Behavioral Health and Human Services Accreditation

Check in with The Joint Commission.

August 18, 2022

The Joint Commission

What We'll Cover Today

What current BHC customers need to know:

- Listen to information about standards changes
- What's new or what do customers need to know about survey process for behavioral health care
- Common standards challenges
- Key resources for your organization

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Today's Behavioral Health Care and Human Services Accreditation Experts

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Executive Director, Electronic Products
Joint Commission Resources

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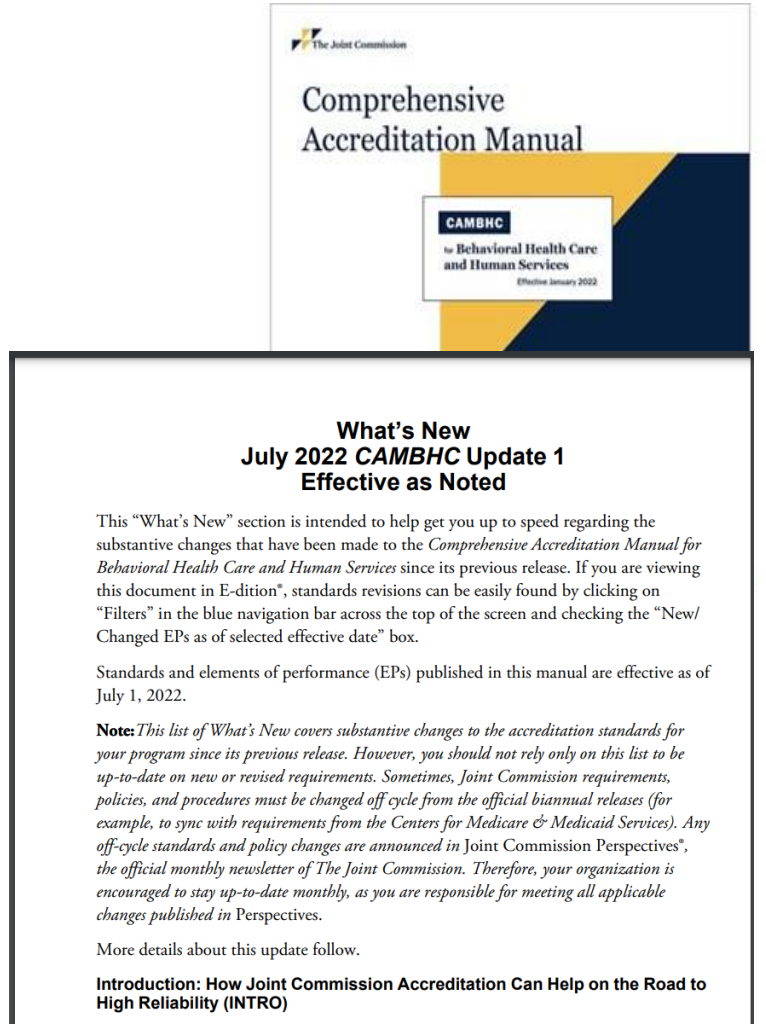
Standards Update for Behavioral Health Organizations

Changes for July 2022

- No new BHC-only requirement changes for July 1, 2022.
- “What’s new” at each manual release



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Changes for July 2022

- **EC Changes** (done by environmental/ engineering experts)
- **PI.01.01.01, EPs 14, 20, and 22:** Added Documentation icons
- **RI.01.03.01:** Made the following changes: EP 1: Revised to add identifying licensed practitioner permitted to conduct informed consent discussion to the list of requirements for written policy on informed consent EP 3: Renumbered as **RI.01.01.01, EP 37**, removed Documentation icon, and revised to focus on privacy of individuals and compliance with law and regulation when making and using recordings, films, or images of individuals

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Coming- January 2023- Health Care Disparities

Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to Joint Commission–accredited behavioral health and human services organizations.

- A new standard in the Leadership (LD) chapter with 6 new elements of performance (EPs) has been developed to address health care disparities as a quality and safety priority.
- The Record of Care, Treatment, and Services (RC) requirement to collect patient race and ethnicity information has been revised and will apply to Behavioral health care and human services (Standard **RC.02.01.01, EP 26**).
- The Rights and Responsibilities of the Individual (RI) requirement prohibiting discrimination (**Standard RI.01.01.01, EP 29**) will apply to all Joint Commission–accredited behavioral health care and human services organizations.

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Coming January 2023- Health Care Disparities

- Standard LD.04.03.08 addresses health care disparities as a quality and safety priority.
- New EPs include:
  - Identifying an individual to lead activities to reduce health care disparities
  - Assessing the patient's health-related social needs
  - Analyzing quality and safety data to identify disparities
  - Developing an action plan to reduce health care disparities
  - Taking action when the organization does not meet the goals in its action plan
  - Informing key stakeholders about progress to reduce health care disparities

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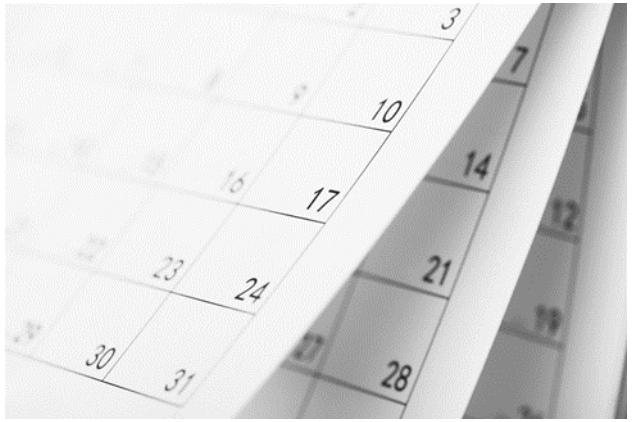
Coming January 2023- Health Care Disparities

- Prepublication requirements: https://www.jointcommission.org/standards/prepublication-standards/new-and-revised-requirements-to-reduce-health-care-disparities/

- R3 Report: https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce-health-care-disparities/#.Yrs003bMI2w



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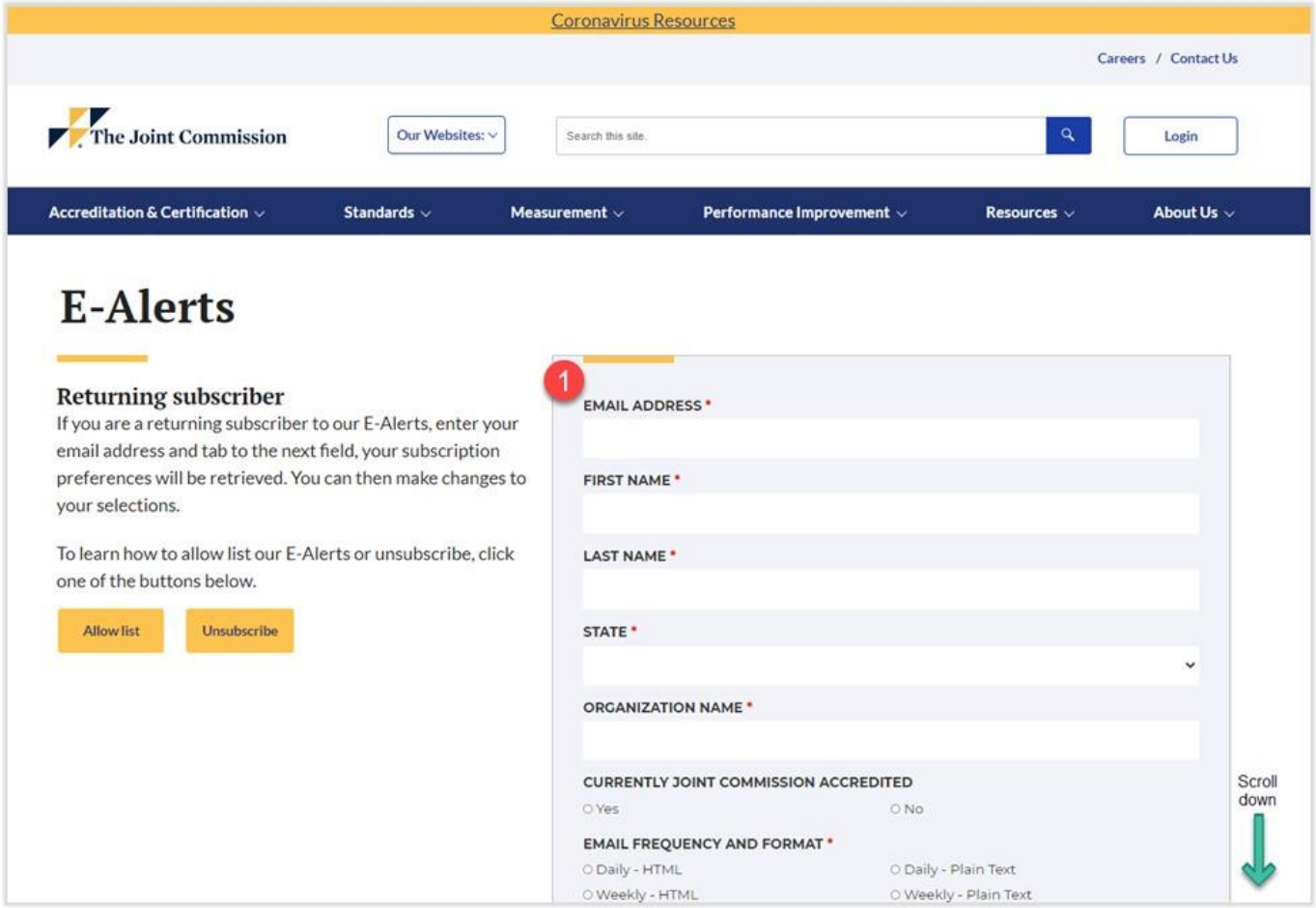
Here's the instructions for e-alerts: https://www.jointcommission.org/e-alerts/

