COVID-19 Webinar for Ambulatory Health Care Accreditation

Q&A With The Joint Commission

January 25, 2022
Today’s Panel of Speakers

**Robert Campbell, PharmD, BCSCP**
Director, Clinical Standards Interpretation Hospital/Ambulatory Programs
Director, Medication Management
The Joint Commission

**Dana Dunn, MBA, RN, CNOR, CASC**
Field Director
Surveyor Management & Development
The Joint Commission

**Elizabeth Even, MSN, RN, CEN**
Associate Director
Clinical Standards Interpretation
The Joint Commission

**Herman A. McKenzie, MBA, CHSP**
Director of Engineering
Standards Interpretation Group
The Joint Commission

**Maura Naddy, MSN, RNC-OB, CJCP**
Senior Associate Director
SIG Operations and Quality Assurance
The Joint Commission

**Tiffany Wiksten, DNP, RN, CIC**
Associate Director
Standards Interpretation Group
The Joint Commission

**Christy Zajac, MPH**
Lead Account Executive
Accreditation and Certifications Operations
The Joint Commission
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 area 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.
General Questions
Pre-submitted Questions

How will The Joint Commission survey disaster privileges?
Disaster Privileges

Emergency Operations Plan has been activated.

- Oversight process
- Privileges granted per bylaws
- Joint Commission/CMS organizations may share*
- A current license to practice
- Valid, government-issued photo ID

EM.02.02.13
EM.02.02.15
Pre-submitted Questions

If we need to lay off medical providers for a period of 2-3 months, how do you manage credentialing when they return? New and/or renewal?
Two-year limit cannot be extended

Reappoint/Re-privilege prior to the start of the Leave of Absence (LOA)

• Even if the LOA is several months away

Allow the appointment/privileges to lapse

• Upon the practitioner’s return, implement the process to grant temporary privileges while updating current privileging file

Reappoint /re-privilege the practitioner during the LOA

• Based on current information on the condition that evidence is submitted of ability to perform privileges upon their return
Pre-submitted Questions

If an ASC is performing COVID testing preoperatively, and using a standing physician's order for this, is a written policy required for this standing order?
Infection Control Practices
Pre-Submitted Questions

Are Ambulatory Surgery Centers required to report employee COVID-19 vaccination rates to NHSN?
Pre-Submitted Questions

Staff Testing

How often should all the front-line staff have COVID testing?

For employees that are not fully vaccinated but have tested positive for COVID-19, after being cleared to return to work:

• Should I still send them for biweekly testing?
• Will the test still show positive if they have recently had COVID?

Resources:

Pre-Submitted Questions

Quarantine

Where can I find the guidelines for how long healthcare workers should isolate, if they test positive for COVID-19?

Resource:
Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
Pre-Submitted Questions

Return to Work

After testing positive for COVID-19 should an employee have a negative COVID-19 test before returning to work?

Resource:
Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
Pre-Submitted Questions

Best Practices

What can we do to prevent the spread of the COVID-19 virus?

Other than current OSHA guidelines, what more should/can we do to protect staff-especially those who have not been vaccinated?

What are the specific requirements of an ASC for COVID-19 as the CDC recommendations continue to change?

What can we do to minimize exposure through contact with different surfaces?

Resource:
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Pre-Submitted Questions

Is there guidance for waiting room management in Ambulatory Care Settings?

Resource:
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Pre-Submitted Questions

What are effective ways to continue energizing staff and faculty regarding COVID-19 safety measures?
Pre-Submitted Questions

Disinfection

Is there a recommended frequency for cleaning surfaces to help prevent the spread of the virus?

Are there recommendations for disinfection after providing care for a COVID-19 positive patient under local anesthesia?

Do the Operating Rooms and pre-op/PACU bays need to be terminally cleaned after every patient, including ceilings and walls?

Resource:
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Pre-Submitted Questions

Clinical Care/Pre-procedure testing

What is best practice for COVID-19 testing preoperatively?

Do patients need to be tested for COVID-19 prior to a procedure in the Ambulatory Surgery Center?

All our Ambulatory Surgery Center patients are screened (asked specific questions regarding COVID exposure and symptoms) prior to their procedure. Based on their responses, not all patients are being tested for COVID prior to surgery, should they be tested?

Resource:
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Pre-Submitted Questions

What is an appropriate time period for a patient that has tested positive for COVID-19 to be able to have a procedure or surgery?

After testing positive for COVID-19 should a patient have a negative COVID test before returning to treatment?
Pre-Submitted Questions

Please discuss entrance screening requirements.

Is it required that we ask COVID questions and take temperatures of everyone entering the building before going back to preop?

Resource:
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Pre-Submitted Questions

Where can I find best practices for COVID-19 infection tracing?

**Resource:** Contact Tracing for COVID-19
Pre-Submitted Questions

Is it mandatory for physician offices to comply with universal masking?

Resource:
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\
Pre-Submitted Questions

We are still using Alcohol Based Hand Rub (ABHR) manufactured by a distillery in March 2020. There is no expiration date on the ABHR, and we are aware it will need to be disposed of when the public health emergency ends. Is it ok to continue use until then if we can get FDA approved ABHR?

Resources:
FDA Withdrawal of Temporary Approval to Produce Hand Sanitizers:

FDA FAQs Q&A for Consumers | Hand Sanitizers and COVID-19:
Pre-Submitted Questions

With the increase in Omicron and other variants, are there any additional recommendations for performing dental Aerosol Generating procedures on patients who are not suspected or positive for COVID-19, but have passed screening?

**Resource:**
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Pre-Submitted Questions

What are surveyors looking at in regards to COVID?
Required Documents
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***

* denotes additional requirements specific to this period.
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
Environment of Care and Life Safety
If a new building is being constructed (new construction), are there any recommendations or guidelines that should be followed at the start of construction related to COVID?
CMS 1135 Waivers
Pre-Submitted Questions

What is the 1135 Waiver expiration date?
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 evidence must be present to validate a 1135 waiver exception?
Pre-Submitted Questions

Who is going to be approving the exemptions?
Pre-Submitted Questions

How do the waivers apply to office site visits?
Pre-Submitted Questions

How will the constant changes of CMS mandates be viewed by accrediting bodies?
Looking for more information on CMS 1135 Waivers?

Accredited organizations can learn more by visiting Resources and Tools > Tools > Learn More in their Joint Commission Connect® extranet site.
Resources

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

- Standards Interpretation
  - https://www.jointcommission.org/standards/standard-faqs/
Thank You

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