



Behavioral Health and Human Services Accreditation

Check in with The Joint Commission.

August 18, 2022



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

Today's Behavioral Health Care and Human Services Accreditation Experts



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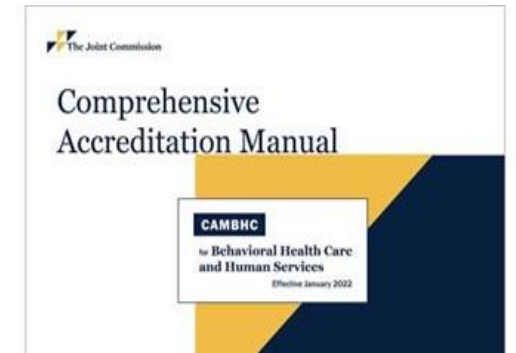
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Executive Director, Electronic
Products
Joint Commission Resources



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



What's New July 2022 CAMBHC Update 1 Effective as Noted

This “What’s New” section is intended to help get you up to speed regarding the substantive changes that have been made to the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services* since its previous release. If you are viewing this document in E-dition®, standards revisions can be easily found by clicking on “Filters” in the blue navigation bar across the top of the screen and checking the “New/ Changed EPs as of selected effective date” box.

Standards and elements of performance (EPs) published in this manual are effective as of July 1, 2022.

Note: *This list of What’s New covers substantive changes to the accreditation standards for your program since its previous release. However, you should not rely only on this list to be up-to-date on new or revised requirements. Sometimes, Joint Commission requirements, policies, and procedures must be changed off cycle from the official biannual releases (for example, to sync with requirements from the Centers for Medicare & Medicaid Services). Any off-cycle standards and policy changes are announced in Joint Commission Perspectives®, the official monthly newsletter of The Joint Commission. Therefore, your organization is encouraged to stay up-to-date monthly, as you are responsible for meeting all applicable changes published in Perspectives.*

More details about this update follow.

Introduction: How Joint Commission Accreditation Can Help on the Road to High Reliability (INTRO)

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

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.

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

Coming January 2023- Health Care Disparities

- Prepublication requirements:

<https://www.jointcommission.org/standards/pr-epublication-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>



Sign up for e-alerts

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

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

The screenshot shows the 'E-Alerts' registration page on the Joint Commission website. The page has a yellow header with 'Coronavirus Resources' and a navigation bar with links for 'Careers / Contact Us'. The main navigation menu includes 'Accreditation & Certification', 'Standards', 'Measurement', 'Performance Improvement', 'Resources', and 'About Us'. The page title is 'E-Alerts'. There are two sections: 'Returning subscriber' and a registration form. The 'Returning subscriber' section includes instructions and two buttons: 'Allow list' and 'Unsubscribe'. The registration form is a light blue box with a red '1' in a circle at the top left. It contains the following fields: 'EMAIL ADDRESS *', 'FIRST NAME *', 'LAST NAME *', 'STATE *' (a dropdown menu), and 'ORGANIZATION NAME *'. Below these fields are two sections of radio buttons: 'CURRENTLY JOINT COMMISSION ACCREDITED' with options 'Yes' and 'No', and 'EMAIL FREQUENCY AND FORMAT *' with options 'Daily - HTML', 'Daily - Plain Text', 'Weekly - HTML', and 'Weekly - Plain Text'. A green arrow labeled 'Scroll down' is on the right side of the form.

Sign up for e-alerts

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

The Joint Commission

Our Websites: ▾

Search this site. 🔍

Login

Daily - HTML

Daily - Plain Text

Weekly - HTML

Weekly - Plain Text

HEALTH CARE SETTINGS

Select all

Customize settings

CERTIFICATION SETTINGS

Select all

Customize certifications

TOPIC SETTINGS

Select all

Customize topics

CONTENT TYPE

Select all

Customize type

CONTENT TYPES

Blog Posts

Events and Products

General Pages

News Releases

Newsletters

Podcasts

Speak Ups

Standard FAQs

Standard Field Reviews

Videos

Webinars

To ensure delivery of your E-Alerts, please add E-Alerts@jointcommission.org as a safe sender to your network.

The Joint Commission respects your privacy and only uses information you provide to administer your account. Please agree to allow The Joint Commission to store your personal data.

