



**The Joint Commission**

# **Nursing Care Center Accreditation**

## **Organization Survey Activity Guide**

**July 2022**

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# What's New for Nursing Care Center Survey Process 2022

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

## **Changes effective July 1, 2022**

**Orientation to the Organization** – Added a new discussion topic related to APR.01.03.01, EP 1 concerned with changes in organization ownership, leadership, control, location, capacity, or services offered since application or last survey.

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

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

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

# Nursing Care Center (NCC) Organization Survey Activity Guide (SAG)

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## How to Use this Guide

The Joint Commission's Survey Activity Guide for Nursing Care Centers 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 Note:** Not all of 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.

Please contact your Account Executive if you have any questions about the onsite survey process.

# Preparing for Surveyor Arrival

## Overview

A Nursing Care Center will receive a 30-day notice for the initial accreditation survey. After that, the surveyors arrive unannounced or with short notice for most surveys. Please consult the Nursing Care Center program accreditation manual, “The Accreditation Process chapter”, “Survey Notification” section, for more information about survey notice. Changes to these accreditation policies and procedures may occur at any time and are published in the Joint Commission newsletter, *Perspectives*.

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 Nursing Care Center Document List found on page 8. 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 or residents 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.
- Directions to have surveyors wait in the lobby until an organization contact person is available.
- Who to notify upon surveyor 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.
- 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 Session for these steps.)
- A working location for surveyors: 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**.
- Readiness Guide and Document Lists: 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 items on the Document List 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 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 is responsible for sharing these with the surveyor(s).

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

Please review the Nursing Care Center 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

## Nursing Care Center (NCC) Accreditation Document List

As a Nursing Care Center, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Survey 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.

- Organization Chart
- Contact person who will assist the surveyor during survey: Name and phone extension
- Map of your organization, if available
- List of sites where high-level disinfection and sterilization is in use, when applicable
- List of staff members on the interdisciplinary team, and when the team meets
- List of patients/residents discharged in the last 48 hours
- Facility Level Quality Measure Report, most current
- Resident Level Quality Measure Report (also known as CMS Form 802)
- Patient/resident treatment schedules
- Performance Improvement data from the past 12 months, including your proactive risk assessment
- Infection Control Plan, including risk assessment
- Environment of Care Plan
- Emergency management hazard vulnerability analysis (HVA)
- Emergency Operations Plan and evaluations of exercises and responses to actual emergencies
- Evaluations and results of the organization's culture of person-centered care
- Antimicrobial Stewardship
  - Document describing how the organization is using the CDC's The Core Elements of Antibiotic Stewardship for Nursing Homes
  - Organization approved antimicrobial stewardship protocols (e.g. policies, procedures, or order sets)
  - Antimicrobial stewardship data
  - Antimicrobial stewardship reports documenting improvement (If the data supports that antimicrobial stewardship improvements are not necessary make sure the surveyor is informed.)
- Most recent culture of safety and quality evaluation data

### **For Nursing Care Centers that elect the Post-Acute Care Certification option**

The following additional documents will need to be available for the surveyor:

- List of patient or resident discharges within the past 30 days
- List of patients or residents readmitted to the hospital within the past 90 days

### **For Nursing Care Centers that elect the Memory Care Certification option**

The following additional documents will need to be available for the surveyor:

- Performance Improvement data from the past 12 months related to psychotropic medication use
- Activity calendar for past 3 months
- Nurse staffing schedule (RN, LPN, CNA) for past 3 months



