Survey Analysis for Evaluating Risk™
(SAFER™)
The Joint Commission Disclaimer

- These slides are current as of December 20, 2016. The Joint Commission reserves the right to change the content of the information, as appropriate.

- These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

- These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.
The Joint Commission has several different types of “tagging” of Elements of Performance that, over time, have become complex and cumbersome. For example, there are EP taggings for “A” and “C” EPs, “Direct” and “Indirect” EPs, a Measure of Success (MOS) requirement for some EPs but not all, risk icons, and many other labels we assigned to our EPs. The multiple “taggings” of EPs have been identified by different groups of individuals for different reasons at different times, which has resulted in a layering of “taggings” that, at times, can be contradictory, confusing, and difficult to prioritize.
In order to address the issue of multiple “taggings” and the confusion it can cause, The Joint Commission began to re-evaluate the scoring techniques used during survey and began to develop a new model in 2015. We wanted the model to recognize that the potential for an EP to be related to a risk/safety issue depends on the context of the situation observed during a given survey and not pre-determined based on the EP itself.
To achieve the recognition of the potential for an EP to be related to risk based upon the context of the situation observed during a survey, two components of risk were identified: 1) Likelihood to harm a patient, staff, or visitor, and 2) Scope. Consequently, as the likelihood to harm a patient, staff, or visitor surrounding the onsite observation increases and the scope of the onsite observation widens, the level of risk that observation has increases.
So, with our two components of risk identified, the matrix you see on your screen now was created. As you can see, the likelihood to harm a patient, staff, or visitor is on the y-axis of the matrix with LOW, MODERATE, and HIGH as the three values. The scope component is on the x-axis and is identified as being a LIMITED issue, a PATTERN, or WIDESPREAD.

As you move from the bottom left corner of LOW and LIMITED to the upper right corner of HIGH and WIDESPREAD, so does the potential risk associated with the onsite observation.
In addition to providing a visual representation of potential risk associated with each finding, the SAFER matrix will also assist in prioritizing follow up activity as well. The follow up actions will be based on the severity of risk for each finding. For those RFIs associated with potential higher risk, we want to ensure that the issue is fixed with the goal of eliminating or reducing risk at this time and ongoing in the future.
As described previously, the level of potential risk associated with the finding will generate the follow up activity requested for the RFI. As shown in this table, all RFIs will require a 60 day Evidence of Standards compliance to be submitted which will include the current fields for the corrective action (WHO, WHAT, WHEN, HOW). However, for those findings of a higher potential risk level, additional fields will be requested within the ESC form. These fields will request sustainment information surrounding Leadership Involvement and Preventive Analysis to ensure the initial corrective action was taken and that the action will result in sustainment in the future. In addition, those findings that are associated with a higher risk level will also be available to surveyors during subsequent onsite surveys for potential review. Please note that all RFIs will be addressed within the 60 day ESC, resulting in the 45 day ESC no longer being applicable.
In order to come to the place we are today with the development of the SAFER matrix, much research, analysis, and development was completed. First, a significant amount of voice of the customer was obtained in order to make sure we were moving towards what organizations wanted to get out of the survey or review experience. Much of the comments focused around wanting to receive information at the organizational level while simplifying processes that, over time, have become complicated and cumbersome. In addition to Voice of Customer, research of several industries, such as aviation, was completed to see how this concept works in other settings. These two pieces were included in our own internal analysis and evaluation of current processes and opportunities for improvement of efficiency within those processes, which, as mentioned previously, resulted in the removal of several EP taggings to have a more simplified survey and post survey process.
Through having the context of the observation or issue cited drive the scoring process more, it allows for surveyors to utilize their expert judgement and experience to support the determinations surrounding likelihood to harm and scope. It also provides the entire survey team the ability to discuss all observations at an organizational level and determine the appropriate placement of a RFI together as there can be varying levels of potential risk for different observations all cited under the same EP.
Here is an example of a standard associated with Cleaning, Disinfection, and Sterilization. You can see from the various surveyor findings that were written under this standard that there is an extreme variation in the level of risk across the findings. This variation can be captured in the SAFER matrix and can be accounted for through the varying degrees of the likelihood to harm and scope axes. For example (see finding placed in LOW / LIMITED box). This compared to the finding in the MODERATE / WIDESPREAD box (see finding) illustrates the varying levels of risk that can be placed under the same EP.
The example you see on the screen now is from a pilot project we completed with the SAFER matrix that was placed in the LOW/LIMITED area of the SAFER matrix.

It was observed that there was an entry in the record which had not been authenticated and/or dated and timed. The Intake assessment had been signed by the author but the entry was not dated and timed.
The example you see on the screen now is from a pilot project we completed with the SAFER matrix and it was placed within the HIGH / PATTERN area of the SAFER matrix.

During tracer activity on a surgical patient, noted all members of the surgical team did not suspend all their activities to focus on correct patient, procedure, and site. Also, noted in two additional tracer activities in the OR on surgical patients, the entire surgical teams did not suspend all their activities to focus on correct patient, procedure, and site.
So, a major question we're guessing you have is “When will this be implemented for my organization?” Beginning in January of 2017, this process will be rolled out to all accredited and certified organizations. With this implementation, you'll notice that the SAFER matrix will be included within your onsite survey report. Also, the matrix will be shared with you during the survey. Lastly, the updated post-survey process will also be in effect, resulting in the organization’s ESC being due within 60 days.
As just mentioned, the survey report will have the SAFER matrix embedded within it. On this slide, in addition to the next couple of slides, is an example of what the survey report will look like with the SAFER matrix included. The above is the summary page found approximately on page 2 of an organization's report. Here, you'll see that the two sections of the report will now include: 1) the SAFER matrix, and 2) Requirement for Improvement (RFIs).
The next area of the report where the SAFER matrix will appear is on pages 4 or 5 within the survey report. This page provides additional detail surrounding the SAFER matrix, operational definitions, and description regarding the written post-survey follow up process.
The following page of the report will display the SAFER matrix visual. This visual will be displayed per program and all SAFER matrices (if applicable) will appear within this section of the report.
The last areas within the report that you will see reference to the SAFER matrix process is within the RFIs themselves. This will appear next to the Element of Performance where the observations are written. In this area, the Likelihood to Harm a Patient/Staff/Visitor designation will appear (Low, Moderate, High) and the Scope designation will also be shown (Limited, Pattern, Widespread). Each Element of Performance will have the Likelihood to Harm and Scope designations listed.

<table>
<thead>
<tr>
<th>Element(s) of Performance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.</td>
</tr>
</tbody>
</table>

**Report Example**

**Likelihood to Cause Harm:** Moderate  
**Scope:** Pattern

**Observation(s):**  
EP3  
Observed in Individual Tracer at ABC Medical Center (1000 North Main Street) site. The plan was not available at the time of the survey
Ultimately, with the implementation of the SAFER Matrix, there will be impacts to the current processes. First, the designation of “indirect and direct” impact standards in addition to “A vs C” EPs will be removed. Second, the Measure of Success process will be removed for surveys or reviews occurring after January 1, 2017. Also, Opportunity for Improvements will be removed as well, as all findings are now RFIIs. The ESC process will also be changing as all RFI’s corrective actions will be due in the 60 day ESC. This results in only one ESC needing to be submitted as the 45 day ESC is being consolidated into the 60 day ESC timeframe. Lastly, the SAFER matrix will be imbedded within all onsite survey reports.
If you have any questions regarding the information in the slides today or surrounding the SAFER matrix as a whole, please send them along to “safer@jointcommission.org”.

Thank you!