Joint Commission Accreditation

Standards Compliance 101: The Must Haves

Presented by:
Carol Mooney RN, MSN, Senior Associate Director, Standards Expert Group
and
Julia S. Finken, BSN, MBA, CPHQ, CSSBB
Associate Director, Business Development
GoToWebinar Housekeeping

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Note: Today’s presentation is being recorded and will be posted on the Joint Commission website.
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Objectives

• An overview of our eligibility requirements including services and patient/client volumes
• Strategies to avoid the most common issues that can delay your on-site survey
• Standards that may trigger a follow-up survey if you’re found ‘non-compliant’
Eligibility Requirements

- Satisfy your state law and licensing requirements
- Company is operational and providing care
- Traditional accreditation and DMEPOS recognition
  - Must have served 10 clients/patients, minimum of 2 active at time of survey
- Home health deemed status
  - Must have served 10 skilled patients, minimum of 7 active at time of survey
- Hospice deemed status
  - Must have served 5 patients, minimum of 3 active at the time of survey
Strategies to Prevent Survey Delays

• Ideally, submit your application 9 months prior to your desired completed accreditation goal date, but no less than 5 months prior to your desired completed accreditation goal date
• Ensure requisite number of patients are active at the time of survey
• Do not attest to your ready date unless you are truly ready
• Ensure the “right” people are on-site for the survey
Top Standards Out of Compliance That May Trigger an On-Site Follow-up Survey

<table>
<thead>
<tr>
<th>Standard</th>
<th>Percentage of Surveys with RFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC.02.01.03</td>
<td>74.4%</td>
</tr>
<tr>
<td>PC.01.03.01</td>
<td>72.1%</td>
</tr>
<tr>
<td>RC.02.01.01</td>
<td>65.1%</td>
</tr>
<tr>
<td>HR.01.06.01</td>
<td>55.8%</td>
</tr>
<tr>
<td>IC.02.01.01</td>
<td>41.9%</td>
</tr>
<tr>
<td>PC.01.02.01</td>
<td>41.9%</td>
</tr>
<tr>
<td>HR.01.02.05</td>
<td>39.5%</td>
</tr>
<tr>
<td>IC.01.03.01</td>
<td>37.2%</td>
</tr>
<tr>
<td>NPSG.15.02.01</td>
<td>34.9%</td>
</tr>
<tr>
<td>IC.01.04.01</td>
<td>30.2%</td>
</tr>
<tr>
<td>IC.02.04.01</td>
<td>30.2%</td>
</tr>
</tbody>
</table>

1/28/2016
Provision of Care, Treatment and Services
PC.02.01.03 The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.

- Chief areas of non-compliance
  - Providing care without a physician’s order
  - Prescribed frequency of visits not followed
  - Aides provide services not listed on care plan

Aha! You’re only looking at the outcome if you’re just auditing the health record and comparing doctor’s orders to documented care in the notes.

74%
Applied Strategy

• Drill down to discover what care is provided without orders
  • Use a Pareto chart to find out how to get the greatest impact
• Observe the process used to obtain and record orders
  • Verbal order read-back
  • How do staff document a physician’s order?
• Implement self-accountability for visit frequency
  • Use visual cues to alarm user of over/under usage
  • Qualitatively evaluate performance
• Evaluate the process used to supervise staff
  • Written process, observe behavior, trace the activity
PC.01.02.01 The organization assesses and reassesses its patients.

- Chief areas of non-compliance
  - Following orders and organization policy
  - Missing some assessments components
  - Lack of complete reassessments or not timely

42%
Applied Strategy

- Prompts and reminders
- Standardization of orders
- Defined policy
- Staff training
- Automation
Record of Care, Treatment, and Services
RC.02.01.01 The patient record contains information that reflects the patient’s care, treatment, or services.

- Chief areas of non-compliance
  - Missing documentation
  - Delayed filing and records management
  - Delayed submission of documents from subcontractors

65%
Applied Strategy

- Automate the documentation submission process
- Monitor and measure the flow of information in and out of the organization
- Effectively manage contract services:
  - Awareness: Written in contract
  - Compliance: Monitor and measure
  - Transparency: Report on outcomes
Human Resources
HR.01.06.01 Staff are competent to perform their responsibilities.

- Chief areas of non-compliance
  - No defined competencies
  - Lack methods of assessment
  - Competencies are not done upon hire or per policy

56%
Applied Strategy

• Evaluate the process used to determine the competency of staff
  • Define the required competencies necessary to perform the position duties
  • Determine the most effective method to evaluate the identified competency
  • Automate the process used to notify supervisors a competency is due
  • Define and implement remediation activities necessary to restore competency when performance is unsatisfactory
HR.01.02.05 The organization verifies staff qualifications.