**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.

## Nursing Care Center Accreditation Survey Activity List

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Key Organization Participants (Refer to Survey Activity Guide for more information)
Surveyor Arrival and Preliminary Planning	30-60 minutes	1 <sup>st</sup> day, upon arrival	
Opening Conference, Orientation to Organization and Brief Orientation Tour	30-60 minutes	1 <sup>st</sup> day, as early as possible	
Surveyor Planning Initial	30-60 minutes	1 <sup>st</sup> day, as early as possible	
Individual Tracer	60-120 minutes	Individual tracer activity occurs each day throughout the survey; the number of individuals that surveyors trace varies by organization	
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	30-45 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment & Credentialing of Licensed Independent Practitioners	60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Environment of Care and Emergency Management	60-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization	
Life Safety Code Building Assessment	30 minutes	At a time negotiated with the organization	
Leadership and Data Use	90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization. The topics of Infection Control and Medication Management will be covered in this discussion.	
Report Preparation	60-90 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	
<b>For Nursing Care Centers that elect the Post-Acute Care Certification option</b> The following activity will be incorporated into the survey agenda as noted under the Suggested Scheduling of Activity column.			
Transitions of Care Session	60 minutes	Only occurs in organizations that elect the optional Post-Acute Care Certification. Occurs towards the middle of survey at a time negotiated with the organization.	

# Surveyor Arrival

## Joint Commission Participants

Surveyor

## Organization Participants

Suggested participants include organization staff and leaders as identified in the Pre-survey Planning process.

## 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.

## Overview

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

## 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 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 Document List. Surveyors will start reviewing this information immediately.

# Surveyor Preliminary Planning Session

## Joint Commission Participants

Surveyor

## 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. The surveyor needs a workspace they can use as their “base” for the duration of the visit. This area should have a desk or table, telephone, **internet access**, and access to an electrical outlet, if possible. Provide the surveyor with the name and phone number of a key contact person who will assist them in planning for the survey and their tracer selection.

## Objectives

The surveyor will:

- Review organization documents to become acquainted with your organization
- Plan for tracer activity

## Overview

After the surveyor arrives and their identification has been verified, the surveyor immediately begins planning for tracer activity by reviewing the documents you provide them. If documents are not available for the surveyor to review during this session, they will proceed to areas where care, treatment, or services are provided and begin individual tracer activity.

# Opening Conference

## Joint Commission Participants

Surveyor

## 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 the surveyor at this time of any agenda considerations that may affect the activities for the day.

## Objectives

The surveyor will:

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

## Overview

The surveyor introduces him- or herself and describes each component of the survey agenda. He or she will 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. 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. The surveyor will also take time to introduce your organization to the Clarification procedures and new SAFER™ reporting process.

Additionally, the surveyor will explain the patient and resident-centered approach to the survey process and the need to interview patients and residents privately. If your organization has chosen any of the Nursing Care Center optional certifications, Post-Acute Care or Memory Care, the surveyor will also give a brief overview of how these programs are evaluated during the survey.

## IMPORTANT

Your organization should ask questions and seek clarification from the surveyor about anything that you do not understand throughout the onsite event. Depending on the question, issue, or concern, the surveyor may suggest addressing them during a Special Issue Resolution Session later in the day. It is important for you to request clarification at any time you do not understand the surveyor's questions, actions or discussions.

# Orientation to Your Organization

## Joint Commission Participants

Surveyor

## 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

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

## Overview

During this session the surveyor will 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
- Any change in ownership, leadership, control, location, capacity, or services offered since application or last survey.
- Operational management structure
- Long Term Care-based physicians (for example, the Medical Director)
- Information management, especially the format and maintenance of medical records
- Contracted services and performance monitoring
- Health care errors reduction and/or patient/resident/individual served safety initiatives
- National Patient Safety Goals (July 1, 2019: Revised goal requirements for NPSG.03.05.01 related to anticoagulant therapy)
- Community involvement
- Leader's role in emergency management planning
- Organization activities related to risk awareness, detection and response as it relates to cyber emergencies
- Culture transformation, initiatives for patient and resident centered care
- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing, when applicable

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
- MDS Quality Measure Reports, Facility MDS Quality Indicator Profile, or Quality Measure Reports
- Most recent CMS state certification report, CMS form 2567

Senior leaders' 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 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

Surveyor

## Organization Participants

Suggested participants include staff and management involved in the patient's or resident'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 or resident 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 or resident.

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.

