



Home Care Accreditation

Organization Survey Activity Guide

July 2022

Issue Date: August 10, 2022

What's New for Home Care Survey Process 2022

New or revised content for 2022 is identified by underlined text.

Changes effective July 2, 2022

NEW! Program-specific Survey Activity Guide – Program-specific version of the Survey Activity Guide for Organizations that presents content that is only applicable to Home Care accreditation customers.

Table of Contents – Table of contents entries hyperlink to the activity descriptions. Just hover the cursor over the activity name and click.

Leadership and Data Use Session – Leadership Session and System Tracer – Data Management activities have been combined to create one activity for surveys longer than one day in duration.

System Tracer – Infection Control and System Tracer Medication Management – These systems are being evaluated during Individual Tracer Activity on all lengths of survey and no longer require the scheduling of additional activities on longer duration surveys.

Environment of Care and Emergency Management Session – Minor editorial changes to emergency management discussion topics.

Home Care Accreditation Document List – Added a section for Hospice related to Environment of Care documentation.

Home Care Accreditation Survey Activity List – Updated to reflect the activity changes related to system tracers.

Changes effective: January 1, 2022

Orientation to the Organization, Individual Tracer Activity, System Tracer-Data Management, Leadership Session – Added discussion topics to explore compliance with the new Performance Improvement standards and elements of performance.

Home Care Organization Survey Activity Guide (SAG)

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How to Use this Guide

The Joint Commission's Survey Activity Guide is available on your organization's extranet site.

This guide contains:

- Information to help you prepare for survey
- An abstract of each survey activity that includes logistical needs, session objectives, an overview of the session, and suggested participants
- Sessions are listed in the general order that they are conducted.

A template agenda and a list of survey activities that occur during an onsite visit are posted to your organization's *Joint Commission Connect* extranet site in proximity to the time your application is received and reviewed. When the template agenda and survey activity list is available, please download and review the activities and think about the people you might like to have involved. The activity list includes a column in which you can record participant names or positions next to each of the sessions. Identifying key participants (and their phone numbers) for each session, including back-ups, is important. Consider including possible meeting locations and surveyor workspace in your planning documents. Reference the sessions in this Survey Activity Guide and learn more about what you can expect to occur during the activity.

The template agenda and activity list include suggested duration and scheduling guidelines for each of the activities. On the first day of survey, there will be an opportunity for you to collaborate with the surveyor in preparing an agenda for the visit that is considerate of your day-to-day operations.

Please Note: Not all the activities described in this guide are included in the activity list or on the agenda template. Many of the accreditation program-specific activities are designed to take place during individual tracer activity. Surveyors will incorporate these into the onsite survey when they are applicable to your organization.

For multiple services being surveyed under a single accreditation program, be sure to include contact names and phone numbers from all your organization's services. For example, Home Care might have the following services: Home Health, Hospice, Personal Care/Support Services, Home Medical Equipment, or Pharmacy.

For organizations being surveyed under more than one accreditation manual or for more than one service under one accreditation manual, you will receive an activity list and agenda template for each of the programs being surveyed (e.g., home care, behavioral health care, nursing care center). Include an organization contact name and phone number for each program, as well as names or positions and phone numbers of activity participants from all the programs on these activity lists.

This Survey Activity Guide is created for small and large organizations. Some organizations will have one surveyor while others will have multiple surveyors. If you have any questions about the number of surveyors who will arrive at your site, please contact your Account Executive. If you are unsure of your Account Executive's name or phone number, call the Joint Commission switchboard operator at 630-792-3007 for assistance.

Preparing for Surveyor Arrival

Overview

The surveyors arrive unannounced or with short notice for most surveys. Please consult the program accreditation manual, “The Accreditation Process chapter”, “Unannounced Surveys” section, for more information about exceptions to the unannounced survey process. Changes to these exceptions may occur at any time and are published in the Joint Commission newsletter *Perspectives*.

***All CMS deemed surveys or surveys conducted for CMS recognition are unannounced.**

Comments received from staff in accredited organizations indicate that a planned approach for the surveyor’s arrival allows them to feel calmer and more synchronized with the survey. Whether the surveyor arrival is announced or unannounced, the first hour of the surveyor’s day is devoted to planning for your survey activities. This planning requires review of specific documents provided by your organization which can be found on the Document List for Home Care on the pages that follow. If these documents are not available when the surveyors arrive, they immediately begin to evaluate the care, treatment, or services provided to one of your patients through an individual tracer.

Preparing for Survey

Prepare a plan for staff to follow when surveyors arrive. The plan should include:

- Greeting surveyors: Identify the staff usually at the main entrance of your organization. Tell them about The Joint Commission and educate them about what to do upon the arrival of surveyors. Explain the importance of verifying any surveyor’s identity by viewing their Joint Commission identification badge. This badge is a picture ID.
- Who to notify upon their arrival: Identify leaders and staff who must be notified when surveyors arrive. Create a list of names, phone numbers, or cell phone numbers. Also, include the individual who will be the surveyor’s “contact person” during the survey. Identify alternate individuals in the event that leaders and staff are unavailable.
- A location for surveyors: Ask surveyors to wait in the lobby until an organization contact person is available. Surveyors will need a location that they will call their “base” throughout the survey. This location should have a desk or table, electrical outlet, phone access, **and internet access**.
- Validation of survey: Identify who will be responsible for the validation of the survey and the identity of surveyors. Identify the steps to be taken for this process. (See Surveyor Arrival activity description for these steps.)
- Readiness Guide and Accreditation Program-specific Document List: The Guide is created for you to use as a planning tool and can be included with your survey plan. Your organization should be prepared to have the requested documents available for review by surveyors as soon as your organization validates their identity. **If this information is not immediately available for surveyors at the Surveyor Preliminary Planning Session, they will begin the survey with an individual tracer.**
- Identifying who will serve as escorts for the surveyors.

- Identifying who will assist the surveyors with review of electronic records of care, if applicable to your organization; surveyors may ask to print some components of the record in order to facilitate tracer activity and subsequent record review.
- Identifying your organization's expectations for the on-site survey and who will share these with the survey team.

Note: When a situation is identified that could be a threat to health and safety, surveyors contact the Joint Commission administrative team. The Joint Commission either sends a different surveyor to investigate the issue or the surveyor on site will be assigned to conduct the investigation. Investigations include interviews, observation of care, treatment and service delivery and document review. Your cooperation is an important part of this process. Surveyors collaborate with the Joint Commission administrative team and outcomes will be communicated to your organization when a determination is reached.

Readiness Guide

Actions to take when surveyor arrives	Responsible Staff	Comments:
Greet surveyor(s)		
Verify identity		Look at picture ID to ensure they are from the Joint Commission
Ask them to wait		Location:
Validate authenticity of survey		Contact: _____ (this individual has a user ID and password to access the organization's Joint Commission extranet site) Phone number: _____

Note: Please download the entire Survey Activity Guide for additional information on how to prepare for survey

Survey Planning and Readiness Notes:

1. Please review the Home Care Survey Activity List to assist you in preparing for your survey. The list includes the potential survey activities that can occur on an accreditation survey, including the suggested duration, and suggested timing for these activities. This information will allow your organization to begin identifying participants that need to be involved in the survey. The activity list includes a column for your organization to use for recording participant names, possible meeting locations, times that could conflict with participant availability, or any other notes.
2. Make available as many of the materials noted on the Home Care Document List as possible for the Surveyor Preliminary Planning Session.
3. Work with your surveyor(s) to confirm the best day and time for specific survey activities to take place.