AGREE

I'm not a robot

reCAPTCHA

SUBMIT

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



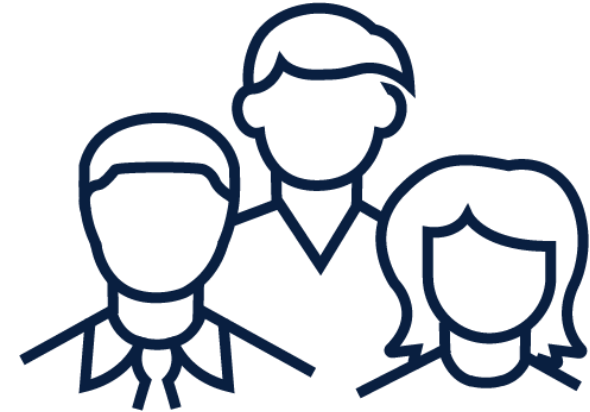
Survey Preparation

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



During Survey

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



Scoring Process

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



Resources

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

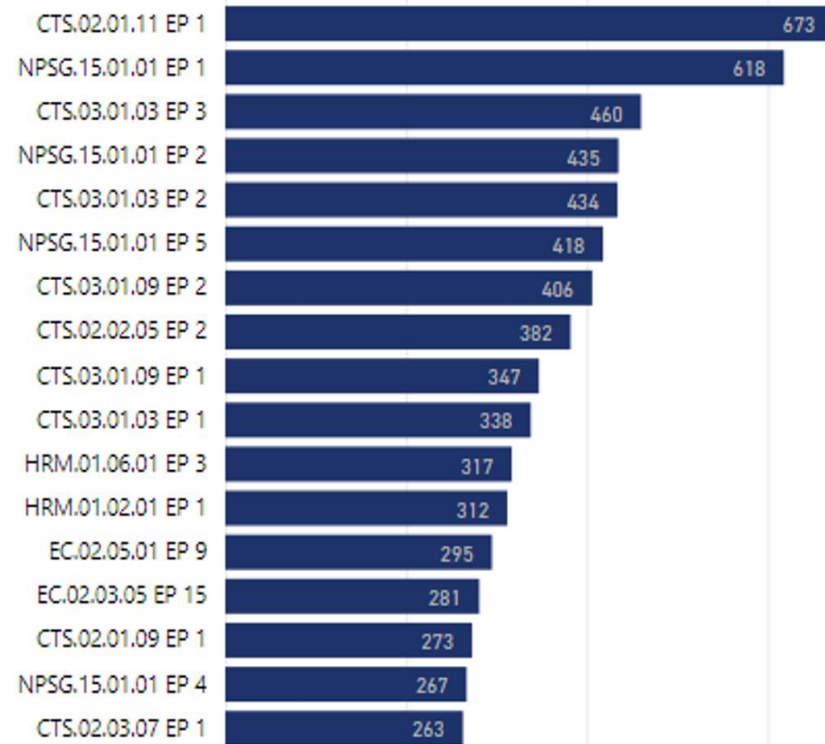


Standards Interpretation Group

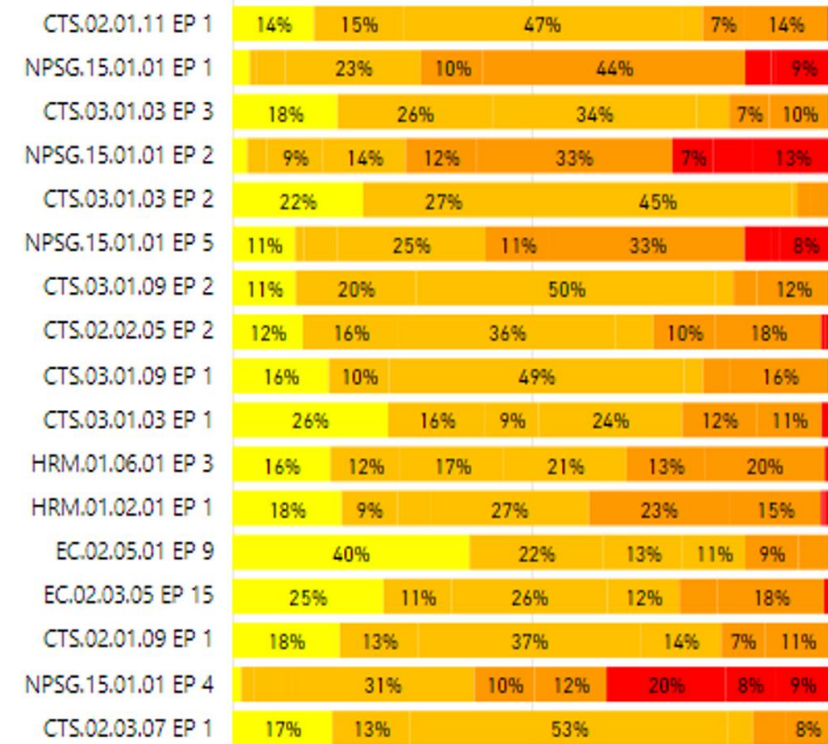
Top Non-Compliant Standards – BHC Organizations