1. Enter the information in the E-Alert Form.



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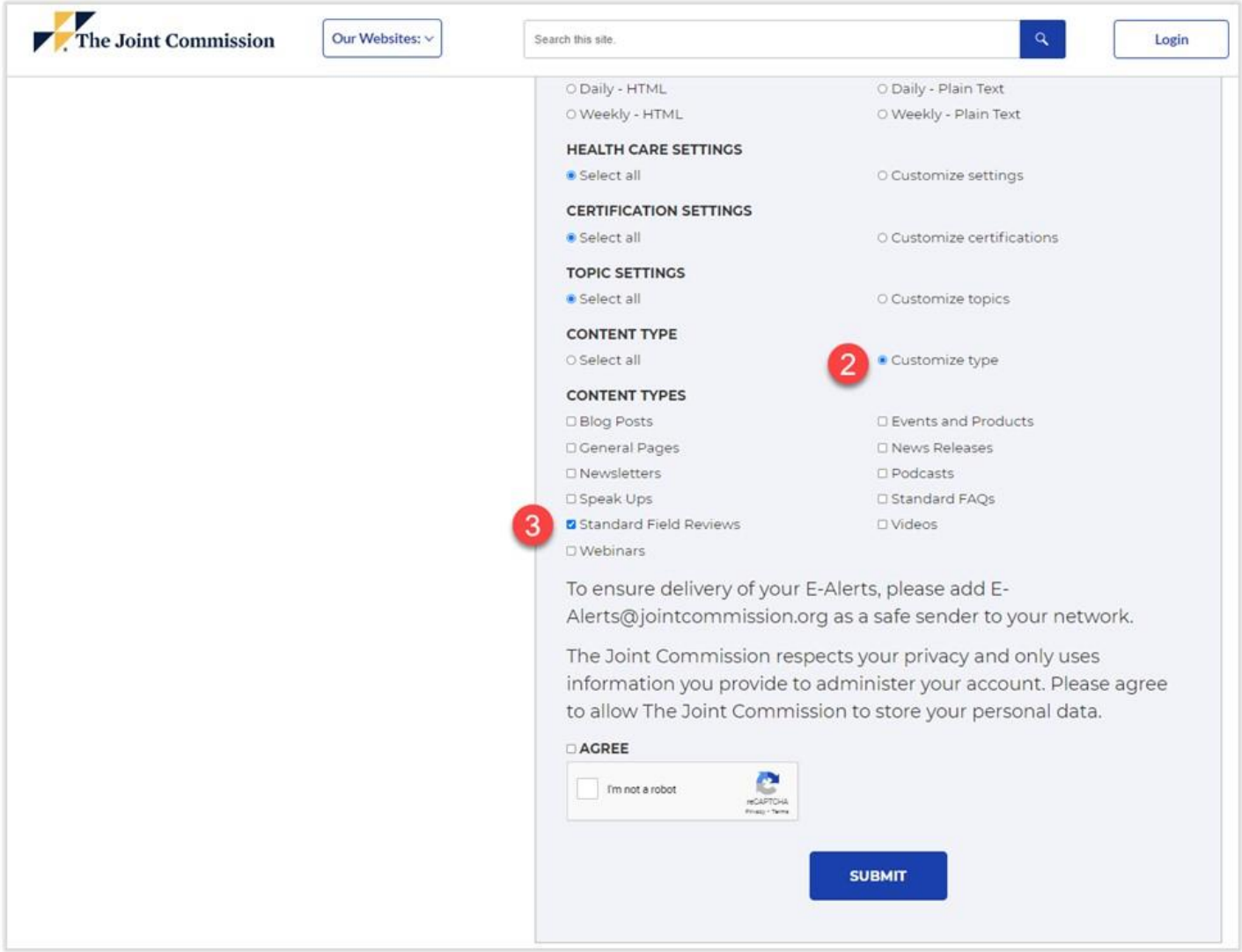
2. Under the “Content Type” section, choose “Customize type”.
3. Select “Standards Field Reviews” from the Content Type list.



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Checking in with Survey Process

COVID Trends

- Continue safe protocols onsite e.g. masking, distance, smaller groups
- Offsite Surveys
- Zoom to Remote Sites
- Your Challenges
  - Staffing
  - Telehealth
  - Documentation

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Survey Preparation

- Mock Tracers
- Survey Activity Guide
- *CAMBHC*
- Binders vs Laptop
- Policies and Procedures
- eApplication Update
- SharePoint Upload

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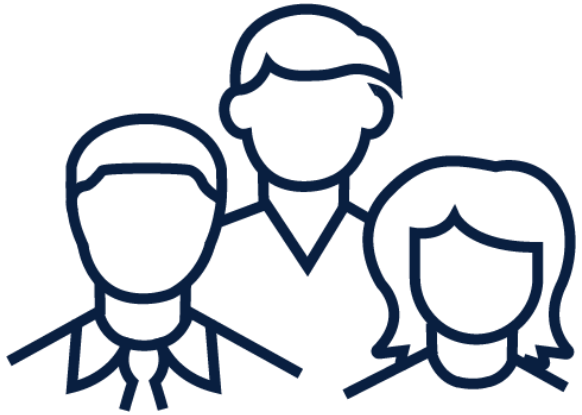
During Survey

- Second Survey
- Command Center
- Leadership Availability
- Your Expectations
- Census
- Tracer Activity
- Technology



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Scoring Process

- NPSG 15
- Safety Culture Assessment
- Competency vs Performance Appraisal
- NPSG 7
- Measurement-Based Care

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Resources

- R3 Reports
- Heads-Up Reports
- Newsletters
- Suicide Prevention Portal

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Standards Interpretation Group

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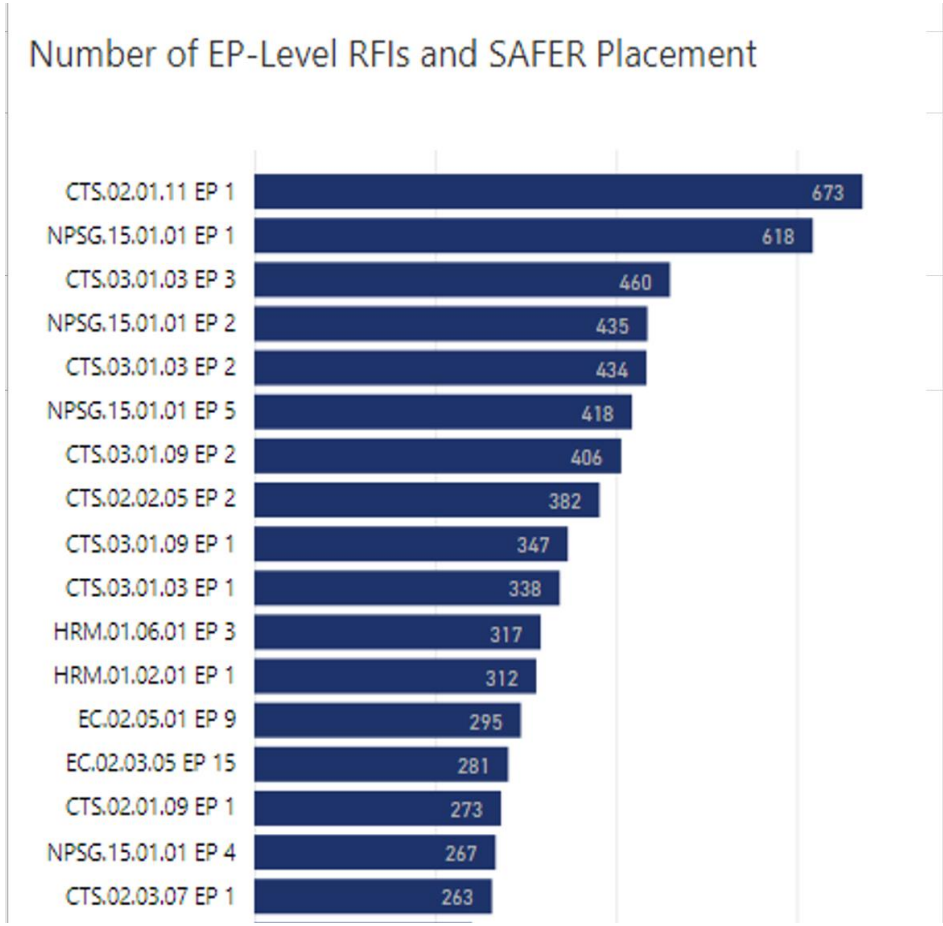
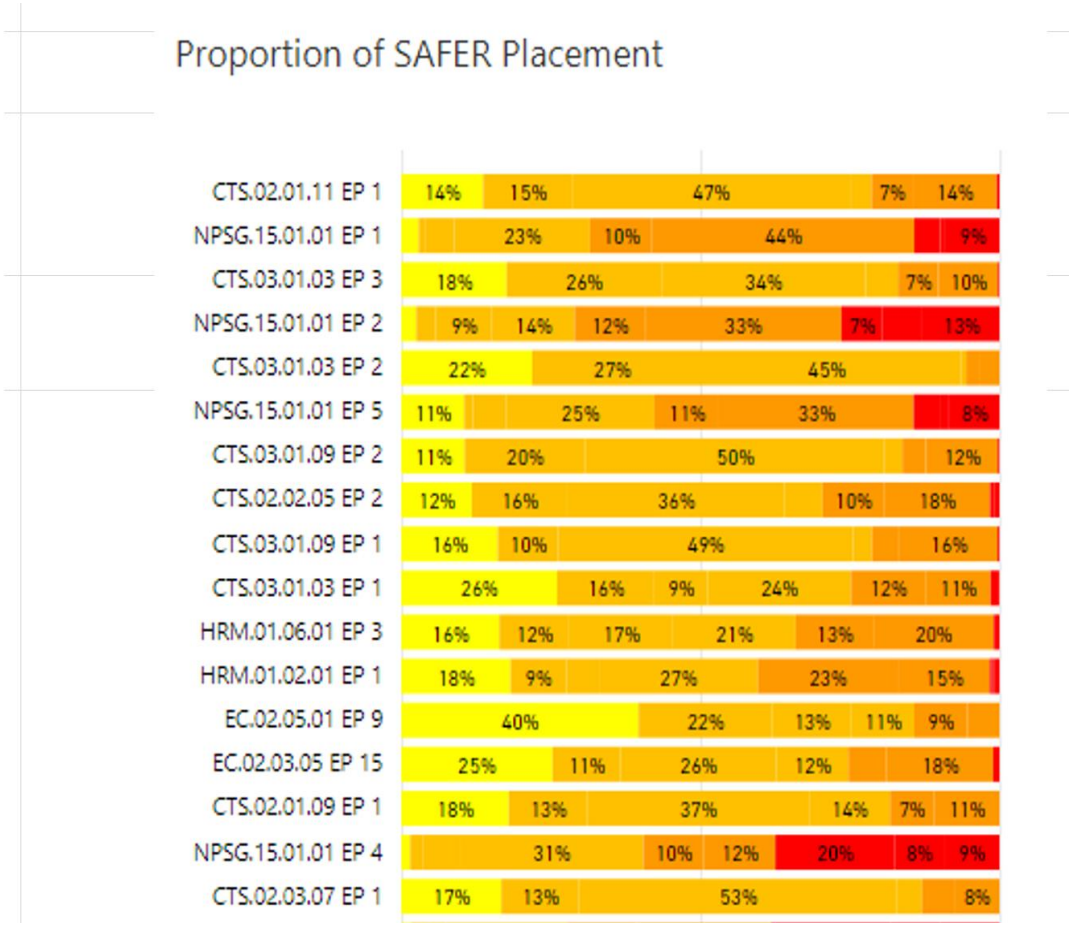
Top Non-Compliant Standards – BHC Organizations Timeframe August 1, 2021 to August 1, 2022





