

# Laboratory Accreditation Survey Activity Guide 2022







**The Joint Commission**

# **Survey Activity Guide for Laboratory Accreditation**

**January 2022**

## What's New for 2022

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

### **Changes effective: January 1, 2022**

**Orientation to the Organization** – Added discussion topics to explore compliance with the new Performance Improvement standards and elements of performance.

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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 work space 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 recognize that 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 Lists for each accreditation program in 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/residents/individuals served 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 for these steps.)
- Readiness Guide and Laboratory Program 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 documents available for 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 surveyor(s).
- Identifying who will assist the surveyor(s) with review of electronic records of care, if applicable to your organization; surveyors may ask to print some components of the record 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 surveyor.

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 Laboratory Survey Activity Guide for additional information on how to prepare for survey

The Laboratory program Document List and Survey Activity List appear on the pages that follow. These lists are intended for use with the Laboratory Accreditation Survey Activity Guide.

## Survey Planning and Readiness Notes:

Please review the 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.

Please 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

# Laboratory Accreditation Document List

As a Laboratory, you will need the following information and documents available for the surveyor to review during the Surveyor Planning Session which occurs on the first day of survey:

*Note: The 24-month reference in the following items is not applicable to initial surveys, except for proficiency data. For initial surveys, a minimum of 4 months of data must be available for review.*

**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.

## Organization Information:

- Name of key contact person who can assist surveyors in planning tracer selections
- An organizational chart and map of the facility

## Regulatory Review:

- CLIA Certificates, Specialties and Subspecialties, State Licenses
- A list of specialties and subspecialties performed by the laboratory, a list of tests performed (e.g. the test menu) and major instruments used by the laboratory service, including all other ancillary and point-of-care sites performing laboratory tests
- Form CMS-209 to be completed by the laboratory onsite (please refer to the CMS website to obtain the form)
- Documentation of reporting SARS-CoV-2 test results

## Proficiency Testing:

- Proficiency data by CLIA number for the past 24 months (required for initial and resurveys) including all investigations, worksheets, and attestations, the last 6 events.
- A list of tests that do not use proficiency testing for accuracy and precision for verification
- Results of alternative performance verifications

## Process Improvement, Infection Control and EOC:

- Performance Improvement Data for the past 24 months
- Results of periodic laboratory environment inspections from the safety committee or safety officer and manifests for disposal of hazardous waste
- Emergency Operations Plan, and evaluations of exercises and responses to actual emergencies
- Errors/accidents/nonconformances/complaints
- Internal and external audits/assessments, PI monitors
- Most recent culture of safety and quality evaluation data

## Credentials, HR File Review and Competency Assessments:

- Laboratory Director(s) credential file and contract
- Personnel licenses or certification if required by the state or the policy of the organization
- List of all testing personnel qualifications, hire date, training & competency records for the past 24 months
- Proof of highest level of education for testing personnel

**IQCP:**

- IQCP documentation for all applicable test systems
  - Risk Assessment
  - Quality Control Plan
  - Quality Assessment
- Implementation date
- Documentation of review of Quality Control Plan
- In cases where IQCP was discontinued, risk assessment documentation for the past 24 months

**General Laboratory Documentation:**

- Ability to retrieve testing records for patients who have had laboratory tests or other services for the past 24 months
- Correlations and Calibration Verifications for the past two years for all test systems
- A list of new instruments and new tests that have been implemented in the past two years and their validation studies
- Temperature charts
- QC records including EQC and attempts at IQCP
  - Include daily quality control with dates and times performed as well as peer data
- List of critical equipment/supplies and maintenance records
- Policies, processes, and procedures
- The normal patient prothrombin time mean for your current lot of thromboplastin reagent
- The international sensitivity index (ISI) value specific to the lot of thromboplastin reagent in use.

