



Pre-Audit Adaptation: Ensuring Daily Joint Commission Compliance

As The Joint Commission (TJC) and other Accreditation Organizations continually increases accountability measures for accredited Healthcare Organizations (HCOs), the pressure to ensure constant compliance between surveys has never been stronger on hospital leadership.

The days when Healthcare Organizations could wait to address regulatory compliance issues 12-18 months before a survey have passed. Today's Healthcare Organizations can't simply spruce things up before a surveyor's visit; they must integrate their Accredited Organization's requirements into their daily practices, and plan for necessary investments and improvement plans across the two-to-three-year cycle between their audits. This is critical not just to keep accreditation, but also to manage budgets and project timelines. In the case of TJC, this means a Healthcare Organization leadership team doesn't just need to know TJC's new standards and associated elements of performance, they need to be vigilant in spotting areas where their facility needs improvement before a survey reveals all the problems at once.

What has Changed?

Top 3 Things to Know

- 1> TJC introduced the SAFER™ matrix to score real-time events in the facility.
- 2> TJC no longer recognizes the Plans for Improvement (PFI) process.
- 3> Deficiencies must now be corrected in a 60-day timeframe.

One sweeping change to TJC survey processes is the new scoring approach called the Survey Analysis for Evaluating Risk or SAFER™. Before 2016, TJC scored deficiencies using a set of predetermined categories. Now, a surveyor will judge the real-time events they observe in the facility and rate them on the SAFER matrix. Surveyors will assess how likely a deficiency is to cause harm to patients, staff, or visitors, and evaluate the deficiency's pervasiveness within the hospital. Post-survey, all deficiencies cited in the SAFER matrix become Requirements for Improvement (RFIs) which must be corrected within a 60-day Evidence of Standards Compliance (ESC).

The new timeline is part of the modifications TJC is making to the Statement of Conditions process. Since 1995, Healthcare Organizations used the Statement of Conditions (SOC) as a way of managing and informing TJC about their self-identified deficiency findings. TJC would then allow the hospital through the SOC-Plans for Improvement (PFI) process, to determine the time needed to correct these self-identified Life Safety Code (LSC) deficiencies, provide a six-month grace period, and provide the ability to request a six-month extension. Further, TJC would not include these self-identified LSC deficiencies as RFI's during the accreditation survey process.

Now, all that has changed. TJC no longer considers the PFI process for its Life Safety chapter requirements. Healthcare Organizations are still required to maintain a safe environment and ensure a building's Fire and Life Safety Protective features protect patients, staff, visitors and buildings from the threat of fire. This requires Healthcare Organizations to continually assess their buildings protective features through a number of processes, i.e. Environmental Tours, Life Safety Assessments, formal rounds, etc. LSC deficiencies identified during these processes will need to be managed continually to the point of remediation. Although TJC no longer recognizes the PFI process, they continue to offer their online process to Healthcare Organizations to manage their self-identified LSC deficiencies. At no time should a Healthcare Organization provide TJC a listing of their self-identified LSC deficiencies. TJC will take this listing and identify these deficiencies as RFIs during the survey process.

LSC deficiencies identified at the time of survey will be identified as RFIs during the survey and have a 60-day ESC. If an RFI requires corrective action beyond the 60 day Evidence of Standards Compliance (ESC), the Healthcare Organization must create a Survey-Related Plan for Improvement (SPFI) through TJC's existing eSOC web portal - SPFI tab. Once the SPFI is created, the Healthcare Organization can make a request for an extension from the Centers for Medicare and Medicaid Services (CMS) through a Time Limited Waiver process. This request must be made through TJC's existing eSOC web portal no later than 30 days from the last day of survey.



Whether your LSC deficiency is self or survey identified, a Healthcare Organization will need to manage the remediation process. This can be done through TJC's PFI process, a Computerized Maintenance Management System (CMMS) or alternative programs. The only exception to this would be the survey related LSC deficiencies requiring additional time through TJC's Survey Related Plans for Improvement process for requesting Time Limited Waivers before the end of 30 days.

Not only has the way hospitals find, report, and correct deficiencies changed, but the Life Safety Code (LSC) itself has also improved. CMS has adopted the 2012 edition of NFPA 101 and its Referenced Publications. TJC started surveying to this edition of the NFPA 101 on November 1, 2016. This change

means new, more comprehensive fire and life safety standards, like the requirement that either a fire watch be established or the facility evacuated if sprinklers are out of order for more than ten hours, and the mandate that all buildings taller than 75 feet must install an automatic sprinkler system by 2028.

