

# **Review of the Joint Commission's Plan** for the Resumption of Surveys/Reviews

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The Joint Commission

June 16, 2020



# Agenda

## **Feedback from you on...**

1. **The Joint Commission's decision process for for the resumption of surveys/reviews**
2. Components of the survey process that may need to change
3. Additional considerations and support needs going forward

*In planning to resume surveys/reviews,  
the key determinant is **safety!***

***Safety for the organization!***

***Safety for the survey team!***

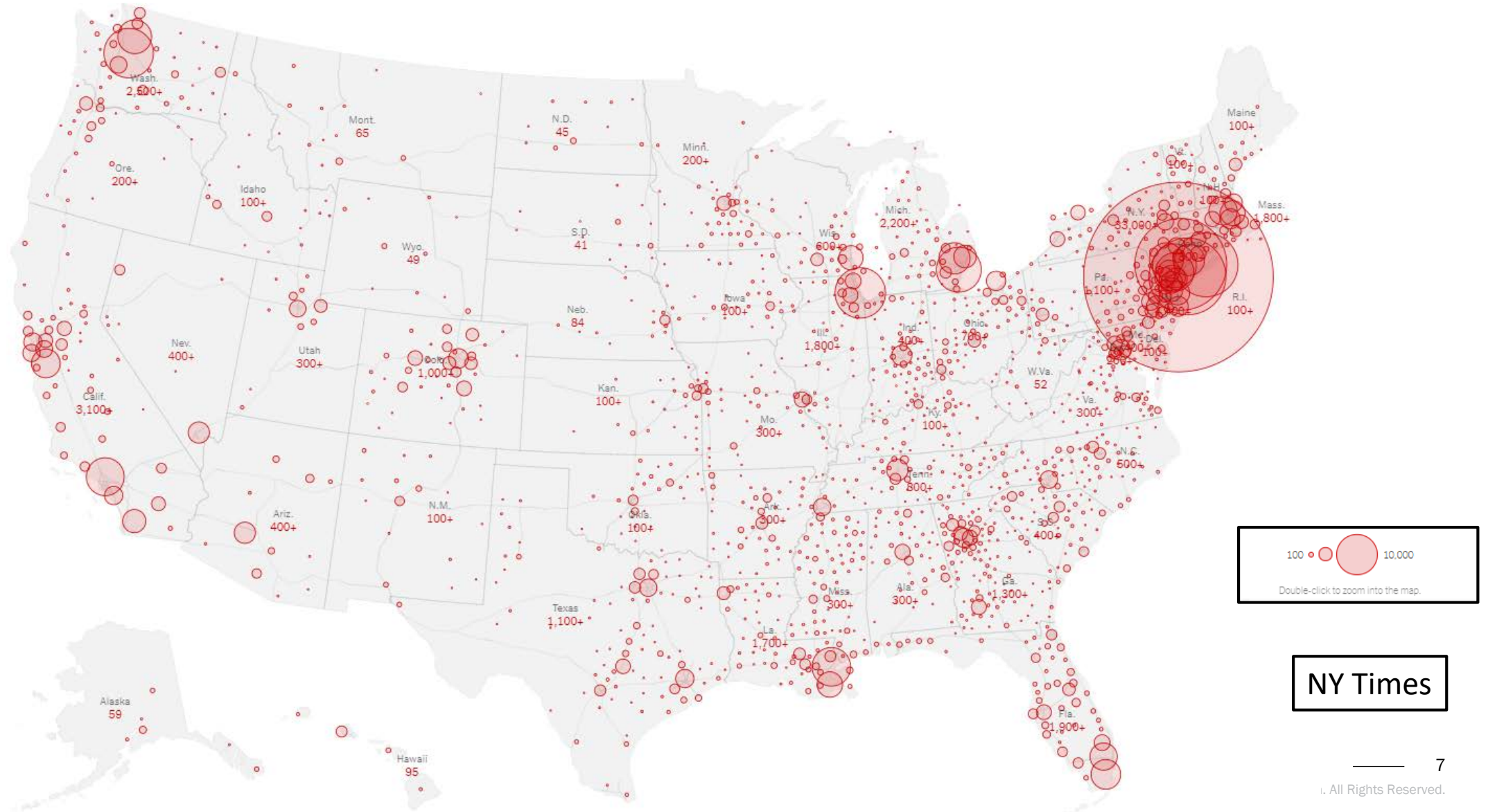
*Our plan is **gradual and flexible**  
as states lift stay-at-home orders  
and coronavirus cases decline!*