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Treatment Plan Requirement

- Timeframes and frequency
  - Law and Regulation/Payer
  - Setting and Populations served
- Follow more stringent and all-encompassing requirements

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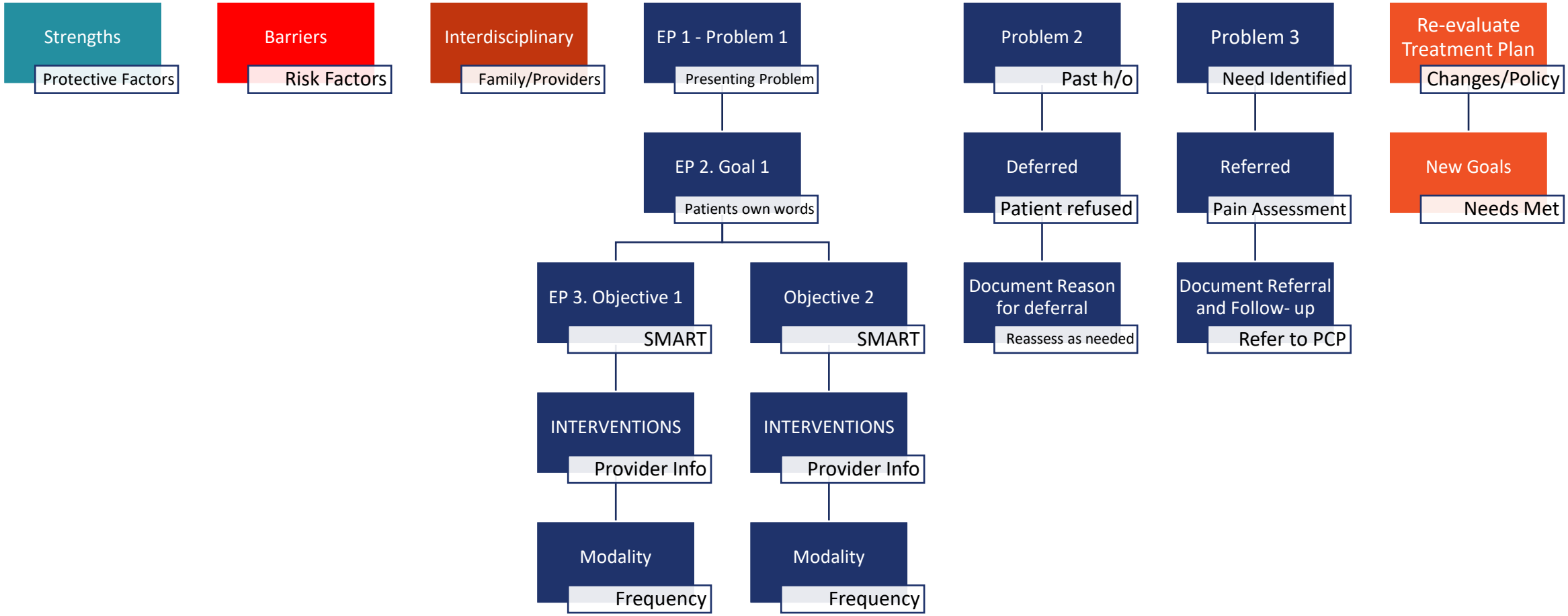
CTS.03.01.01 & CTS.03.01.03 - Integrated Treatment Plan



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Suicide Prevention – NPSG.15.01.01
Common non-compliance issues

- Lack of comprehensive environmental risk assessment
- Screening for all using a validating tool
  - Home grown tools/questions
  - Using a home-grown questions to determine need for screening using a validated tool
- Risk Assessment evidence based
  - Missing elements (plan, intent, suicide/self harm behaviors, risk and protective factors
  - No level of risk identification
- Documentation
  - No documentation of level of risk
  - No documentation of justification for change in the level of risk
  - Implementation not per policy
  - No documentation of mitigation plan
- Policy does not inlcude required elements
- No data collection or evaluation of the suicide prevention activities

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Human Resources Management Challenges

- Job Description does not inlcude
  - Minimum Qualifications
  - Competence
  - Job Duties and Responsibilities
- Competency Assessment – Not defined or assessed
  - Knowledge, Skills, and Experience
  - Person with similar skills, knowledge or education evaluate competencies
  - Methods to evaluate competence
- Competency Assessment versus Performance Evaluation
- Primary Source Verification of Licenses and Verification of Education
- Law and regulation/HCO Policy /Joint Commission requirements
  - Criminal background checks
  - Health screening
  - CLIA
  - Licenses – Scope of Practice/Certifications – Food Service etc.

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Performance Improvement - PI.01.01.01

- Was the individual served asked about their goals and needs and were they met as a result of treatment?
- Not collecting data on individual served feedback on improve safety and quality
  - Suggestion box
  - Grievance process
  - Patient satisfaction surveys
- Lack of a performance improvement plan
  - Identify data to be collected
  - Analysis and prioritized improvement
  - Annual review of PI plan

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HCO Staff Versus Contracted Staff

- **Staff**

  All people who provide care, treatment, or services for the organization, including those receiving pay (for example, permanent, temporary, and part-time personnel, as well as contract employees), volunteers, and behavioral health profession students. When employed by the organization, licensed independent practitioners are considered staff.

- **Contracted services**
  Services provided through a written agreement with another organization, agency, or person. The agreement specifies the services or personnel to be provided on behalf of the applicant organization and the fees to provide these services or personnel.

- **Contract**
  A formal agreement for care, treatment, or services with an organization, agency, or individual that specifies the services, personnel, products, or space provided by, to, or on behalf of the organization and specifies the consideration to be expended in exchange.

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Contracted Services – LD.04.03.09

- Does not apply to
  - Contracts or memorandum of agreements for consultation
  - Services provided through referral by third party
  - Services not directly related to provision of care, treatment and services to individual served
- Required to meet all HRM requirements for contracted staff
- If the credentialing and onboarding is done by another entity the documentation/personnel file must be available at the time of survey and/or maintained at the organization

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Leaders Evaluate Contracted Services

- Leaders regularly evaluate contracted services
- Examples of methods
  - Review of information about the contractor's Joint Commission accreditation or certification status.
  - Direct observation of the provision of care.
  - Audit of documentation, including medical records.
  - Review of incident reports.
  - Review of periodic reports submitted by the individual or hospital providing services under contractual agreement.
  - Collection of data that address the efficacy of the contracted service.
  - Review of performance reports based on indicators required in the contractual agreement.
  - Input from staff and patients.
  - Review of patient satisfaction studies.
  - Review of results of risk management activities
- Take steps to improve care treatment and services if the expectations are not met
- Plan for continuity of care in the anticipation of renegotiations or termination of contract

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Culture of Safety – LD.03.01.01

- An organization's culture reflects the beliefs, attitudes, and priorities of its members, and it influences the effectiveness of performance.
- In a culture of safety and quality, everyone is focused on maintaining excellence in performance. They accept the safety and quality of care, treatment, or services as personal responsibilities and work together to minimize any harm that might result from unsafe or poor quality of care, treatment, or services.
- In a culture of this kind, one finds teamwork, open discussions of concerns about safety and quality, and the encouragement of and reward for internal and external reporting of safety and quality issues.