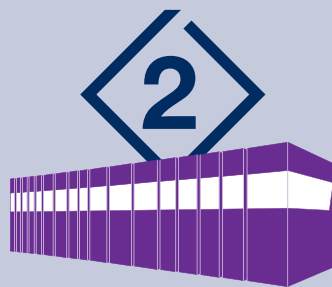
With greater scrutiny in the evaluation process, and shorter timelines to correct problems, hospital leadership is faced with complex project management and organizational duties to achieve TJC accreditation. At Medxcelfm Facilities Management, we've found it's easier for hospital leadership to adapt to these changes when the process is broken down into four discrete verticals.

How to Adapt to changes in compliance requirements



Stay Informed

Performing ongoing current state health assessments can help in self-identifying potential risks.



Stay Organized

Creating and enforcing policies which guarantee organized documentation is one of the key tasks for today's hospital leaders.



Communicate Clearly

The clearer communication about safety standards and compliance from hospital leaders, the better that information will be incorporated into daily practices by staff.



Get Expert Support

The most successful hospitals are those who know their limits when it comes to achieving daily compliance and develop internal compliance training programs or partner with an expert company to do so.

Read on for more in-depth information on how to adapt to compliance changes.



Stay Informed

The first step isn't just to understand the changes to TJC standards and survey process; it's to understand the impact they will have on your unique facility. In anticipation of the new SAFER evaluation matrix, hospital leadership should perform a self-assessment to review where potential deficiencies could fall on this spectrum.

When evaluating the likelihood that a deficiency could cause harm to a patient, staff, or visitor, it's important to be critical. The SAFER matrix recognizes "Low," "Moderate," and "High" categories. However, the "low" category only applies to those risks where harm would be extremely rare, while even those which could cause "occasional" harm are ranked as moderate. In terms of scope, the SAFER matrix recognizes "Limited," "Pattern," and "Widespread" deficiencies. It's important for hospital leadership to be aware that the "Limited" category is designated for isolated incidents, while even two recurrences of the same deficiency could lead to its escalation to a "Pattern."

Higher-risk deficiencies within the matrix require additional documentation of sustained correction efforts in the Evidence of Standards Compliance (ESC) the hospital has to submit to TJC within 60 days. Record of these higher-risk deficiencies will also be provided to future surveyors for re-evaluation in subsequent surveys.

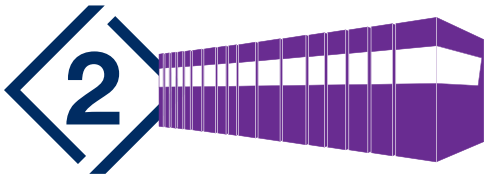
While identifying your hospital's risk areas on your own is an ideal strategy to achieve compliance, it's also important to remember that self-identification no longer secures a greater timeline for correction, nor does it mean those deficiencies won't be noted in your survey.

This is why it's critical that large-scale problems, like compliance with the new Life Safety Code standards, be identified well in advance of the survey to allow the facility adequate time to budget for and implement changes which would be difficult to achieve within the 60-day ESC.

Performing ongoing Current State Health Assessments can help in self-identifying potential risks and managing them.

And it isn't just their own high-risk areas a hospital's leaders need to be aware of. Identifying industry survey trends – common deficiencies and the focus areas for TJC – is a relatively simple way for a facility to avoid the same high-potential hits when a surveyor arrives at the door. If the trends show a focus on door latching, air exchange and pressure relationships, it would behoove leaders to take a closer look at those areas in their facility. For this reason, leaders at each hospital need to be aware of the industry survey trends, even if their own survey is months away.

It's also critical for a hospital's leadership to have a basic understanding of TJC's annual ORYX performance measure requirements. This is a quality initiative program established by TJC that embeds performance and outcome into its accreditation and certification process. Even if your survey isn't due for a year or more, a hospital is still required to report yearly to TJC for an evaluation of performance. Hospitals can provide chart abstractions, electronic Clinical Quality Measures (which are also required by CMS), or a combination of both. While collecting and submitting this representation of the hospital's performance may not be the explicit duty of all members of the executive team, they should at least understand the requirements and be confident that the information submitted represents the hospital's compliance with TJC standards.



Stay Organized

A second element of a successful survey is organization. When a surveyor is in the facility, if staff are scrambling to find the necessary documentation to prove compliance, it not only makes a bad impression, it puts additional stress on the staff during a time they already feel scrutinized. Hospital CEOs and other leaders should enforce clear policies about organization which ensure the necessary documents are always ready for review.

