



# Lucky '21 – What Will 2021 Bring for the Joint Commission Laboratory Accreditation Program?

2020 Laboratory Roundtable Virtual Event

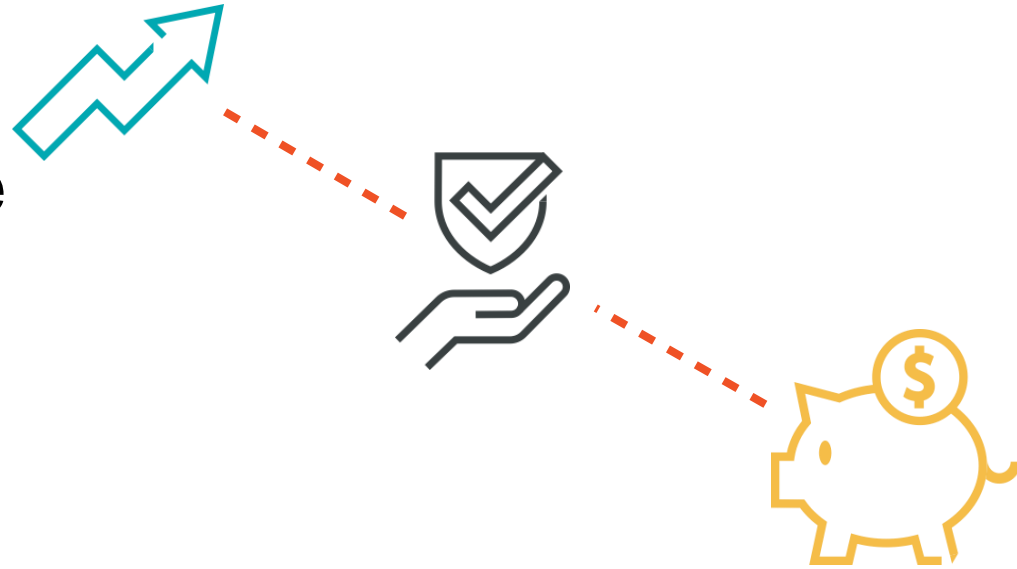
**October 30, 2020**

# Laboratory Accreditation Program Overview & Updates

Heather Hurley, Executive Director Laboratory Accreditation,  
The Joint Commission

# What to Expect With Joint Commission Laboratory Accreditation?

- Standardization & Integration
- Consistent Survey Experience
- Focus on Patient Safety and Quality
- Cost Effective



# Standardization and Integration

## Similarities of Standards: LAB and HAP

### 11 of 13 Standards Chapters



1. Accreditation Participation Requirements **(APR)**

2. Document Control **(DC)**

3. Environment of Care **(EC)**

4. Emergency Management **(EM)**

5. Human Resources **(HR)**

6. Infection Control and Prevention **(IC)**

7. Information Management **(IM)**

8. Leadership **(LD)**

9. National Patient Safety Goal **(NPSG)**

10. Quality System Assessment **(QSA)**

11. Performance Improvement **(PI)**

12. Transplant Safety **(TS)**

13. Waived Testing **(WT)**

# Consistent Survey Experience

- Consistent evaluation of standards compliance from survey to survey
- Surveyors are all employed by The Joint Commission
  - Rigorous regulatory training program and ongoing education
  - Medical Technologists and Pathologist surveyors
  - Minimum master's degree and three specialties with laboratory management experience
  - ~40-60 surveyors per year
  - Best practice sharing and on-site education