# Proposed Decision Process

# NYTimes Data

<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

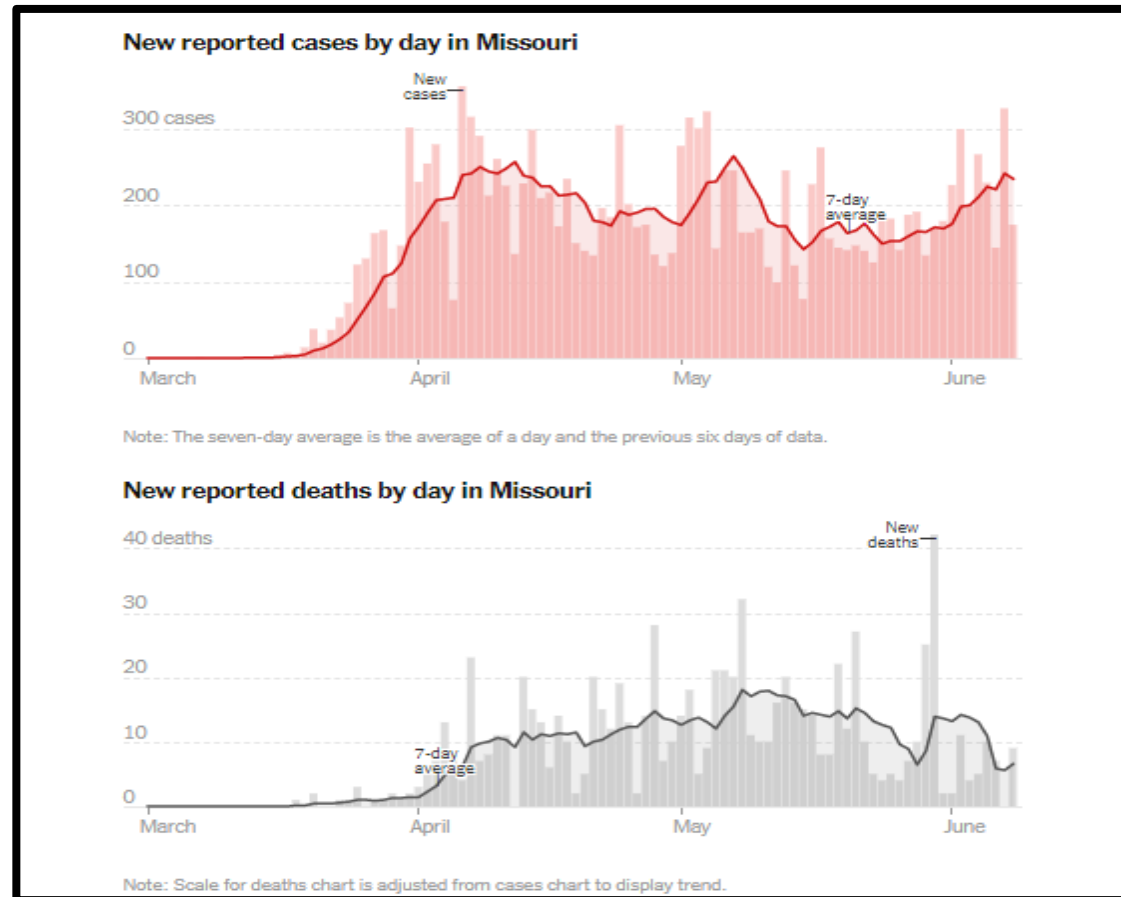
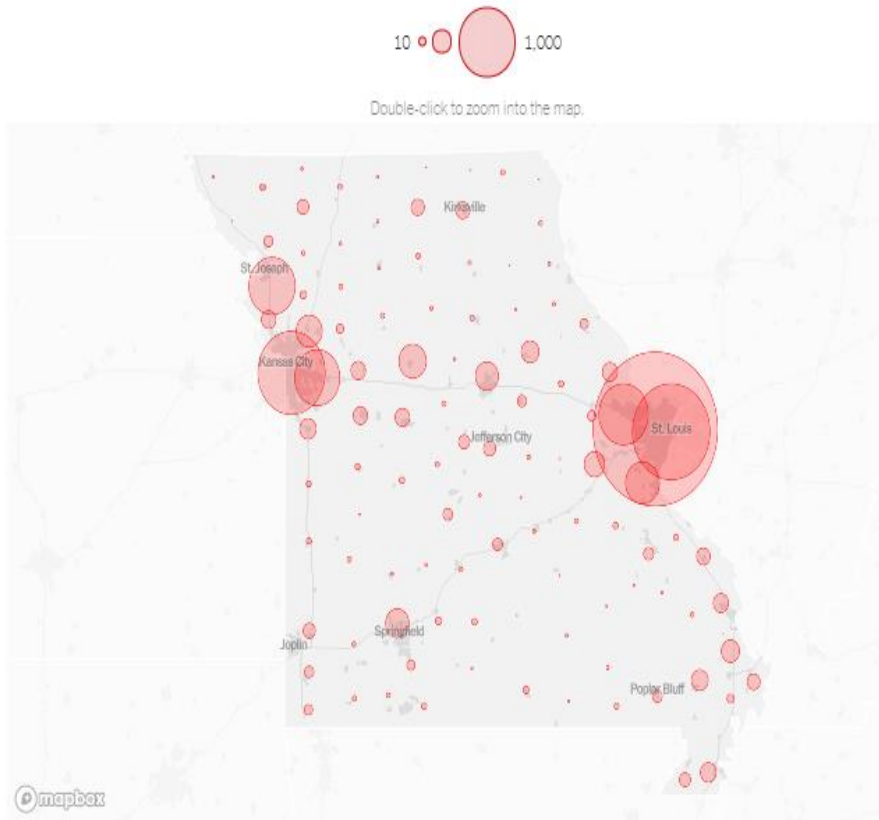
# COVID-19 Cases in the United States (As of 3/26/20)







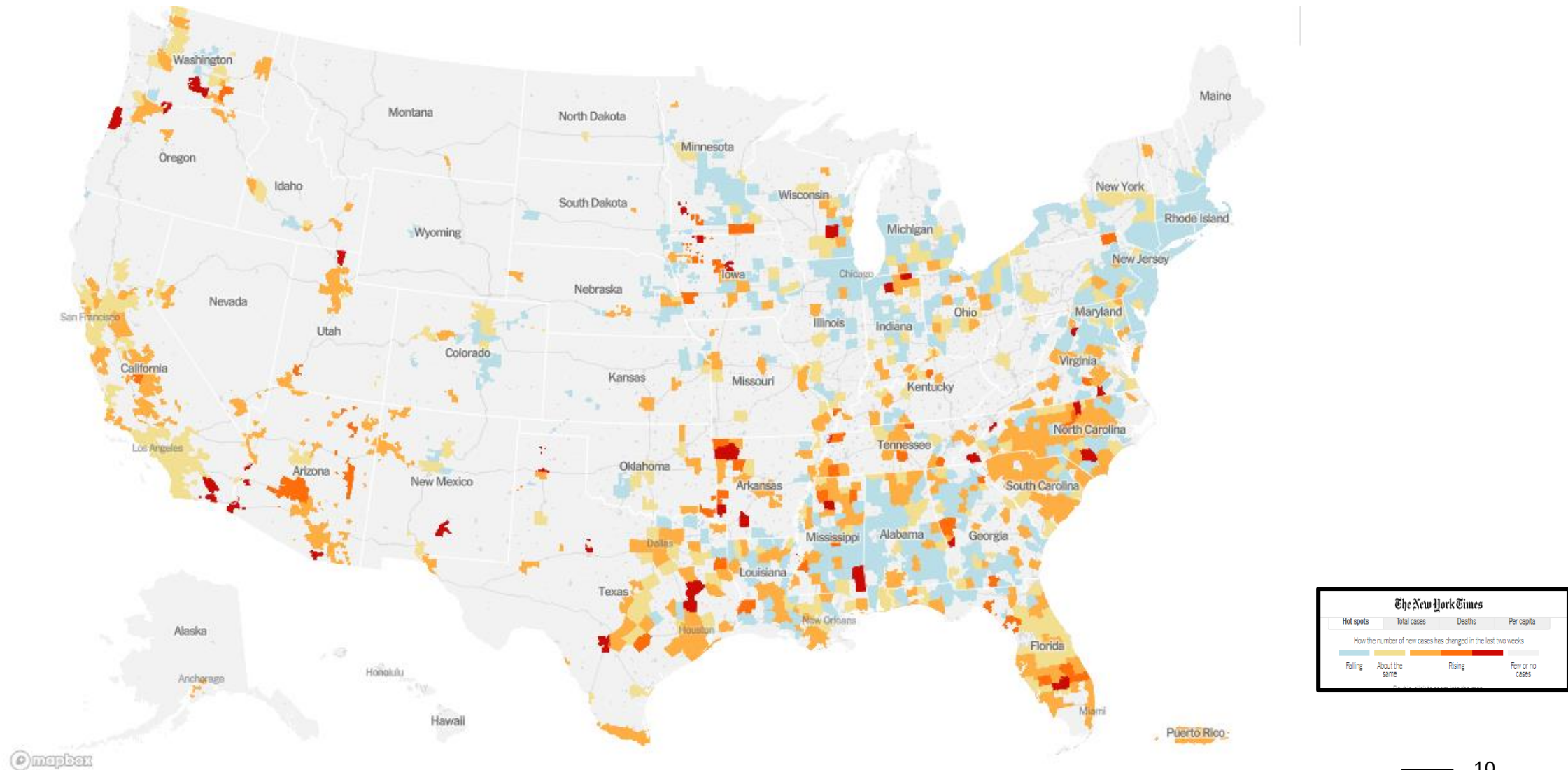
# Missouri COVID Cases (As of 6/9/20)