Contact your Account Executive with any questions related to this information

Home Care Accreditation Program - Document List

As a Home Health, Home Infusion Therapy, Hospice, Pharmacy and/or Home Medical Equipment/DMEPOS organization, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Surveyor Planning Session, which occurs on the first day of survey.

Note: The 12-month reference in the following items is not applicable to initial surveys.

As a Home Health, Home Infusion Therapy, Hospice, Pharmacy and/or Home Medical Equipment/DMEPOS organization, you will need the following information and documents available for the surveyor to review.

Documents Needed Within One Hour of Surveyor Arrival

- Name and phone number of key contact person who can assist surveyors in patient visits or observation of service delivery
- A copy of your organizational chart
- Active employee list with discipline or title
- List of all sites, branches and services provided, if applicable
- State licenses, certificates, etc.
- CLIA waiver and Waived tests being performed
- List of contracted agencies or contracted staff and the contract(s)
- Hospice only: List of patients on GIP, CC, or Respite

Tracer Selection Documentation (Lists needed within one hour of surveyor arrival)

- Active patient list with
 - Patient name
 - Diagnosis or therapy, equipment provided
 - Start of care date
- List of scheduled home visits for the duration of the survey including:
 - Type of service (home health, hospice, personal care and support)
 - Disciplines
 - Diagnosis
 - Date of admission
- List of scheduled deliveries, mail orders or planned walk in business for the days of survey and from specific points in time as delineated by the surveyor, including: Home Medical Equipment/DMEPOS, Pharmacy
 - Type of medication/therapy
 - Durable Medical Equipment, Prosthetics or Orthotics being supplied/delivered
 - Supplier's date of first encounter/admission
 - Address, IF delivery is part of the service
- List of all active rental equipment patients

Documents Needed During the Course of the Survey

General Organization Information

- Marketing material

- Admission packet – Documents such as patient rights and responsibilities, advanced directives, consents, charges, medication education information
- Policies and Procedures including:
 - Home Safety – safety checklist, O2, signs, fire extinguisher, smoke alarm (see NPSG.15.02.01)
 - Do not use abbreviations, approved abbreviations
 - Medication management policy
 - High risk medications
 - Look Alike Sound Alike (LASA) [for inpatient Hospice only]
 - Assessment and reassessment policies
 - Process/criteria for pain assessment and reassessment
 - Process/policy for case conferencing
 - Complaint process/policy
 - Budget & Surety Bond - DMEPOS
 - Equipment cleaning policy - DMEPOS
 - After Hours On-Call log - DMEPOS and Pharmacy
- Selected personnel files for employees and contractors observed during the survey will be requested for review

Performance Monitoring and Improvement Documentation

- Performance improvement data (12 months for re-surveys) including Perception of care/satisfaction data
- Medication error reports and adverse drug reactions
- Fall reduction program, fall risk assessment and evaluation of program
- Patient event, incident, or unusual occurrence reports, logs, or summary data
- Complaint logs
- Staff event, incident, unusual occurrence reports (for example: falls, sharps injury)
- Infection Control Summary Reports, 12 months of surveillance data
- Infection Control Plan including risk analysis
- Hand hygiene program, including policy, goals and surveillance data
- Flu program including goals and analysis of refusal data
- Emergency Management plan (Drills and evaluation of drills)
- Clean room monitoring records - Providers of Infusion Pharmacy Services
- Most recent culture of safety and quality evaluation data

Documents Required on Deemed Status Surveys

1. Unduplicated admissions for the past 12 months with diagnosis, start of care date and disciplines
2. Discharged patients for the past 12 months with diagnosis, start of care date and disciplines
3. Last State survey report, if applicable
4. Annual program evaluation
5. Budget, capital expenditures – 3 years
6. Quarterly record review documentation (recent 12 months)
7. HHA 12-month education calendar (HHA training program, if applicable)
8. CASPER provider reports (Please provide this data by lunch of day one.)
 - Risk Adjusted Potentially Avoidable Event Report (12 months)
 - Potentially Avoidable Event Report: Patient Listing (12 months)
 - Agency Patient Related-Characteristics Report
 - OASIS Submission Statistics by Agency report

- Error Summary Report by HHA
9. HQR/QAPI reports for the past quarter (initial survey) or past year (re-survey)

Document List Related to CMS Emergency Management Final Rule applies to Deemed Home Health Agencies and Deemed Hospices

Note: Document formats may vary, and many of the documents listed below may be included in the Emergency Operations Plan.

1. Prioritized Potential Emergencies (Hazard Vulnerability Analysis)
2. Emergency Operations Plan
3. Documentation of annual review and update of Emergency Operations Plan, including communication plans
4. Continuity of Operations Plan
5. Documentation of completed/attempted contacts with local, state, tribal, regional, federal EM officials in organization’s service area
6. Annual training
7. Patient evacuation procedures (inpatient hospice)
8. Tracking system for patients sheltered on-site and patients relocated to alternate site (inpatient hospice)
9. Tabletop exercise protocol
10. Patient emergency instructions based on assessed needs (home health agencies)
11. Integrated system risk assessments, plan, and annual review

For Hospice Inpatient facility-based care sites:

- Environment of care data
- **LOGS DEMONSTRATING TESTING FOR:**
 1. Generator load tests
 2. Automatic transfer switches
 3. Battery powered exit and egress signs
 4. SEPSS
 5. Supervisory signals
 6. Audible, manual and visual fire alarms
 7. Fire pumps
 8. Fire department outside connections
 9. Staff badges that open locked doors
 10. Sliding and rolling smoke and fire doors
 11. Water tank level alarms (cold weather)
 12. Water tank temperature
 13. Main drain for obstruction
 14. Fire extinguishers
 15. Fire extinguisher maintenance
- **DOCUMENTS DEMONSTRATING:**
 1. Fire drills with staff participation
 2. Water temperature in patients’ rooms
 3. Policy and testing for water biologicals
 4. Cooler and freezer temperature logs (kitchen)
 5. Fire suppression system in hood over gas range is cleaned (kitchen)
 6. Kitchen hood, duct work and filters are cleaned

7. Dishwasher temperatures
8. Eye wash water tests
9. SDS for all cleaning products
10. Wood fireplace vents / chimney cleaned

- **POLICIES:**

1. Conduct of environmental tours
2. Biological testing
3. Narcotic disposal process
4. Expired / recalled medication process
5. Patients bringing home medications into IPU

Additional Documentation Required for Pharmacy Surveys

- A list of current patients with start of care date and the type of compounded medication being provided. If there are a limited number of active patients receiving compounded medication, provide a list of discharged patients who received compounded medications representative of those provided by the organization. If the organization does high-risk medication compounding, at least one of the individual tracers should involve a patient that is receiving a high risk compounded medication such as a non-sterile bulk powder that becomes sterile through the compounding process). If no high-risk compounding is done at the organization, then medium risk compounded medications should be selected.
- Pharmacy organizational chart
- List of staff involved in medication compounding, including the pharmacist in charge
- Job descriptions for each category of pharmacy staff involved in medication compounding
- Beyond Use Dating assignment policy
- List of all Primary Engineering Controls (PECs) and Secondary Engineering Controls (SECs)
- Clean room monitoring and certification records for all PECs and SECs (certification records for the last year will be needed)
- All pharmacy facility licenses
- Most recent State Board of Pharmacy reports
- Policy, procedures, and software supporting medication recall and compounded medication returns
- Submitted DEA Form 222 and associated powers of attorney
- Competency assessments and performance evaluations for staff involved in medication compounding
- Remedial follow-up on failed competency reviews
- Pharmacy quality control checks and performance improvement data
- Performance improvement action plans that demonstrate how data have been used to improve care and services, when available
- All medication compounding related policies and procedures