## Objective

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

## Overview

The majority of 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 or resident. 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. On subsequent re-surveys, the surveyor will also consider any organization-specific risk areas listed in the Intracycle Monitoring (ICM) Profile. As the survey progresses, the surveyor may select patients or residents with more complex situations.

The individual tracer begins in the setting/unit/program/service/location where the patient or resident 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 individual's care, treatment, or services. The surveyor then begins the tracer by:

- Following the course of care, treatment, or services provided to the patient or resident 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

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

- Care, treatment or services being provided to patients or residents by clinicians, including physicians
- Patients who will be discharged on antimicrobials
- 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 or residents and staff

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 for example, hand offs
- The use of data in the care of patients or residents, and for improving organization performance; their awareness and involvement in performance improvement projects
- Patient or resident flow through the organization
- National Patient Safety Goals (July 1, 2019: Revised goal requirements for NPSG.03.05.01 related to anticoagulant therapy)
- Patient or resident education
- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing initiatives, when applicable; resources available to staff on this topic
- Staff member orientation, education, and competence assessment
- The information 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 patient or 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
- The education or information they have been provided on antimicrobial resistance and the organization's antimicrobial stewardship program
- Pain assessment, pain management including non-pharmacologic treatment modalities, and safe opioid prescribing initiatives, when applicable; Prescription Drug Monitoring Database and criteria for accessing

During the individual tracer, the surveyor interviews patients or residents 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 or residents
- 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 the patient or resident.

#### **Selection Criteria**

- Patients or residents with infections and complicated, multi-medication regimens or who are receiving high-risk medications which allow provide a focused look at organization systems for infection prevention and control and medication management
- Patients or residents who move between programs, services and settings, for example, patients or residents scheduled for follow-up in ambulatory care, nursing care patients or residents transferring to or returning from the hospital, nursing care center patients or residents receiving behavioral health care or other ambulatory health care services
- Recently admitted patients or resident
- Patients or residents due for discharge or recently discharged

- Patient or resident receiving health services coordination, for example, medication management, skin integrity, complex medical services)
- Patient or resident with limited mobility
- Resident who smokes
- Resident from a special population (children/young adults, neurologic ITBI, developmentally disabled)
- Resident with a dementia diagnosis
- Resident on an antipsychotic medication
- Resident residing in the organization's distinct dementia or memory care unit, if applicable
- Resident receiving supervised assistance with one or more Activities of Daily Living
- Patient or resident receiving rehabilitation therapy
- Patient or resident representative of the organization's performance on quality indicators from MDS, if available

# Program Specific Tracer – Staffing

## Joint Commission Participants

Surveyor

## Organization Participants

The surveyor will suggest participants. This may include CNAs, as applicable; agency staff; non-nursing ancillary staff; administrator; family council members, if available (may be telephonic); and other leaders

## Logistical Needs

This focused tracer occurs during time designated for Individual Tracer Activity. Documents that are requested include staffing plans, staff variance reports, and meeting minutes.

## Objectives

The surveyor will:

- Evaluate actions taken by your organization during staff turnover to ensure positive outcomes to resident care
- Identify processes and possibly system issues contributing to negative resident outcomes in light of staff or administrative turnover

## Overview

The focus of this session is to identify breaches in continuity of care and explore operational processes in the presence of staff or administrative turnover.

The surveyor conducts individual interviews with staff that includes the following discussions:

- Processes pertaining to the care of residents to prevent negative outcomes
- Barriers to those processes
- Staff's knowledge of the residents for which they are assigned
- Perception of issues leading to turnover
- Staff communication
- Recruitment and hiring practices
- Orientation and training
- Changes in policy, procedure, vision, expectations

The surveyor also conducts interviews with residents and/or their family members (family interviews can be conducted telephonically) to ask questions about:

- The care received and the perceived barriers to that care
- Communication regarding administrative and staff turnover
- Changes in the provision of care when there is administrative or staff turnover

The surveyor conducts individual interviews with leadership (for example, governing body member, administrator, director of nursing, etc.) to discuss their knowledge regarding:

- MDS outcomes
- Association of negative outcomes with staff issues
- Follow-up actions taken
- Monitoring of actions taken
- Communication of changes in mission, vision, process, etc.
- Methods used to stabilize or prevent turnover

# Special Issue Resolution

## Joint Commission Participants

Surveyor

## Organization Participants

None, unless otherwise requested by the surveyor

## 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.

The surveyor 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

The surveyor explores issues that surfaced throughout 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 or resident records to validate findings
- Discussions with staff, if necessary
- Review of personnel and credentials files
- Review of data, such as performance improvement results

# Surveyor Planning / Team Meeting

## Joint Commission Participants

Surveyor

## 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.

## Overview

The surveyor uses this session to review their observations for the day and plan for upcoming survey activities.

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

# Daily Briefing

## Joint Commission Participants

Surveyor

## 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. The surveyor may ask to hold a daily briefing before concluding activity on the first day, depending on circumstances.

## 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 surveyor briefly summarizes the survey activities completed the previous day. During this session the surveyor makes general comments regarding significant issues from the previous day, notes potential non-compliance, and emphasizes performance patterns or trends of concern that could lead to findings of non-compliance. The surveyor 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 the surveyor with information related to corrective actions being implemented for any issues of non-compliance. The surveyor 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 surveyor about anything that you do not understand. Note that the surveyor 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 surveyor discusses.



# Competence Assessment and Credentialing/Privileging

## Joint Commission Participants

Surveyor

## 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 personal 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 surveyor 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 independent practitioners, and other credentialed practitioners
- 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
- Education on antimicrobial resistance and antimicrobial stewardship (Note: Surveyors will not review human resource records or medical staff records related to antimicrobial stewardship)
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable

- Process for granting of privileges to licensed independent practitioners
- Other topics and issues discovered during the tracer activity

# Environment of Care and Emergency Management

## Joint Commission Participants

Surveyor

## Organization Participants

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.

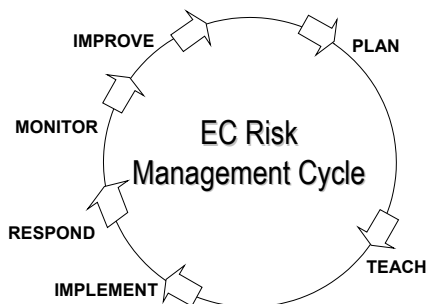
## Objective

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. This activity is divided into two parts: Environment of Care/Emergency Management group discussion and an Environment of Care tracer.

**Environment of Care and Emergency Management Discussion (Approximately 70% of session time)** – Be prepared to discuss how the various Environment of Care risk categories<sup>1</sup> and construction activities, when applicable, are addressed in each of the following six management processes.



## Plan

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

## Teach

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

## Implement

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<sup>1</sup> The environment of care risk categories include: General safety and security, hazardous materials and waste, fire safety, medical/laboratory equipment, and utilities.

- 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 of the matrix: 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.

### **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 management processes determined to be potentially vulnerable or trace a 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 safety or security incident occurs, a piece of medical equipment is used, or a 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 risk, reviewing implementation of relevant inspection, testing, or maintenance procedures
- If others in your organization have a role in responding to the 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.

# Life Safety Code® Building Assessment

## Joint Commission Participants

Surveyor

## Organization Participants

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

## Logistical Needs

The escort needs to have keys or tools necessary to open locked rooms, closets or compartments in order to allow the surveyor access.

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, and areas under construction. 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

The surveyor will 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, and areas under construction
- Organization processes for Interim Life Safety Measures (ILSMs)

## Overview of Building Tour

The surveyor 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)
- 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.

# Leadership and Data Use

## Joint Commission Participants

Surveyor

## Organization Participants

Suggested participants include leaders with responsibility and accountability for design, planning, organizational processes, and data management. Typically, participants include the following:

- At least one member of the governing body or an organization trustee (in single-owner organizations, this individual may also be the Administrator)
- Senior organization leaders (Administrator, COO, CNO, CFO, CIO, VP for Clinical Services, Director of Patient Services or Branch Manager)
- Other organization leaders (Director of Human Resources, MDS Coordinator, and Performance Improvement).