TOTAL CASES  
**15,159**  
DEATHS  
**832**

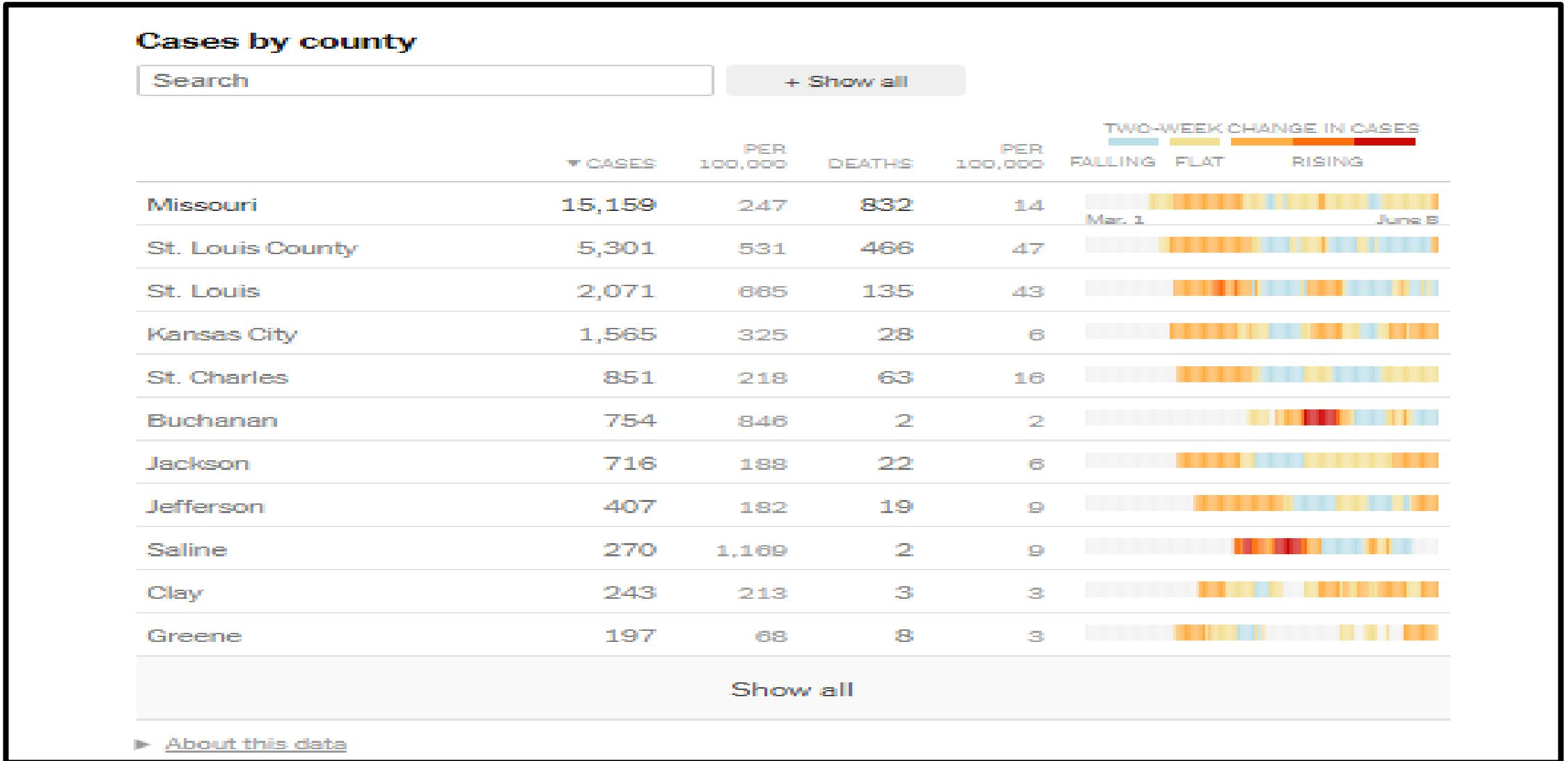
Includes confirmed and unconfirmed cases

# COVID-19 Cases in the United States (As of 6/9/20)



mapbox

# Missouri Top 10 Counties Relative to Number of Cases



# *Identification of Low-Risk Areas*

# Two Key Data Points in Determining a “Low Risk” County

1. Two week trend
2. Number of cases per 1,000 people



GO/No Go  
Decision

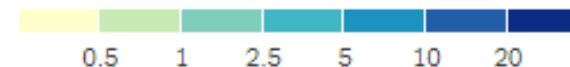
GO Decision =  $\leq 1$  on Both Rates

*Note: A county may change from a **GO/No Go** if there is a downward trend.*

Trend threshold:  
ratio of last two  
weeks to previous  
two weeks  $\leq 1.0$

## New cases, last two weeks

	METRO OR MICRO AREA	GROWTH IN CASES	RECENT CASES	PER 1,000
1	Sioux City, Iowa	STILL GROWING	2,276	13.46
2	Gallup, N.M.	FLATTENING	829	11.47
3	Grand Island, Neb.	FLAT OR DECREASING	688	8.09
4	Waterloo-Ced.Falls, Iowa	FLAT OR DECREASING	1,062	6.26
5	St. Cloud, Minn.	STILL GROWING	1,196	5.99
6	Trenton-Princeton, N.J.	FLAT OR DECREASING	1,995	5.39
7	Gainesville, Ga.	FLAT OR DECREASING	993	4.91
8	Salisbury, Md.	FLAT OR DECREASING	1,881	4.59
9	Vineland-Bridgeton, N.J.	FLAT OR DECREASING	666	4.41
10	Farmington, N.M.	STILL GROWING	531	4.25
11	New York City area	FLAT OR DECREASING	84,461	4.23
12	Boston	FLAT OR DECREASING	20,507	4.21
13	Green Bay, Wis.	STILL GROWING	1,287	4.00
14	Milledgeville, Ga.	STILL GROWING	212	3.99
15	Pine Bluff, Ark.	FLAT OR DECREASING	353	3.94