- Chief areas of non-compliance
  - Lack of primary source verification upon hire and expiration of license
  - Verification and documentation of experience and education
  - Criminal background checks
  - Health screenings documentation

40%
Applied Strategy

- Evaluate the process used to obtain verification
- Automate the process used to notify staff when verification nears expiration
- Embed the process for criminal background checks and health screenings as standard work during orientation
Infection Surveillance, Prevention and Control
IC.01.03.01 The organization plans for preventing and controlling infections.

• Chief areas of non-compliance
  • Plans not specific to location, community, and population
  • Plans that do not address specific care and services
  • Analysis of surveillance activities and data

37%
Applied Strategy

• Evaluate specific geographic area and community for unique risks related to infection control
• Look at patient population served – young or elderly
• Contact local health department
• Evaluate the specific services provided and potential risk to patients
IC.01.04.01 Based on the identified risks, the organization sets goals to minimize the possibility of spreading infections. Note: See NPSG.07.01.01 for hand hygiene guidelines.

- **Chief areas of non-compliance**
  - There are no written specific goals
  - Goals are not measurable
  - Goals are not specific to services provided
  - Hand hygiene goals set to evaluate improvement

30%
Applied Strategy

- Evaluate the services and care to determine risks
- Establish clear priorities based upon risks identified
- Address any procedures and equipment used in care
IC.02.01.01 The organization implements the infection prevention and control activities it has planned.

- Chief areas of non-compliance
  - Breaks in hand hygiene technique
  - Not providing PPE or hand hygiene supplies
  - Collection of surveillance activities, aggregation, and analysis to reduce risk of infections

42%
Applied Strategy

- Evaluate the effectiveness of the process used to determine compliance with hand hygiene
  - Written program clearly defines expectations
  - PPE is readily available and management is unwavering in its commitment to use
  - Data collection is routine, analysis occurs frequently and reports are posted in real time
Key Resource to help you

- CDC Morbidity and Mortality Weekly Report for Hand Hygiene
  - Discusses Hand Hygiene practices among HCW’s
  - Types of activities resulting in cross contamination
  - Efficacy of plain soap, antiseptic soap/detergent and alcohols
  - Methods used to promote improved Hand hygiene
IC.02.04.01 The organization offers vaccination against influenza to licensed independent practitioners and staff.

- Chief areas of non-compliance
  - No credible plan for influenza vaccination program
    - No written plan
    - No data collected to determine reasonable compliance goals
    - No information available to support the value of the program

30%
Applied Strategy

• Use the CDC website for information on influenza vaccinations for all staff, contract staff and LIP’s

• Collect data between October and March on who has been vaccinated, regardless of where it happened

• Check the National Quality Forum (NQF) website for information that supports the value of these programs
Useful resources for you:

- www.cdc.gov
- http://www.quality forum.org/WorkArea
- www.who.int
National Patient Safety Goals
NPSG.15.02.01: Identify risks associated with home oxygen therapy such as home fires.

- Chief areas of non-compliance
  - Meaningful risk assessment
  - Risk based re-assessment
  - Relevant patient education
  - Assess level of compliance with interventions
  - Implement strategies to improve compliance

35%
Applied Strategy

• Use uniform messaging verbally and in writing
• Use a defined process to manage at risk individuals
• Always notify the prescriber/payer of at risk behaviors
• Teach staff how to document observations and responses
• Do a root cause analysis on any near miss
• Consider the use of a contract with at risk patients/clients
• Establish inter-organization safety partnerships
• Embed accountability into job descriptions
Avoid these popular MYTHS:

• We can’t be accountable for a non-compliant patient
• It’s none of our business, we’re not the DME company
• He/she is a hospice patient, give him/her what they want
• It’s their home and the patient is responsible
• Just don’t document that you saw the at risk behavior
• Just keep documented that you re-educated the patient
• Staff already know how to handle these patients
• The doctor(s) don’t want to hear about it
• The insurance company doesn’t care
• He/she is very careful, it won’t happen to them
Free resources to support your ongoing efforts

Take 5 Podcast: Oxygen Safety

Blog post: 10 Ways to Prevent Fires in the Home

Visit www.jointcommission.org and type “oxygen safety” in the search bar to find these and other helpful resources.

Currently accredited providers can access our Leading Practices Library (found on your extranet site) for additional resources on this and other topics.
http://www.nfpa.org/

Did you know OCTOBER is National Fire Safety Month?

