

**COVID-19 Webinar for Hospital Accreditation**

# **Q&A With The Joint Commission**

June 25, 2020



# Panel

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# The Joint Commission Return to Survey Activity

- In addition to conducting accreditation surveys and certification reviews, we have been advocating for the safety and wellbeing of health care workers at the highest levels of policy making.
- We want to assure you that we want to work together to reduce your risk and ours during the on-site survey/ review process.

# Your Questions

You have had a number of questions about our return to survey/ review:

- How or when will we get a survey/review?
- What will that survey/review process look like, any differences?
- What type of instructions have you provided your surveyors/reviewers?
- What will the surveyors/reviewers focus on?

# When and how will survey activity resume?

- Survey/ review 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 # 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/reviews are past their due dates, CMS is also aware – we will conduct those surveys/reviews when we are able.
- Prioritized 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.

# What instructions have been provided to surveyors/reviewers ?

- Do not travel if you are sick
- Do not travel if you have been in close contact with known or suspected COVID-19 patients
- When traveling they are required to wear a mask/face covering
- Required to wear a mask on survey/ review and follow the organization's guidelines. The organization will provide the PPE to the surveyor/ reviewer as required by their policy.
- Practice physical distancing
- Practice good hand hygiene
- Follow CDC guidelines

# What has changed about the survey process?

The survey/ review process and its components will remain the same however here are some guidelines for the survey/ review:

- Limiting the number of individuals in group sessions
- Using audio or videoconferencing could be incorporated to safely expand the number of attendees for sessions
- Using masks will be a routine practice
- Maximizing the use of technology to eliminate the number of people needed to sit directly next to an individual for an extended period of time. For example, screen sharing or projecting medical records.
- Interviewing patients and staff by telephone
- Driving in separate cars to off-site or patient homes

# Survey/Review Process - Continued

- We will NOT enter an at-risk or confirmed COVID-19 home or room. We will not visit a unit with any confirmed COVID-19 patients.
- Limited physical review of high risk and aerosol generating procedures
- Consider using a simulation and/or distant review of certain activities/procedures
- Practice social/physical distancing during the survey
- Follow PPE and risk reduction strategies as established by the CDC
- Limit attendance at group sessions (e.g., opening, briefings, system tracers)
- Limit observers or scribes to avoid additional exposure during the survey



# What will be the focus of survey activities?

- During the opening conference we will have discussion with you about the impact of the current pandemic and your organization's response.
  - We will discuss both infection control and emergency management.
  - The focus of our survey will not be the timeframe of the public health emergency but the current situation within your organization.

# Additional Information

- We would ask that you do not provide additional avoid dates due to the difficulty in scheduling surveys – avoid dates already submitted will be honored to the extent we can
- **Virtual surveys** – early surveys and initial surveys have occurred in some programs (Hospital, Behavioral, Lab, Nursing Care Centers, Critical Access Hospital and Home Care)
- Virtual event is a combination of:
  - Secure Zoom technology for the survey and facility review
  - Use of a secure SharePoint site for document upload to review pre-survey
  - Initial surveys conducted virtually will have a follow-up survey on-site
  - Organization is contacted to verify ability and willingness to participate

# COVID-19 Resources

Accreditation & Certification ▾

Standards ▾

Measurement ▾

Performance Improvement ▾

Resources ▾

About Us ▾

## What Your Organization Needs to Know About the Coronavirus

Trusted Guidance. Trusted Resources.

 [View resources](#)

# Pre-Submitted Questions

Any recommendations for sleep centers providing CPAP and BIPAP testing?

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

# Pre-Submitted Questions

The Joint Commission recommends N95 respirators or higher for patients receiving aerosol generating procedures regardless if their COVID-19 test is negative or not. Does this apply to all respiratory patients, even for the patients where COVID-19 isn't suspected?

# PPE Selection: Risk= Resources Needed



COVID-19 Patient?	Aerosol Generating Procedure?	Spread of COVID in community?	Type of PPE
Yes	Yes	Any level	FFR, face/eye protection, gloves, gown
Yes	No	N/A	FFR or mask, face/eye protection, gown, gloves
No/Unknown	Yes	Minimal or limited	FFR or mask, face/eye protection, gown, glove
No/ Unknown	Yes	Any level	FFR and face/eye protection, gloves, gown
No/Unknown	No	Moderate or Substantial	Mask and eye protection *
No/ Unknown	No	Minimal or Limited	Mask or cloth covering (source control) *

The Joint Commission

FFR: Filtering Facepiece Respirator

\* Additional PPE as required by Standard and Transmission based Precautions

# Pre-Submitted Questions

Can you discuss the universal masking risk assessment?

# Pre-Submitted Questions

Can you please comment on COVID-19 screening to all health care providers in the facility? Is this required per The Joint Commission?



# Pre-Submitted Questions

Does a person have to be physically present to screen staff daily? Can staff sign an attestation daily that they have not had a fever, cough, sore throat, nausea or vomiting in the last 72 hours?

# Pre-Submitted Questions

**Do you consider COVID-19 blood to be aerosolized for the lab?**

# Pre-Submitted Questions

Due to the possibility of leakage, what are your thoughts on sending a patient through universal transport media tube for COVID-19 testing through the pneumatic tube system? The receiving station is located in the main lab.

# Pre-Submitted Questions

**What are the expectations regarding distancing for 1:1 patient monitoring amidst COVID-19?**

# Pre-Submitted Questions

How long does the room need to be cleaned after a terminal clean, just wondering if it has changed?

# Pre-Submitted Questions

How do we address inpatient double occupancy in the COVID-19 era?

# Pre-Submitted Questions

Please describe The Joint Commission's infection control most prevalent expectations, and what to expect at survey.