**Miscellaneous:**

State of California Surveys: Using the **Surveyor Checklist to Unique Requirements of California Department of Public Health**, laboratories should review and ensure compliance to specific state regulations that apply to their facility (the form is available on the organizations secure Joint Commission *Connect* extranet site under the Survey Process tab, Laboratory Tools)

## Laboratory Accreditation Survey Activity List

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Key Organization Participants (Refer to Survey Activity Guide for more info.)
Surveyor Arrival and Preliminary Planning	15-30 minutes	1 <sup>st</sup> day	
Opening Conference	15-30 minutes	1 <sup>st</sup> day, as early as possible	
Orientation to Organization	30-45 minutes	1 <sup>st</sup> day, as early as possible	
Regulatory Review	30-45 minutes	1 <sup>st</sup> day; must occur before or just after Surveyor Planning Session	
Proficiency Testing Validation/Performance Improvement Data Review	90-180 minutes	1 <sup>st</sup> day, must occur immediately after Regulatory Review	
Lunch	30 minutes	At a time negotiated with the organization	
Tracer Activity	60-120 minutes	Tracer activity occurs throughout the survey; the amount of tracer activity varies by organization	
Environment of Care and Emergency Management	45-90 minutes	Organization and surveyor determine if these topics will be covered during tracer activity, in a scheduled meeting, or a combination of the two	
Issue Resolution	30 minutes	As needed; end of each day except last; can be scheduled at other times as necessary	
Team Meeting/ Surveyor Planning	30 minutes	Mid-day and/or end of each day except last when more than one surveyor on site	
Daily Briefing	15-30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Human Resources and Competence Assessment	60-120 minutes	After completion of most tracer activity; some topics may be explored, and some record review may occur during Tracer Activity; additional record review takes place at scheduled time	
Report Preparation	60-120 minutes	Last day of survey	
CEO Exit Briefing	15 minutes	Last day of survey	
Organization Exit Conference	30 minutes	Last day, final activity of survey	

NOTE: Regulatory review may be extended for laboratories performing IQCP to provide adequate time for document review

# Surveyor Arrival and Preliminary Planning

## Joint Commission Participants

Surveyors

## Organization Participants

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

## Logistical Needs

Identify a location where surveyors can wait for organization staff to greet them and a location where surveyors can consider as their “base” throughout the survey. This area should have a desk or table, telephone, **internet access**, and access to an electrical outlet, if possible. Provide the surveyors with the name and phone number of a key contact person who will assist them in coordinating survey activities and tracer selection.

## 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](http://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 identify the 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 Laboratory Accreditation Document List found earlier in this guide. Surveyors will start reviewing this information immediately.

## Preliminary Planning Activities

### Objectives

Surveyors will:

- Review and confirm the survey agenda
- Plan for tracer activity
- Review documents to become acquainted with your organization

**Overview**

Surveyors plan for tracer activity by reviewing notes from completed activities as well as documents you provide. If documents are not available for surveyors to review at the designated time, they will proceed to areas where care, treatment, or services are provided and begin tracer activity.

# Opening Conference

## Joint Commission Participants

Surveyors

## Organization Participants

Suggested participants include members of the governing body and senior leadership (representing all laboratory programs/services), laboratory director on the CLIA certificate, and laboratory manager/supervisor. 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 15-30 minutes. Immediately following this session is the Orientation to the Organization activity. 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. 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 if your organization is not yet familiar with these features of accreditation.

# Orientation to the Organization

## Joint Commission Participants

Surveyors

## Organization Participants

Suggested participants include the same participants as the Opening Conference. Suggested participants include members of the governing body and senior leadership. 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 30-45 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:

- Laboratory's role in the organization's mission, vision, goals, and strategic initiatives
- Organization structure
- Operational management structure
- Leadership Safety Culture
- Laboratory information management system, especially the format and maintenance of laboratory results in patient clinical records
- Contracted services and performance monitoring, including telepathology services
- National Patient Safety Goals
- Community involvement
- Laboratory role in emergency management planning
- Laboratory patient population
- Organization activities related to risk awareness, detection and response as it relates to cyber emergencies
- Test utilization and process for addition/deletion of tests and quality management system in place (e.g. IQCP)

Discussion topics include your:

- Leaders' ideas of your organization's potential risk areas
- Leaders 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, assess, and measure initiatives to improve the quality of services
- Routine performance monitoring and identifying and prioritizing improvement projects
- Use of data in strategic and project-level decision-making and planning
- Improvement methodology and improvement tools being used
- Organization approach to safety, including selection of Proactive Risk Assessment topics, resulting improvements, and Board/Governance involvement in safety issues
- Provision of laboratory 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.

# Proficiency Testing Validation/Performance Improvement Data Review

## Joint Commission Participants

Surveyor

## Organization Participants

Laboratory director(s) on all CLIA certificates held by the organization, the laboratory administrative director and/or manager and other staff or laboratory staff as designated by the organization

## Logistical Needs

The suggested duration of this session is approximately 90-180 minutes. A room is needed to accommodate organization and Joint Commission surveyor participants.