Timeframe August 1, 2021 to August 1, 2022

Number of EP-Level RFIs and SAFER Placement



Proportion of SAFER Placement

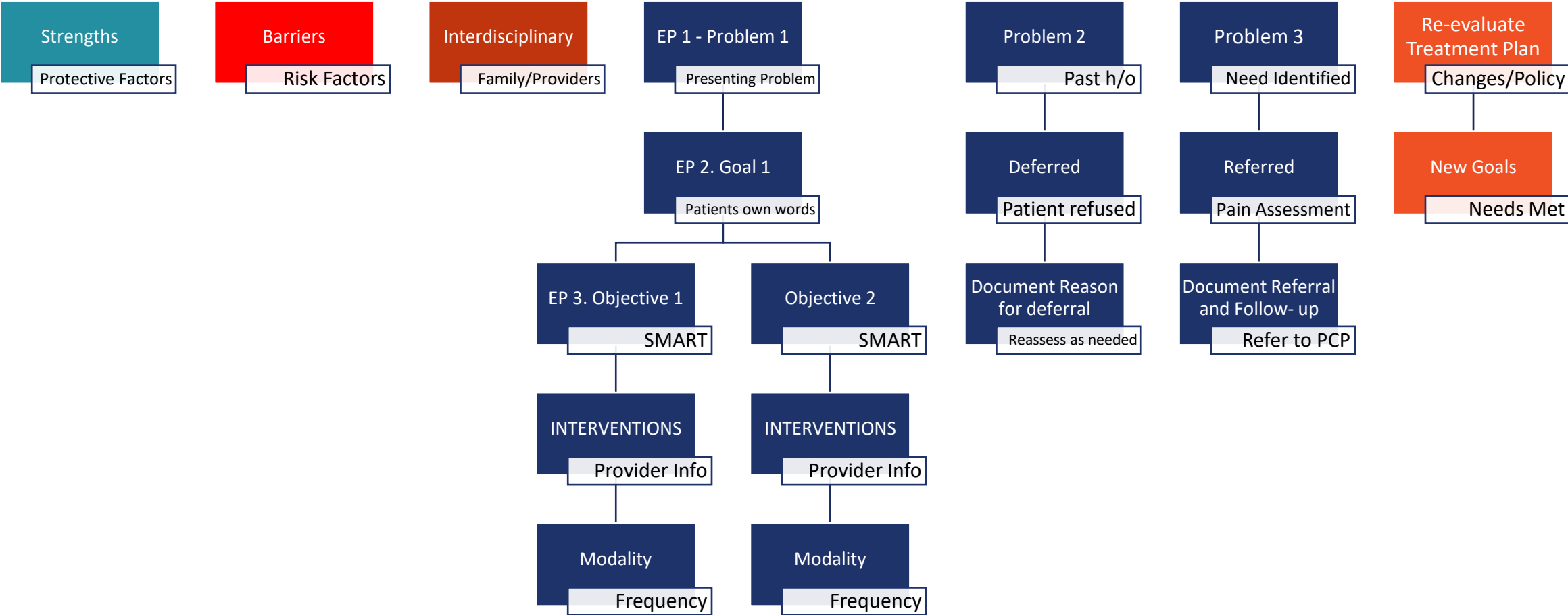


Treatment Plan Requirement

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



CTS.03.01.01 & CTS.03.01.03 - Integrated Treatment Plan



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 include required elements
- No data collection or evaluation of the suicide prevention activities

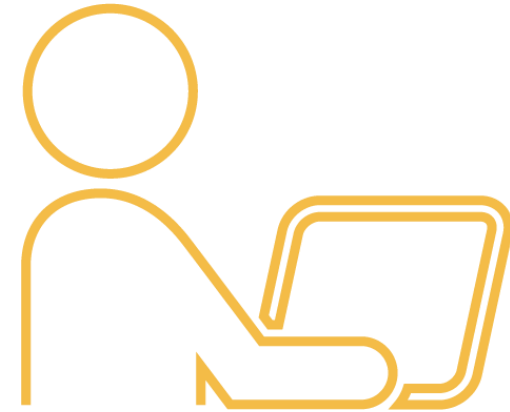


Human Resources Management Challenges

- Job Description does not include
 - 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.

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



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.

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

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

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.

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.

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 shift/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.*

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

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>



Standard Applicability

Joint Commission Connect

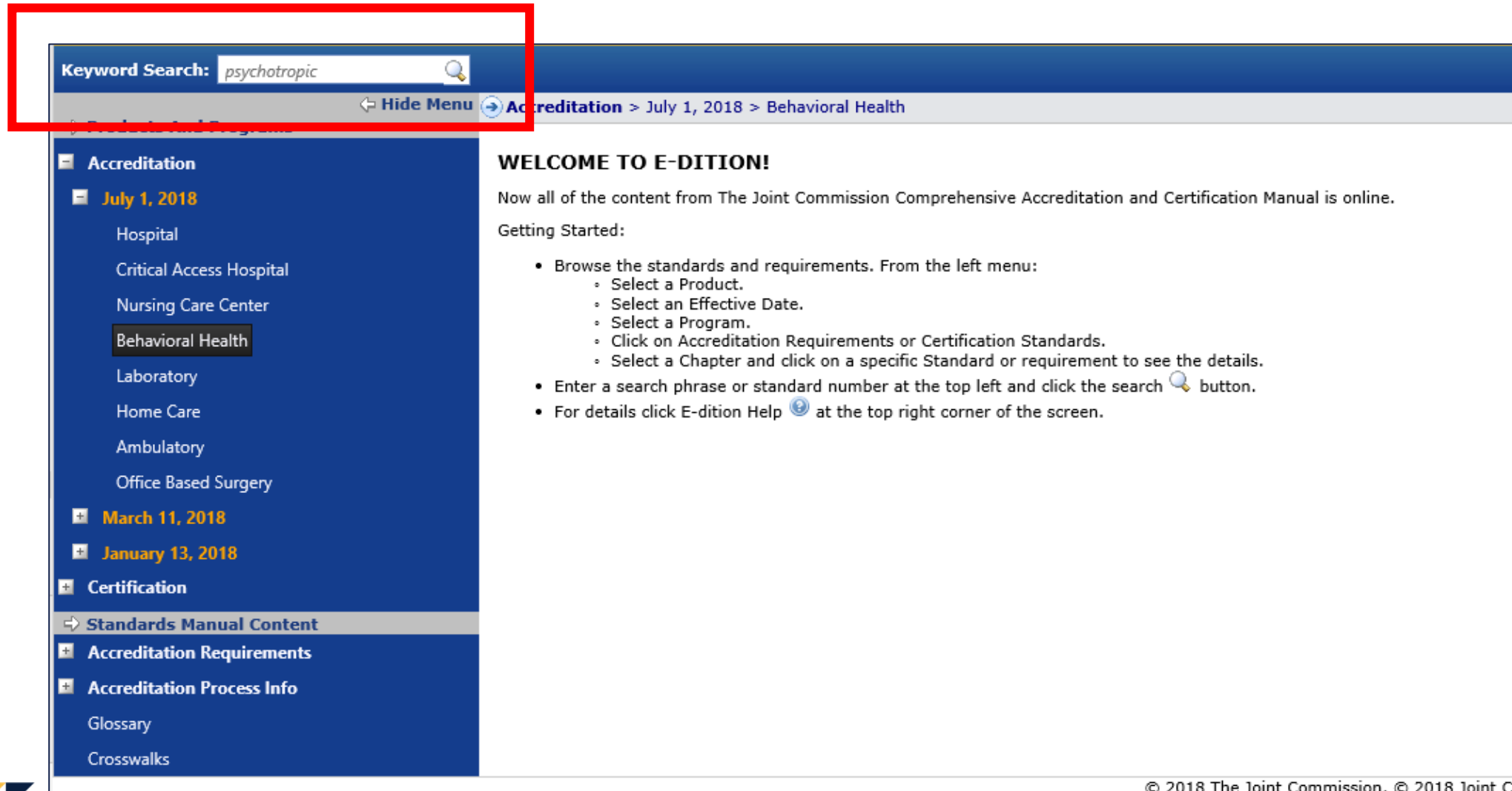
Enter HCO/email address Welcome [fshah@jointcommission.org](#) [Settings](#) | [Help](#) | [Contact Us](#) | [Logout](#)