New Orleans 05/08 2020

↑  
City

**New confirmed cases**  
per 1,000 residents

8 per week

6 per week

4 per week

2 per week

City/Metro Area  
Incidence Curve from  
NY Times

**Cases 0.93/1000/2wk ( $> 0.5$ )**

**Trend 0.36 ( $\leq 1.0$ )**

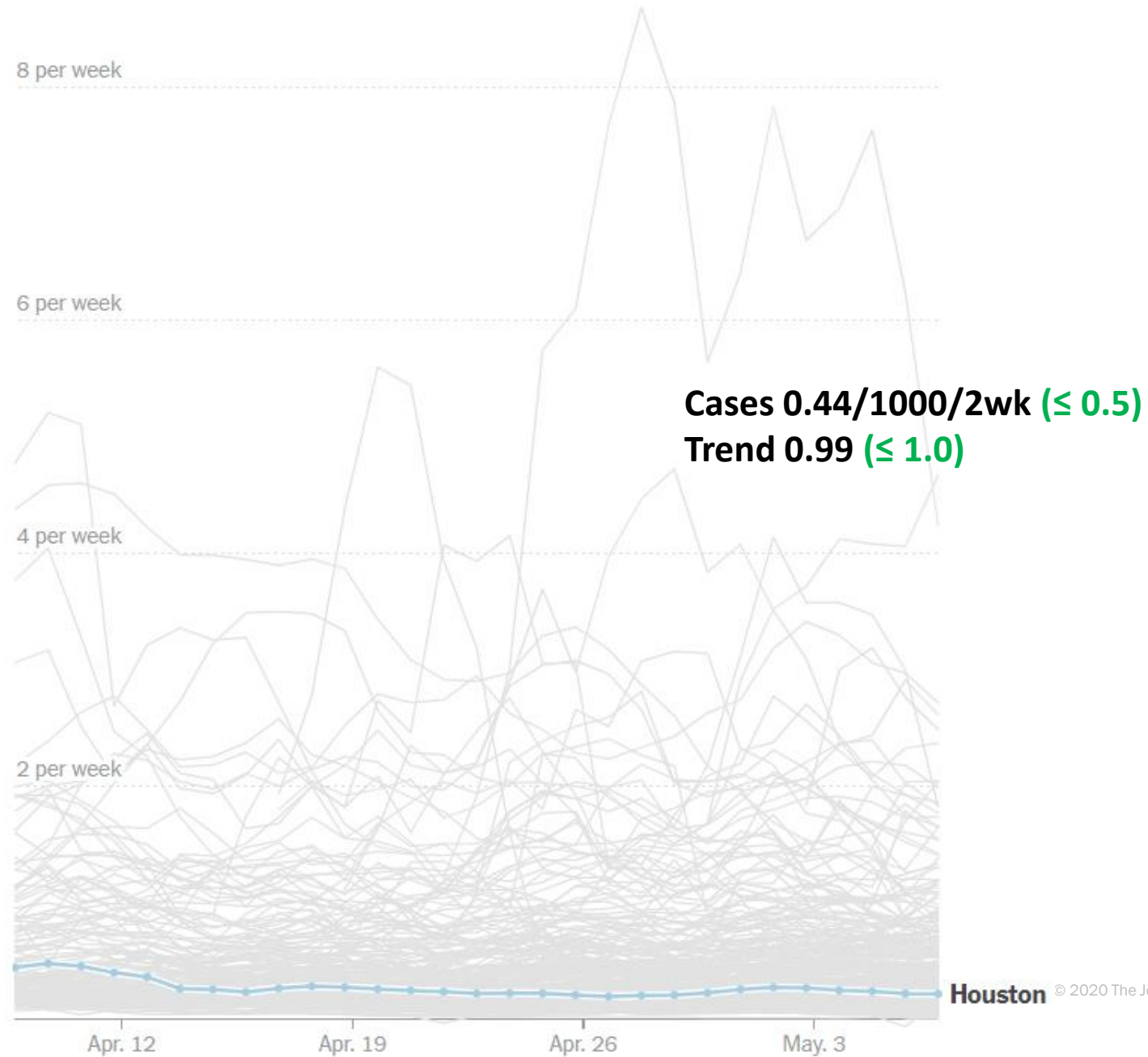
County Data from  
TJC database (COVID  
Tracking Project)

*Both must be green to be  
considered for survey. Still  
needs to pass other criteria.*