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Culture of Safety

- Starts with Leadership/Governance/Board
- Leaders create this culture by demonstrating their commitment to safety and quality and by taking actions to achieve the desired state.
- Leader's plan, support, and implement key systems critical to this effort.
- Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish.
- Staff behavior that intimidates others and affects morale or staff turnover undermines a culture of safety and can be harmful to individuals served. Leaders must address such behavior at all levels of the organization, including management, clinical and administrative staff, licensed independent practitioners, and governing body members.
- Leaders evaluate the culture on a regular basis using a variety of methods, such as formal surveys, focus groups, staff interviews, and data analysis.

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Actions Suggested by The Joint Commission

- The Joint Commission recommends that leaders take actions to establish and continuously improve the five components of a safety culture:

1. ***trust, accountability***
   - ***Easy to use reporting system***
   - ***Encourage voluntary reporting***
   - ***Non-Punitive Approach to reporting***
2. ***identifying unsafe conditions***
   - ***Recognize members who report unsafe conditions or adverse events***
   - ***Learning from adverse events, close calls, or unsafe conditions***
   - ***Achieved through shirt/unit huddles and visual management board***
3. ***strengthening systems***
   - ***Embed safety culture team training into quality improvement projects***
   - ***Proactively assess systems such as EMR and MM for recognizing strengths and vulnerabilities and prioritize for enhancements or improvements***
4. ***Assessment***
   - ***Repeat organizational assessment of safety culture every 18 to 24 months to review progress and sustain improvement.***

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Safety Culture Evaluation

- Are leaders committed to the culture of safety and quality?
  - Promoting learning and Motivating staff to uphold a fair and just safety culture
  - Providing a transparent environment in which quality measures and harm to individuals are freely shared with staff
  - Modeling professional behavior
  - Addressing intimidating behavior that might undermine the safety culture
  - Providing the resources and training necessary to take on improvement initiatives
- Evaluate communication and mutual trust between leadership and staff
  - Do they have a standard way to communicate and collaborate within and outside of the organization?
- Evaluate the following qualities
  - Transparency accountability and mutual respect
  - Safety is a priority

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Culture of Safety Assessment and Evaluation Tools

- Sentinel Event Alert 57 – The essential role of leaders in developing a safety culture: https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-57-the-essential-role-of-leadership-in-developing-a-safety-culture/#.YvPUQXbMLHo

- The Guidelines for Action following Patient Safety Incident: https://www.ahrq.gov/downloads/pub/advances/vol4/meadows.pdf

- Safety Attitude and Safety Climate Questionnaire (SAQ): https://www.uth.edu/chqs/safety-survey

- Hospital Survey on Patient Safety Culture: https://www.ahrq.gov/sops/index.html

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Standard Applicability

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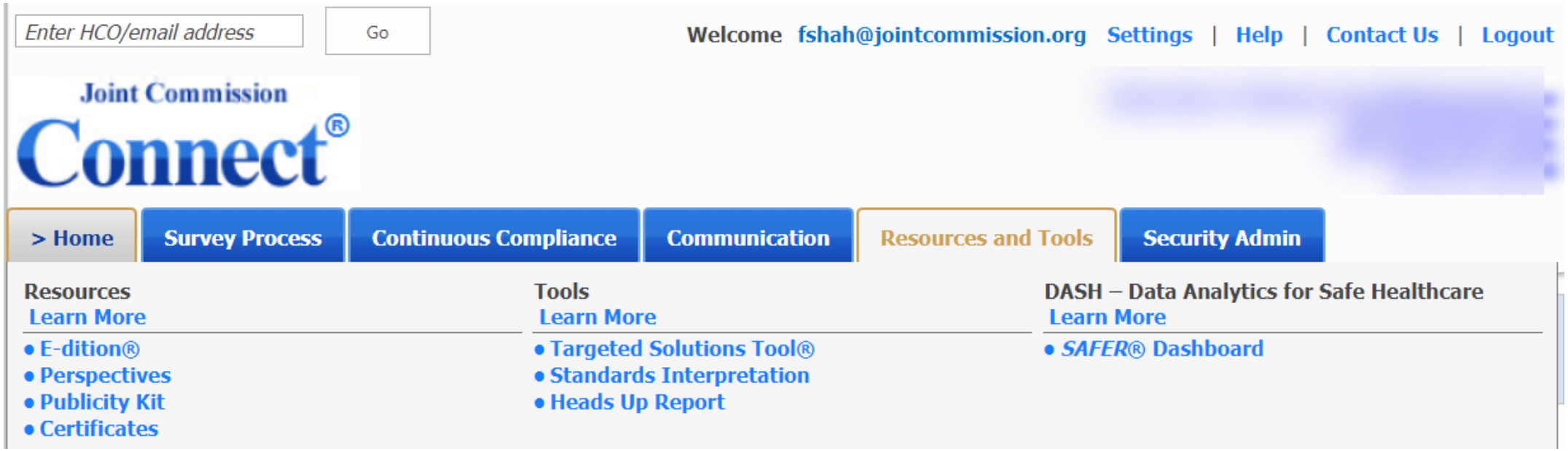

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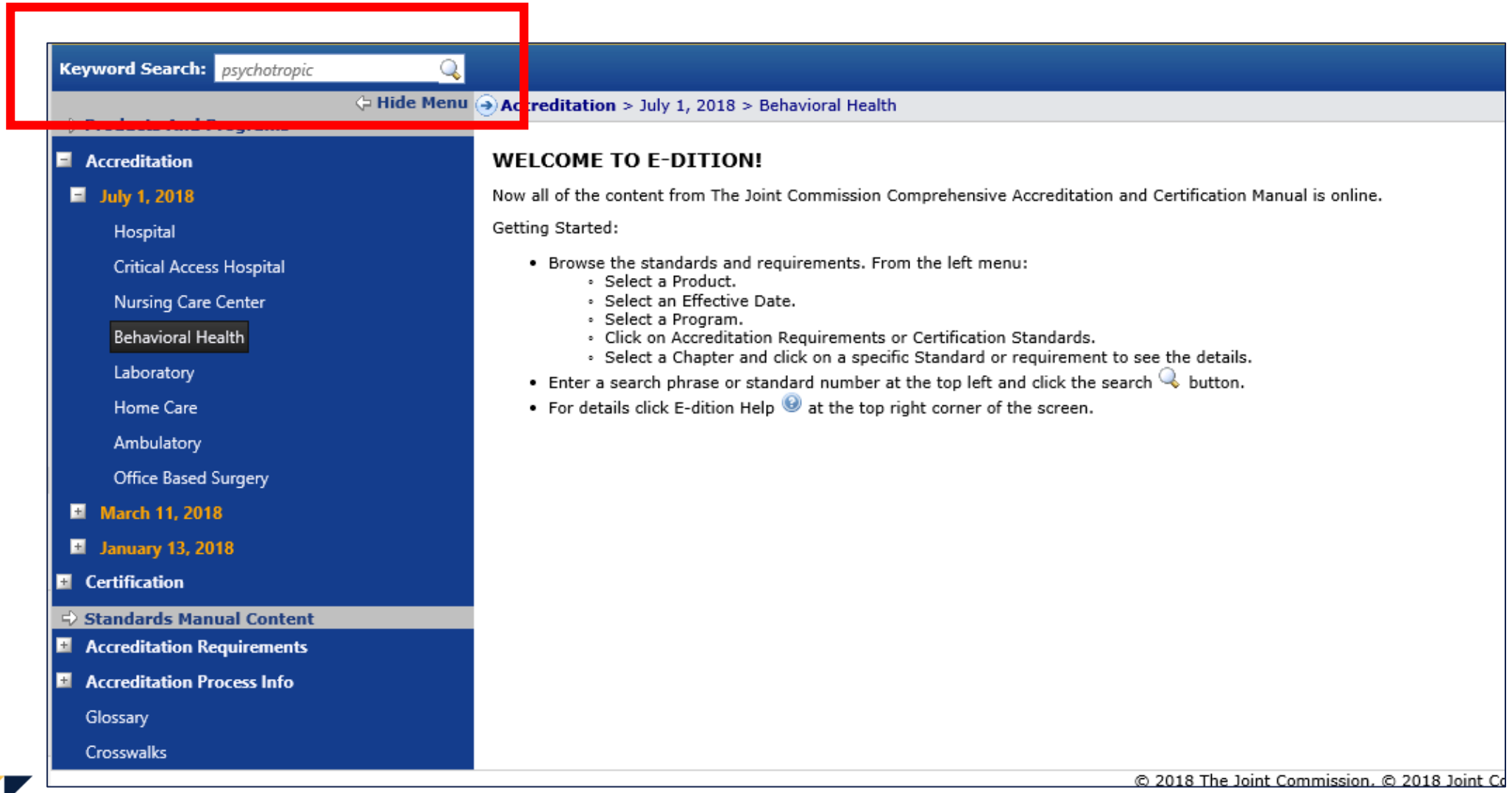
E-DITION – Keyword Search