Joint Commission
Connect[®]

[> Home](#) [Survey Process](#) [Continuous Compliance](#) [Communication](#) [Resources and Tools](#) [Security Admin](#)

Resources Learn More <ul style="list-style-type: none">• E-dition[®]• Perspectives• Publicity Kit• Certificates	Tools Learn More <ul style="list-style-type: none">• Targeted Solutions Tool[®]• Standards Interpretation• Heads Up Report	DASH – Data Analytics for Safe Healthcare Learn More <ul style="list-style-type: none">• SAFER[®] Dashboard
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E-DITION – Keyword Search



The screenshot displays the E-DITION website interface. At the top, a blue header bar contains a search box with the text "Keyword Search: psychotropic" and a magnifying glass icon. Below the search box, a breadcrumb trail reads "Accreditation > July 1, 2018 > Behavioral Health". A red rectangular box highlights the search box and the breadcrumb trail. On the left side, a dark blue navigation menu is visible, with "Behavioral Health" highlighted in a white box. The main content area on the right features a "WELCOME TO E-DITION!" heading, followed by a paragraph stating that content from the Joint Commission Comprehensive Accreditation and Certification Manual is now online. Below this, a "Getting Started:" section provides instructions on how to browse standards and requirements, including steps like selecting a product, effective date, program, and chapter, and using the search function.

Keyword Search: 🔍

← Hide Menu → Accreditation > July 1, 2018 > Behavioral Health

Accreditation

- July 1, 2018
 - Hospital
 - Critical Access Hospital
 - Nursing Care Center
 - Behavioral Health**
 - Laboratory
 - Home Care
 - Ambulatory
 - Office Based Surgery
- March 11, 2018
- January 13, 2018

Certification

→ Standards Manual Content

- Accreditation Requirements
- Accreditation Process Info
- Glossary
- Crosswalks

WELCOME TO E-DITION!

Now all of the content from The Joint Commission Comprehensive Accreditation and Certification Manual is online.

Getting Started:

- Browse the standards and requirements. From the left menu:
 - Select a Product.
 - Select an Effective Date.
 - Select a Program.
 - Click on Accreditation Requirements or Certification Standards.
 - Select a Chapter and click on a specific Standard or requirement to see the details.
- Enter a search phrase or standard number at the top left and click the search 🔍 button.
- For details click E-dition Help ⓘ at the top right corner of the screen.

E-Dition- Service Profile

Keyword Search:

Home | JCR Portal | What's New | Compliance Resources | **Service Profile** | Filters | Help | Logout

Accreditation > July 1, 2018 > Behavioral Health > Service Profile

Products And Programs

- Accreditation
 - July 1, 2018
 - Hospital
 - Critical Access Hospital
 - Nursing Care Center
 - Behavioral Health**
 - Laboratory
 - Home Care
 - Ambulatory
 - Office Based Surgery
 - March 11, 2018
 - January 13, 2018
- Certification
- Standards Manual Content
- Accreditation Requirements
- Accreditation Process Info
 - Glossary
 - Crosswalks

Service Profile Instructions

[Ambulatory](#) | [Behavioral Health](#) | [Critical Access Hospital](#) | [Home Care](#) | [Hospital](#) | [Laboratory](#) | [Nursing](#)

Now viewing Organization Profile - Last Updated May 14, 2018

Note - To change your default Organization Profile, please make and submit changes to the E-app on The Joint Commission Standards Applicability Process

Include those EPs required for Behavioral Health Home certification [Applicable EPs](#)

[Click here for more information on Certification](#)

[View BHC services and settings definitions](#)

Step 1: If applicable, select the following services you offer. If you only offer the services in Step 1, you do not need to select any services.

- Behavioral Health Services
 - Adoption Services [Applicable EPs](#)
 - Foster Care
 - Adult [Applicable EPs](#)
 - Therapeutic child & youth [Applicable EPs](#)
 - Traditional child & youth [Applicable EPs](#)
 - Respite Care [Applicable EPs](#)
 - Shelter [Applicable EPs](#)

Step 2: Select all settings and services that apply. You must select both a setting and a service.

- Behavioral Health Settings
 - Correctional [Applicable EPs](#)
 - Partial hospitalization [Applicable EPs](#)
 - Forensic [Applicable EPs](#)
 - In-home [Applicable EPs](#)
 - Inpatient crisis stabilization [Applicable EPs](#)
 - Outdoor/Wilderness Experience [Applicable EPs](#)
 - Outpatient/Staff Office(s) Only [Applicable EPs](#)
 - Adult day care [Applicable EPs](#)
- Health Services
 - Addictions Services
 - Opioid [Applicable EPs](#)
 - Adult (excluding methadone detoxification or methadone maintenance) [Applicable EPs](#)
 - Child/youth (excluding methadone detoxification or methadone maintenance) [Applicable EPs](#)
 - Eating Disorders [Applicable EPs](#)
 - Family Preservation Services/Wraparound Services-children/youth [Applicable EPs](#)

