COVID-19 Webinar for Hospital Accreditation

Q&A With The Joint Commission

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Today’s Panel of Speakers

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Environment of Care and Life Safety
Pre-Submitted Questions

What do we do about doors not closing due to all the negative pressure machines hooked up?
Pre-Submitted Questions

What's the required ACH for temporary negative pressure for infusion rooms? Does a temporary isolation room need an ante room?
Pre-Submitted Questions

Looking forward past this pandemic surge, what does The Joint Commission recommend regarding what percentage of patient care rooms should have negative pressure capability?
Pre-Submitted Questions

Lots of equipment is required for care of a COVID-19 patient with some having to be housed in hallways outside of the patient's room. How will The Joint Commission assess the environment as far as maintaining required easements in the hallways?
Pre-Submitted Questions

Are healthcare facilities’ safety programs able to use COVID-19 as a real event exercise for 2022?
Vaccination Information
Required Documents

1. Overall COVID vaccination rate of eligible staff, excluding exempted staff
2. A list of all staff, including positions/titles, including COVID Vaccination status
3. All policies regarding health care staff COVID vaccinations
   • Policies for COVID Vaccination exemptions
   • Policies for COVID Vaccination Requirements
   • Policies for mitigation of unvaccinated staff
4. List of newly hired staff in last 60 days
Compliance Timelines
Timelines for **Original 25 States, DC and Territories**

- **1/27/2022 – 2/27/2022**
  - Establish and implement policies and procedures
  - **All staff have at least one dose of vaccine**
- **2/28/2022 – 3/27/2022**
  - Establish and implement policies and procedures
  - **Staff must be 100% Vaccinated***

*Indicates additional measures or requirements.
Timelines for **Additional 24 States**

- **2/14/2022 – 3/14/2022**
  - Establish and implement policies and procedures
  - **All** staff have at least one dose of vaccine

- **3/15/2022 – 4/13/2022**
  - Establish and implement policies and procedures
  - **Staff** must be 100% Vaccinated*
Timelines for Texas

• 2/22/2022 – 3/20/2022
  • Establish and implement policies and procedures
  • All staff have at least one dose of vaccine

• 3/21/2022 Forward
  • Establish and implement policies and procedures
  • Staff must be 100% vaccinated*
Current FAQ’s

The following is a list of related FAQs:

COVID-19 CMS Vaccination Requirements - Applicable Entities
COVID-19 CMS Vaccination Requirements - Applicable Staff
COVID-19 CMS Vaccination Requirements - CMS Definition of 'Fully Vaccinated'
COVID-19 CMS Vaccination Requirements - Exemptions
COVID-19 CMS Vaccination Requirements - Good Faith Efforts
COVID-19 CMS Vaccination Requirements - Required Documents, Policies and Procedures
COVID-19 CMS Vaccination Requirements - Determination of Compliance
CMS 1135 Waivers
Pre-Submitted Questions

Can we utilize 1135 waiver now since the COVID numbers are climbing, even though the state of emergency is not on?
Is there an expiration on the EUAs?
The Department of Health and Human Services released a statement on 01/14/22 stating the PHE was extended.

The renewal effective date is Sunday 01/16/22 and will last for 90 days.

This is the eighth extension of the PHE.

1135 Waivers will remain in effect during the declared PHE.
Pre-Submitted Questions

What impact does an 1135 waiver have if you reside in a state that has rescinded its state of emergency, if any, in the eyes of The Joint Commission?
Pre-Submitted Questions

What are the effects of the 1135 waiver on life safety?
Pre-Submitted Questions

What type of documentation is necessary when hospitals are using the blanket waivers throughout the PHE?

If we are using the 1135 Waiver for documentation, is it expected that there is a specific policy written to cover this? What should be included?

Crisis documentation: Have there been any updates to the original waiver document related to patient care/nursing documentation?

Will the documentation waiver granted from CDPH cover us during The Joint Commission survey if documentation such as care plans is missing?
Pre-Submitted Questions

Would like to hear about any CMS waivers that apply to physicians i.e. license, DEAs, ACLS, etc.
Accredited organizations can learn more by visiting Resources and Tools > Tools > Learn More in their Joint Commission Connect® extranet site.
Recovery and The Joint Commission
Frequent questions you’ve submitted

• Will I have an Onsite or Offsite (virtual) survey?
• How or when will we get a survey?
• What type of instruction have you provided to your surveyors?
• What will that survey process look like, any differences?
• What will the surveyors focus on?
Onsite survey activity

Onsite survey activity has been ongoing with close monitoring of the rise of COVID-19 and impacts on survey activity.

Organizations should continue to monitor the Notification of Scheduled Events section of the Joint Commission Connect page for notification of the scheduled survey.

We are aware that some surveys are past their due dates, CMS is also aware – we will conduct those surveys when we are able to do so.