Please note that this is not intended to be a comprehensive list of documentation that may be requested during the survey. Surveyors may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

Home Care Accreditation Survey Activity List

Survey Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Organization Participants (Refer to the Survey Activity Guide for more information)
Surveyor Arrival and Preliminary Planning	30-60 minutes	1 st day, upon arrival	
Opening Conference	30-60 minutes	1 st day, as early as possible; may be combined with the Orientation to Organization on surveys of shorter duration	
Orientation to Organization	45 minutes	1 st day, as early as possible; may be combined with the Opening Conference on surveys of shorter duration	
Individual Tracer	90-120 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals that surveyors trace varies by organization. Travel to perform tracer activity (e.g., patient home visits) will be planned into this time.	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution OR Surveyor Planning/Team Meeting	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Daily Briefing	15-30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment	30-60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization or in conjunction with Leadership session	
Environment of Care and Emergency Management	45-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
<u>Leadership and Data Use</u>	60 minutes	Towards the middle or end of <u>multi-day surveys</u> at a time negotiated with the organization	
System Tracer – Data Management	30-45 minutes	<u>Takes place on one day surveys only</u>	
Report Preparation	90-20 minutes	Last day of survey	
CEO Exit Briefing	15-30 minutes	Last day of survey	
Interim Exit	30 minutes	Last activity on last day of survey on surveys occurring simultaneously with other program surveys, e.g., hospital, or multi-service surveys, such as home care and pharmacy	
Organization Exit Conference	30-45 minutes	Last day, final activity of survey	
Life Safety Code® Building Assessment	45-60 minutes	Only occurs on Facility-Based Hospice surveys; at time negotiated with organization	
Regulatory Review	45-60 minutes	Only occurs on HME/DMEPOS surveys; At time negotiated with organization	

Surveyor Arrival

Organization Participants

Suggested participants include the organization's accreditation contact or survey coordinator.

Logistical Needs

- Identify a location where surveyors can wait for organization staff.
- Identify a location surveyors can consider as their "base" or work area throughout the survey.

Overview

Surveyors arrive at approximately 7:45-7:50 a.m. unless business hours, as provided in the application, indicate that your organization opens later. Surveyors will check in at the front desk, identifying themselves as Joint Commission surveyors.

Surveyor Arrival Activities

- Implement your Readiness Guide as discussed in the Preparing For Surveyor Arrival section
- Notify key organization members as identified in the pre-survey planning session of the surveyor's arrival
- Validate that the survey is legitimate by accessing your Joint Commission extranet site. A staff member in your organization with a login and password to your Joint Commission extranet website will follow through with this by:
 - Accessing the Joint Commission's website at www.jointcommission.org
 - Click on "the Joint Commission Connect" logo
 - Enter a login and password
 - If you cannot access the extranet site to validate the survey or surveyors, call your Account Executive
- Your organization's extranet site contains the following information (posted by 7:30 a.m. on the morning of your survey):
 - Notification of scheduled Joint Commission event authorizing the surveyor's presence for the unannounced survey
 - Surveyor name(s), picture and biographical sketch
 - Scheduled survey dates
- If you have not already downloaded a copy of your survey agenda, do so at this time.
- Begin gathering and presenting documents as identified in the Home Care Document List. Surveyors will start reviewing this information immediately.

Surveyor Preliminary Planning Session

Organization Participants

Suggested participants include the staff responsible for coordinating The Joint Commission survey and others as needed and identified by surveyors.

Logistical Needs

- The suggested duration of this session is approximately 30 to 60 minutes.

Surveyors need:

- A work area they can use as their “base” for the duration of the survey with a desk or table, telephone, **internet access**, and access to an electrical outlet, if possible.
- A means to secure their belongings.
- The name and phone number of a key contact person to assist them in survey planning and tracer selection.
- As much information and material noted on the Home Care Document list as possible.

Objectives

Surveyors will:

- Begin review of available documents to become acquainted with your organization.
- Plan for tracer activity.

Overview

After surveyors arrive and their identification has been verified, surveyors immediately begin planning for tracer activity by reviewing the documents you provide them. Refer to the Home Care Document List on the preceding page for the materials that surveyors need to review during the survey. They begin discussing the focus of the survey with the other surveyors (when applicable). If documents are not available for surveyors to review during this session, they will proceed to areas where care, treatment, or services are provided and begin individual tracer activity.

Opening Conference

Organization Participants

Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

Logistical Needs

The duration of this session is approximately 15 minutes. Immediately following this session is the Orientation to Your Organization. If possible, designate a room or space that will hold all participants and will allow for an interactive discussion. Inform surveyors at this time of any agenda considerations that may impact the activities for the day.

Objectives

Surveyors will:

- Describe the structure of the survey
- Answer questions your organization has about the survey
- Review your organization's expectations for the survey

Overview

Surveyors introduce themselves and describe each component of the survey agenda. Surveyors describe the System Tracers they will conduct. It is important for you to discuss and review your organization's expectations for the on-site survey with the surveyor(s). Questions about the on-site visit, schedule of activities, availability of documents or people and any other related topics should be raised at this time. Surveyors will also take time to introduce your organization to the revised Clarification procedures and new SAFER™ reporting process.

Orientation to Your Organization

Organization Participants

Suggested participants include the same participants as the Opening Conference. Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

Logistical Needs

The suggested duration of this session is approximately 30-60 minutes. **Do not prepare a formal presentation.** This session is an interactive discussion, and it is usually combined with the Opening Conference.

Objective

Surveyors will learn about your organization through an interactive dialogue to help focus subsequent survey activities.

Overview

During this session surveyors become acquainted with your organization. They begin to learn how your organization is governed and operated, discuss leaders' planning priorities, and explore your organization's performance improvement process.

Governance and operations-related topics for discussion include:

- Organization's mission, vision, goals, and strategic initiatives
- Organization structure
- Operational management structure
- Information management, especially the format and maintenance of medical records
- Contracted services and performance monitoring, including telemedicine services
- Health care errors reduction and/or patient/resident/individual served safety initiatives
- National Patient Safety Goals
- Community involvement
- Leader's role in emergency management planning
- The organization's patient population
- Organization activities related to risk awareness, detection and response as it relates to cyber emergencies
- Cleaning, disinfection and sterilization
- Pain assessment, pain management including nonpharmacologic treatment modalities, and safe opioid prescribing, when applicable
- **Home Care, Pharmacy:** Medication compounding services, scope, types, structure, workflows, and technology in use

Discussion topics include your:

- Leaders' ideas of your organization's potential risk areas
- Leader's approach to completing the Focused Standards Assessment (FSA) Tool and methods used to address areas needing improvement (resurveys only)
- Management and leadership's oversight and other responsibilities

Senior Leadership Role in Improving Performance discussion topics may include:

- How leaders set expectations, plan (set priorities), assess, and measure initiatives to improve the quality of services
- Organization approach to safety, including selection of Proactive Risk Assessment topics, resulting improvements, and Board/Governance involvement in safety issues
- Provision of personnel and resources including time, information systems, data management, and staff training

Note: Surveyors will request examples of performance improvement initiatives including evidence that performance was achieved and sustained.