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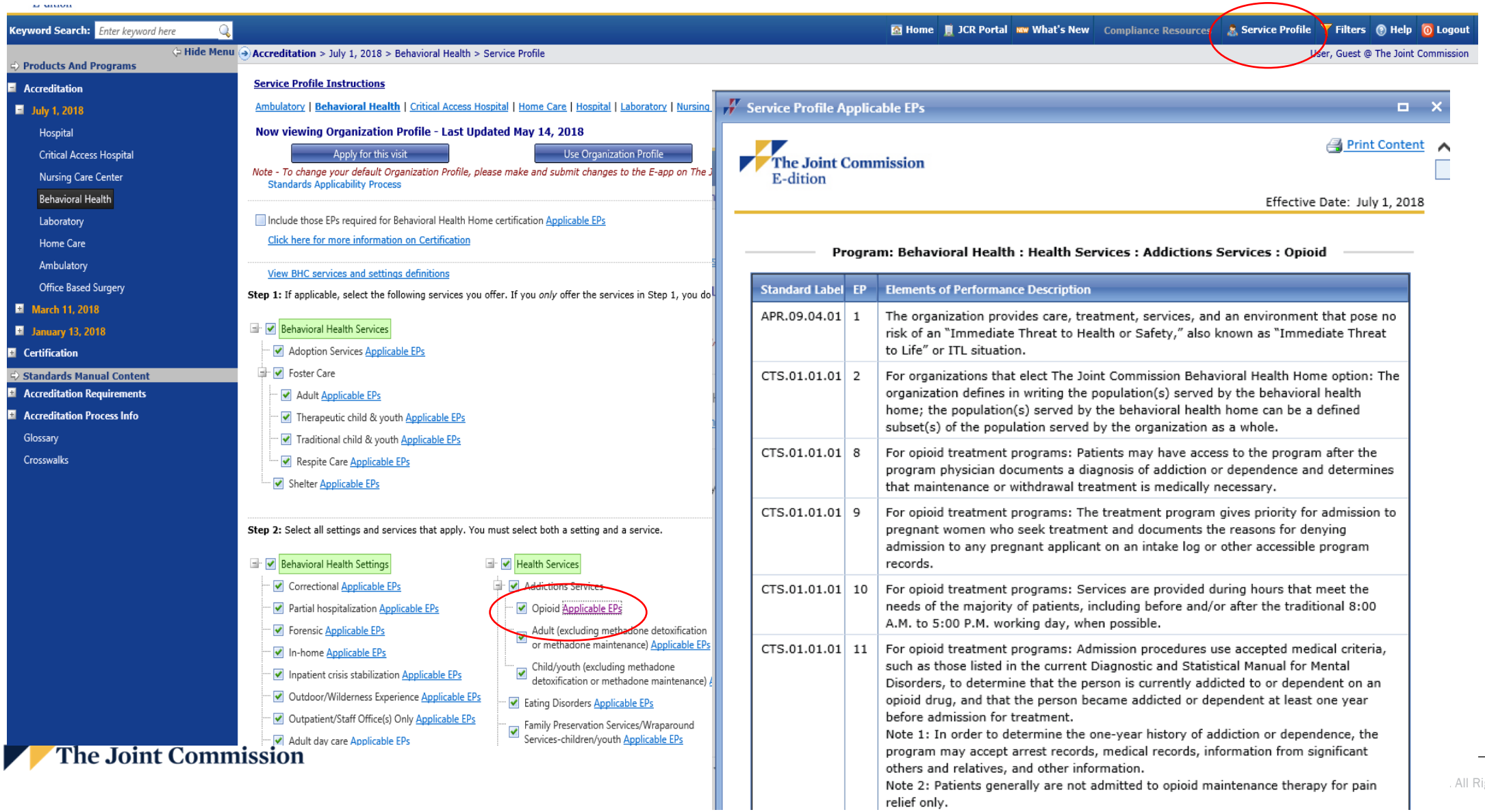
E-Dition- Service Profile



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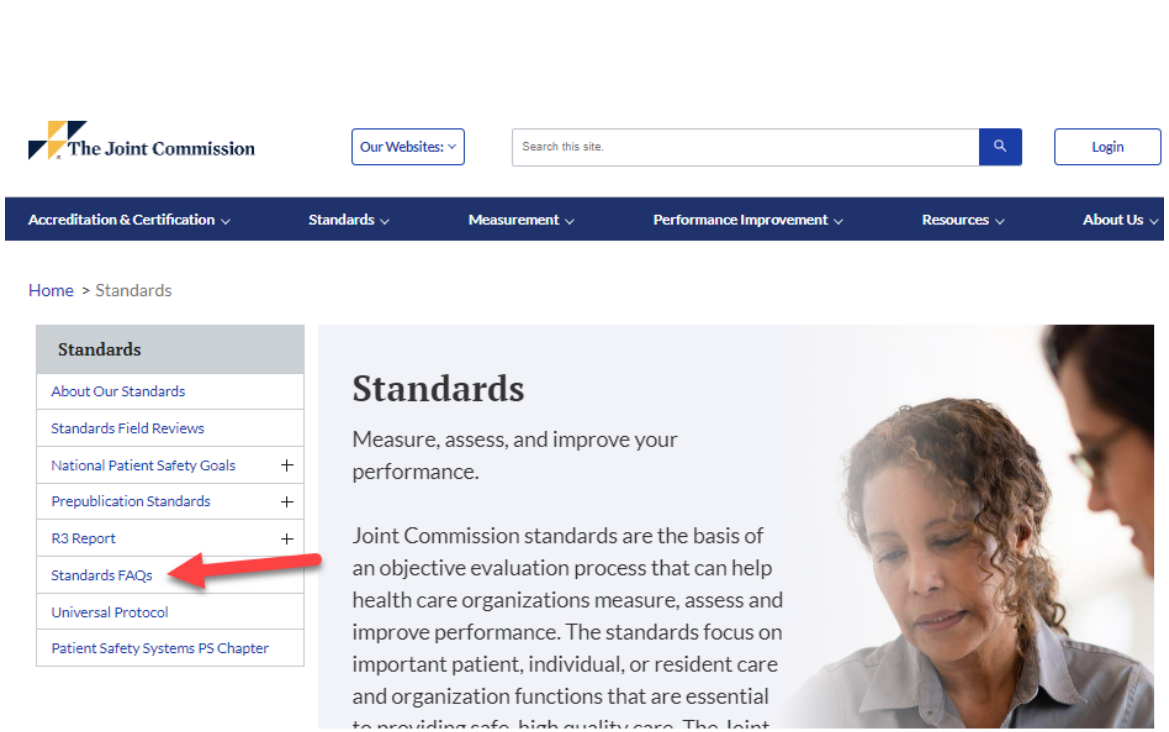
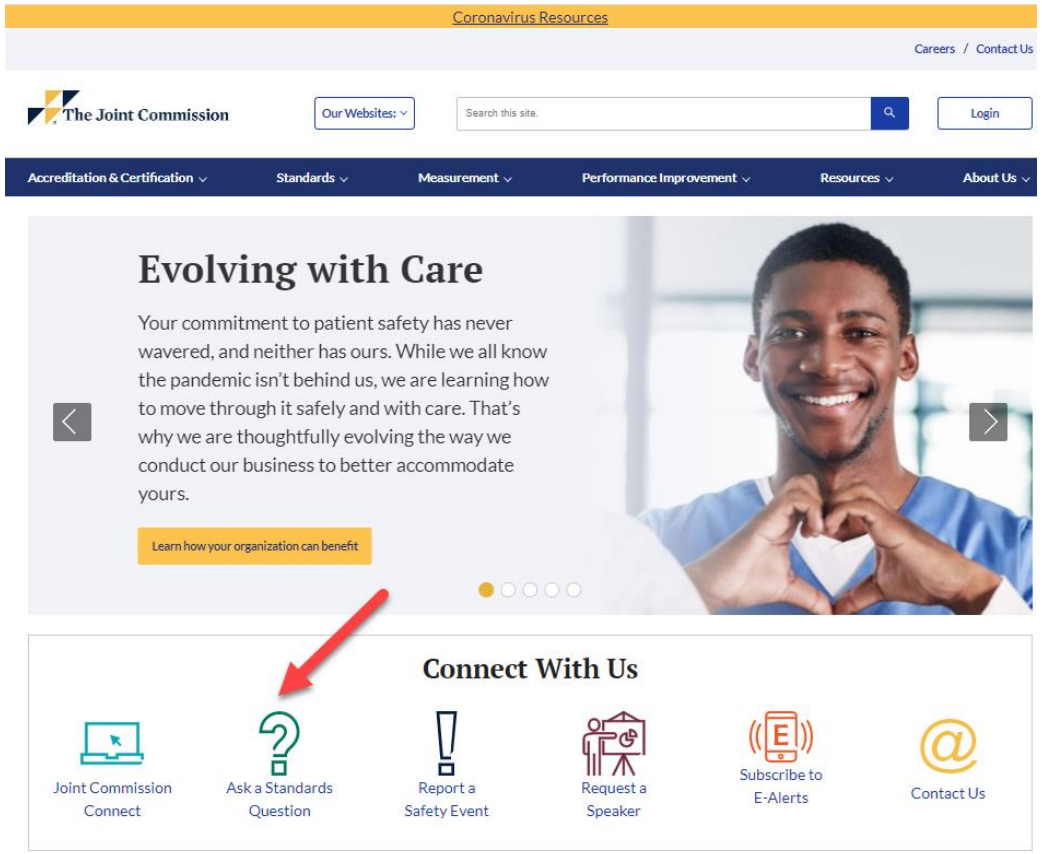
FAQ – Joint Commission's Home Page





