

COVID-19 Webinar for Behavioral Health Care and Human Services Accreditation

Q&A With The Joint Commission

Today's Panel of Speakers

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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*



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
 - $\cdot 3/15/2022 4/13/2022$
- 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*



Please define "complete vaccination series". Does it include the 3rd dose (Pfizer Vaccine)?



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

<u>COVID-19 CMS Vaccination Requirements - CMS Definition of 'Fully Vaccinated'</u>

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

Are we required to have a COVID-19 policy by The Joint Commission since mandates are lifted?



Public Health Emergency (PHE) Extension

The Department of Health and Human Services released a statement on 04/12/22 stating the PHE was extended

The renewal effective date is Saturday 04/16/22 and will last for 90 days

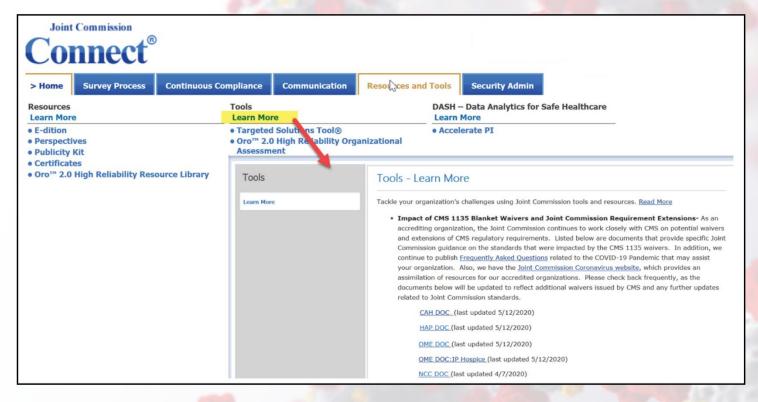
This is the ninth extension of the PHE

1135 Waivers will remain in effect during the declared PHE





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.



Infection Control Practices

Does The Joint Commission require mandatory COVID-19 infection control procedures specifically for behavioral health organizations? If so, what are those procedures?

Where can I find COVID-19 precautions that are up to date?

Resources:

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

CMS COVID-19 Infection Control for Psychiatric and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

https://www.cms.gov/files/document/qso-21-07-psych-hospital-prtf-icf-iid.pdf

SAMHSA COVID-19:Interim Considerations for State Psychiatric Hospitals https://www.samhsa.gov/sites/default/files/covid19-interim-considerations-for-state-psychiatric-hospitals.pdf



Do all direct care staff need fit to be tested for respirators annually?

Resource: OSHA Personal Protective Equipment, Respiratory Protection Standard https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134



Can we use non alcohol sanitizer against COVID-19?



Are organizations continuing to practice COVID-19 screenings and the use of face masks at clinics?



What is the process for reporting a COVID-19 positive patient?





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), free-standing Behavioral Health Care (BHC) programs, telehealth and sleep centers.

- 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 presurvey
- Discussions via webcam (Zoom)
- Review of processes and physical environment via mobile webcam (Zoom)

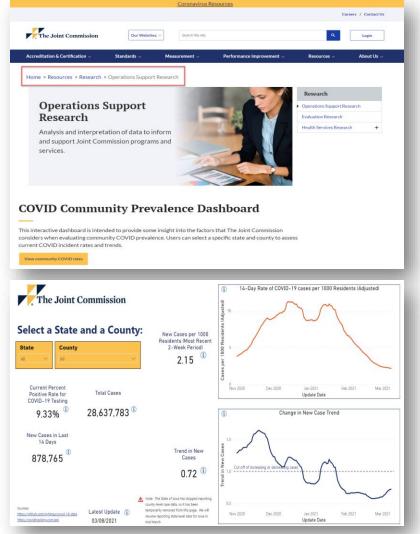


How do you determine where to conduct onsite surveys?

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.



Additional Questions

• For onsite surveys, should staff/surveyors be vaccinated?

The Joint Commission implemented a policy requiring all US-based enterprise staff to be vaccinated against COVID-19.

Can we provide additional avoid dates?

We would ask that you do not provide additional avoid dates due to the difficulty in scheduling surveys — avoid dates already submitted will be honored to the extent we can do so.



Will mental healthcare facilities be virtual or in-person?



Is there an area COVID positivity rate level that would trigger a hybrid remote and on-site survey process?



Environment of Care and Life Safety

How can behavioral health provide airborne isolation when our buildings are not designed for negative pressure?



We do not have an anteroom to our isolation room when we have a possible or actual positive COVID patient. This room breaks the fewest rules although technically it still breaks rules of IC. What are other facilities doing to accommodate these patients?





Time For More Questions?

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