Service Profile Applicable EPs

The Joint Commission E-dition

Effective Date: July 1, 2018

Program: Behavioral Health : Health Services : Addictions Services : Opioid

Standard Label	EP	Elements of Performance Description
APR.09.04.01	1	The organization provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety," also known as "Immediate Threat to Life" or ITL situation.
CTS.01.01.01	2	For organizations that elect The Joint Commission Behavioral Health Home option: The organization defines in writing the population(s) served by the behavioral health home; the population(s) served by the behavioral health home can be a defined subset(s) of the population served by the organization as a whole.
CTS.01.01.01	8	For opioid treatment programs: Patients may have access to the program after the program physician documents a diagnosis of addiction or dependence and determines that maintenance or withdrawal treatment is medically necessary.
CTS.01.01.01	9	For opioid treatment programs: The treatment program gives priority for admission to pregnant women who seek treatment and documents the reasons for denying admission to any pregnant applicant on an intake log or other accessible program records.
CTS.01.01.01	10	For opioid treatment programs: Services are provided during hours that meet the needs of the majority of patients, including before and/or after the traditional 8:00 A.M. to 5:00 P.M. working day, when possible.
CTS.01.01.01	11	For opioid treatment programs: Admission procedures use accepted medical criteria, such as those listed in the current Diagnostic and Statistical Manual for Mental Disorders, to determine that the person is currently addicted to or dependent on an opioid drug, and that the person became addicted or dependent at least one year before admission for treatment. Note 1: In order to determine the one-year history of addiction or dependence, the program may accept arrest records, medical records, information from significant others and relatives, and other information. Note 2: Patients generally are not admitted to opioid maintenance therapy for pain relief only.

FAQ – Joint Commission’s Home Page

The screenshot shows the top navigation bar of The Joint Commission website. The main navigation menu includes: Accreditation & Certification, Standards, Measurement, Performance Improvement, Resources, and About Us. Below the navigation, the breadcrumb trail reads "Home > Standards". A sidebar menu titled "Standards" lists several categories: About Our Standards, Standards Field Reviews, National Patient Safety Goals, Prepublication Standards, R3 Report, Standards FAQs (highlighted with a red arrow), Universal Protocol, and Patient Safety Systems PS Chapter. The main content area features a large image of two healthcare professionals in conversation. The text reads: "Standards Measure, assess, and improve your performance. Joint Commission standards are the basis of an objective evaluation process that can help health care organizations measure, assess and improve performance. The standards focus on important patient, individual, or resident care and organization functions that are essential to providing safe, high quality care. The Joint

The screenshot shows the "Evolving with Care" banner with the text: "Your commitment to patient safety has never wavered, and neither has ours. While we all know the pandemic isn't behind us, we are learning how to move through it safely and with care. That's why we are thoughtfully evolving the way we conduct our business to better accommodate yours." Below the banner is a "Connect With Us" section with six icons: Joint Commission Connect, Ask a Standards Question (highlighted with a red arrow), Report a Safety Event, Request a Speaker, Subscribe to E-Alerts, and Contact Us.

Resources at www.jointcommission.org

This screenshot shows the 'Resources' dropdown menu on the website. The menu is open, displaying a list of categories on the left and a grid of sub-topics on the right. A red arrow points to the 'Resources' menu item in the top navigation bar. A hand cursor is positioned over the 'Patient Safety Topics' link in the left sidebar.

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

Obtain useful information in regards to patient safety, suicide prevention, pain management, infection control and many more.

Resources

- Cybersecurity Alert
- Patient Safety Topics**
- News & Multimedia
- For Nurses
- For Physicians
- For Consumers
- Research
- E-Alerts Signup

Patient Safety Topics

- Emergency Management
- Health Equity
- Infection Prevention and Control
- Pain Management
- Patient Safety
- Report a Patient Safety Event
- Sentinel Event
- Suicide Prevention
- The Physical Environment
- Workplace Violence Prevention

This screenshot shows the 'Standards' dropdown menu on the website. The menu is open, displaying a list of categories on the left and a grid of sub-topics on the right. A hand cursor is positioned over the 'Standards' link in the top navigation bar.

The Joint Commission

Our Websites

Search this site

Login

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

Set expectations for your organization's performance that are reasonable, achievable and survey-able.

Standards

- About Our Standards
- Standards Field Reviews
- National Patient Safety Goals
- Prepublication Standards
- R3 Report
- Standards FAQs
- Universal Protocol
- Patient Safety Systems PS Chapter

National Patient Safety Goals
Find out about the 2021 National Patient Safety Goals® (NPSGs) for specific programs.

FAQs about the Standards
We help you measure, assess and improve your performance.