## Objective

The surveyor will verify that the laboratory is enrolled and participates in a CMS-approved proficiency testing program for each regulated analyte and will review proficiency testing performance for regulated and non-regulated analytes (if applicable), including documentation of remedial action for each result exceeding acceptable limits.

## Overview

During this session the surveyor will review and discuss the following documents with laboratory representatives:

- All proficiency testing results for the last two years (previous six testing events)
- All records of test handling, preparation, processing, examination, and results reporting, and signed attestation statements provided by the proficiency feedback reports
- Documentation of review of each proficiency report and documentation of review of problems or potential problems with remedial actions, as indicated
- Performance improvement data
- Record retention policies and procedures

# Regulatory Review - LAB

## Joint Commission Participants

Surveyor

## Organization Participants

Laboratory leadership

## Logistical Needs

The suggested duration of this session is approximately 30 minutes. A room is needed to accommodate organization and Joint Commission surveyor participation.

## Objective

The surveyor will verify that licensing and services provided by the laboratory comply with law and regulation.

## Overview

During this session the surveyor will:

- Verify CLIA certificates:
  - Director
  - Specialties/subspecialties
  - Type corresponds to level of testing
- Verify license requirements of lab, director and staff
- Verify proficiency testing provider and enrollment period
- Determine test volumes per CMS guidelines for specialties
- Review of IQCP documentation, if applicable
- Review the documentation of SARS-CoV-2 test result reporting:
  - Review logs to assure that all test results have been reported.
  - If faxing: Verify fax transmittal confirmation that the faxes are successful.
  - If electronic or manual: Verify that the process has been validated.

# Individual Tracer Activity

## Joint Commission Participants

One surveyor per individual tracer

## Organization Participants

Suggested participants include staff and management involved in the individual'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 individual served/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 individual served/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 individual served/patient received services.

## Objective

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

## Overview

Most 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 an individual served/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. Surveyors will select enough individuals served/patients to trace allowing for review of all laboratory specialties and subspecialties. As the survey progresses, the surveyors may select patients/individuals served with more complex situations and whose care crosses programs and different laboratory specialties. Additional tracers may be selected based on several other indicators such as: Review of proficiency testing and quality control data, most frequent diagnoses treated by the organization, selected locations within the hospital, and a range of service dates.

To evaluate consistency of practice for the previous two years, surveyors will be selecting at least one individual served/patient clinical record for review from the following periods of time preceding the current date of survey:

- 13 to 24 months
- 6-12 months

- Within the last 6 months

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

- Following the course of laboratory testing from preanalytical through post analytical phases of testing.
- Assessing the interrelationships between disciplines, departments, programs, services, or units (where applicable), and the important functions in the care, treatment or services provided by the laboratory and the leadership.

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

- Care, treatment or services being provided to individuals served/patients by clinicians, including physicians
- Infection control issues (e.g., techniques for hand hygiene, sterilization of equipment, disinfection, laboratory, and housekeeping)
- The environment as it relates to the safety of patients/individuals served and staff
- Quality control, IQCP documentation (as applicable), maintenance and testing performance

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
- Individual served/patient flow through the organization
- National Patient Safety Goals
- Orientation, education, and competency of staff
- The information management 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
  - Back up procedures they've been instructed to use if the primary system is unavailable
  - 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
  - How they approach risk awareness, detection and/or response as it relates to potential cyber emergencies
- 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 care, treatment and services

- Communications and coordination with other licensed independent practitioners (hospitalists, consulting physicians, primary care practitioners)
- Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred

During the individual tracer, the surveyor may interview individuals served/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, discharge, and provider follow-up), as applicable
- Other issues

### **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 patients/individuals served.

- Top ten DRGs for the organization
- Inconsistent or trending proficiency test performance
- Emergency release, transfusion reaction, and blood transfusions
- List of critical values from randomly selected dates
- Positive blood cultures from randomly selected dates
- Microbiology special requests
- Patients/individuals served who move between programs/services that have experienced laboratory services, for example:
  - Patients being discharged from the hospital to home with scheduled follow-up in ambulatory care
  - Patients discharged from the hospital to home with planned home care
  - Patients discharged from the hospital to a nursing care center or residence
  - Patients referred to another specialty provider within the same organization