## Logistical Needs

The suggested duration of this session is approximately 90 minutes.

## Objective

The surveyor will explore and evaluate how leaders of the organization oversee the collection and use of data to evaluate the safety and quality of care being provided to patients and residents, where the organization is on its journey to high reliability, and to understand and assess the organization's performance improvement process.

## Overview

During this session, the surveyor will facilitate discussion with leaders and staff to understand the organization's adoption of performance improvement fundamental principles such as:

- Efforts to achieve the characteristics of a high reliability organization—flexibility, agility, ability to sustain effective performance
- 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 surveyor will want to discuss how performance improvement principles are integrated into organization systems, processes, and outcomes such as

- MDS outcomes
- Medication monitoring through data including medication errors, adverse events, utilization, pain management and prescribing practices including use of opioids
  - Medical director involvement in pain assessment, pain management
- Infection prevention and control, collection and use of surveillance data



- The influenza vaccination program, including education, vaccination goals, and vaccination rates
- Antimicrobial stewardship
  - The organization's use of the CDC's *The Core Elements of Antibiotic Stewardship for Nursing Homes*
  - Demonstration that antimicrobial stewardship is an organizational priority
  - Antimicrobial stewardship multidisciplinary team functions
  - Organization development and approval of antimicrobial stewardship protocols (e.g. policies, procedures or order sets)
  - Antimicrobial stewardship data collection, analyses and reports
  - Data and reports demonstrating antimicrobial stewardship improvement (if available)
- Risk assessment/management activities National Patient Safety Goals, including monitoring of CDC or WHO hand hygiene compliance
- Monitoring performance of contracted services
- Monitoring staff compliance with employee health screening requirements
- The culture transformation planning process, evaluation of culture transformation efforts, and the quality of person-centered care being provided to patients and residents

**For Nursing Care Centers that elect the Post-Acute Care Certification option**

The following additional topics will be explored by the surveyor during the Leadership and Data Use Session:

- Post-acute patients that are readmitted to the hospital or emergency department
- Opportunities for improvement identified following the discharge of post-acute patients

**For Nursing Care Centers that elect the Memory Care Certification option**

The following additional topics will be explored by the surveyors during the Leadership and Data Use Session:

- The role of the Coordinator in the provision of dementia care, programs, and services
- How the organization remains current with trends in the provision of dementia care
- Efforts to minimize the use of psychotropic medications, particularly antipsychotic medications

# Surveyor Report Preparation

## Joint Commission Participants

Surveyor

## Organization Participants

None

## Logistical Needs

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

## Overview

The surveyor uses this session to compile, analyze, and organize the data collected during the survey into a report reflecting your organization's compliance with the standards. He or she 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. The surveyor may also ask organization representatives for additional information during this session.

# CEO Exit Briefing

## Joint Commission Participants

Surveyor

## 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

The surveyor will:

- Review 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

The surveyor will review the Summary of Survey Findings Report (organized by chapter) with the most senior leader. He or she will discuss any patterns or trends in performance. The surveyor 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

Surveyor

## 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

The surveyor will:

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

## Overview

The surveyor 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.

The surveyor 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. He or she 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:** The surveyor will direct you to information on your extranet site that explains “What Happens after Your Survey.”

# Guide for OPTIONAL Memory Care Certification (MCC)

## **Joint Commission Participants:**

Surveyor

## **Organization Participants:**

Staff involved in patient or resident care, support staff, and clinical management staff, interdisciplinary team

## **Objective:**

To survey nursing care centers identified to take part in optional certification.

## **Logistical Needs:**

During the surveyor planning session, your organization will need to provide information related to the memory care services provided at your nursing care center. This information will help the surveyor determine the areas of focus for the certification survey.