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

Resources for Your Organization



**The premier patient safety software platform
for continuous accreditation readiness, digital tracing, and rounding**

JCR Tracers with AMP®

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

Tracers with AMP meets your goals of



Accessible UpToDate BHC standards



Provide staff education



Identify trends across the health system



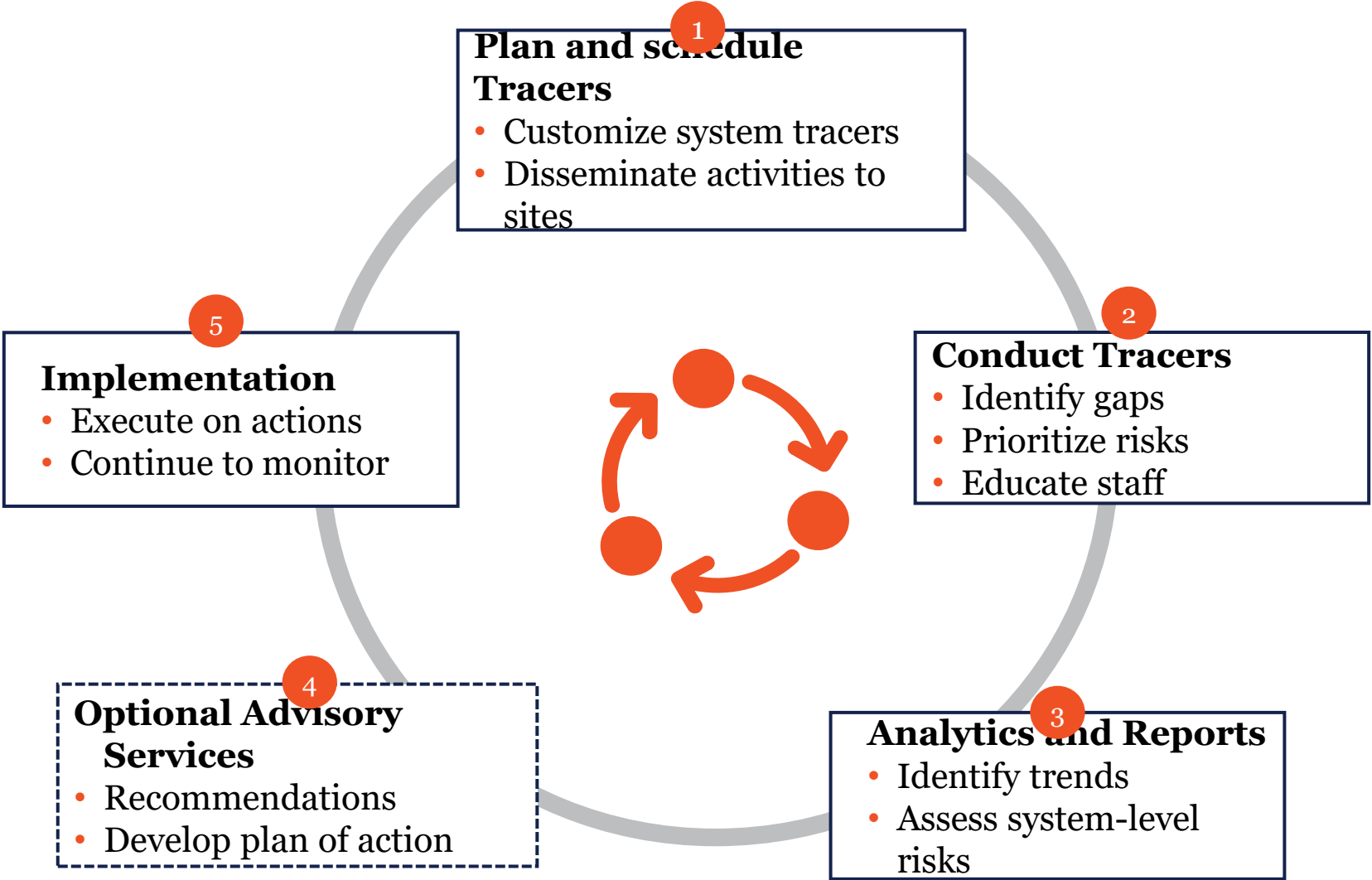
Achieve regulatory compliance



Bridge silos in your organization



Simplify and Automate Tracers Workflow



Tracers with AMP[®] Improving Quality & Safety

Prebuilt customizable BHC Tracers Library linked to EPs

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

Sample Prebuilt Customizable BHC Tracer

NO KPIS DOWNLOADED

Restraint & Seclusion - Implementation & Training

Rights and Responsibilities of the Individual Question Library

Suicide Inpatient - Comprehensive

Violence

Waived Testing Question Library

Choose a Topic

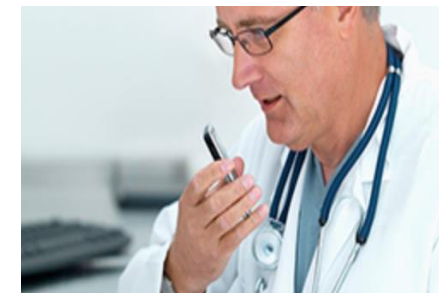
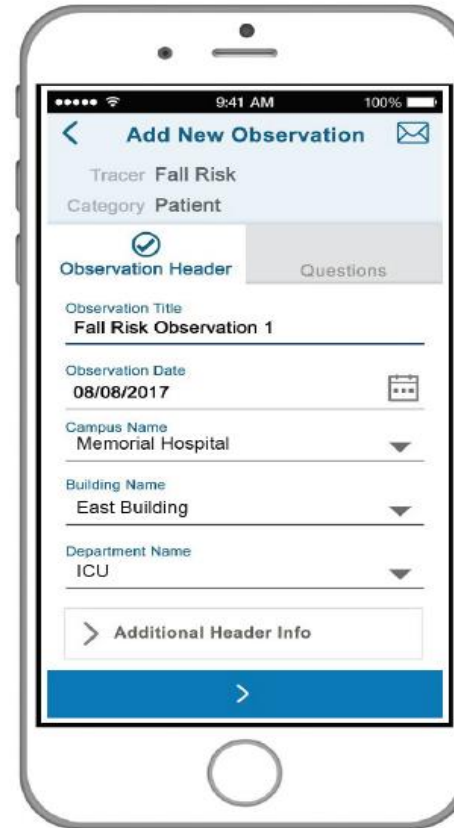
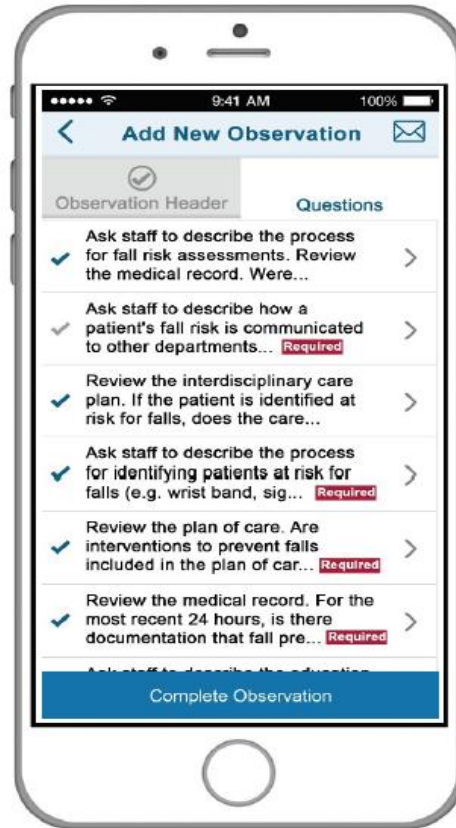
Add and Save Questions