New Orleans

Houston, TX  
05/08 2020

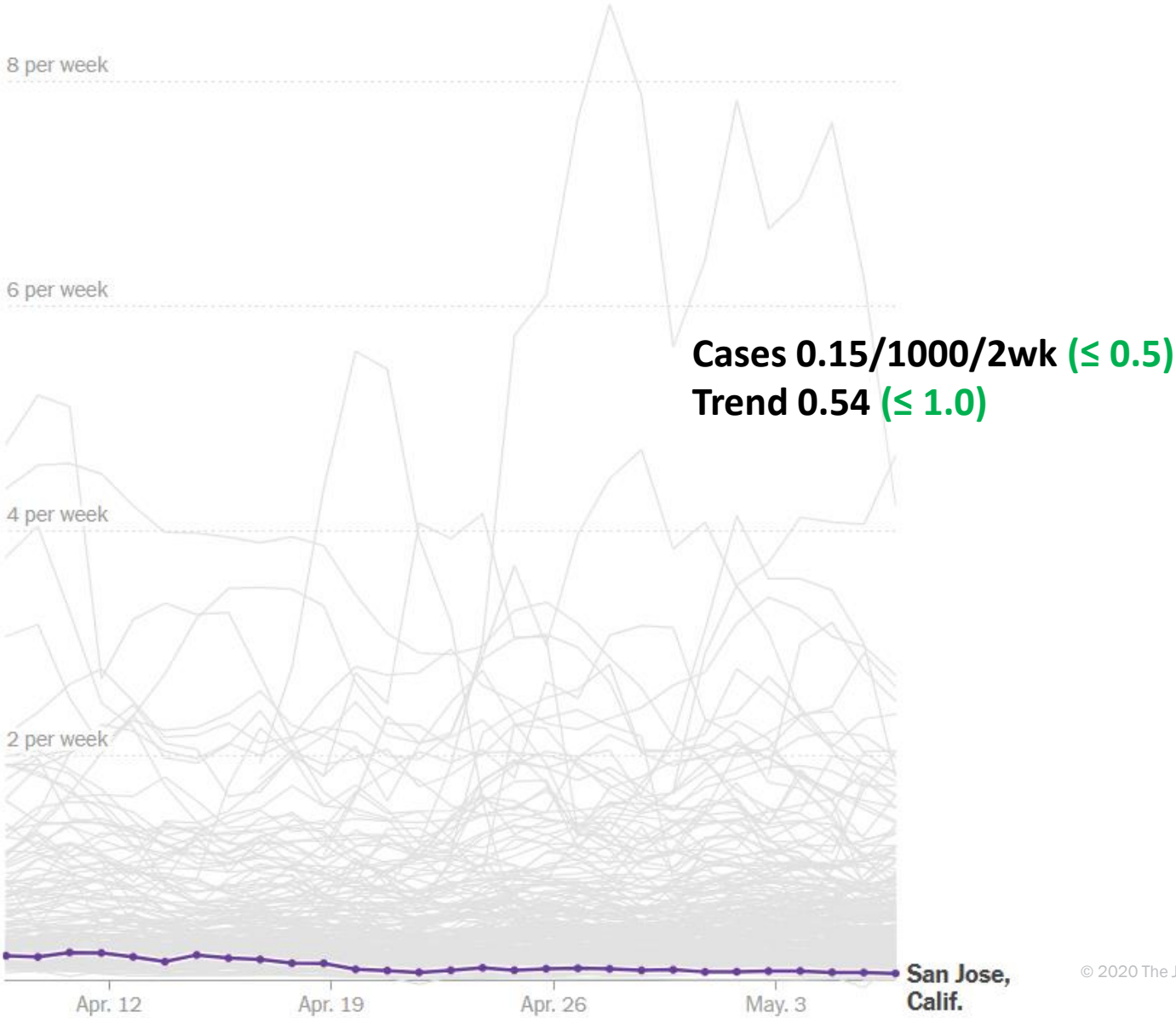
**New confirmed cases**  
per 1,000 residents





# San Jose, CA 05/08 2020

New confirmed cases  
per 1,000 residents



# JC Online Article Announcing Resumption of Survey/ Review Activity



May 7, 2020

## Regular surveys and reviews to resume in June – with some changes to protect safety

The Joint Commission will begin resuming regular surveys and reviews in June.

The Joint Commission is committed to working closely with organizations, with safety being the first and foremost priority. As we start to resume surveys and reviews, account executives will begin to contact organizations due for a survey to assess the impact that the coronavirus pandemic had on their operations and their current state.

The Joint Commission is reviewing a variety of factors and criteria for determining where and which organizations will be surveyed, including identifying and then prioritizing low-risk areas in which we can go in safely to survey.

Our survey process will look somewhat different, as we will need to employ physical distancing practices to ensure the safety of all parties. These will include:

- Limiting the numbers of individuals in group sessions. The use of audio or video conference calls can be incorporated by the organization to safely expand the number of attendees.
- Minimizing the number of people who accompany the surveyor on tracer activities.
- Using masks will be a routine practice, and we will expect the organization to provide masks and/or other personal protective equipment (PPE) to surveyors and reviewers while on-site.
- Maximizing the use of technology to eliminate the need for a number of people to sit directly next to an individual for an extended time. For example, conducting electronic medical record reviews using screen-sharing or displaying/projecting the record. Other examples include simulating an activity if we are unable to enter a high-risk space, and interviewing patients or staff by phone.
- Driving in separate cars to off-site locations or home visits.

Our survey will focus on a thorough assessment but will not retroactively review compliance. The implementation of an organization's emergency operations plan will not be the focus of return survey activity considering the Centers for Medicare and Medicaid Services (CMS) waivers and other extensions. Rather, we will work to understand how you have adapted to the pandemic and review your current practices to assure you are providing safe care and working in a safe environment.

The Joint Commission has been compiling resources to provide health care staff with the most pertinent information to best meet their needs as they battle the COVID-19 virus. The resources are available on [The Joint Commission's website](#).

Questions regarding the resumption of regular surveys and reviews may be directed to your organization's assigned account executive.



# Account Executives Calls to Hospitals

HAP	
1	HCO is no longer under emergency operations
2	Are any waivers currently being utilized? (for deemed HCOs only)
3	Temporary/surge capacity facilities are closed
4	No new staff COVID cases for 14 + days - "We know that your employees have been working on the front line, have you had a number of your employees recently infected?"
5	Restarted elective procedures (if applicable)
6	<i>Discuss only if organization asks about Avoid Dates: "If you have some dates that you want to share with me within the next couple weeks, please share and we will do what we can to support you"</i>
7	Any visitor restrictions?
8	Are any Sites located outside of your state?

# Account Executives Calls to Home Care Organizations

HOME	
1	HCO no longer under emergency operations
2	Are any waivers currently being utilized? (for deemed HCOs only)
3	No new staff COVID cases for 14 + days - "We know that your employees have been working on the front line, have you had a number of your employees recently infected?"
4	Any sites located in another county/state?
5	Any hospice inpatient units located in a hospital setting (any restrictions with hospital)?
6	Are currently open and serving patients?
7	Are you conducting in home visits?
8	Are any telehealth services provided?
9	Do you see any patients in a long-term care setting (any restrictions with that facility)?
10	Are you adhering to your normal business hours?
11	<i>Discuss only if organization asks about Avoid Dates: "If you have some dates that you want to share with me within the next couple weeks, please share and we will do what we can to support you"</i>