Profile of memory care services:

- Number of patients or residents with dementia
- Varying cognitive levels or stages of dementia
- Services provided in distinct specialized memory care unit or throughout the organization

## **Overview:**

Memory Care (MCC) certification is optional and can be obtained initially through an extension survey or as part of your triennial accreditation survey. Once certification is obtained, recertification will always occur at the time of the triennial survey. If an extension survey is chosen as the route for initially obtaining MCC certification, then only the unique MCC accreditation requirements are evaluated during the certification survey. When MCC certification is obtained as part of the accreditation survey, all nursing care center standards as well as the unique MCC accreditation requirements are evaluated.

## **Documents to have available:**

There are no additional documents required for the MCC survey beyond the list of documents to have available for the accreditation survey.

## **Scope of MCC survey:**

The MCC survey will focus on evaluating the organization's provision of care needed for patients or residents who have been diagnosed with memory-impacting conditions such as Alzheimer's disease or dementia. The survey will include an evaluation of how the organization:

- Coordinates care through collaborative assessment and planning
- Provides care that is consistent with current advances in dementia care practices
- Ensures staff possess the knowledge and competency to assess and provide care for a patient or resident population with memory impairment
- Provides activity programming matched with the patient's or resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function.

- Manages patient or resident behaviors with emphasis on the use of non-pharmacological interventions as an alternative to antipsychotic medication use
- Provides a safe and supportive physical environment to promote safety and minimize confusion and overstimulation
- Conducts performance improvement activities related to MCC

# Guide for OPTIONAL Post-Acute Care Certification

## **Joint Commission Participants:**

Surveyor

## **Organization Participants:**

Staff involved in patient care, support staff, and clinical management staff, interdisciplinary team

## **Objective:**

To survey nursing care centers identified to take part in optional certification.

## **Logistical Needs:**

During the surveyor planning session, your organization will need to provide information related to the types of post-acute care services provided at your nursing care center, such as stroke, post-op wound care, or orthopedic rehab. Additionally, you will want to be prepared to share the average length of stay and census, as well as whether or not post-acute care services are provided in a distinct unit(s) or throughout the organization. This information will help the surveyor determine the areas of focus for the certification survey.

## **Overview:**

Post-Acute Care (PAC) certification is optional and can be obtained initially through an extension survey or as part of your triennial accreditation survey. Once certification is obtained, recertification will always occur at the time of the triennial survey. If an extension survey is chosen as the route for initially obtaining PAC certification, then only the unique PAC accreditation requirements are evaluated during the certification survey. When PAC certification is obtained as part of the accreditation survey, all nursing care center standards as well as the unique PAC accreditation requirements are evaluated.

## **Documents to have available:**

In addition to the list of documents to have available for the accreditation survey, organizations taking part in the optional PAC certification survey should have the following additional documents available:

- List of patient discharges within the past 30 days
- List of patients readmitted to the hospital within the past 90 days

## **Scope of PAC survey:**

The survey will focus on evaluating the organization's provision of goal-directed, time-limited medically complex care or rehabilitative services to patients who have typically been recently hospitalized. Additionally, the survey will include an evaluation of how the organization:

- Uses clinical practice guidelines to guide the provision of care, treatment, and services of the post-acute patient
- Identifies early warning signs of a change in patient's condition and responds to a decline in condition

- Helps the patient transition from the nursing care center to a lower level of care setting or home
- Manages the discharge/post-discharge process to minimize the risk of unnecessary re-hospitalizations
- Conducts initial and ongoing assessments
- Ensures physician availability and provides medical director oversight
- Provides collaborative effective communication processes
- Conducts provider hand-offs
- Conducts staff competencies
- Conducts PI activities related to PAC



# Transitions of Care Session

***Applies to: Optional Post-Acute Care Certification Only***

## **Joint Commission Participants**

Surveyor

## **Organization Participants**

Suggested participants include staff and leaders who are involved in the patient admission and discharge process (e.g., as applicable, post-acute care coordinator, discharge planner, social worker, case manager, clinical liaison).