Program Design

<input type="checkbox"/>		Do policy and procedure(s) adequately address suicide assessment/management? EPs: LD.04.01.07 - 1 Show Details
<input type="checkbox"/>		Have leaders designed clinical assessments that support the identification and response to risk for suicide? EPs: LD.04.01.07 - 1 Show Details
<input type="checkbox"/>		Have leaders considered suicide prevention/response measures (indicators) in the organization's Performance Improvement program? EPs: LD.03.07.01 - 2 Show Details
<input type="checkbox"/>		As part of the safety program, have leaders created procedures for responding to system or process failures related to at-risk individuals, suicide attempts, near misses and related incidents? EPs: LD.03.09.01 - 2 Show Details
<input type="checkbox"/>		Does the organizational definition of a "safety event" include suicide attempt? EPs: LD.03.09.01 - 4 Show Details
<input type="checkbox"/>		How suicidal individuals will be managed during emergencies? EPs: EM.02.02.11 - 1 Show Details
Intake		
<input type="checkbox"/>		If the at-risk individual was transferred internally (i.e., the organization's intake/crisis center to residential), was the exchange of information sufficient to facilitate

Select Questions

Mobile: Real time observations, Upload images, Voice enabled



Score Findings: UpToDate BHC Standards

Tracers ▾ Standards ▾ Assignments ▾ Reports ▾

JCR Demo Site A Behavioral Health and Human Services

Standards & Scoring • Behavioral Health and Human Services

July 1, 2022

View By: All Standards

Chapter Overview Related Links Print Chapter

Standard Label	Standard Text	EPs Not Scored	Final Score Compliance	Print/Email
IC.01.01.01	The organization identifies the individual(s) responsible for managing infection prevention and control.		0% 0 of 1 EPs Compliant	

Bulk Update Assignments Cross Program Scoring Create Task

ID	Elements of Performance	Individual	Preliminary	Final	History	Organization Documentation	Tracer
3	The organization assigns responsibility for the management of infection prevention and control activities. Note: The assigned individual need not be a Read More	Due Date: 08/29/2013	Not Assigned	02/17/2017			

- Accreditation Participation Requirements (APR)
- Care, Treatment, and Services (CTS)
- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources Management (HRM)
- Infection Prevention and Control (IC)**
- Information Management (IM)
- Leadership (LD)
- Life Safety (LS)

Score EPs and Assign Plan of Action on the Fly

- Accreditation Participation Requirements (APR)
- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- [Information Management \(IM\)](#)
- Leadership (LD)
- Life Safety (LS)
- Medication Management (MM)
- [National Patient Safety Goals \(NPSG\)](#)
- Provision of Care, Treatment, and Services (PC)
- Performance Improvement (PI)
- Record of Care, Treatment, and Services (RC)
- Rights and Responsibilities of the Individual (RI)
- Transplant Safety (TS)

Standard Label	Standard Text	EPs Not Scored	Final Score Compliance	Print/E
NPSG.01.01.01	Use at least two patient identifiers when providing care, treatment, or services.	2 of 2 EPs Not Scored	0% 0 of 2 EPs Compliant	

Bulk Update Assignments Cross Program Scoring Create Task

ID	Elements of Performance	Individual	Preliminary	Final	History	Organization Documentation	Tracer
1	Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical (See also MM.05.01.09, EPs 7, 10; PC.02.01.01, EP 10) Read More R §414.68(c)(1)(iv) ...	<input type="radio"/> Not Assigned	<input type="radio"/> Not Assigned	<input type="radio"/> Not Scored			