Fire Safety in Green Buildings
This webinar will cover the results of a study commissioned by the Fire Protection Research Foundation on the intersection of "green building" design and fire safety. The study identifies

REMEMBERING WHEN
NFPA offers free, updated fire and fall prevention program for older adults

Remembering When™, A Fire and Fall Prevention Program for Older Adults, was developed by NFPA and the Centers for Disease Control and Prevention (CDC) to help older adults live safely at home for as long as possible.

Remembering When is centered around 16 key safety messages – eight fire prevention and eight fall prevention - developed by experts from national and local safety organizations as well as through focus group testing in high-risk fire states. The program was designed to be implemented by a coalition comprising the local fire department, service clubs, social and religious organizations, retirement communities, and others. Coalition members can decide how to best approach the local senior population: through group presentations, during home visits, and/as part of a smoke alarm installation and fall intervention program.

This refreshed version of the Remembering When program targets a range of older adults and is ready for implementation.

Fire Prevention Week
This October, help us sound the alarm: working smoke alarms save lives.

- Fire Prevention Week website
- Must-have FPW products
- Learn all about smoke alarms
Other resource sites

[Image of National Safety Council website]

[Image of MedlinePlus website]

Oxygen safety
Oxygen makes things burn much faster. Think of what happens when you blow into a fire -- it makes the flame bigger. If you are using oxygen in your home, you must take extra care to stay safe.
Other resource sites
# Resources

- Standards Experts
- Account Executive
- Leading Practice Library
- Portals
  - HAI
  - Transitions of Care
  - High Reliability
- Center for Transforming Healthcare (Targeted Solution Tools)
- Electronic Prep Tool (ICM Tool)
- Standards Booster Pak
- Speak Up Program
- Free Webinars
- Free Webinar Replays
- Free CEU Courses
- Podcasts
- Speakers Bureau
- Survey Activity Guides
- Tracer Methodology
- FAQs
- Surveyor
- Perspectives
- Home Care Bulletin
- E-dition
## Important TJC Contacts

<table>
<thead>
<tr>
<th>If you have a question about......</th>
<th>Please contact......</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GETTING STARTED:</strong></td>
<td><strong>THE BUSINESS DEVELOPMENT TEAM:</strong></td>
</tr>
<tr>
<td>• How to get started</td>
<td>Call: 630-792-5070</td>
</tr>
<tr>
<td>• The overall accreditation process</td>
<td>Email: <a href="mailto:homecare@jointcommission.org">homecare@jointcommission.org</a></td>
</tr>
<tr>
<td>• The cost of accreditation</td>
<td>Website: <a href="http://www.jointcommission.org">www.jointcommission.org</a></td>
</tr>
<tr>
<td>• How to get a free trial of the standards</td>
<td></td>
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<tr>
<td>• How to request an application</td>
<td></td>
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<tr>
<td><strong>MANAGING THE ACCREDITATION PROCESS:</strong></td>
<td><strong>AN ACCOUNT EXECUTIVE:</strong></td>
</tr>
<tr>
<td>• Completing the application</td>
<td>Call: 630-792-3007</td>
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<tr>
<td>• Scheduling a survey date</td>
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<tr>
<td>• Specific issues related to ongoing accreditation</td>
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<tr>
<td><strong>OUR STANDARDS:</strong></td>
<td><strong>THE STANDARDS HELP DESK:</strong></td>
</tr>
<tr>
<td>• Complying with specific standards</td>
<td>Call: 630-792-5900, Option 6</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.jointcommission.org/Standards">www.jointcommission.org/Standards</a></td>
</tr>
<tr>
<td><strong>MANUALS, EDUCATION AND TRAINING:</strong></td>
<td><strong>JOINT COMMISSION RESOURCES (JCR):</strong></td>
</tr>
<tr>
<td>• Obtaining standards manual</td>
<td>Call: 877-223-6866</td>
</tr>
<tr>
<td>• Registering for a Joint Commission education program</td>
<td>Email: <a href="mailto:jcrcustomerservice@pbd.com">jcrcustomerservice@pbd.com</a></td>
</tr>
<tr>
<td>• Staff training resources</td>
<td>Website: <a href="http://www.jcrinc.com">www.jcrinc.com</a></td>
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Time for Your Questions!
Submitting Your Questions

Attendee Participation

- Please continue to submit your text questions and comments using the Questions Panel.

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Home Care Team Contacts

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Account Executive

Standards Interpretation Help Desk: 630-792-5900, option 3
Joint Commission Resources: 877-223-6866 or www.jcrinc.com
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The Joint Commission’s Home Care Program

https://www.linkedin.com/company/home-care-accreditation---the-joint-commission

Join us for our next webinar in this series

Standards Compliance 201: Strategies for Complying with Challenging Standards

Register today at
http://pages.jointcommission.org/OME-20160204Webinar_RegistrationLP.html