## **Logistical Needs**

The suggested duration of this session is approximately 60 minutes.

## **Objective**

Surveyors will explore and evaluate the effectiveness of the organization's processes related to transitions of care of the post-acute patient, and to help the organization identify opportunities for process improvement.

## **Overview**

During this session, the surveyor will facilitate discussion with staff to understand their roles related to the following:

- Admission process, including sources of patient referrals, procedures followed to determine if a prospective patient is eligible for admission, how communication occurs between care settings, and physician coordination of care
- Provider hand-off, including the availability of advance information to ensure timely availability of needed medications, equipment, and accommodations
- Medication reconciliation process during transitions between care settings
- How to recognize and respond to a patient's change in condition
- Development, implementation, and evaluation of the effectiveness of clinical practice guidelines
- Physician availability to meet the needs of the post-acute patient population
- Discharge process, including the provision of patient/family education, and how the organization facilitates the transfer of important information to other service providers
- Post-discharge process, including the topics discussed during the follow-up communication with the patient and/or family, and how this information is used for process improvement
- Medical director's review of admissions, transfers and discharges for appropriateness

The surveyor may also speak with patients and family members who have recently been admitted to the post-acute care setting or who are close to being discharged

# Nursing Care Center Accreditation – Sample Agenda

## DAY 1

Time	Activity
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	<ul style="list-style-type: none"> <li>Opening Conference and Orientation to Organization</li> <li>Brief Orientation Tour of the Organization</li> </ul>
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	Environment of Care and Emergency Management
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	
3:30 – 4:00 p.m.	Life Safety Building Tour (Abbreviated)
4:00 – 4:30 p.m.	Special Issue Resolution OR Surveyor Planning/Team Meeting

## DAY 2

Time	Activity
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership and Data Use Session
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	
9:30 – 10:00 a.m.	<p>This session will focus on:</p> <ul style="list-style-type: none"> <li>Leadership’s role and use of data role in maintaining systems, infrastructure and key processes that contribute to the quality and safety of resident and patient care</li> <li>Leadership use of data and related activities for evaluating and improving the organizations culture of providing person-centered care</li> <li>The organization’s performance improvement process</li> <li>The use of data in providing safe and quality care such as the following: <ul style="list-style-type: none"> <li>Infection control</li> <li>Medication management</li> <li>MDS performance</li> <li>Resident and staff perceptions on the provision of person-centered care</li> </ul> </li> </ul>
10:00 – 10:30 a.m.	Individual Tracer Activity
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	Competence Assessment Session
12:00 – 12:30 p.m.	Credentialing of Licensed Independent Practitioners
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Individual Tracer Activity
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	Surveyor Report Preparation
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	CEO Exit Briefing and Organization Exit Conference

# Nursing Care Center Accreditation with Memory Care Certification – Sample Agenda

## DAY 1

Time	Activity
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	<ul style="list-style-type: none"> <li>Opening Conference and Orientation to Organization</li> <li>Brief Orientation Tour of the Organization</li> </ul>
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	Environment of Care and Emergency Management
3:00 – 3:30 p.m.	Life Safety Building Tour (Abbreviated)
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	Special Issue Resolution OR Surveyor Planning/Team Meeting

## DAY 2

Time	Activity
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership and Data Use Session
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	<p>This session will focus on:</p> <ul style="list-style-type: none"> <li>Leadership’s role and use of data role in maintaining systems, infrastructure and key processes that contribute to the quality and safety of resident and patient care</li> <li>Leadership use of data and related activities for evaluating and improving the organizations culture of providing person-centered care</li> <li>The organization’s performance improvement process</li> <li>The use of data in providing safe and quality care such as the following: <ul style="list-style-type: none"> <li>Infection control</li> <li>Medication management</li> <li>MDS performance</li> <li>Resident and staff perceptions on the provision of person-centered care</li> </ul> </li> </ul>
10:00 – 10:30 a.m.	Individual Tracer Activity
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	Competence Assessment Session
12:00 – 12:30 p.m.	Credentialing of Licensed Independent Practitioners
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Individual Tracer Activity
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	Surveyor Report Preparation
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	CEO Exit Briefing and Organization Exit Conference