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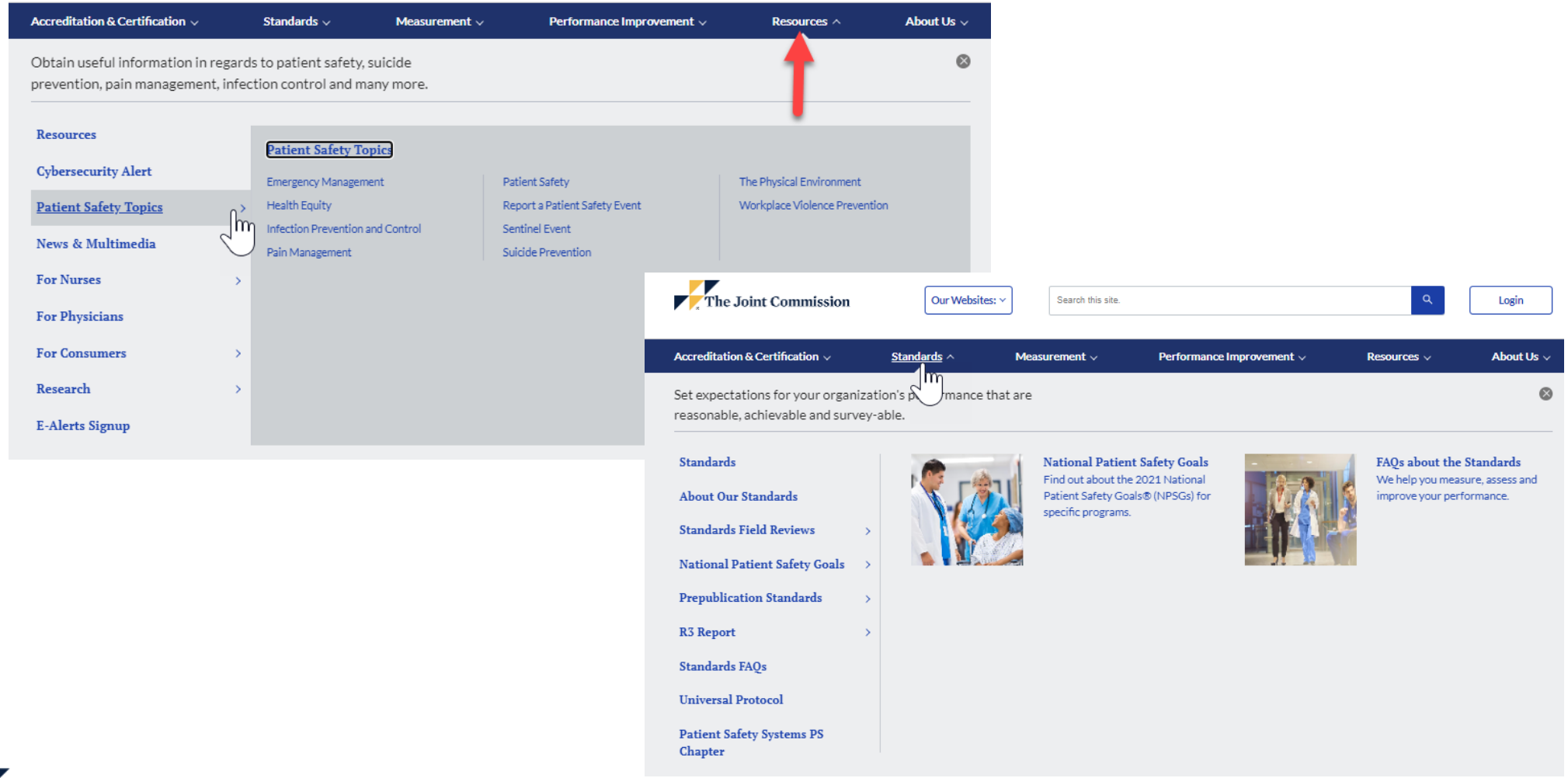
Resources at www.jointcommission.org



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Resources

- FAQ on Contracted Services: https://www.jointcommission.org/standards/standard-faqs/behavioral-health/leadership-ld/000001470/
- Suicide Prevention Portal: https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention/
- *Standards Field Reviews page*

https://www.jointcommission.org/standards_information/field_reviews.aspx

- Requirement, Rationale and References (R3 report)

https://www.jointcommission.org/standards_information/r3_report.aspx

- Pre-publication site

https://www.jointcommission.org/standards_information/prepublication_standards.aspx

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Resources for Your Organization

The premier patient safety software platform

for continuous accreditation readiness, digital tracing, and rounding

JCR Tracers with AMP®

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Leading HCOs seeking innovative ways to…

Automate Continuous Compliance Readiness

Lower Patient Safety Risks

Operational Excellence: Lower Costs, Less Travel, Improved Outcome

Data Driven Decisions and Prioritization

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Tracers with AMP meets your goals of

Accessible UpToDate BHC standards

Provide staff education

Identify trends across the health system

Achieve regulatory compliance

Bridge silos in your organization

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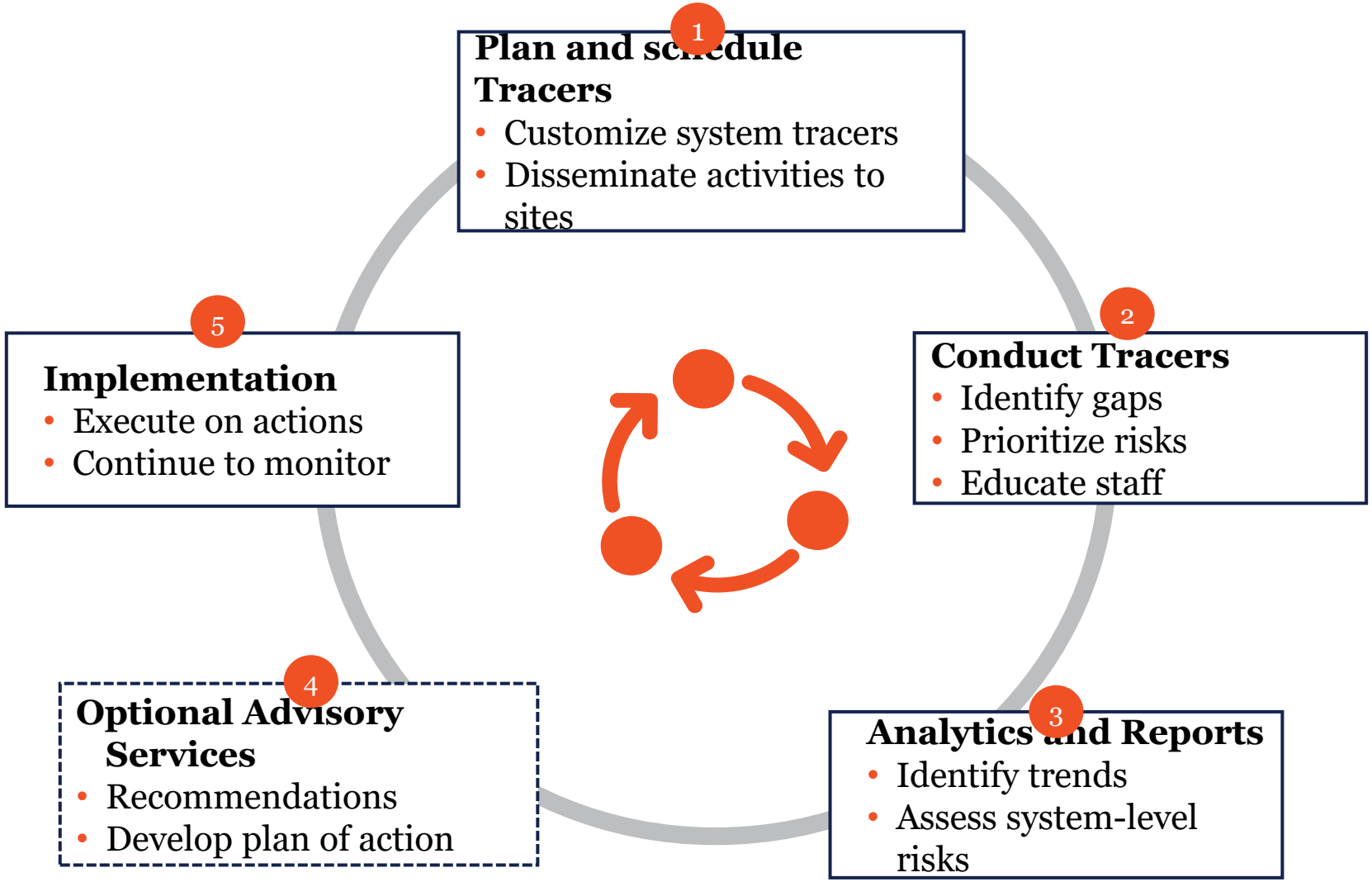
Simplify and Automate Tracers Workflow



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Tracers with AMP® Improving Quality & Safety

Prebuilt customizable BHC Tracers Library linked to EPs

- Mental Health Services - Record Review
- National Patient Safety Goals Question Library
- Opioid Management
- Opioid Treatment Program - Clinical Record Audit
- Performance Improvement Question Library
- Record of Care, Treatment, and Services Question Library
- Required Training and Education
- Required Training and Education
- Restraint & Seclusion - Comprehensive
- Restraint & Seclusion - Implementation & Staff Training
- Rights and Responsibilities of the Individual Question Library
- Suicide Inpatient - Brief
- Suicide Inpatient - Comprehensive
- Violence
- Infection Prevention and Control Question Library
- Information Management Question Library
- Leadership Question Library
- Leadership Rounds
- Life Safety Question Library
- Medical Record Audit
- Medication Management - Ordering