### **Laboratory Tracer Activity**

- Patient sample testing in laboratory sections (i.e., hematology, chemistry, microbiology, blood bank)
- Policy and procedures that guide testing performance of patient samples
- Maintenance of laboratory equipment
- Preanalytical, analytical and post analytical procedures

### **Blood Bank Tracers**

- Transfusion reaction reports
- Quality control results for day (month) of testing
- Maintenance of equipment for day (month) of testing
- Lot number in use for day (month) of testing

- Acquisition/disposition records (for products infused)
- BPD incidents and/or reports
- Permanent patient record system and system for recording alloantibodies/transfusion reactions
- Follow blood product to a patient
- Cell salvage, blood warmers
- Therapeutic apheresis procedures (phlebotomy or plasma apheresis)
- Blood utilization statistics and reports

### **Bacteriology, Mycology and AFB Tracers**

- Validation of new tests, or equipment, or process
- Media receipt and quality control (if applicable)
- Manual biochemical quality control
- Automated biochemical quality control (ID per lot)
- Sensitivity quality control (manual and automated)
- Maintenance
- Lot numbers in use at time of tracers
- Review infection control policy; interview Infection Control coordinator
- TAT or AFB smears
- Review antibiogram
- Confirmatory testing (if applicable ex. Strep screen)

### **Chemistry Tracers (include quantitative Immunology if applicable)**

- Quality control for day (month) of testing
- Maintenance for month of testing
- Calibration prior to day of testing
- Calibration verification (if applicable) last two years
- Lot numbers in use at time of testing
- Correlation (if applicable) last two years
- Review of validation of new tests or equipment implemented in last two years

### **Coagulation Tracers**

- Quality control for day (month) of testing
- Maintenance for month of testing
- Calibration (if applicable) prior to day of testing
- Calibration Fibrinogen every six months (if applicable)
- Lot numbers in use at time of testing
- Correlation (if applicable) last two years
- Review data for last new lot of PT reagents; check NV and ISI with instrument(s) setting
- Review of validation of new tests, or equipment, or process

### **Hematology Tracers**

- Quality control for day (month) of testing including open and closed modes
- Maintenance for month of testing
- Calibration prior to day of testing
- Calibration verification (if applicable) last two years
- Lot numbers in use at time of testing
- Correlation (if applicable) last two years
- Review of validation of new tests, or equipment, or process
- Review of manually entered results

## **Molecular Tracers**

- Review the validation studies for next generation sequencing bioinformatics pipelines
- Review clinical validity and clinical utility

## **Serology, Virology, Urinalysis, Waived tests (in Lab)**

- Quality control and review of manually entered data (UA MICRO)
- Maintenance, if applicable
- Identifiers on tubes and slides
- Centrifuge settings
- Audit trail of kit lot numbers

## **Tissue Tracers**

- Inventory system for tracking tissue/cellular products
- Annual FDA verification of supplier
- Temperatures for room, refrigerator and freezers
- Emergency backup, functional alarms for refrigerators and freezers
- Chart record of the implant/cellular product
- Look back policy

## **Waived Test (outside lab) Tracers**

- Observe finger stick if possible
- Documentation of external and internal controls
- Reference ranges (age specific) on patient medical record
- Reagents (lot numbers and expiration dates)

## **Anatomical Pathology Tracers**

### **Cytology**

- If GYN by Sure Path or Thin Prep, see certification of screeners and pathologist(s) include proficiency
- Maintenance
- Quality control documentation for cytology stain by qualified cytotech or pathologist
- Screening time sheets for each screener
- Workload records for every employee, including pathologists performing initial screening for both GYN and non-GYN and outside workload records if applicable
- Every six months review of each screener
- Review order and report of each tracer patient
- Statistics for 10% review, five year look back for abnormal PAP
- Review of validation of new tests or equipment or process
- Review of random sample of negative GYN slides

### **Histology**

- Review the Histopathology Quality Management Plan
- Review ASR immunochemical tests for analytical and clinical performance

### **Surgical Pathology**

- Order and report of each tracer patient
- Blocks and slides of each tracer patient
- Quality control documentation for ALL histological stains by qualified pathologist
- Exposure reports (formalin and xylene)