# Pre-Submitted Questions

Please speak to the necessary continuation of conservation strategies for PPE.



# Pre-Submitted Questions

Should we ask or require patients/caregivers to wear a mask during a visit, if we are already masked?

# Pre-Submitted Questions

Can you talk about how to transport these patients, to procedural areas around the hospital? What PPE does the employee wear and the patient?

# Pre-Submitted Questions

What do we know about employees who have tested positive and recovered? Do they need to be excluded from work if they are exposed again or do they need to be swabbed if exposed?

# Pre-Submitted Questions

What are The Joint Commission considerations on widespread use of elastomeric respirators that may not offer source control but do offer higher levels of protection for health care workers?

# Pre-Submitted Questions

What test is recommended for patients who go to the operating room? Polymerase Chain Reaction (PCR) or serological test?

# Pre-Submitted Questions

We received the following confirmation from the California Department of Public Health on March 24: “This is to confirm that the requirement to have quarterly fire drills in the hospital is suspended.” Did Joint Commission agree with this suspension?

# Pre-Submitted Questions

As we have all stood up in our incident command centers during this COVID-19 crisis, what documentation is required to show our activities?

# Pre-Submitted Questions

How will hospitals' (specifically psychiatric hospitals')  
Ligature Risk Extension project completion re-surveys  
be prioritized when survey activities are reinstated?



# Pre-Submitted Questions

Regarding Interim Life Safety Measures (ILSM's) for COVID-19 areas created for patients, how long can we keep these ILSM's in place before having to make permanent changes?  
Examples: Suites too large, both suite doors exiting through another suite, temporary exit signage.

# Pre-Submitted Questions

Do we have to update the basic building information of the statement of condition section, stating the request for waivers under section 1135 of the Social Security Act?

# Pre-Submitted Questions

**With COVID-19 present, how will you conduct building tours?**

# Pre-Submitted Questions

Can we please get guidance on how to perform annual negative/positive pressure relationships with most of our systems under alteration?

# Pre-Submitted Questions

I'm interested in getting information on how hospitals will be surveyed around changes made to patient care rooms. One specific example would be negative pressure fans in patient care rooms. For engineering, is it possible to retain window fans for negative pressure purposes post-pandemic? What type of monitoring should be done and/or risk assessment prepared to justify leaving them in place?

# Pre-Submitted Questions

LS.01.01.01. Should we be doing assessments in our waiting areas?

# Pre-Submitted Questions

Reviewing the risk assessment pertaining to corridors, what are the recommendations for life safety items such as smoke detectors, pull stations, strobes, sprinkler heads, fire door hardware and hold-open magnets?

# Pre-Submitted Questions

Does your emergency operating plan for the pandemic need to specifically delineate which 1135 waiver is being utilized and reflect approval by the organization?



# Pre-Submitted Questions

When does the 1135 blanket waiver expire? Or is that something we have to determine as an organization?

# Pre-Submitted Questions

You mentioned previously that the CMS 1135 waiver information could be found on The Joint Commission's extranet site under "Resources and Tools." I am unable to find the information.

# Pre-Submitted Questions



## Looking for more information on CMS 1135 Waivers?

The screenshot shows the Joint Commission Connect website interface. At the top, there is a navigation menu with tabs for Home, Survey Process, Continuous Compliance, Communication, Resources and Tools, and Security Admin. The 'Resources and Tools' tab is selected. Below the navigation menu, there are three main sections: Resources, Tools, and DASH – Data Analytics for Safe Healthcare. The 'Tools' section is highlighted with a yellow background and a red arrow pointing to the 'Learn More' link. The 'Learn More' link is also highlighted in the 'Tools - Learn More' section. The 'Tools - Learn More' section contains a list of documents related to CMS 1135 Waivers, including CAH DOC, HAP DOC, OME DOC, OME DOC:IP Hospice, and NCC DOC.

Accredited organizations can learn more by visiting **Resources and Tools > Tools > Learn More** in their *Joint Commission Connect*® extranet site.



# Pre-Submitted Questions

Can you please provide scenarios on how surveyors will assess application of the emergency waivers since there may be a variation in interpretation from one organization to the other.

# Pre-Submitted Questions

Do we have to physically submit a waiver request to CMS, or is it a blanket waiver and a specific request is not needed?

# Pre-Submitted Questions

Are the many waivers related to external reporting and CoPs around performance improvement being extended beyond 07/01/2020?

# Pre-Submitted Questions

Is there a standard document or format for tracking the dates when our hospital went into a pandemic response and when we stopped? It is my understanding we have to have the dates documented when we were in a pandemic response for surveying.

# Pre-Submitted Questions

Can we implement the CMS Blanket 1135 waivers if our organization has not officially activated our emergency operating plan?



# Pre-Submitted Questions

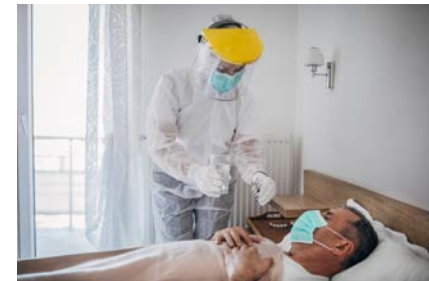
Are the waivers related to documentation for only the surge areas in a hospital or may the entire hospital adopt those measures? This is specifically related to the waivers in section C of the medical records.

# Pre-Submitted Questions

If any organization utilizes any of the 1135 blanket waivers from CMS, do they need to activate their emergency operating plan or complete a risk assessment for documentation?

# Thank You

We support your efforts  
in response to the  
COVID-19 pandemic  
and hope to provide  
helpful resources



# Resources

- COVID Resources

- <https://www.jointcommission.org/covid-19/>

- Standards Interpretation

- <https://www.jointcommission.org/standards/standard-faqs/>