# Nursing Care Center Accreditation with Post-Acute Care Certification – Sample Agenda

## DAY 1

Time	Activity
8:00 – 8:30 a.m.	Surveyor Arrival and Preliminary Planning Session
8:30 – 9:00 a.m.	<ul style="list-style-type: none"> <li>Opening Conference and Orientation to Organization, including Rehabilitation and Advanced Care Services</li> <li>Brief Orientation Tour of the Organization</li> </ul>
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	Individual Tracer Activity
10:00 – 10:30 a.m.	
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	Environment of Care and Emergency Management
3:00 – 3:30 p.m.	Life Safety Building Tour (Abbreviated)
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	Special Issue Resolution OR Surveyor Planning/Team Meeting

## DAY 2

Time	Activity
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Individual Tracer Activity
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	
10:00 – 10:30 a.m.	Transitions of Care for Rehabilitation and Advanced Care Patients
10:30 – 11:00 a.m.	<p>This session will focus on the organization's:</p> <ul style="list-style-type: none"> <li>Processes and criteria for evaluating prospective patients needing rehabilitation and advanced care</li> <li>Activities performed when a patient is initially admitted for rehabilitation and advanced care</li> <li>Efforts in preventing avoidable re-hospitalizations</li> <li>Activities in preparing rehabilitation and advanced care patients to return home or to a lesser level of care.</li> <li>Activities conducted as part of the discharge process and post-discharge processes for patients receiving rehabilitation and advanced care</li> </ul>
11:00 – 11:30 a.m.	Individual Tracer Activity
11:30 – 12:00 p.m.	
12:00 – 12:30 p.m.	Surveyor Lunch
12:30 – 1:00 p.m.	Individual Tracer Activity
1:00 – 1:30 p.m.	
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	
4:00 – 4:30 p.m.	Special Issue Resolution OR Surveyor Planning/Team Meeting

**DAY 3**

<b>Time</b>	<b>Activity</b>
8:00 – 8:30 a.m.	Daily Briefing
8:30 – 9:00 a.m.	Leadership and Data Use Session  This session will focus on: <ul style="list-style-type: none"> <li>▪ Leadership’s role and use of data role in maintaining systems, infrastructure and key processes that contribute to the quality and safety of resident and patient care</li> <li>▪ Leadership use of data and related activities for evaluating and improving the organizations cultural of providing person centered care</li> <li>▪ The organization’s performance improvement process</li> <li>▪ The use of data in providing safe and quality care such as the following:                             <ul style="list-style-type: none"> <li>- Infection control</li> <li>- Medication management</li> <li>- MDS performance</li> <li>- Resident and staff perceptions on the provision of person-centered care</li> <li>- Patients receiving rehabilitation and advanced care that are readmitted to the hospital or emergency department</li> <li>- Opportunities for improvement identified following the discharge of patients who received rehabilitation and advanced care</li> </ul> </li> </ul>
9:00 – 9:30 a.m.	
9:30 – 10:00 a.m.	
10:00 – 10:30 a.m.	Individual Tracer Activity
10:30 – 11:00 a.m.	
11:00 – 11:30 a.m.	
11:30 – 12:00 p.m.	Competence Assessment Session
12:00 – 12:30 p.m.	Credentialing of Licensed Independent Practitioners
12:30 – 1:00 p.m.	Surveyor Lunch
1:00 – 1:30 p.m.	Individual Tracer Activity
1:30 – 2:00 p.m.	
2:00 – 2:30 p.m.	
2:30 – 3:00 p.m.	
3:00 – 3:30 p.m.	Surveyor Report Preparation
3:30 – 4:00 p.m.	
4:00 – 4:30 p.m.	CEO Exit Briefing and Organization Exit Conference

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