Individual Tracer Activity

Joint Commission Participants

One surveyor per individual tracer

Organization Participants

Suggested participants include staff and management involved in the patient's care, treatment, and services.

Logistical Needs

The suggested duration of individual tracer activity varies but typically is 60-120 minutes. Care is taken by surveyors to assure confidentiality and privacy and they will seek the help and guidance of staff in this effort. Surveyors may use multiple patient records of care, treatment or services during an individual tracer. The purpose of using the record is to guide the review, following the care, treatment, or services provided by the organization to the patient.

A surveyor may arrive in a setting/unit/program/service and need to wait for staff to become available. If this happens, the surveyor may use this time to evaluate environment of care issues or observe the care, treatment, or services being rendered.

If there are multiple surveyors conducting the survey, they will make every effort to avoid visiting areas at the same time and will try to minimize multiple visits to the same location. However, an individual tracer does follow where the patient received services.

Objective

The surveyor will evaluate your organization's compliance with standards as they relate to the care and services provided to patients.

Overview

Most of the survey activity occurs during individual tracers. The term "individual tracer" denotes the survey method used to evaluate your organization's compliance with standards related to the care, treatment, and services provided to a patient. Most of this survey activity occurs at the point where care, treatment, or services are provided.

Initially, the selection of individual tracer candidates is based on your organization's clinical services as reported in your e-application and the general risk areas identified for the accreditation program which are listed in the Intra-Cycle Monitoring (ICM) Profile. Surveyors will also consider any organization-specific risk areas listed in the ICM Profile. As the survey progresses, the surveyors may select patients with more complex situations, which are identified through the system tracers, and whose care crosses programs.

The individual tracer begins in the setting/unit/program/service/location where the patient and his/her record of care are located. The surveyor starts the tracer by reviewing a record of care with the staff person responsible for the patient's care, treatment, or services. The surveyor then begins the tracer by:

- Following the course of care, treatment, or services provided to the patient from preadmission through post discharge

- Assessing the interrelationships between disciplines, departments, programs, services, or units (where applicable), and the important functions in the care, treatment or services provided
- Identifying issues that will lead to further exploration in the system tracers or other survey activities such as Environment of Care and Leadership Sessions

During the individual tracer, the surveyor observes the following (includes but is not limited to):

- Care, treatment or services being provided to patients by clinicians, including physicians
- The medication process (e.g., preparation, dispensing, administration, storage, control of medications)
- Infection control issues (e.g., techniques for hand hygiene, sterilization of equipment, disinfection, food sanitation, and housekeeping)
- The process for planning care, treatment or services
- The environment as it relates to the safety of patients and staff
- **Home Care, Pharmacy:** Actual compounding process and reviewing applicable policies as needed. He or she will enter the clean room to observe and will follow all organization requirements for staff entering the clean room (e.g., level of garb used for a pharmacist observing, but not engaging in actual sterile compounding).
 - A minimum of three (3) compounding activities per compounding risk level (low, medium, and high) will be selected. These must:
 - Be representative of the target therapies compounded in the organization
 - Include hazardous medications and radiopharmaceuticals, if they are being compounded in the organization
 - NOTE: If the organization receives compounded radiopharmaceuticals from an outside source, the reviewer will visit the area and speak to the staff that receives these medications.
 - Medium and high-risk compounding will be prioritized. For example, compounding of TPN, compounding of chemotherapy, compounding of product from non-sterile powder such as narcotic infusions
 - If your organization does not do any high-risk compounding, 3 medium and 3 low risk medications will be selected for review.

During the individual tracer, the surveyor interviews staff about:

- Processes as they relate to the standards
- Intradepartmental and interdepartmental communication for the coordination of care, treatment or services. (e.g., hand offs)
- The use of data
- National Patient Safety Goals
- Patient education
- Orientation, education, and competency of staff
- The IM systems they use for care, treatment and services (paper, fully electronic or a combination of the two) and about any procedures they must take to protect the confidentiality and integrity of the health information they collect

- o Back up procedures they've been instructed to use if the primary system is unavailable
- o If internet-connected health information, equipment, or devices are used in care, treatment, or service, staff may be asked to describe their access procedures (passwords, authentication, etc.), confidentiality measures, and instructions on down-time procedures
- o How they approach risk awareness, detection and/or response as it relates to potential cyber emergencies
- Pain assessment, pain management and safe opioid prescribing initiatives, when applicable, and resources made available by the organization; Prescription Drug Monitoring Database and criteria for accessing, when applicable
- **Home Care, Pharmacy:** Medication compounding related topics such as orientation, performance review of technique, gloved fingertip test and performance of media fill, accessing safety data sheets, staff safety and protection when hazardous medication are being prepared, cleaning hoods or isolators, checking compounding work, beyond use date (BUD)
- Other issues

During the individual tracer, the surveyor may speak with available licensed independent practitioners about:

- Organization processes that support or may be a barrier to individual served/patient/resident care, treatment and services
- Communications and coordination with other licensed independent practitioners (hospitalists, consulting physicians, primary care practitioners)
- Discharge planning, or other transitions-related resources and processes available through the organization
- Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred
- Pain assessment, pain management and safe opioid prescribing initiatives, when applicable and resources made available by the organization; Prescription Drug Monitoring Database and criteria for accessing, when applicable

During the individual tracer, the surveyor interviews patients and their families about:

- Coordination and timeliness of services provided
- Education, including discharge instructions
- Response time when call bell is initiated or alarms ring, as warranted by care, treatment or services
- Perception of care, treatment or services
- Staff observance of hand-washing and verifying their identity
- Understanding of instructions (e.g., diet or movement restrictions, medications, discharge and provider follow-up), as applicable
- Rights of patients
- **Home Care, Pharmacy:** The infusion the patient is receiving, including about the frequency, delivery, storage, etc.
- Other issues

Home Medical Equipment only: The surveyor requests the manufacturer, model, and serial numbers for all medical equipment provided by your organization.

Home Medical Equipment Mail Order: The surveyor traces mail order clients/patients in the same manner. They will utilize telephone support in lieu of patient home visits.

Home Medical Equipment Walk-in Business: The surveyor traces the client/patient services when they arrive at your organization. Due to the unscheduled nature of this business, survey activity is interrupted to accommodate tracers for walk-in clients/patients.

Using individual tracers for continuous evaluation

Many organizations find tracer activity helpful in the continuous evaluation of their services. If you choose to conduct mock tracers, in addition to clinical services, consider the following criteria in selecting patient.