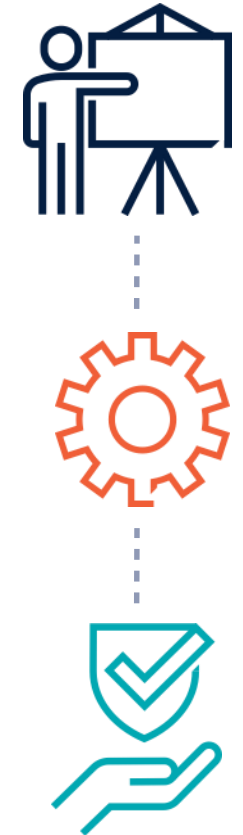
# Patient Safety and Quality Focus

- The laboratory plays a key role in patient care
  - 70% of all medical decisions are based off a laboratory test
- Laboratory survey process utilizes our Tracer Methodology
- Survey results displayed on SAFER™ Matrix
  - DASH Integrated Data – Systemwide view
- Laboratory program contains our National Patient Safety Goals
- Patient Safety Systems Chapter in *CAMLAB*



# Enhancements to our Laboratory Program

- Education to the laboratory and hospital community to raise awareness of our laboratory accreditation program
- Reviewed and reduced redundancies between hospital and laboratory accreditation surveys for those organizations who choose to use The Joint Commission for both
- Modified tissue safety to focus solely on tissues stored within the laboratory
- Strengthening standards in emerging and evolving specialties
- Expanded number of pathologists on surveyor cadre
- Modification of survey preparation tools to better support organizations as they prepare for survey



# Coming Soon...

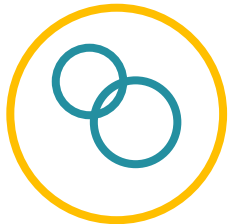


# Expand Laboratory Focus Areas

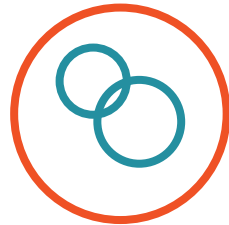
Expand technical expertise

**Expand QSA chapter to various laboratory specialties:**

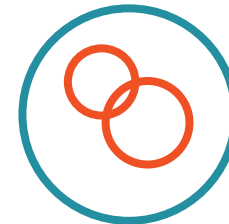
Pathology



Embryology



Molecular Methods



Using the data DASH provides can be a driver for growth, change and success by:



Saving time



Boosting efficiency



Providing dynamic visuals to focus on areas that need the most attention

### DASH – Provides:

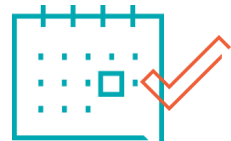
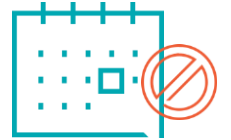
- System view of labs
- Assess trends
- Compliance
- Risk mitigation



# COVID-19 Impact

# COVID-19 Impact on Laboratory Accreditation

- Survey activity suspended in March 2020
- COVID-19 resource page established on Joint Commission website
- Resumed survey activity in June 2020
- CLIA approval for virtual survey option



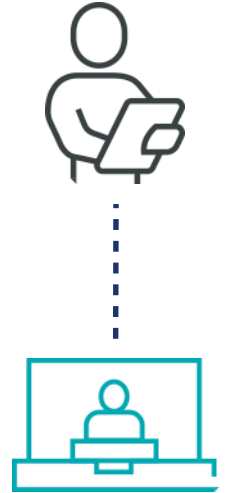
*Current State: We are conducting both on-site and virtual laboratory surveys based on location of laboratory.*

# Virtual Survey Process For Laboratories

Barbara Schwarzer, MT(ASCP), MHA, MSOL, CPHQ,  
Field Director, The Joint Commission

# Survey Status & Account Executive Outreach

- Survey activity has started in low-risk areas – includes all programs.
- Low-risk criteria:
  - Number of COVID-19 cases are lower and less impact to organizations
  - The # of cases/thousand population and new cases within the county
  - Determination that our staff can travel to that area safely and find appropriate accommodations
- In addition, your Account Executive will contact you to determine your readiness.
- We are aware that surveys are past their due dates. We will conduct those surveys as soon as we are able.
- We will prioritize initials and past due organizations. We will also be looking for organizations due in the next few months that meet the low-risk criteria and are currently ready for survey.
- We will utilize a combination of virtual surveys and on-site surveys where we are able.



