

Joint Commission Accreditation

Standards Compliance 101: The Must Haves

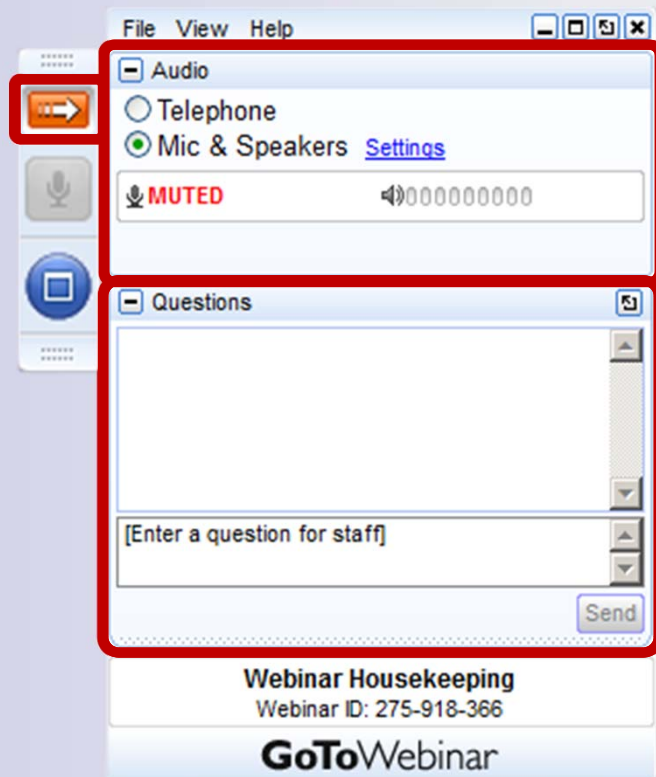
Presented by:

Carol Mooney RN, MSN, Senior Associate Director,
Standards Expert Group

and

Julia S. Finken, BSN, MBA, CPHQ, CSSBB
Associate Director, Business Development

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Your Participation

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

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Standards Compliance 101: The Must Haves

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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

Standard	Percentage of Surveys with RFI
PC.02.01.03	74.4%
PC.01.03.01	72.1%
RC.02.01.01	65.1%
HR.01.06.01	55.8%
IC.02.01.01	41.9%
PC.01.02.01	41.9%
HR.01.02.05	39.5%
IC.01.03.01	37.2%
NPSG.15.02.01	34.9%
IC.01.04.01	30.2%
IC.02.04.01	30.2%

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

74%



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.

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

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 w/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://jccms2/www.JointCommission.org/PatientSafety/InfectionControl/H1N1_podcast.htm
- <http://www.qualityforum.org/WorkArea>
- www.who.int

National Patient Safety Goals

**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 information 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-fire-risk 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/or 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 meant

Get the Remembering When program printed and shipped to your door.

For a nominal fee, [we'll print out all 106 pages in full color and ship them to you](#). You'll be ready to implement the entire refreshed version of the Remembering When program. Materials include the full curriculum including handouts and tips for making group presentations and home visits.

Fire Prevention Week

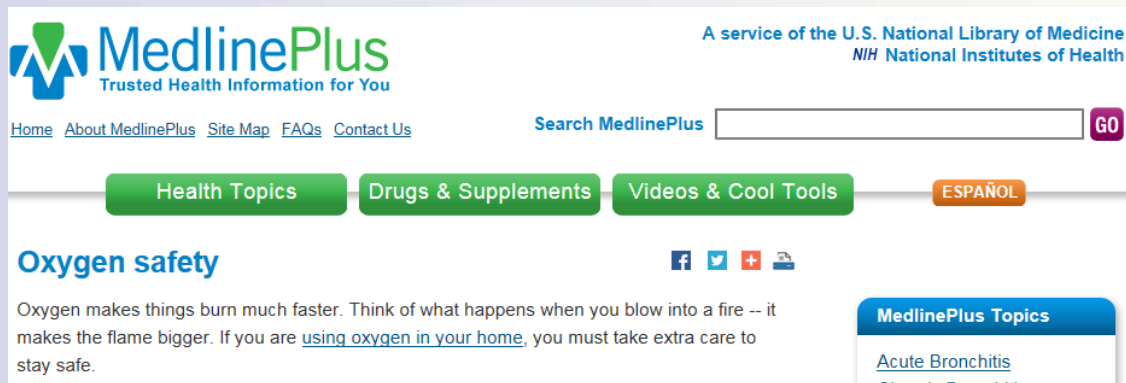
This October, help us sound the alarm: working smoke alarms save lives!