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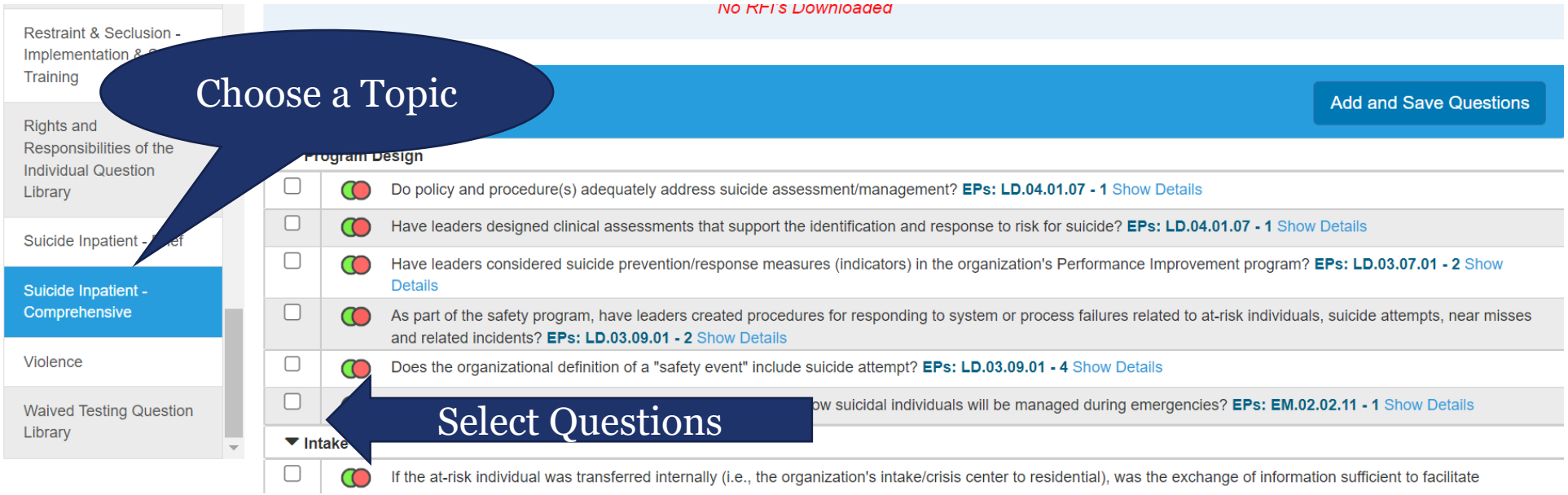
Sample Prebuilt Customizable BHC Tracer



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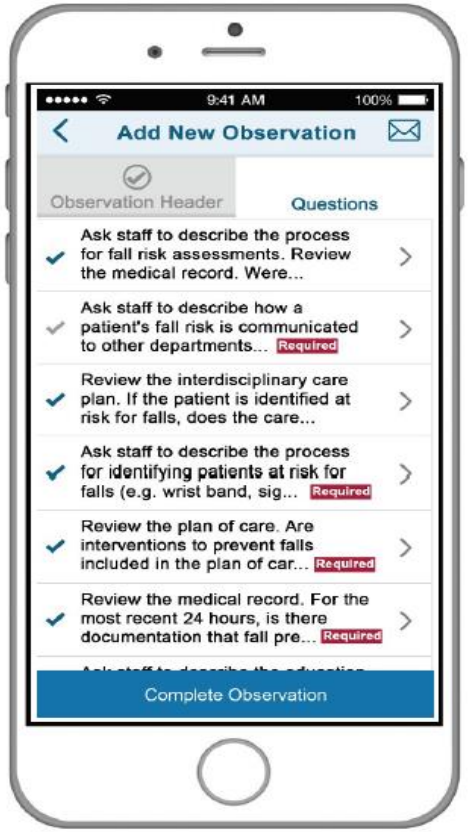
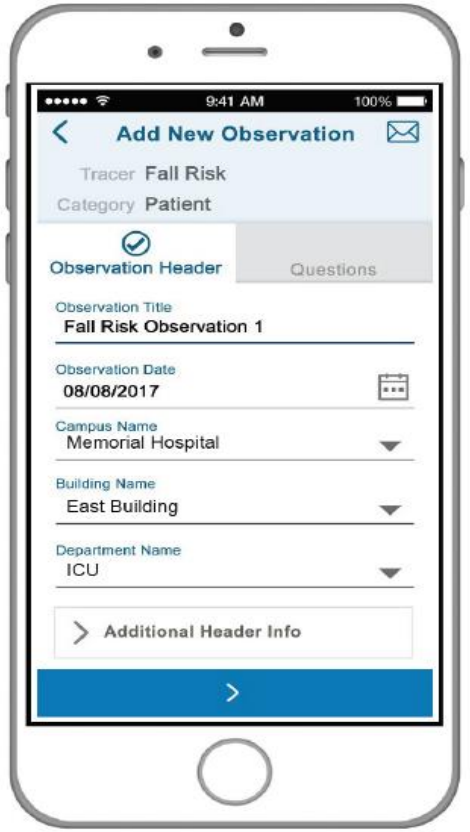
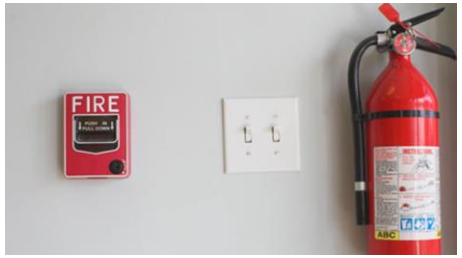
Mobile: Real time observations, Upload images, Voice enabled







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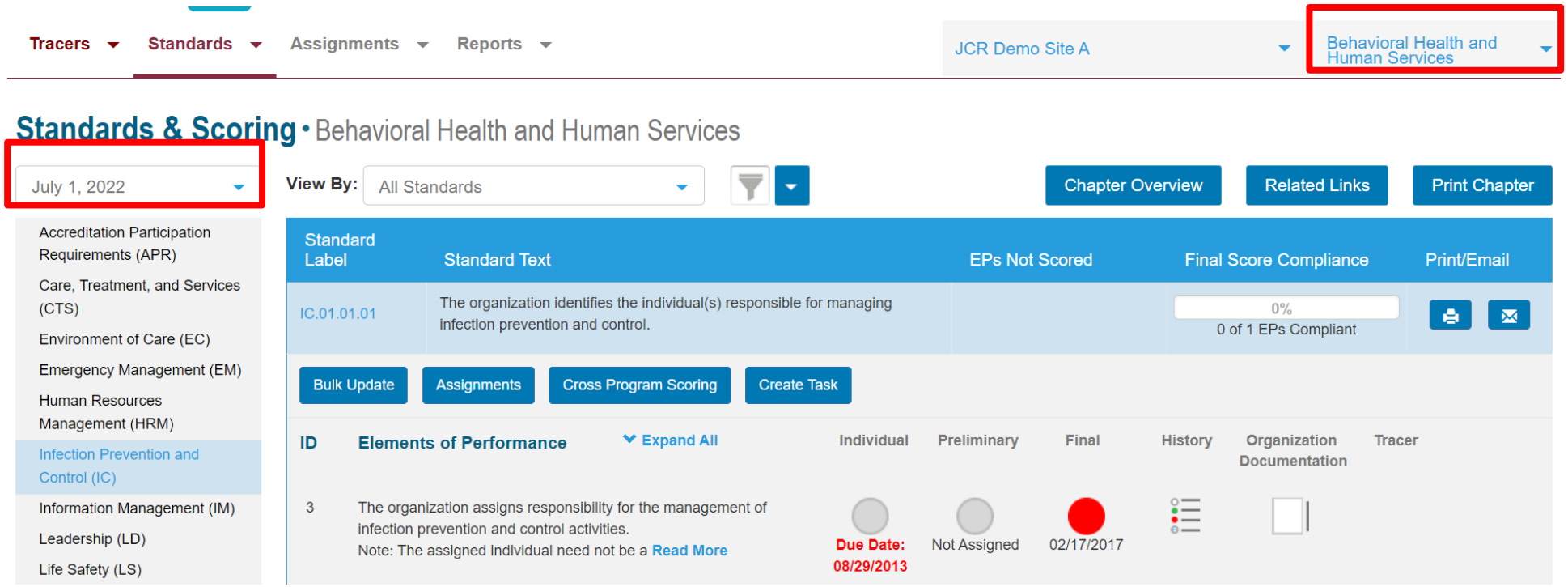
Score Findings: UpToDate BHC Standards



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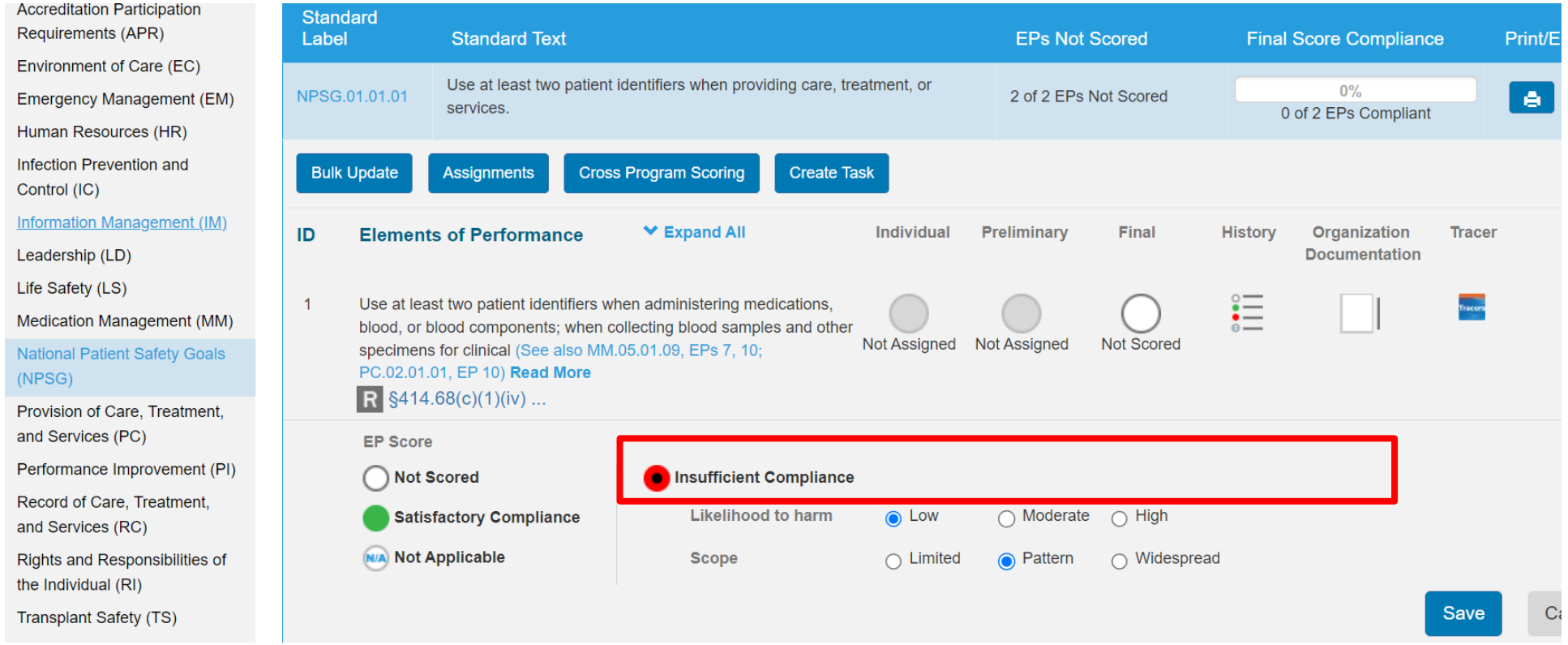
Score EPs and Assign Plan of Action on the Fly