Documentation is critical to represent a hospital's compliance, especially when it comes to newly established standards such as the new Life Safety and Environment of Care requirements. Clearly, efficient organization is necessary to prove clearly and quickly to a TJC surveyor that all these goals have been achieved.

At Medxcel Facilities Management, we've already helped hospital leaders achieve this goal for years using our Facilities Maintenance Operating System (FMOS). The keys to the success of our system is the systematic approach by collecting and organizing policies, procedures and documents required for compliant operations, and keeping the process as simple as possible. A series of binders tabbed according to TJC's Standards and Elements of Performance mean that all the documentation goes into one place and is kept there to await review. The same effective simplicity and ease of use for staff should be aimed for by any executive trying to develop an internal organization process.

Creating and enforcing the policies which guarantee organized documentation is one of the key tasks for today's hospital leadership teams.





Communicate Clearly

Communication about how self-identified deficiencies will be addressed is critical when the hospital is choosing to correct the issue itself. Establish clear expectations for when improvements will begin and be completed. This could be something as simple as a timeline for testing all the facility's fire alarms, or something a little more complex such as setting a date by which all the hospital's staff will complete a required training.

When implementing these improvements, it's important that all staff involved understand why they need to take place beyond the simple justification that it's a TJC requirement. Staff shouldn't just know the requirements, they should understand why they've been adopted—what impact they have on safety, the quality of care for patients, and the quality of work environment for themselves. With this understanding, they'll feel empowered and more motivated to carry out their tasks in a compliant way, not just because it's a rule they have to follow, but because they understand the reasoning for the rule. This depth of education and training should be a top priority for executives navigating the new compliance standards.

Patients and even staff are not likely to feel loyal toward a hospital that merely tells them they have to follow rules, but a facility which educates them as to why those rules exist could win both their gratitude and future business or longer employment.

The clearer the communication about safety, standards and compliance from hospital's leaders, the better that information will be incorporated into daily practices by staff. This knowledge has the potential to trickle down even to patients.

This level of communication is also necessary because it enables staff to further communicate the justification for requirements to patients. When a patient or parent is demanding they or their child be given antibiotics, but such a prescription would be against the new antimicrobial stewardship standards, a nurse or physician should never feel compelled to say, "we can't give that medicine because there's a rule against it." Instead, they should have been educated enough on the policies by their leaders that they can explain to the patient or their guardian the new public health concerns and how that prescription could in fact be a risk. The same explanation could be given to a patient who is grouchy about a fire drill, or apply in any number of unique clinical situations.





Get Expert Support

By now the vast task of regulatory compliance and associated documentation may have impressed upon you that no hospital can do it alone. Whether it's hiring a contractor to inspect and maintain fire systems or training new hires about documentation requirements, the most successful hospitals are those that find trusted allies to help them achieve compliance on a daily basis. In all cases, hospital leadership should ensure that vendors are familiar with their Accreditation Organization's standards.

Hospital leadership can get in front of many of these concerns by developing their own internal TJC compliance training program or partnering with an expert company to do so. Part of our process when we partner with any hospital is to guide the education process for both new hires and continuing employees. Because we're constantly monitoring the hospital's state of Survey Readiness, we're even able to target areas of education where we see possible risks, serving as the eyes and ears to detect the greatest risks deficiency. A hospital leadership team that builds a keen understanding of their current compliance should consider trying the same.

Conclusion

Every hospital always has areas where they can seek improvement, but it's also important to remember that a hospital is a place of unpredictability. Things will come up that were not planned for; however, having the proper processes in place will allow for a more achievable resolution when those things do arise and result in a smoother survey process. With the ever-changing landscape of regulatory compliance, the key to success is to be nimble and adaptable to the change.

Ensuring continuous compliance really translates to ensuring continuous patient safety, which remains a top priority for hospital leaders. We hope that explaining The Joint Commission's 2016 changes and breaking down the massive task of ensuring documented compliance with them into these four verticals has provided valuable insight and guidance for hospital leaders facing the task. If you have questions or need further support, we'd be happy to hear from you. With the right leadership and policies, what seems like a massive undertaking can become a matter of daily routine for all hospital staff.

FAQs, Troubleshooting and Clarifying **Next Steps**

We've covered big topics in a small window space today, and we know you have questions left. Should you need further guidance, resources or clarification on anything covered in this document, don't hesitate to ask:

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We'll be happy to share insights gleaned from working with hundreds of your peers and helping them overcome similar challenges to reap dramatic savings and efficiencies.

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