# Laboratory Virtual Survey Approval

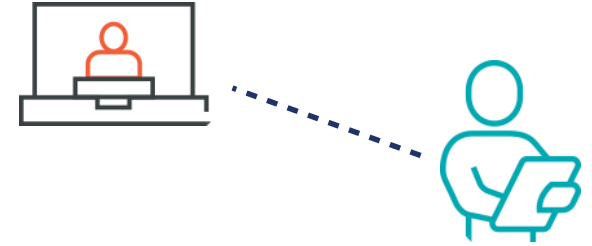
Laboratory surveys have been approved by CMS for:

- Initial laboratory surveys – announced / 30-day window
- Re-accreditation laboratory surveys – unannounced
- Complaint surveys



# CMS Requirements for a Virtual Survey

- Virtual portion – accreditation rendered
- Follow-up on-site survey after the Public Health Emergency is over





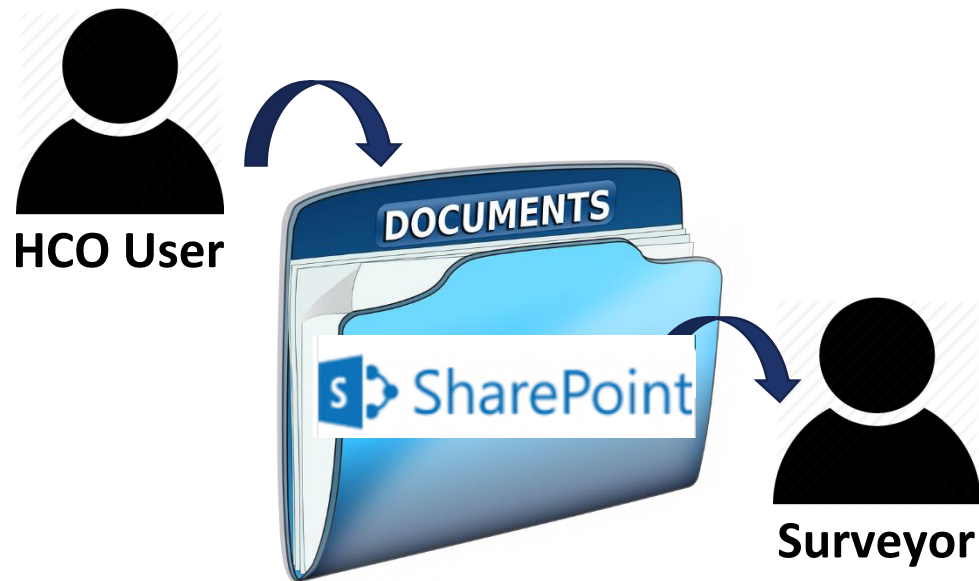
# Virtual Survey – Education Plan for Surveyors

- Zoom Training
- Observation of a virtual survey
- Laboratory-specific training



# Virtual Survey Overview – IT Components

- Document review (SharePoint) by the surveyor prior to the virtual day(s)
- Tabletop discussions via webcam (Zoom)
- Document review of PHI and other documents during the virtual survey via scanning and shared screens
- Review of processes/environment via webcam (Zoom) including Lab Tour