Selection Criteria

- Patients related to systems such as infection control and medication management
- Patients who move between programs/services (e.g. home care or hospice patients received from the hospital, assisted living residents receiving home care services)
- Patients recently admitted to service
- Patients due for discharge or recently discharged from service
- Patients who cover multiple additional criteria listed below

Home Care (any service, as applicable)

Care provided to a patient:

- Receiving a high-risk medication or piece of equipment
- Receiving ventilator care
- Less than or equal to 18 years of age
- Receiving Maternal and/or childcare
- Receiving IV/Infusion therapy
- Receiving blood/blood component administration
- Undergoing acute care re-hospitalizations
- Receiving personal care and support services
- Receiving alternative complementary care
- Receiving oxygen therapy
- With a terminal condition

Hospice Services:

- Patient receiving facility-based care within the past 12 months
- Patient receiving continuous care/respice care
- Patient to whom infusion therapy is being administered
- Pediatric patient or a patient <18 years old
- Patient receiving alternative complementary care
- Patient being treated for pain

Pharmacy:

- Patient receiving a high-alert medication

Home Medical Equipment:

Patients receiving and using:

- Custom adult wheelchairs (usually fixed frame requiring assessment and fitting)
- Custom pediatric wheelchairs (usually fixed frame requiring assessment and fitting)
- Custom seating systems associated with the provision of wheelchairs
- Custom power wheelchairs (including power stretchers, etc.)
- Standard adult and pediatric power wheelchairs (custom and non-custom)
- Custom adult and pediatric ambulatory aids (prone standers, circular walkers, etc.)
- Multiple types of equipment
- Clinical respiratory services
- Rehab technology services
- Customized orthotics or prosthetics
- Respiratory equipment
- Durable medical equipment
- Specialized equipment with supplies

Program Specific Tracer – Equipment & Supply Management

Applicability

Applies to Home Medical Equipment organizations only.

Organization Participants

Suggested participants include staff from various areas such as drivers, technicians, and warehouse employees.

Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity

Objectives

The surveyor will:

- Learn how your organization processes equipment and supplies from initial receipt through decommissioning
- Evaluate the implementation effectiveness for specific pieces of equipment
- Identify processes and system issues contributing to failed equipment/supply management

Overview

During this tracer the surveyor focuses on high risk equipment identified from individual tracers. They evaluate all aspects of procurement, inventory, cleaning, maintenance, and decommissioning. The surveyor spends time walking through the sites responsible for the equipment management plan to evaluate the following:

- Safe environment and processes
- Staff education about the equipment/supplies
- Storage
- Obtaining physician orders
- Selection of the most suitable equipment/supplies to meet the patient's needs
- Preparation for delivery
- Delivery and set-up
- Tracking equipment location
- Patient education about the care and use of equipment/supplies
- Preventive maintenance
- Equipment failure management, including back-up
- Recall of equipment – monitoring, back-up equipment process
- Equipment return - cleaning and inspection processes
- Equipment repair
- Obsolete inventory
- Incident management

The surveyor interviews staff about:

- Any of the above processes
- Orientation, training and competency evaluation processes

Program Specific Tracer – Fall Reduction

Applicability

Applies to Home Health, Personal Care, Home Infusion Therapy, Home Medical Equipment and Hospice service providers

Organization Participants

Suggested participants include staff and management who have been involved in the individual's care, treatment, or services

Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity

Objectives

The surveyor will:

- Learn how your organization evaluates the patient's risk for falls
- Evaluate the action taken to reduce the risk of falling
- Understand your organization's plan for reducing the risk of injury, should a fall occur
- Identify processes and system issues contributing to a high re-hospitalization rate
- Evaluate the organization's compliance with NPSG.09.02.01 (Reduce the risk of falls).

Overview

During this tracer, the surveyor begins with review of the patient's home care record.

The surveyor interviews the direct care provider about the following topics related to the selected patient:

- Entry into care
- Risk assessment process for falls
- Identification of in-home environment
- Care planning process
- Coordination of care and communication process to internal and external customers
- Fall reduction education to the patient and caregiver

The surveyor conducts a home visit and interviews the patient and/or the caregiver about:

- Possible unsafe environmental issues that could lead to a fall
- Relevancy of the patient's medication to potential for falls
- Knowledge level about their fall risk status and preventive techniques to remain safe in the home

Program Specific Tracer – Hospital Readmission

Applicability

Applies to Medicare-certified Home Health organizations only.

Organization Participants

Suggested participants include staff and management involved in the individual's care, treatment, or services.

Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity

Objectives

The surveyor will:

- Evaluate the action taken to reduce the hospital readmission rate
- Evaluate the accuracy of medication lists and education
- Identify processes and system issues contributing to a high re-hospitalization rate

Overview

This tracer is conducted when the home health organization has a significantly higher percentage of patients who had to be admitted to the hospital or need urgent, unplanned medical care.

The surveyor begins this tracer where the home care record is maintained.

The surveyor interviews the case manager or direct care provider about the following issues:

- Entry into care
- Assessment of the patient
- Care planning process
- Coordination of care between patient care providers
- Education provided to the patient

The surveyor conducts a home visit and interviews the patient/caregiver about the following issues:

- Conditions leading to re-hospitalization
- Review medication
- The patients understanding about their medical condition and treatment.
- Educational materials received from your organization

Special Issue Resolution

Organization Participants

None, unless otherwise requested by the survey team

Logistical Needs

For surveys lasting more than one day, 30 minutes is scheduled toward the end of each day except the last.

Surveyors will inform your organization's contact person of what documentation, if any, is needed and any staff who they would like to speak with or locations they want to visit.

Overview

Surveyors explore issues that surfaced during the survey that could not be resolved. Depending on the circumstances, this may include:

- The review of policies and procedures
- The review of additional patient/resident/individual served records to validate findings
- Discussions with staff, if necessary
- Review of personnel and credentials files
- Review of data, such as performance improvement results
- Other issues requiring more discussion

Surveyor Planning/Team Meeting

Organization Participants

None

Logistical Needs

The suggested duration for this session is 30 minutes.

Overview

Surveyors use this session to debrief on the day's findings and observations and plan for upcoming survey activities.

Before leaving the organization, surveyors will return organization documents to the survey coordinator / liaison. If surveyors have not returned documentation, your organization is encouraged to ask surveyors for the documents prior to their leaving.

Daily Briefing

Organization Participants

Suggested participants include representative(s) from governance, CEO/Administrator or Executive Director, individual coordinating the Joint Commission survey, and other staff at the discretion of organization leaders

Logistical Needs

The suggested duration for this session is approximately 15 to 30 minutes and occurs every morning of a multi-day survey, except for the first day. Surveyors may ask to hold a daily briefing before concluding activity on the first day, depending on circumstances. If a surveyor cannot participate in this session because they are surveying at a remote location, you may be asked for assistance with setting up a conference call to include all surveyors and appropriate staff.

Objective

The surveyor will summarize the events of the previous day and communicate observations according to standards areas that may or may not lead to findings.

Overview

The surveyors briefly summarize the survey activities completed the previous day. During this session the surveyors make general comments regarding significant issues from the previous day, note potential non-compliance, and emphasize performance patterns or trends of concern that could lead to findings of non-compliance. The surveyors will allow you the opportunity to provide information that they may have missed or that they requested during the previous survey day. You may also present surveyors with information related to corrective actions being implemented for any issues of non-compliance. Surveyors will still record the observations and findings but will include a statement that corrective actions were implemented by the organization during the on-site survey.

Your organization should seek clarification from the surveyors about anything that you do not understand. Note that the surveyors may decide to address your concerns during a Special Issue Resolution Session, later in the day. It is important for you to seek clarification if you do not understand anything that the surveyors discuss.

Competence Assessment and Credentialing/Privileging

Organization Participants

Suggested participants include staff responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing licensed independent practitioner and other credentialed practitioner competency. There should be someone with authority to access information contained in personnel and credential files.

Logistical Needs

The suggested duration for this session is 30-60 minutes. In order to plan for a file review, inform the surveyors of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in personnel or credential files. The surveyor identifies specific staff, licensed independent practitioners, or other credentialed practitioners whose files they would like to review.