We are prioritizing initial and past due organizations.
Offsite (virtual) survey

**Offsite (virtual) survey**—we are conducting offsite surveys for Disease Specific Care (DSC) and free-standing Behavioral Health Care (BHC) programs.

- We continue to monitor COVID/variant cases and retain the ability to expand to more offsite surveys for other programs if necessary; however, our primary focus is onsite surveys when possible.

What is an offsite survey?

- Utilization of Secure Zoom technology for the survey and facility review accessed through the agenda on the Extranet
- Use of a secure SharePoint site for document upload to review pre-survey
- Discussions via webcam (Zoom)
- Review of processes and physical environment via mobile webcam (Zoom)
How do you determine where to conduct onsite surveys?

Community Prevalence Dashboard

• Number of COVID-19 cases are lower with less impact to organizations

• Cases/thousand population and new cases within the county

• Determination that Joint Commission staff can travel to areas safely and find appropriate accommodations

https://www.jointcommission.org/resources/research/operations-support-research/
What instructions have been provided to our surveyors?

- **Follow the most current CDC guidelines**
- Do not travel if you are sick
- Do not travel if you have been in close contact with individuals with known or suspected COVID-19
- Avoid large crowds
- When traveling wear a mask/face covering
- Practice physical distancing
- Practice good hand hygiene

All Joint Commission Surveyors and Reviewers conducting on-site events are fully vaccinated, as defined by CDC.
What instructions have been provided to our surveyors?

- Review and follow individual state department of health specific travel regulations**
- When onsite wear a medical mask and eye protection is encouraged
- **Follow the organizations’ infection prevention and control policies for entry and use of PPE**
- Do NOT enter at risk or confirmed COVID-19 resident rooms
- Do NOT enter rooms where high-risk procedures performed
- The Joint Commission does not have a routine COVID-19 testing program for surveyors

**Joint Commission surveyors are designated as essential workers**
What has changed about the survey process?

The survey process and its components will remain the same however here are some guidelines for the survey:

- Limiting the number of individuals in group sessions
- The use of audio or videoconferencing could be incorporated to safely expand the number of attendees for sessions
- Use of masks will be a routine practice
- Maximize the use of technology to eliminate the number of people needed to sit directly next to an individual for an extended period of time. (For example, screen sharing or projecting medical records)
- Interviewing patients and staff by telephone
- Driving in separate cars to offsite or patient homes
Survey process - continued

- We will NOT Enter at risk or confirmed COVID-19 rooms or homes.
- We will avoid visiting a unit with any confirmed COVID-19 patients when possible.
- Limited physical review of high risk and aerosol generating procedures
- Consider using a simulation and/or distant review of certain activities/procedures
- Practice social/physical distancing during the survey
- Follow “PPE” and risk reduction strategies as established by the CDC
- Limit attendance at group sessions e.g., opening, briefings, system tracers
- Limiting observers or scribes to avoid additional exposure during the survey
What will be the focus of survey activities?

- During the opening conference we will have a discussion with you about the impact of the current pandemic and your organization’s response.
  • We will discuss both Infection Control and Emergency Management.
  • The focus of our survey will not be the timeframe of the public health emergency but the current situation within your organization.
Infection Control Practices
Pre-Submitted Questions

COVID-19 isolation and the protection of healthcare workers and patients: can you give the highlights of what is expected in terms of policies, protocols and expectations of what is written and their implementation?
Pre-Submitted Questions

Cloth masks - allowed or not allowed in hospitals? What if someone is allergic to medical mask so wears cloth then medical. Allowed?
Pre-Submitted Questions

Our end of life COVID patients have contributed significantly to CAUTI rates. Do you have any advice specific to COVID patients, to prevent CAUTI?
Pre-Submitted Questions

Does one need to double bag linens and trash coming out of a COVID room?
Pre-Submitted Questions

If a COVID positive staff member were wearing a level 3 mask and goggles, is there a risk of exposure to a neonate?
Pre-Submitted Questions

Could you share best practices for tracking COVID-19 vaccine status of contractors providing care/treatment/services, as required by CMS Â§482.42?
Pre-Submitted Questions

What is required by The Joint Commission to teach staff about airborne infections, isolations precautions, and COVID infections/precautions?
Pre-Submitted Questions

Is storage of the N95 respirator in a paper bag acceptable in between staff uses? Is it acceptable for the user to wear the N95 until compromised or fails fit checking if that is the manufacturer's IFU?
Pre-Submitted Questions

How do you transport the intubated COVID patient/Bipap/High Flow Nasal Cannula?
Pre-Submitted Questions

Should there be required training on how to disinfect properly?
Resources

- COVID Resources
  - https://www.jointcommission.org/covid-19/

- Standards Interpretation
  - https://www.jointcommission.org/standards/standard-faqs/
Time For More Questions?
Thank You

We support your efforts in response to the COVID-19 pandemic and hope to provide helpful resources