EP Score

Not Scored

Insufficient Compliance

Satisfactory Compliance

N/A Not Applicable

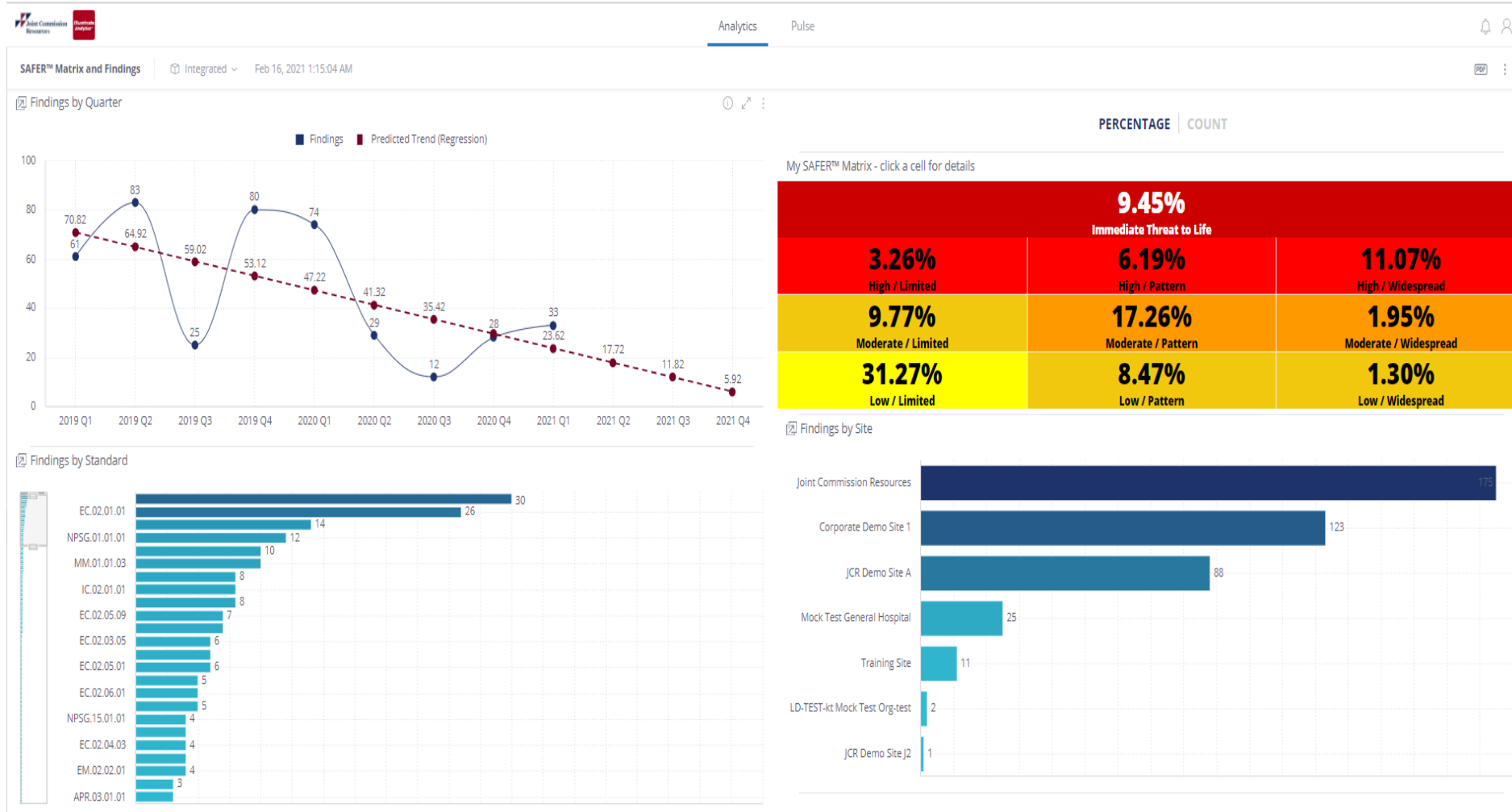
Likelihood to harm: Low Moderate High

Scope: Limited Pattern Widespread

Save Ca

Enterprise Dashboards

Self Assessment Overview for HCOs



“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

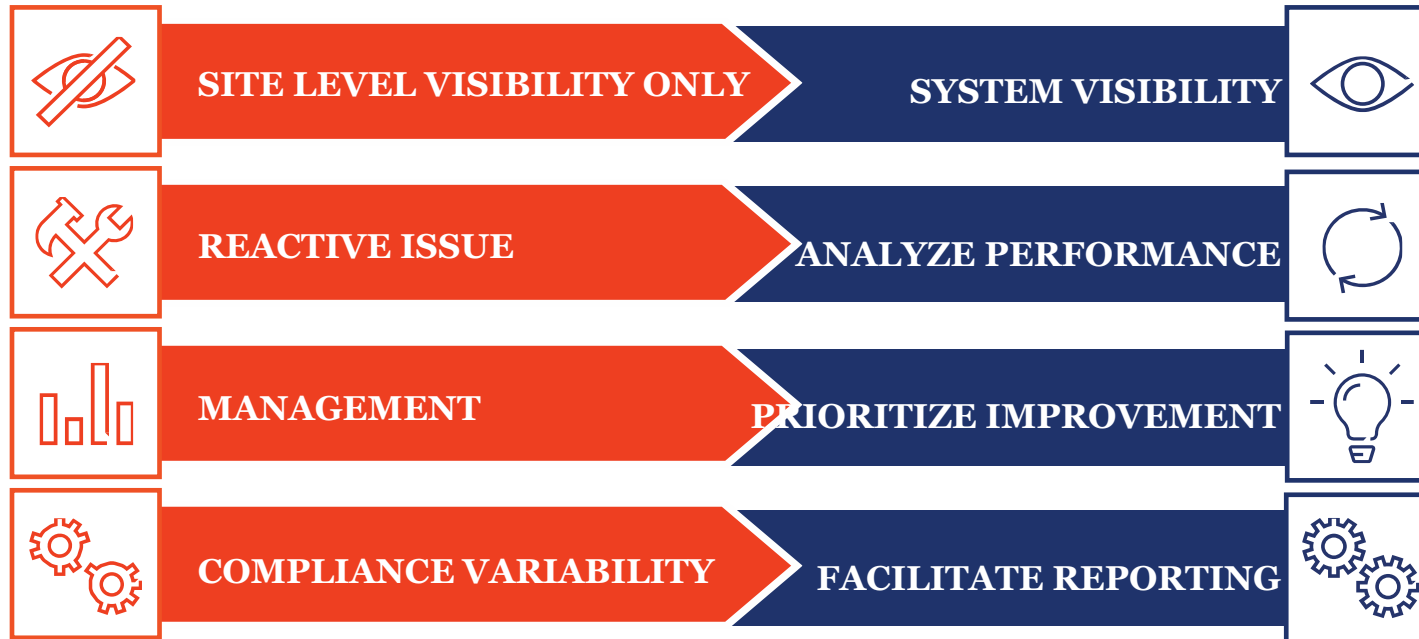
WITHOUT Tracers with AMP®

WITH Tracers with AMP®

HIGHER SYSTEM RISK



LOWER SYSTEM RISK



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OR

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

[Click here](#) to go to JCR website to learn more

Continue Your Learning

Joint Commission Resources



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

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

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– 2022 Behavioral Health Care and Human Services Webinar Series

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Thank You For
Joining Us.