Objectives

The surveyor will:

- Learn about your organization's competence assessment process for staff, licensed practitioners, physicians
- Learn about your organization's orientation, education, and training processes as they relate to staff, licensed independent practitioners, and other credentialed practitioners encountered during individual tracers

Overview

The surveyor discusses the following topics:

- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission standards
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
- Performance improvement initiatives related to competency assessment for staff, licensed independent practitioners, and other credentialed practitioners
- Orientation of staff, licensed independent practitioners, and other credentialed practitioners to your organization, job responsibilities, and/or clinical responsibilities
- Experience, education, and abilities assessment
- Ongoing education and training
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Process for granting of privileges to licensed independent practitioners (AHC, NCC, OBS, OME)
- **Home Care, Pharmacy:** Compounding staff competence assessment
- Other topics and issues discovered during the tracer activity

Environment of Care and Emergency Management Session

Organization Participants

Suggested participants include leaders and other individuals familiar with the management of the environment of care and emergency management in all major areas within your organization. This may include the safety management coordinator, security management coordinator, facility manager, building utility systems manager, information technology (IT) representative, and the person responsible for emergency management.

Objective

The surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's management of the environment of care and emergency management processes.

Overview

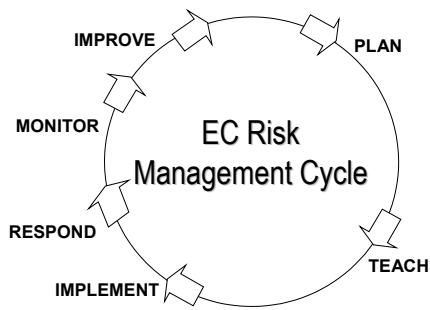
The duration of this session is approximately 45-90 minutes depending on the type of organization, services provided and facilities, and will consist of two parts: Environment of Care/Emergency Management discussion and Environment of Care tracer.

During the first part, there is a group discussion that takes approximately 70% of this session. Surveyors are not the primary speakers during this time; they are listeners to the discussion, it is not intended to be an interview. The discussion should include any recent improvements to the Emergency Operations Plan or any lessons learned from your emergency management exercises. The surveyors review the Environment of Care risk categories as indicated in the matrix below, and safety data analysis and actions taken by your organization.

The remaining time is spent as the surveyor observes and evaluates your organization's performance in managing a particular risk or management process in the environment of care. The management process or risk selected for observation is based on the environment of care documents previously reviewed, observation by other surveyors, and knowledge gained during the group discussion of this session.

Environment of Care Discussion and Emergency Management (Approximately 70% of session time) – Be prepared to discuss how the various Environment of Care risk categories¹ and construction activities, when applicable, are addressed in each of the following six management processes.

¹ The environment of care risk categories include general safety and security, hazardous materials and waste, fire safety, medical/laboratory equipment, and utilities (see matrix on the next page for applicability of risk categories to each accreditation program).



Plan

What specific risks related to its environment of care have been identified by your organization?

Teach

How have roles/responsibilities for staff/volunteers been communicated by your organization.

Implement

What procedures and controls (both human and physical components) does your organization implement to minimize the impact of risk to patients, visitors, and staff?

Respond

- What procedures does your organization implement to respond to an environment of care incident/failure?
- How, when, and to whom are environment of care problems, incidents, and/or failures reported within your organization.

Monitor

- How is environment of care performance (both human activities and physical components) monitored by your organization
- What monitoring activities have taken place within the last 12 months (on re-surveys)?

Improve

- What environment of care issues are currently being analyzed?
- What actions have been taken as a result of monitoring activities?

The following matrix is provided to assist in determining patterns of management process or risk category areas of concern and strengths.

	SAFETY and SECURITY	HAZMAT	EMG. MGT	FIRE	MED/LAB. EQ.	UTILITIES	CONSTRUCTION
PLAN							
TEACH							
IMPLEMENT							
RESPOND							
MONITOR							
IMPROVE							

If your organization wants to conduct a mock Environment of Care Session:

1. Identify a high risk process or category
2. Determine the location for that risk or category in your plans, e.g. safety, security etc.
3. Trace the risk or category through the phases in the first column: planning, teaching, implementing, responding, monitoring and improving
4. Note any gaps between what exists and what should be in place
5. Modify the process, as needed

Be prepared to discuss your organization's performance addressing the **emergency management requirements** including:

- Identifying potential risks and emergencies (such as those related to emerging infectious diseases) and what approach was used (such as all-hazards) that could affect demand for organization services or the organization's ability to provide services (sometimes referred to as a, Hazard Vulnerability Analysis)
- Risk, detection and response to cyber emergencies, including leadership support for IT system resilience, and IT representation in or informing emergency management planning and activities
- Determining response strategies and how the Emergency Management Plan supports these strategies
- Identifying your role in relation to the community's, county's, or region's emergency management program
- Identifying processes for the timely sharing of information with other health care organizations that provide services within the contiguous geographic area (*for hospitals and long term care organizations only*)
- Identifying an "all hazards" command structure that links with the community's command structure and
- Updating the emergency management plan to incorporate the opportunities for improvement identified during the evaluations (after action reports) of all emergency response exercises and actual emergencies.

Emergency Management CMS Final Rule – Applies to Home Health, Hospice, Ambulatory Surgery Centers using Joint Commission accreditation for deemed status purposes, and Rural Health Clinics and Federally Qualified Health Centers

Joint Commission surveyors will evaluate compliance with the CMS Emergency Management Final Rule regulations. These regulations will be evaluated using current Joint Commission standards plus additional elements of performance (EPs) developed specifically to align with the CMS requirements. During the Emergency Management session and tracer activities, surveyors will assess the following issues in the regulation using current and revised standards:

Emergency Management CMS Final Rule – Applies to Home Health, Hospice, Ambulatory Surgery Centers using Joint Commission accreditation for deemed status purposes, and Rural Health Clinics and Federally Qualified Health Centers

Joint Commission surveyors will evaluate compliance with the CMS Emergency Management regulations. These regulations will be evaluated using current Joint Commission standards plus additional elements of performance (EPs) developed specifically to align with the CMS requirements. During the Emergency Management session and tracer activities, surveyors will assess the following issues in the regulation using current and revised standards.

Emergency management program that includes, but is not limited to the following:

Planning

- Leaders participate in planning and development of the emergency management program
- Review and update at least every two years, including communication plans
- Identification of patient populations served, and services offered
- Continuity of operations and succession and delegation of authority plans
- Cooperation and collaboration with local, tribal, regional, state, and federal emergency management officials
- Facility-based and community-based risk analysis (**deemed Home Health and Hospice only**)

Policies and procedures, including the following:

- Review and update at least every two years of policies and procedures related to emergency management plan
- Scope of responsibilities for evacuated patients
- Role of volunteers and integration of federal health care workers
- Federal disaster waivers
- Subsistence needs of sheltered/evacuated patients and staff (**deemed Home Health and Hospice only**)
- Informing state/local officials of on-duty staff and patients that cannot be located (**deemed Home Health only**)
- Tracking staff and patients (**deemed Hospice only**)

Communication, including the following:

- Contact information on staff, physicians, volunteers, tribal groups, and others
- Communication with external sources of assistance for emergency response
- Primary/secondary means of communicating with external authorities (**deemed Home Health and Hospice only**)
- Means of providing information on condition/location of patients to community and local incident command system (ICS) (**deemed Home Health and Hospice only**)

Training and testing, including the following:

- Train all new and existing staff in emergency procedures initially, at least every two years, and when policies and procedures are significantly updated.
- Conducts exercises to test the emergency plan.
 - For deemed Home Health Agencies and home-based Hospice – conduct at least one annual exercise per year, as follows:
 - Every two years, participate in a full-scale, community-based exercise (if available) or conduct a functional, facility-based exercise; **and**
 - Every two years, (or in the opposite year from above) conduct an exercise of choice (full-scale, functional, mock disaster, tabletop, or workshop)
 - For deemed hospices providing inpatient care in their own facility- conduct at least two exercises per year, as follows:
 - Conduct one full-scale, community-based exercise (if available) or a functional, facility-based exercise; **and**
 - Conduct one exercise of choice (full-scale, functional, mock disaster, tabletop, or workshop)
- Documentation of all training and exercises conducted
- Identification of opportunities for improvement include din evaluations (after action reports)

Integrated Healthcare Systems option, including the following:

- Confirmation of participation in the system's integrated emergency management plan
- Designation of a staff member(s) who will collaborate with the system in developing the program

- Documentation of the organization's emergency management activities and plan in relation to the system's integrated emergency management program
- Communication procedures for planning and response activities in coordination with the system's integrated emergency preparedness program
- Confirmation that each separately certified organization that is part of a unified and integrated system addresses and complies with all elements of the EM program including unique circumstances, patient populations, and services offered (HVA, EOP, policies and procedures, and training and testing).

Environment of Care Tracer (Approximately 30% of session time)

The surveyor observes and evaluates your organization's performance in managing the selected Environment of Care risk. They observe implementation of those particular management processes determined to be potentially vulnerable or trace a particular risk(s) in one or more of the environment of care risk categories your organization manages by:

- Beginning where the risk is encountered or first occurs. (i.e., a starting point might be where a particular safety or security incident occurs, a particular piece of medical equipment is used, or a particular hazardous material enters your organization)
- Having staff describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs, and how to report the problem or incident
- Assessing any physical controls for minimizing the risk (i.e., equipment, alarms, building features)
- Assessing the emergency management plan for mitigation, preparedness, response, and recovery strategies, actions and responsibilities for each priority emergency
- Assess the emergency plan for responding to utility system disruptions or failures (e.g., alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services)
- If equipment, alarms, or building features are present for controlling the particular risk, reviewing implementation of relevant inspection, testing, or maintenance procedures
- If others in your organization have a role in responding to the particular problem or incident, having them describe or demonstrate that role, and reviewing the condition of any equipment they use in responding

If the risk moves around in your organization's facility (i.e., a hazardous material or waste), the surveyor follows the risk from "cradle to grave."

Life Safety Code® Building Assessment

Applicability

This activity only applies to certain facility-based hospice settings (see the Life Safety chapter overview in the program's *Accreditation Manual* for more information).

Organization Participants

Suggested participants include the individual who manages your organization's facility and other staff at the discretion of your organization.

Logistical Needs

The surveyor will need a ladder and flashlight for this activity and the escort needs to have keys or tools necessary to open locked rooms, closets or compartments in order to allow the surveyor access to and observation of space above the ceilings.

In preparation for this session, the surveyor meets with an organization staff member to become oriented to the layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with sprinklers, areas under construction, and any equivalencies granted by the Joint Commission). This activity is greatly facilitated if the organization has plans and drawings available that display the building fire safety features. The surveyor will also review your organization's processes for Interim Life Safety Measures (ILSMs).

Objectives

The surveyor will:

- Evaluate the effectiveness of processes for maintaining fire safety equipment and fire safety building features
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code*® problems
- Evaluate the effectiveness of processes for activities developed and implemented to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code*® or during periods of construction
- Evaluate the effectiveness of processes for maintaining and testing any emergency power systems
- Evaluate the effectiveness of processes for maintaining and testing any medical gas and vacuum systems
- Determine the degree of compliance with relevant *Life Safety Code*® requirements
- Educate attendees on potential actions to take to address any identified *Life Safety Code*® problems

Facility Orientation

1. Meet with appropriate organization staff to become oriented to the:
 - Layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with automatic sprinklers, areas under construction, and any equivalencies granted by the Joint Commission)
 - Organization processes for Interim Life Safety Measures (ILSMs)

Overview of Building Tour

Surveyors will:

- Assess operating/procedure rooms for proper pressure relationships (if any)
- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- Assess required fire separations
- Assess required smoke separations (at least two)
- Conduct an "above the ceiling" survey at each location identified above by observing the space above the ceiling to identify:
 - penetrations of smoke, fire or corridor walls
 - smoke or fire walls that are not continuous from slab-to-slab and outside wall to outside wall
 - penetrations or discontinuities of rated enclosures including hazardous areas, stairwells, chutes, shafts, and floor or roof slabs
 - corridor walls that are not slab-to-slab or do not terminate at a monolithic ceiling (if the building is fully sprinklered and the ceiling is smoke tight, the walls may terminate at the ceiling line)
 - the presence or absence of required smoke detectors or fire dampers
 - the presence or absence of required fire proofing on structural members such as columns, beams, and trusses
- Verify that fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- Assess any kitchen grease producing cooking devices
- Assess the bottoms of any laundry and trash chutes
- Assess the **main** fire alarm panel (if any)
- Assess the condition of emergency power systems and equipment
- Assess any medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

Documentation of Findings

A Life Safety Code® deficiency will be recorded as a Requirement for Improvement in the Summary of Survey Findings Report.

System Tracer – Data Management

Applicability

Applies to home care surveys that are one day in duration only. Multiple day surveys will have a combined Leadership and Data Use activity.

Organization Participants

Suggested participants vary depending on the focus of the tracer. Surveyors inform your organization who should participate in this session.

Logistical Needs

The suggested duration for this activity is 30-45 minutes. Space that can accommodate both organization and Joint Commission participants.

Objective

Surveyors will learn about how your organization is using data to evaluate the safety and quality of care and services being provided to patients. They will also seek to understand, as well as, assess your organization's performance improvement processes including the management and use of data.

Overview

During the Surveyor Preliminary Planning Session, surveyors review your organization's data and performance improvement projects in preparation to discuss the following fundamental principles of performance improvement:

- Planning for data use including how your organization identifies and prioritizes measurement and performance improvement projects
- Data collection methodology to ensure that all data is collected as planned, and that it is accurate and reliable
- Data aggregation and analysis and the processes for turning it into useful information
- Data use in your organization – be prepared with examples of how it is used on an ongoing basis, how it is used in periodic performance monitoring and project based activities

Data-related topics that will be discussed during this session include:

- The organization's strengths in relation to the performance improvement principles
- Principles that the organization would like to improve upon
- Tools and methodologies being used in quality assessment and performance improvement activities and initiatives
- Infection Control
- Staff compliance with employee health screening requirements
 - COVID-19 staff vaccination requirements (deemed home health, hospice, and home infusion therapy)
- Medication Management
- National Patient Safety Goal performance data
- Contracted services performance monitoring
- Organization directed data collection

- Proactive risk assessment, when applicable
- Regulated data collection, e.g., OASIS, MDS, other federal or state reporting, etc.
- Incident/error reporting
- Assessing the organization's culture of safety
 - Instrument being used and scope of use (organization-wide or limited implementation)
 - Response rate and tracking over time
 - Results reporting
 - Benchmarking (internal and external)
 - Quality improvement projects undertaken to improve safety culture

Leadership and Data Use Session

Organization Participants

Suggested participants include:

- Leaders with responsibility and accountability for design, planning, organizational processes, and data management
- At least one member of the governing body or an organization trustee
- Senior organization leaders such as administrator, director(s)

Logistical Needs

The suggested duration for this activity is 60-90 minutes. Meeting space that can accommodate both organization and Joint Commission participants will be needed.