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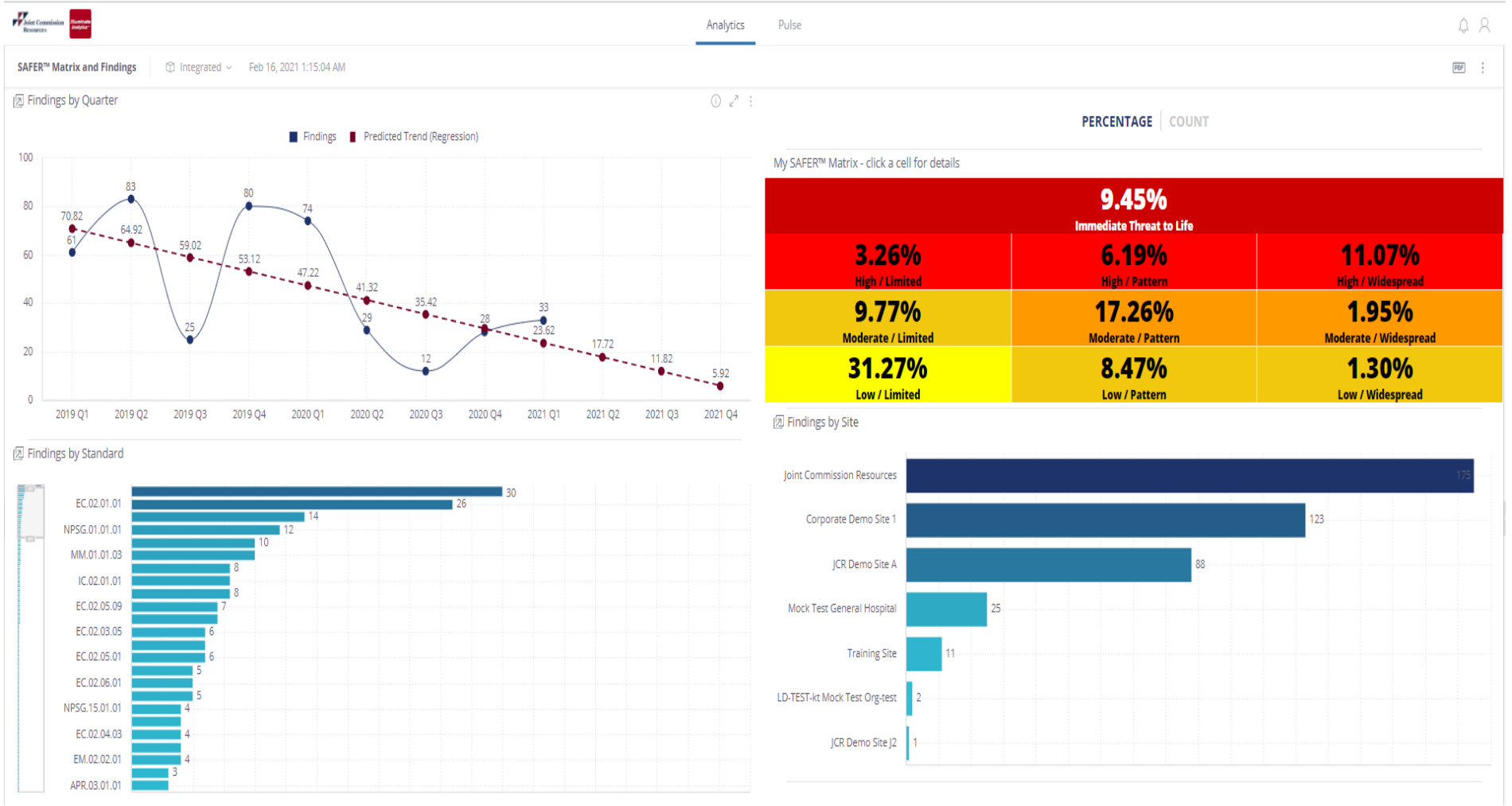
Enterprise Dashboards

Self Assessment Overview for HCOs



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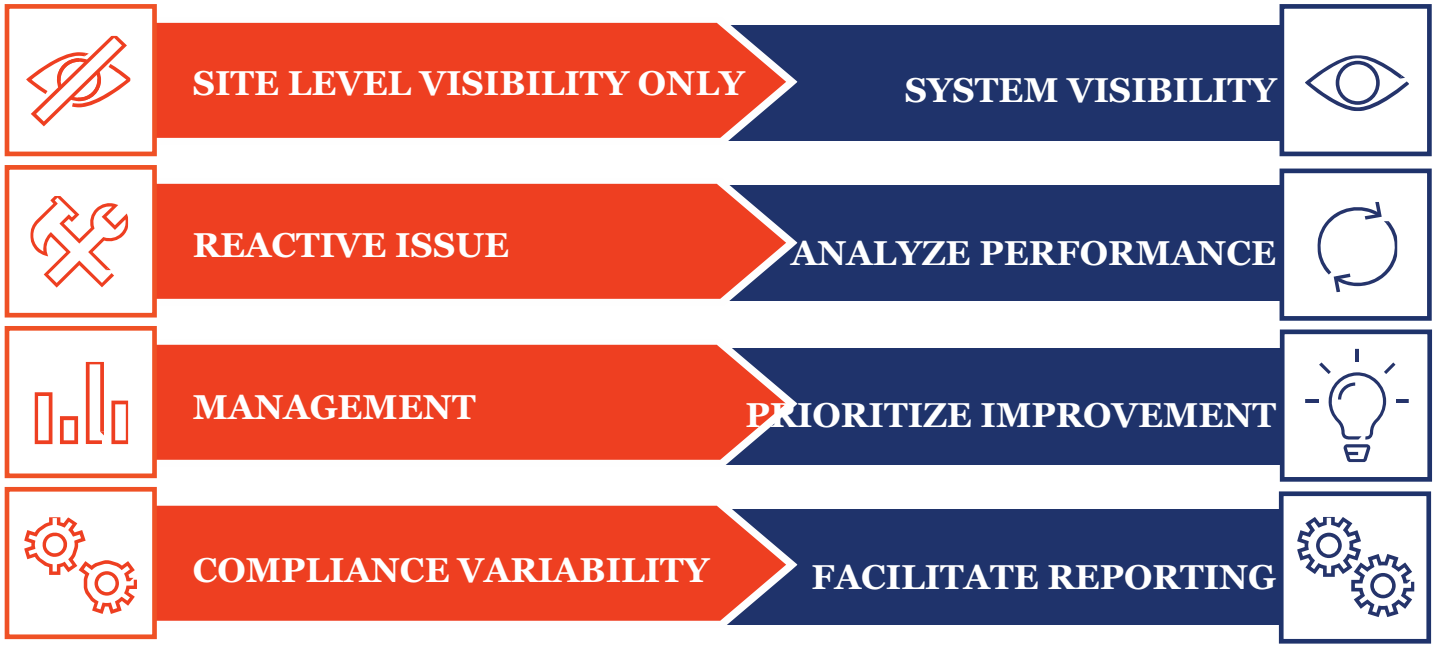
“This tracer tool, along with the support of our senior leadership, helps everyone to improve and shift the conversation from “That’s Quality’s job!” to “That’s my job!” Together we keep the next patient safe and are ready for the next patient and not just the next survey.”

Quality Management, MultiCare Health System

Move to Proactive Risk Management

WITHOUT Tracers with AMP®		WITH Tracers with AMP®
HIGHER SYSTEM RISK	>>	**LOWER SYSTEM RISK**



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To Learn More

Register here to see a live demo

OR

Email us at eProductManager@jcrinc.com with Subject: BHC Tracers Demo

Click here to go to JCR website to learn more

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Continue Your Learning

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Joint Commission Resources

–Behavioral Health Care and Human Services Conference: September 29-30, 2022

–Take part in sessions on the hottest BHC topics and gain a better understanding of upcoming changes at The Joint Commission that will be helpful to your organization maintaining compliance in 2023.

–*In-person $899.00, Live Webcast $699.00*

–Learn more at: https://store.jcrinc.com/behavioral-health-care-and-human-services-conference-september-29-30-2022/

–2022 Behavioral Health Care and Human Services Webinar Series

–Great way to prepare your staff with this 11-part series that will go over the standards, chapter by chapter, including any changes or anticipated changes to the survey process.

–*$1,950.00*

–Learn more at: https://store.jcrinc.com/behavioral-health-care-and-human-services-webinar-series/

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