► [Fire Prevention Week web site](#)

► [Must-have FPW products](#)

► [Learn all about smoke alarms](#)

Other resource sites



Other resource sites

The screenshot displays three distinct healthcare resource websites. The top website is The Joint Commission, featuring a navigation bar with links to Accreditation, Certification, Standards, Measurement, Topics, About Us, and Daily Update. Below this, a breadcrumb trail shows 'Home > Accreditation > Home Care (+ Pharmacy)'. The middle website is the American Association for Homecare, which includes a banner for 'Medtrade 2014' and a navigation menu with links to CONSUMERS, NEWS, JOBS, CONTACT, and a SEARCH function. The bottom website is the National Hospice and Palliative Care Organization (NHPCO), showing a search bar, a 'GO' button, and a navigation menu with links to ABOUT NHPCO, MEMBERSHIP, REGULATORY, ADVOCACY, QUALITY, RESOURCES, EDUCATION, and PRESS ROOM. A footer section for the National Association for Home Care & Hospice (NAHC) is also visible, with links to About NAHC, Meetings & Education, News, Advocacy & Policy, Resources & Services, and Consumers.

The Joint Commission
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 Search Go

Accreditation Certification Standards Measurement Topics About Us Daily Update

Home > Accreditation > Home Care (+ Pharmacy)

Home Care Accreditation

Tuesday 12:24 CST, September 23, 2014

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American Association for Homecare
 CONSUMERS NEWS JOBS CONTACT SEARCH
 About Advocacy Membership Events

Medtrade 2014
 Medtrade is taking place October 20-23, 2014

medtrade
 October 20 - 23, 2014 | Atlanta, GA

National Hospice and Palliative Care Organization
 Email... Password... GO
 Create new account Forgot Password?
 Search NHPCO... GO

ABOUT NHPCO MEMBERSHIP REGULATORY ADVOCACY QUALITY RESOURCES EDUCATION PRESS ROOM

HOME CARE & HOSPICE
 National Association for Home Care & Hospice
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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

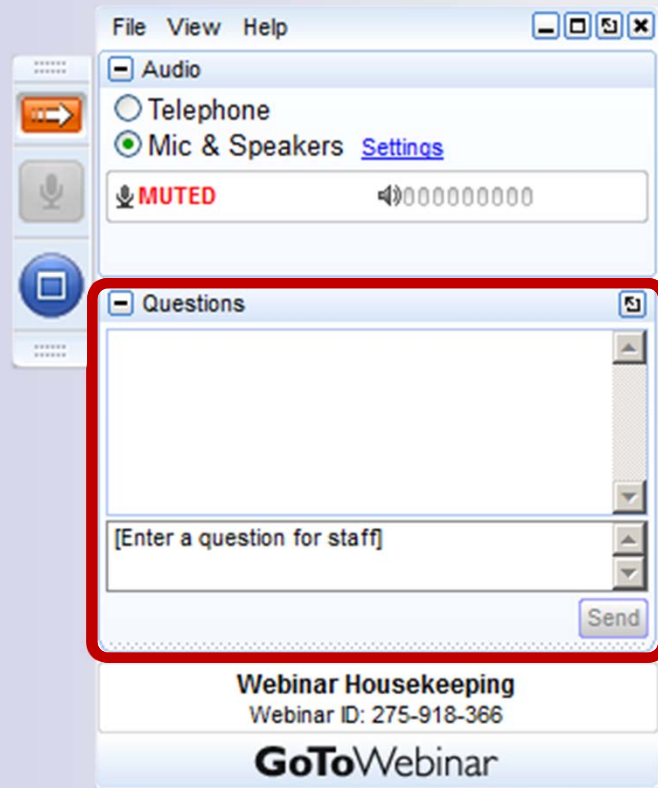
If you have a question about.....	Please contact.....
GETTING STARTED: <ul style="list-style-type: none"> • How to get started • The overall accreditation process • The cost of accreditation • How to get a free trial of the standards • How to request an application 	THE BUSINESS DEVELOPMENT TEAM: Call: 630-792-5070 Email: homecare@jointcommission.org Website: www.jointcommission.org
MANAGING THE ACCREDITATION PROCESS: <ul style="list-style-type: none"> • Completing the application • Scheduling a survey date • Specific issues related to ongoing accreditation 	AN ACCOUNT EXECUTIVE: Call: 630-792-3007
OUR STANDARDS: <ul style="list-style-type: none"> • Complying with specific standards 	THE STANDARDS HELP DESK: Call: 630-792-5900, Option 6 Website: www.jointcommission.org/Standards
MANUALS, EDUCATION AND TRAINING: <ul style="list-style-type: none"> • Obtaining standards manual • Registering for a Joint Commission education program • Staff training resources 	JOINT COMMISSION RESOURCES (JCR): Call: 877-223-6866 Email: jrcustomerservice@pbd.com Website: www.jcrinc.com



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

Joint Commission Home Care Program

Help Desk: 630-792-5070 or homecare@jointcommission.org
www.jointcommission.org/accreditation/home_care.aspx



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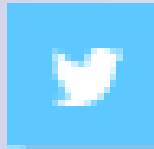
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Account Executive

Standards Interpretation Help Desk: 630-792-5900, option 3

Joint Commission Resources: 877-223-6866 or www.jcrinc.com

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@TJCHomeCare



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