# Account Executives Calls to Ambulatory Care Organizations

AHC/OBS	
1	HCO is no longer under emergency operations or did they close/stop services?
2	Are any waivers currently being utilized? (For deemed HCOs only)
3	No new staff COVID cases for 14 + days - "We know that your employees have been working on the front line, have you had a number of your employees recently infected?"
4	Temporary/surge capacity facilities are closed: (This is applicable to AHC and OBS if they participated in a surge plan to support their community or local hospital. Some centers volunteered supplies and ventilators.)
5	Have your services changed; services been reduced?
6	<i>Discuss only if organization asks about Avoid Dates: "If you have some dates that you want to share with me within the next couple weeks, please share and we will do what we can to support you"</i>
7	Any visitor restrictions? (Are they complying with distancing guidelines and universal masking? This includes staff, vendors and contractors)
8	Are any sites located outside of your state? (Any sites located in an area under still under restrictions)
9	Is site(s) open and operating at limited capacity and/or have temporary changes to hours of operation/surgery days, or back to normal operations? What are their temporary hours/surgery days?
10	<i>For initials, identify new ready date for survey.</i>
11	<p>For ASCs: If you were used as a surge facility are you now back to normal operations? If you are not back to normal operations (we would not go there now)</p> <p>Did the organization temporarily enroll as a Hospital during the COVID-19 Public Health Emergency? Note: If yes, the organization has 60 days to return to full compliance as an ASC once state of emergency ends and notify AE.</p> <ul style="list-style-type: none"> <li>○ <i>Just suggesting this question in case any ASCs did convert and are within survey window. They may not be ready to be surveyed as ASC if they are enrolled as HAP.</i></li> <li>○ <i>Suggest adding: Do they have adequate PPE and other supplies to ensure staff, visitor and patient safety? Following established evidence-base guidelines. Adequate hand sanitizer and disinfectants for more frequent cleaning.</i></li> <li>○ <i>Suggest adding: Do they have the space needed to ensure distancing for staff, surveyors and others to conduct the survey?</i></li> </ul>

# Account Executives Calls to Behavioral Health Care Organizations and Nursing Care Centers

BHC	
1	HCO is no longer under emergency operations
2	No new staff COVID cases for 14 + days - "We know that your employees have been working on the front line, have you had a number of your employees recently infected?"
3	Are you open and serving patients at this time?
4	How are you providing care? Did you open up your clinics or have you started providing services via telehealth exclusively? (e.g., Waiver to provide telehealth services versus facility-based outpatient services until COVID conditions improve or temporary 24/7 space that org will relocate to permanent space later?)
5	<i>Discuss only if organization asks about Avoid Dates:</i> "If you have some dates that you want to share with me within the next couple weeks, please share and we will do what we can to support you"
6	Any visitor restrictions?
7	Are any sites located outside of your state?
8	(for initials) Are you willing to waive 30 day notice (if ready for survey)

NCC	
1	HCO is no longer under emergency operations
2	No new staff COVID cases for 14 + days - "We know that your employees have been working on the front line, have you had a number of your employees recently infected?" "Do you have patients who are COVID positive?"
3	Has your staffing been impacted given the pandemic?
4	Are you open and serving patients at this time?
5	<i>Discuss only if organization asks about Avoid Dates:</i> "If you have some dates that you want to share with me within the next couple weeks, please share and we will do what we can to support you"
6	Any visitor restrictions?



# Account Executives Calls to Laboratories

LAB	
<p><i>In addition to the questions noted below, it is recommended that the AE review Tab 5 of the application to determine if each CLIA number is currently performing testing and if the testing is current.</i></p>	
1	Is your organization currently under emergency operations?
2	<p>Did your organization open any temporary/surge facilities in which lab testing was performed and if yes, have the site(s) closed?</p> <p>a. Did your organization convert any existing sites to COVID testing sites only and if yes, have the sites reverted to the same type of lab testing/patient population prior to COVID? Has the lab discontinued any non-waived specialties/sub-specialties and does the lab plan to resume those specialties/sub-specialties? What date did the lab discontinue testing? If the lab plans to resume testing, what is the anticipated date of resumption? Note: Extension survey may be required if non-waived testing has been resumed after full survey.</p> <p>b. Did your organization close any labs/CLIA numbers as a result of COVID and if yes, have the sites reopened and performing the same type of lab testing prior to COVID? Has the lab discontinued any non-waived specialties/sub-specialties and does the lab plan to resume those specialties/sub-specialties? What date did the lab discontinue testing? If the lab plans to resume testing, what is the anticipated date of resumption? Note: Extension survey may be required if non-waived testing has been resumed after full survey.</p>
3	No new staff COVID cases for 14 + days - "We know that your employees have been working on the front line, have you had a number of your employees recently infected?"
4	Is laboratory testing staff sufficient? Note: Consider main lab staff, off-site staff, and point of care testing staff.
5	<i>Discuss only if organization asks about Avoid Dates:</i> "If you have some dates that you want to share with me within the next couple weeks, please share and we will do what we can to support you"
6	Does the organization have any visitor restrictions?
7	Does the organization have any labs/CLIA numbers located outside of the state?
8	Are any labs currently performing COVID testing which has been issued Emergency Use Authorization (EUA)? If yes, which labs/CLIA numbers and instruments/method are being used? Note: If survey complement will be not be modified based on COVID testing, this question may not be required to determine survey readiness.
9	Is the organization currently performing COVID testing at a mobile location? If yes, where are the locations?
10	If your organization is performing pathology services, is the pathologist reading slides remotely?

# Account Executives Calls to Certification Programs

<b>CERT</b>	
<b>For Recertifications: (in addition to the above questions, confirm the following)</b>	
1	Reconfirm eligibility met especially for volumes: CSC PHAC TSC VAD CCC THKR
2	Reconfirm days of week for surgery for THKR as may have changed and need hip or knee patient on day 1 or day 2 of the review.
3	Reconfirm CMIP if submitted and data up to date (Q4 2019, Q1 2020, Q2 2020 if not reported yet, have the data on-site and if possible, get it entered in CMIP)-- given exemption for submitted data. Need on site.
4	Reconfirm site(s) where programs are provided
5	Reconfirm scheduling timeframe/no avoids?
6	Reconfirm use of resources -Standards Manual, RPG and Agenda
7	Reminder of notification of scheduled event -7 day
<b>For Initials:</b>	
1	Reconfirm eligibility met especially for volumes: CSC PHAC TSC VAD CCC HCSS THKR
2	Reconfirm days of week for surgery for THKR as may have changed and need hip or knee patient on day 1 or day 2 of the review.
3	Reconfirm 4 MONTHS of data available (May be a GAP so use PRE AND POST COVID IF NEEDED)
4	Reconfirm site(s) where programs are provided
5	Reconfirm ready MONTH-may need to be moved (if outside 12-month shelf life can provide 2-3 months extension of shelf life) Obtain approval from AD
6	If program conversion, can extend existing due date additional 2-3 months due to COVID on a Case by Case basis- Obtain Approval from AD
7	Reconfirm use of resources -Standards Manual, RPG and Agenda
8	16. Reconfirm use of resources -Standards Manual, RPG and Agenda
9	17. Reminder of notification of event – 30 day. Would organization be willing to accept less than 30-day notice?