Objective

To learn about:

- Leadership's role on the journey to high reliability
- Organization's culture of safety and assessment process
- Leadership's oversight and participation in the collection and use of data
- Organization's performance improvement process
- Leadership's role in revising and adjusting goals and plans to achieve improvement and positive outcomes

Overview

During this session, surveyors will explore, through organization-specific examples,

- Leadership commitment to improvement of quality and safety
- Creating a culture of safety
- Robust process improvement
- Observations that may be indicative of system-level concerns

The surveyor facilitates discussion with leaders to understand their roles related to performance of your organization-wide processes and functions. This discussion will be a mutual exploration of both successful and perhaps less successful organization performance improvement initiatives, or introduction of a new service or an optimal performing department, unit, or area vs. one in need of improvement. Surveyors will want to hear how leaders view and perceive these successes and opportunities and learn what they are doing to sustain the achievements, as well as encourage and support more of the same success.

Throughout the discussion surveyors will listen for examples of:

- Adoption of performance improvement fundamental principles of planning, data collection, data aggregation and analysis, and data use.
- Leaders' chosen improvement methodology and tools and their satisfaction with the approach and how well it is serving their needs and those of staff.
- The planning process, including how leaders envision the performance of processes that are selected for improvement.

- Use of data once it is collected
- Approaches used to change processes and workflow
- Communication about newly implemented processes throughout the organization
- Leadership support and direction, including planning and resource allocation
 - The degree to which the implementation is comprehensive and organization-wide
 - The relationship of the function or process to patient safety and quality
 - How the effective performance of the function or process is evaluated and maintained

The surveyor will discuss with leaders and staff the organization's:

- Compliance with National Patient Safety Goals.
- Challenges related to coordination of patient care.
- Efforts to achieve the characteristics of a high reliability organization—flexibility, agility, ability to sustain effective performance, including:
 - Examples of progress being made and what characteristics they are struggling to achieve and maintain.
 - Internal systems and how they do or do not support their efforts to be a high reliability organization.
 - If leaders have studied the organization's ability to sustain effective performance, and what aspect of performance they chose to study, why and what approach was taken to research performance sustainability.
- Safety culture in the organization, including
 - Assessment process/tool
 - Scope of assessment activity
 - Response rates
 - Willingness of people at all levels to discuss safety issues
 - Internal or external benchmarks
 - Board involvement in setting expectations
 - Leaders' response to safety concerns
 - Improvement projects undertaken to improve safety culture scores
 - Code of conduct for staff and leaders
 - Process for reporting of intimidating and disrespectful behavior
 - Process for dealing with intimidating and disrespectful behaviors.

The surveyor will want to discuss how performance improvement principles are integrated into organization systems, processes, and outcomes such as:

- Patient satisfaction surveys.
- Infection prevention and control, including:
 - Staff influenza vaccination program.
 - Staff COVID-19 vaccination requirements (deemed home health, hospice, and home infusion therapy organizations).
 - Staff compliance with employee health screening requirements.
 - Medication management systems, if applicable.

- Managing near misses, close calls, actual errors
 - What is the process for staff to report such occurrences?
 - How often is it used? Any recent examples?
 - How does the organization determine whether actual errors, when a patient is harmed, were a system error or a person is responsible and should be held accountable?
 - Does the organization conduct root cause analyses of all near misses/close calls?
- Utilization of data, resources, and services.
- Risk assessment/management activities.
- Pain assessment and management (opioids).
- Performance of contracted services, if applicable.

Regulatory Review – Home Medical Equipment

Applicability

This activity only applies to Home Medical Equipment service providers.

Organization Participants

Suggested participants include those responsible for billing, posting revenue and reconciliation of accounts. Additionally, staff responsible for budgeting and oversight of client complaints will be interviewed.

Logistical Needs

The suggested duration of this session is approximately 60 minutes. A location with access to accounting documents is needed. Surveyors can go to the billing staff desks and review information on the computer if that is the most convenient way of viewing the information.

Objective

The surveyor will learn about your organization's financial management processes relative to Medicare/Medicaid billing and receivables

Overview

During this session the surveyor will want to learn about your organization's processes for internal oversight and reconciliation processes (monitoring) to ensure that:

- Medicare/Medicaid is being billed only for supplies and equipment provided the a patient/client; and
- Medicare/Medicaid payments are being appropriately assigned to a patient/client account; and
- Money is being deposited into the organization's account.

Surveyors will want to interview staff about your organization's process for complaint receipt, tracking and resolution and will ask to see your complaint log.

Annual Budget Review: Your organization's annual budget will be reviewed if it is available.

Surveyor Report Preparation

Organization Participants

None

Logistical Needs

The suggested duration of this session is approximately 60-120 minutes. Surveyors need a room that includes a conference table, power outlets, telephone, and internet access.

Overview

Surveyors use this session to compile, analyze, and organize the data collected during the survey into a report reflecting your organization's compliance with the standards. Surveyors will provide you with the opportunity to present additional information at the beginning of this session if there are any outstanding surveyor requests or further evidence to present from the last day of survey activity. Surveyors may also ask organization representatives for additional information during this session.

CEO Exit Briefing

Organization Participants

Suggested participants include the Chief Executive Officer (CEO) or Administrator, if available

Logistical Needs

The suggested duration of this session is approximately 10 to 15 minutes.

Objectives

Surveyors will:

- Review the survey findings as represented in the Summary of Survey Findings Report
- Discuss any concerns about the report with the CEO/Administrator
- Determine if the CEO/Administrator wishes to have an Organization Exit Conference or if the CEO/Administrator prefers to deliver the report privately to your organization

Overview

Surveyors will review the Summary of Survey Findings Report (organized by chapter) with the most senior leader. Surveyors will discuss any patterns or trends in performance. Surveyors will also discuss with the most senior leader if they would like the Summary of Survey Findings Report copied and distributed to staff attending the Organization Exit Conference.

Organization Exit Conference

Organization Participants

Suggested participants include the CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.

Logistical Needs

The suggested duration of this session is approximately 30 minutes and takes place immediately following the Exit Briefing.

Objectives

Surveyors will:

- Verbally review the Summary of Survey Findings Report, if desired by the CEO
- Review identified standards compliance issues

Overview

Surveyors will verify with participants that all documents have been returned to the organization. You are encouraged to question the surveyor about the location of documents if you are unsure.

Surveyors will review the Summary of Survey Findings Report with participants. Discussion will include the SAFER™ matrix, Requirements for Improvement, and any patterns or trends in performance. Surveyors will provide information about the revised Clarification process. If follow-up is required in the form of an Evidence of Standard Compliance (ESC) the surveyors explain the ESC submission process.

Note: Surveyors will direct you to information on your extranet site that explains “What Happens after Your Survey.”

For organizations being surveyed under more than one accreditation manual or for more than one service under one accreditation manual, there may be instances when surveyors from other programs will not be present for the entire duration of the survey. In this situation, the surveyor departing early will request an Interim Exit Conference where they may provide your organization with a brief oral report of their findings and at that time will respond to questions.

For Home Care & Hospice Deemed Status, surveyors communicate their findings relating to the Medicare Conditions of Participation. This includes describing the regulatory requirements that the organization does not meet and the findings that substantiate these deficiencies.

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