- Maintenance (including cryostat)
- Review frozen vs. final correlations, correct name/address of performing lab on report
- Findings for all AP (if any)
- QA results for review of surgical pathology readings
- Transport times and staff training
- Mohs micrographic surgery policy and procedures

### **Necropsy (Autopsy)**

- Review provisional and final reports of all autopsies in last two years
- Visit morgue (if applicable) refrigerator temperatures, PPE, spill kit, personnel decontamination area

### **IVF Laboratory Tracers**

- CLIA certificate for all specialties performed
- Director credentials
- Laboratory Supervisor and staff qualifications
- Building tour (if freestanding) EOC
- Safety, fire, infection control, and emergency preparedness policies, alarm systems for storage of embryo, etc.
- Alarm systems of embryo, etc.; back up plans
- Cultural diversity, language
- Consents, including disposition policies
- Transfer of reproductive products to other facilities (FDA registration required TS standards)
- Technical standards for compliance in the clinical laboratory testing

# Human Resources and Competence Assessment

## Joint Commission Participants

Surveyor

## Organization Participants

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

## Logistical Needs

The suggested duration for this session is 60-120 minutes. Personnel file contents (including, job descriptions, education, certification/licensure if required, performance evaluations), competencies, and training records for staff selected by the surveyor. Inform the surveyor at the Opening Conference if extra time is required to retrieve this information.

## Objectives

The surveyor will:

- Learn how your laboratory meets the CLIA-required competency assessment for testing personnel
- Learn about your laboratory's orientation, education, and training processes as they relate to technical and non-technical staff, encountered during individual tracers
- Identify specific staff members (based on tracer activity) whose training records and personnel files they want to review to verify laboratory personnel and competency assessment processes

## 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
- Orientation of staff 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
- Other topics and issues discovered during the tracer activity

# Environment of Care and Emergency Management

## Joint Commission Participants

Surveyor

## Organization Participants

Suggested participants include individuals familiar with the management of the laboratory equipment, instruments, utility systems relating to laboratory resources, and emergency management of the laboratory environment. 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.

## Logistical Needs

Surveyors will spend approximately 45-90 minutes evaluating these topics during the survey. In cooperation with your organization, the surveyor will determine if these topics will be covered during tracer activity, in a scheduled meeting, or a combination of the two.

## 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 as they relate to laboratory services.

## Overview

### Environment of Care

The surveyor observes and evaluates your organization's performance in managing the laboratory environment through:

- A tour in the main area where most laboratory services are provided
- Review of environmental considerations for other laboratory testing sites, including point-of-care testing, during visits to those areas
- Exploring functions such as laboratory safety, infection control, security, safety equipment, space and configuration, storage of chemicals, management of information, and leadership
- Interviews with staff about safety and infection control practices, equipment use, use of hazardous materials and waste disposal, and security of information

### Emergency Management

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

- Identifying potential emergencies that could affect demand for organization and laboratory services or the organization's and laboratory'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 hospital and laboratory 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 in relation to laboratory services
- Identifying organization and laboratory roles in relation to the community's, county's, or region's emergency management program
- Making any necessary improvements to the organization emergency management plan related to laboratory services based on critiques of emergency management drills

# Issue Resolution

**Note:** This activity takes place as needed at the surveyor's discretion.

## Joint Commission Participants

Surveyors

## 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 for surveyors to conduct either Special Issue Resolution or engage in Surveyor Planning or Team Meeting activity. The surveyor will inform your organization's contact person what activity they will be conducting.

Surveyors will inform your organization's contact person of what documentation, if any, is needed for the issue resolution activity if being conducted 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 at the time they were identified (staff unavailable for interview, visit to another location required, additional file review required, etc.). 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

**Note:** This activity takes place as needed at the surveyor's discretion.

## **Joint Commission Participants**

Surveyors

## **Organization Participants**

None

## **Logistical Needs**

For surveys lasting more than one day, 30 minutes is scheduled toward the end of each day except the last for surveyors to conduct either Special Issue Resolution or engage in Surveyor Planning or Team Meeting activity. The surveyor will inform your organization's contact person of the activity they will be conducting. 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

## Joint Commission Participants

Surveyors

## 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.

# Surveyor Report Preparation

## Joint Commission Participants

Surveyors

## 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

## Joint Commission Participants

Surveyors

## 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

## Joint Commission Participants

Surveyors

## 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.”

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