*If conditions at the organization changes after the call*



***The organization's survey may not occur!***

# Proposed Modifications to the On-Site Survey

# Focus

- Will be on the organization's current practices of providing safe, high quality care
- Will consist of a thorough assessment
- But, will not include a retroactive review of compliance between March 1, 2020 through the end of the emergency declaration

# Physical Distancing

- Limiting the number of people in group meetings
- Conducting tracers on patient units
- Avoiding areas with aerosolized procedures
- Driving in separate cars to off-site locations

# PPE

- Surveyors will be required to wear masks



# Use of Technology

- Record review
- Interviews with staff
- More staff are working remotely
- Simulation of high risk areas

# High Risk Procedures by Program

Program	High Risk Procedures
AHC	<ul style="list-style-type: none"> <li>• Intubation/extubation (laryngoscopy)</li> <li>• Nebulizer treatment</li> <li>• Chest physical therapy</li> <li>• Airway suctioning</li> <li>• Bronchoscopy</li> <li>• Swallow studies</li> </ul> <p>CDC adds:</p> <ul style="list-style-type: none"> <li>• Dental/oral surgical procedures</li> <li>• ENT procedures</li> <li>• Also consider any endoscopy using insufflation (laparoscopy, colonoscopy, EGD etc.)</li> </ul> <p>Scope decontamination and cleaning processes</p>
BHC	<ul style="list-style-type: none"> <li>• Some rare dental settings for basic cleaning, but we have not observed a procedure in those settings.</li> </ul>
DSC	<ul style="list-style-type: none"> <li>• None</li> </ul>
HAP/CAH	<ul style="list-style-type: none"> <li>• Aerosolizing procedures are of the highest risk</li> <li>• Intubation and extubation as a high-risk procedure that we do not need to be present for-especially in an ED or ICU where there are not the same air exchanges as the OR</li> <li>• 2<sup>nd</sup> state of Labor</li> <li>• CPAP</li> <li>• BiPAP</li> <li>• Traches</li> </ul>

# High Risk Procedures by Program *(continued)*

HAP/CAH <i>(continued)</i>	<ul style="list-style-type: none"> <li>• Chest PT</li> <li>• Airway suctioning</li> <li>• Sputum induction</li> <li>• Weaning</li> <li>• PPV</li> </ul>
HAP-Psych	<ul style="list-style-type: none"> <li>• State psych hospitals are primarily only dental clinics at risk. Very seldom are their nebulizers and portable O2.</li> </ul>
LSC	<ul style="list-style-type: none"> <li>• Survey of the exterior of the building near (need to determine distance) airborne isolation rooms exhaust fans discharges, especially of fans from rooms of known COVID-19 patients.</li> </ul>
NCC	<ul style="list-style-type: none"> <li>• Nebulizers</li> <li>• CPAP</li> <li>• BiPAP</li> <li>• Traches</li> <li>• Chest PT</li> <li>• Airway suctioning</li> <li>• Sputum induction</li> <li>• Extubating</li> <li>• Weaning</li> <li>• Dental procedures</li> </ul>
OME	<ul style="list-style-type: none"> <li>• Aerosolized/nebulizer treatments</li> </ul>



# Potential for Virtual Surveys or a Hybrid Virtual/Onsite Survey

- More care is provided by telemedicine/telehealth
- More organization staff are working remotely
- Need capability to survey high-risk areas
- Review documents prior to arriving on-site

# Checklist of Documents Required During a Hospital Virtual Survey

## Examples of Required Documents

- Hospital license
- CLIA Certificates
- An organization chart
- List of all contracted services
- Agreement with outside blood supplier
- Performance improvement data from the past 12 months
- Analysis from a high risk process
- Infection Control Plan
- Medical Staff Bylaws and Rules and Regulations

# Status of Virtual Surveys

- Involves both a virtual component & a subsequent, limited survey
- Have been conducted in Nursing Care Centers, hospital initials and Home Care
- Interest in DSC, LAB, ASC and the VA
- Proposals into CMS
  - No follow-up survey for AFSs & MEDDEFs
- Currently, addressing expansion, security concerns, what areas/document can be reviewed virtually and cost structure



# Implementation Date for New/Revised Hospital Standards

Standards	Programs	Implementation Date
<b>Perinatal Safety</b>	<b>HAP</b>	<b>1/1/2021</b>
Hospital Redeeming	HAP	7/1/2020
Suicide NPSG 15 application to CAH	CAH	7/1/2020
NPSG Phase 1 Editorial Revisions & Moves to Standards	AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME	7/1/2020
Introduction to Standard LD.04.03.09 change for "off-site"	AHC, BHC, CAH, HAP, NCC	7/1/2020
Burden Reduction Changes not implemented at March 2020 release (b/c waiting on CMS approval)	CAH, HAP	9/13/2020

# Clarification on CMS's Rule Regarding Outpatient Services

- Life Safety Code Drawings
- Means of Egress
- Locked/blocked exits
- Exit access
- Exit discharge Illumination
- Battery back-up
- Corridor widths
- Corridor obstructions
- Visible exit signs
- Above Ceiling
- Electrical Outlets
- Electrical Panel
- Safety Data Sheets (SDS)
- Security/Access
- Smoke\Fire Barriers
- Fire Extinguishers Inspection
- Mounting and Visibility of Extinguishers
- MRI locations
- Biohazardous and Pharmaceutical Waste
- Alcohol-based hand rub (ABHR) Dispensers
- Eye Wash Stations
- Storage Rooms
- Medical Equipment
- High-level disinfection
- Compounding
- Cylinder Storage
- Sprinkler Heads/System
- Fire Drills

