks of fluoroscopy:
- Note added to EC.02.02.01, EP7
- Fluoroscopy services now added to EP17


Further standards development work ongoing, shaped by stakeholder input & Standards Review Panel of experts, including from ASCs. Watch for future standards field review on this topic in 2018.

Standards and Survey Process

Example: Infection Control

IC.02.02.01 is a standard cited more often than not, usually as a result of:
- Staff performing high level disinfection and sterilization that have not had proper training
- No step-by-step policies and procedures in place that follow the manufacturer’s instructions for use
- this applies to all instruments, scopes, washers, sterilizers, enzymatic solutions and chemicals used in process.
Example: Infection Control

Lack of documentation for sterilizer testing and maintenance as per manufacturer’s instructions


Example: Medication Management

MM.03.01.01 Compliance is dependent upon storing medications in accordance with manufacturers’ guidelines

- Refrigeration
- Dedicated location with thermometer to track temperature
- Establish process to monitor temperature and identify power malfunctions
- Assign staff to track temperature & review log on a regular basis

- Expired medications
- Damaged, contaminated, or expired medications need to be removed and taken out of circulation
- Establish process for staff member ensuring proper removal by checking medications on a regular basis
- Circle expiration date on package so it grabs attention

Example: Credentialing & Privileging

HR.02.01.03 Credentialing & Privileging is a continuous challenging standard area for organizations:

- Miss one or more of the 30+ EPs
- Issues with dates on documents needed to create a complete application or reappointment package are AFTER privileges were approved. Required information was not available to Medical Director and/or Board prior to final approval as required.
**Joint Commission Surveyor “Tips”**

- It’s OK… not to know the answer, but know who does!
- Surveyors are reviewing systems, not individuals
- Please ask questions…survey should be interactive, educational, consultative
- Time will go by very quickly
- There are no surprises at survey closing
- Surveyors will minimize disruptions to delivery of patient care
- Surveyors will notice things never seen
- If changes are needed in your agenda,

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**Most Common Findings**

- The data shown for the most common non-compliance occurred within an average of 20 subspecialty surveys.

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**Getting to Gold**

**Tools and Resources**

Survey Activity & Review Process Guides

- Document List or “Ready-to-Go List” helps your organization and survey/review team prepare

Perspectives

- Joint Commission’s official monthly e-periodical

E-dition

- Access to electronic version standards
Getting to Gold
Tools and Resources
Joint Commission Connect™ (Extranet)

Leading Practice Library
Real-life solutions from customers

Targeted Solutions Tool™
Helps identify customized solutions regarding safe surgery and other persistent issues

BoosterPak™
Searchable document intended to provide detailed information about a single-standard topic

Getting to Gold
Industry News/Resources

Industry Resources
- AmBuzz: Bi-Monthly Blog
- Ambulatory Care LinkedIn Showcase Page
- Ambulatory Care Twitter Feed
- Enterprise Content Library Index - contains links to current Joint Commission content, organized into typical topic areas in a searchable PDF

Getting to Gold
Joint Commission Resources (JCR)

- Publishes standards manuals
- Hosts webinars and conferences
- Range of publications & e-books, e.g., mock tracer workbooks, patient safety
Comparison of Core Program Vs Advanced Certification for Total Hip and Total Knee Replacement

Choose which level of hip and knee certification is appropriate for your ASC

<table>
<thead>
<tr>
<th>Core Certification for Hip Joint Replacement or Knee Joint Replacement</th>
<th>Advanced Certification for Total Hip and Total Knee Replacement</th>
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<tbody>
<tr>
<td>Core Disease-specific Care Standards</td>
<td>Core Disease-specific Care Standards plus program-specific requirements</td>
</tr>
<tr>
<td>1 Day Review</td>
<td>2 Day Review Program must have one patient on-site at the time of the review who is undergoing a hip or knee replacement surgery</td>
</tr>
<tr>
<td>No intraoperative observation</td>
<td>Intraoperative observation</td>
</tr>
<tr>
<td>Organization chooses performance measures</td>
<td>Standardized performance measures required</td>
</tr>
</tbody>
</table>

Eligibility Requirements

- Joint Commission accredited organization
- Program has served a minimum of 50 patients
- Use of standardized clinical care delivery based on evidence-based care and clinical practice guidelines
- Data collection and performance measurement data

Contacts

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