# Virtual Survey Eligibility Assessed by Account Executive



Organizations must meet our established eligibility criteria



Outreach calls to organizations which had already submitted applications



Determine current readiness



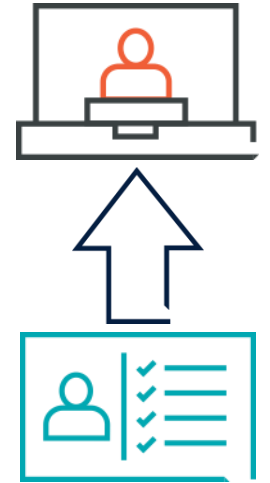
Complete virtual survey checklist



Set up Dry Run Call

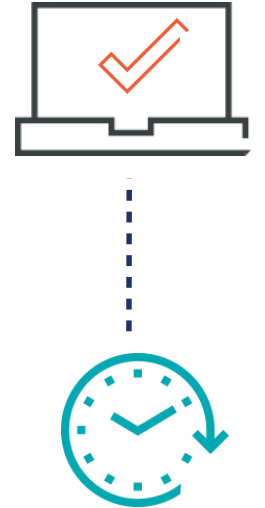
# Required Technology Capabilities

- Secure audio/visual application
- Availability of Webcam
- Electronic/Scanned version of medical records and other documents as needed
- Upload of required documents to a secure SharePoint prior to survey



# ZOOM Dry Run Call

- Following completion of the virtual checklist:
  - The Account Executive will schedule a 30-minute call with the organization
    - to confirm the SharePoint site
    - to identify any technical issues
    - to provide the organization with required list of documents



# SharePoint

- Once documentation and verification of eligibility are complete, IT will set up the secure SharePoint site
- Documents will be uploaded within 72 hours of the dry run call
- SharePoint has specific files for uploaded documents
- SharePoint folders are assigned to surveyors once the Dry Run is complete and event is scheduled
  - SharePoint link sent to surveyor(s) and organization



# Breakdown of Documents Required for Survey

- Three Categories:
  - Documents uploaded to SharePoint prior to survey
  - Documents available the Virtual Day to be screen-shared – PHI, personnel files, additional documents required by surveyor
  - Documents and Activities for **On-Site Survey**



# Scheduling

- The scheduler schedules the surveyor for the survey.
- Surveyor sends appointment with the Zoom invite and link to the organization via the agenda posted on the Joint Commission website the morning of the survey.





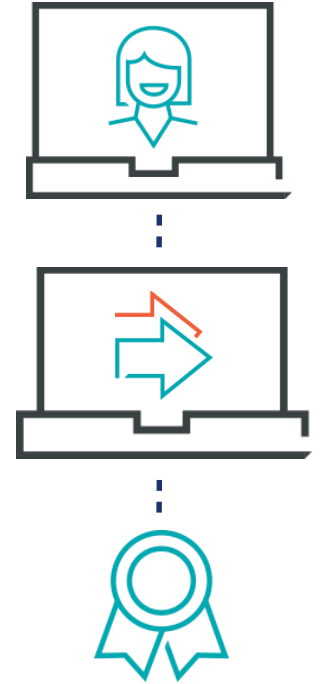
# Pre-Survey

- Surveyor reviews uploaded documents prior to virtual day
- Note potential RFIs, questions
- Create survey agenda



# Day of Survey

- Surveyor (or Account Executive) initiates the call on Zoom.
- The surveyor will complete survey activities for the day via a Zoom conference call.
- Utilize screen sharing for tracers and related documents.
- Surveyor submits the survey using the usual process.
- Accreditation is rendered following the approval of the Evidence of Standards Compliance (ESCs) submitted for the virtual survey.



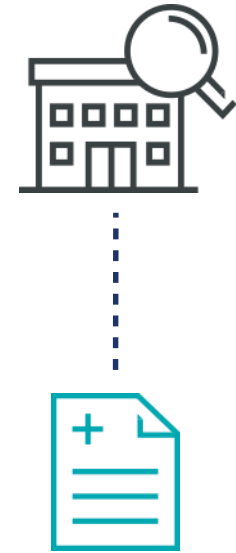
# Post Virtual Survey Activity

- On-site surveys will be scheduled when the Public Health Emergency is lifted
- May be a different surveyor for the on-site portion



# On-Site Survey

- Scheduled when Public Health Emergency is over
- Can be one or more days depending on specialties, services, and number of sites
- A final report will be submitted
- ESCs (Evidence of Standards Compliance) will be required for RFIs (Requirements for Improvement)



# Questions?