



# 2009 DMEPOS Teleconference Series *On-Site Survey Overview*

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*Presenters:*

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# Objectives for today's call

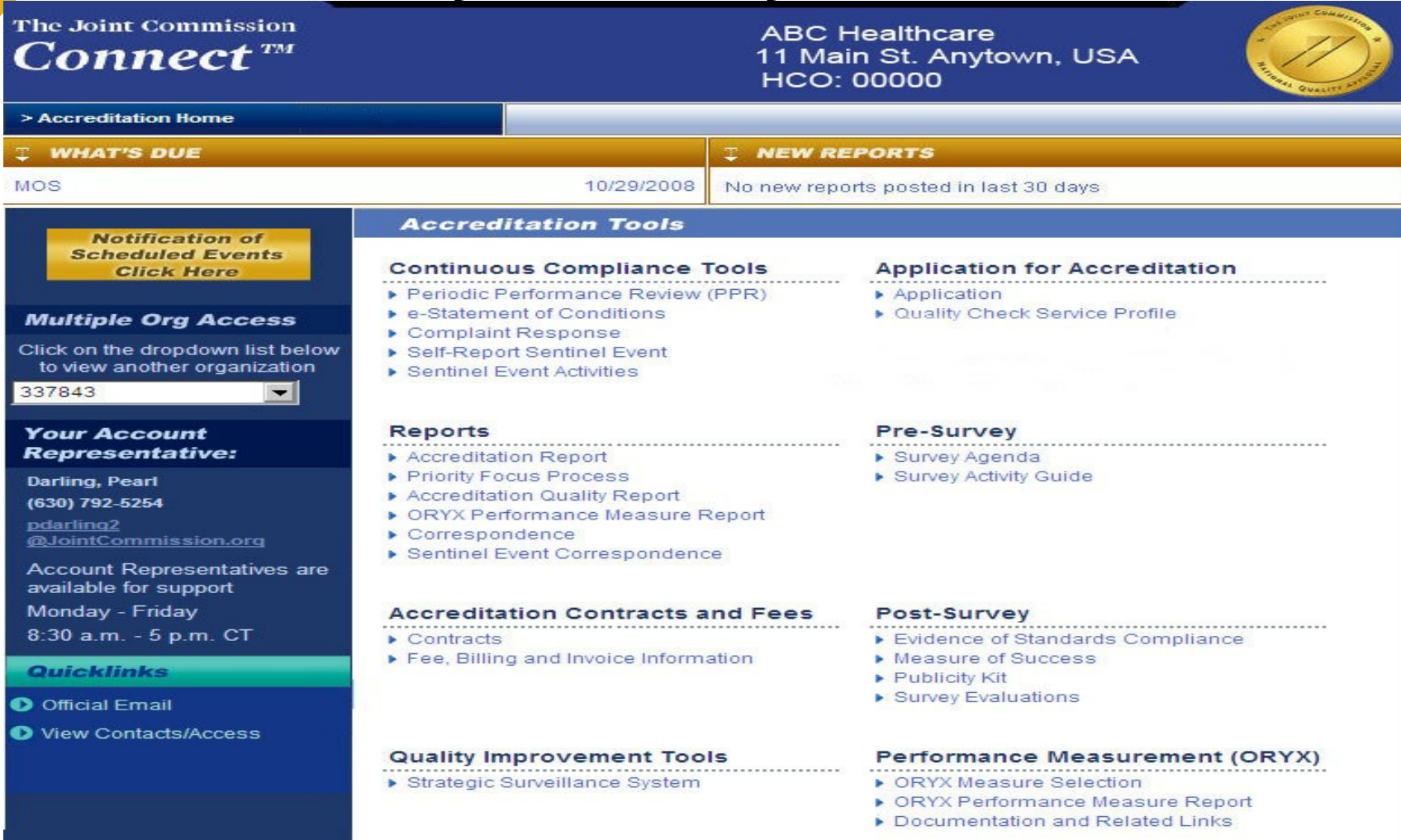
- ▶ Describe the on-site survey process
- ▶ Identify challenging compliance areas for DMEPOS