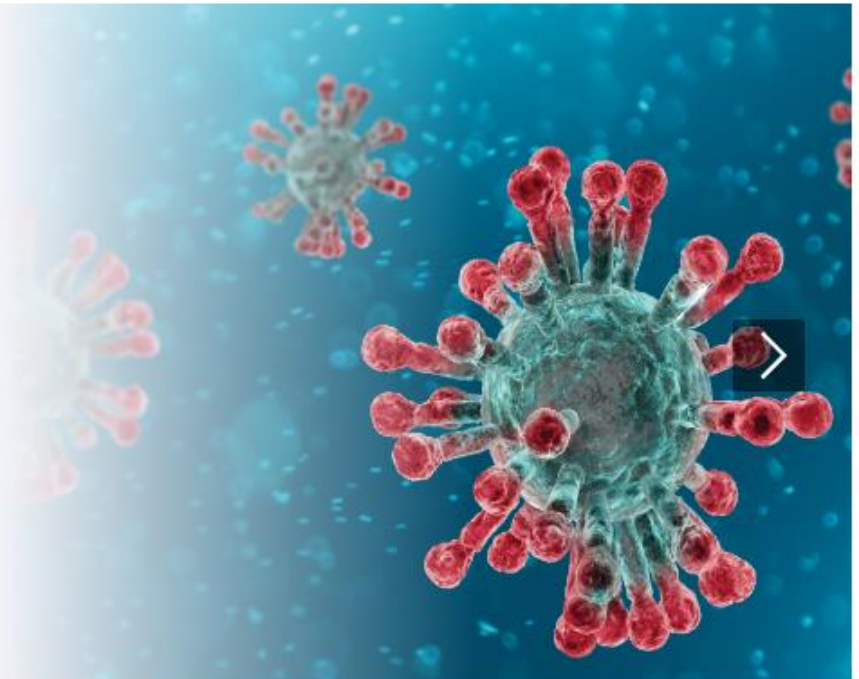
# Resources Available at [www.jointcommission.org/COVID](http://www.jointcommission.org/COVID)

Accreditation & Certification ▾ Standards ▾ Measurement ▾ Performance Improvement ▾ Resources ▾ About Us ▾

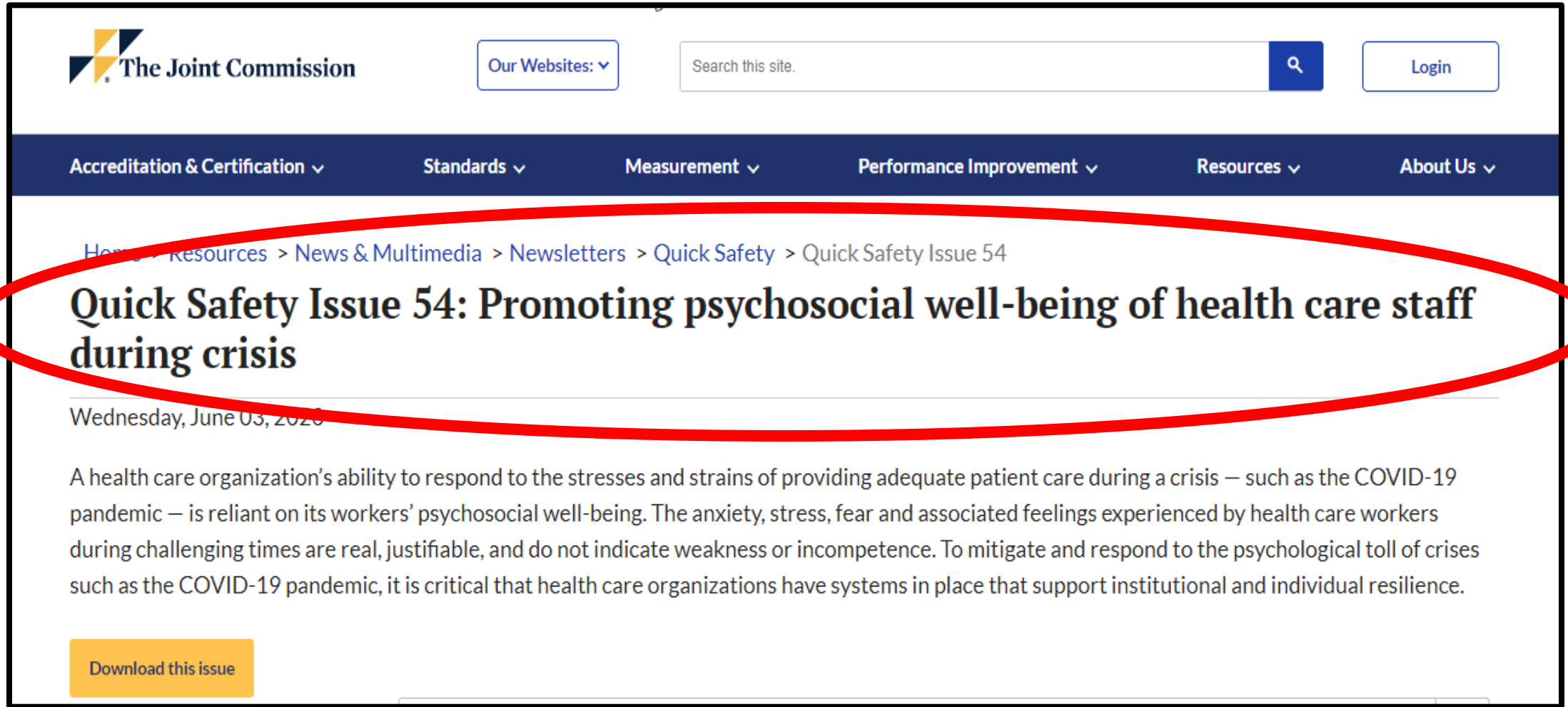
## What Your Organization Needs to Know About the Coronavirus

Trusted Guidance. Trusted Resources.

[View resources](#)



# Example of a Recent Resource Posted on Website



The screenshot displays the top navigation bar of The Joint Commission website. The logo is on the left, followed by a dropdown menu for 'Our Websites'. A search bar is located in the center, and a 'Login' button is on the right. Below the navigation bar is a dark blue menu with categories: 'Accreditation & Certification', 'Standards', 'Measurement', 'Performance Improvement', 'Resources', and 'About Us'. The breadcrumb trail reads: 'Home > Resources > News & Multimedia > Newsletters > Quick Safety > Quick Safety Issue 54'. The main heading is 'Quick Safety Issue 54: Promoting psychosocial well-being of health care staff during crisis', which is circled in red. Below the heading is the date 'Wednesday, June 03, 2020' and a paragraph of text. At the bottom left, there is a yellow button labeled 'Download this issue'.

**Quick Safety Issue 54: Promoting psychosocial well-being of health care staff during crisis**

Wednesday, June 03, 2020

A health care organization's ability to respond to the stresses and strains of providing adequate patient care during a crisis – such as the COVID-19 pandemic – is reliant on its workers' psychosocial well-being. The anxiety, stress, fear and associated feelings experienced by health care workers during challenging times are real, justifiable, and do not indicate weakness or incompetence. To mitigate and respond to the psychological toll of crises such as the COVID-19 pandemic, it is critical that health care organizations have systems in place that support institutional and individual resilience.

Download this issue

# Questions

1. **What do you think of the Joint Commission's decision process for the resumption of surveys/reviews?**
2. What do you think of the proposed changes to the survey process?
3. What would you like the Joint Commission to do to help support you going forward?



# Thank You!