# Survey Process

- ▶ Pre-Survey Activities
- ▶ On-Site Survey Activities
- ▶ Post-Survey Activities

# Check your extranet site at 7:30 am after your “ready month”



The screenshot shows the 'Connect' extranet interface. At the top, it identifies the user as 'ABC Healthcare' at '11 Main St. Anytown, USA' with HCO: 00000. A navigation bar includes 'Accreditation Home' and a 'WHAT'S DUE' section showing a due date of '10/29/2008'. A 'NEW REPORTS' section indicates 'No new reports posted in last 30 days'. The main content area is titled 'Accreditation Tools' and is organized into several columns:

- Continuous Compliance Tools:**
  - ▶ Periodic Performance Review (PPR)
  - ▶ e-Statement of Conditions
  - ▶ Complaint Response
  - ▶ Self-Report Sentinel Event
  - ▶ Sentinel Event Activities
- Application for Accreditation:**
  - ▶ Application
  - ▶ Quality Check Service Profile
- Reports:**
  - ▶ Accreditation Report
  - ▶ Priority Focus Process
  - ▶ Accreditation Quality Report
  - ▶ ORYX Performance Measure Report
  - ▶ Correspondence
  - ▶ Sentinel Event Correspondence
- Pre-Survey:**
  - ▶ Survey Agenda
  - ▶ Survey Activity Guide
- Accreditation Contracts and Fees:**
  - ▶ Contracts
  - ▶ Fee, Billing and Invoice Information
- Post-Survey:**
  - ▶ Evidence of Standards Compliance
  - ▶ Measure of Success
  - ▶ Publicity Kit
  - ▶ Survey Evaluations
- Quality Improvement Tools:**
  - ▶ Strategic Surveillance System
- Performance Measurement (ORYX):**
  - ▶ ORYX Measure Selection
  - ▶ ORYX Performance Measure Report
  - ▶ Documentation and Related Links

On the left side of the interface, there are several utility sections:

- Notification of Scheduled Events:** A yellow button with the text 'Click Here'.
- Multiple Org Access:** A section with a dropdown menu currently showing '337843'.
- Your Account Representative:** Lists 'Darling, Pearl' with contact information: '(630) 792-5254', 'pdarling2@JointCommission.org', and support hours: 'Monday - Friday 8:30 a.m. - 5 p.m. CT'.
- Quicklinks:** Includes 'Official Email' and 'View Contacts/Access'.



# Home Care Survey Agenda

- ▶ **Surveyor arrival and preliminary planning**
- ▶ **Opening conference and orientation to the organization**
- ▶ **Continued surveyor planning**
- ▶ **Individual tracer activity**
- ▶ **System tracers**
- ▶ **Leadership session**
- ▶ **Surveyor report preparation**
- ▶ **CEO exit briefing and organization exit conference**



# Surveyor arrival and preliminary planning

One hour:

- ▶ surveyor arrives
- ▶ verify that your survey has begun
- ▶ download your survey agenda
- ▶ surveyor will request documents used for survey planning



# Opening conference and orientation to the organization

One hour:

- ▶ surveyor will describe the structure of the survey
- ▶ surveyor will talk with you and your staff to learn more about how your organization is structured and operates



# Continued surveyor planning

30 minutes:

- ▶ surveyor uses the information during the initial planning session and orientation to select individual patients for tracer activity



# Individual tracer activity

90 minutes each:

- ▶ surveyor traces one or more patients' experiences with your organization to evaluate your organization's compliance with standards



# Evaluate Compliance

- ▀ Standards

- ▀ National Patient Safety Goals



# System tracers

One hour each:

- ▶ surveyor evaluates your organization's compliance to standards as they relate to the systems and processes used to support patient care activities
  - how data is managed
  - Infection Control
  - Competence
  - Environment of Care
  - Equipment Management and Billing
  - Regulatory review



# Leadership session

One hour:

- ▶ designed to explore the leadership's responsibility for creating and maintaining the structure and key processes



# Surveyor report preparation

90 minutes:

- ▶ surveyor provides a Written Summary of Findings for the organization, containing surveyor observations





# CEO exit briefing and organization exit conference

30 minutes:

- ▶ surveyor reviews the identified standards compliance issues and reports the outcome of the survey
- ▶ CEO is provided with a written summary of findings

# New Numbering System in 2009

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- ▶ Standards were renumbered to enable electronic enhancements and to avoid confusion from the previous system
  - ▶ Each standard was assigned a six-digit number for the standard's place in the chapter outline:
    - **First 2 digits refer to the Roman numeral in the outline**
    - **Second 2 digits refer to the letter under the Roman numeral in the outline**
    - **Last 2 digits refer to the standard number**



# 2009 Scoring/Accreditation Decision Model - Summary

▀ Elements of Performance (EP) are categorized by common scoring characteristics

- Category A - yes/no,
- Category C -multiple observations of non-compliance).
- The use of Category B EPs will be discontinued.

▀ Elements of Performance and other accreditation requirements will be tagged based on their “criticality” – immediacy of the impact on quality of care and patient safety as the result of non-compliance.

- Direct Impact requirements.
- Indirect Impact requirements.

▀ EPs will be evaluated on a 3-point scale - satisfactory compliance, partial compliance, or insufficient compliance.



# Requirement symbols to guide you...

**A** or **C** indicates scoring category\*

**(EP #)** indicates the Element of Performance (EP) number as it appears in the *CAMHC*

**Ⓜ** indicates the requirement for a Measure of Success, if applicable†

**▲<sub>2</sub>** indicates situational decision rules apply‡

**△<sub>3</sub>** indicates direct impact requirements apply‡

**ⓓ** indicates written documentation is required to demonstrate compliance



## **2008 Challenging Compliance Areas for DMEPOS Providers (and tips to comply)**

- ▶ **HR 01.02.01 The organizations defines staff qualifications.**
- ▶ **HR.01.02.05 The organization verifies staff qualifications.**
- ▶ **HR 01.03.01 Staff are supervised effectively.**



## 2008 Challenging Compliance Areas for DMEPOS Providers (and tips to comply)

- ▶ **PC 02.01.03** The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.
- ▶ **PC 04.01.01** The organization has a process that addresses the patient's need for continuing care, treatment, or services after discharge or transfer.
- ▶ **NPSG Requirement 07.07.01** Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.



# On-site Survey Process Benefits:

- ▶ External Validation of the Organization's Efforts to Provide Safe, High Quality Care
- ▶ Gives the organization an opportunity to showcase their best efforts and discuss their challenges with an expert surveyor
- ▶ Surveyor provides education and consultative comments on good practices to improve business operations
- ▶ Enhances risk identification & mitigation efforts



# Questions?



# Home Care Resources

- ▶ Visit the toolkit for the most up to date information **[www.jointcommission.org/hctoolkit](http://www.jointcommission.org/hctoolkit)**
- ▶ Jasmina Juric 630-792-5251 or e-mail at **[JJuric@jointcommission.org](mailto:JJuric@jointcommission.org)**
- ▶ Standards Interpretation Group (SIG) 630-792-5900
- ▶ Pricing Unit 630-792-5115
- ▶ Account Representative 630-792-3007



# Home Care Resources

## ▀ Standards

**[http://www.jointcommission.org/Standards/SII/sii\\_hc.htm](http://www.jointcommission.org/Standards/SII/sii_hc.htm)**

## ▀ NPSGs

**[http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/09\\_ome\\_npsqs.htm](http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/09_ome_npsqs.htm)**