

# COVID-19 Webinar for Hospital Accreditation

# Q&A With The Joint Commission

May 3, 2022

# Today's Panel of Speakers

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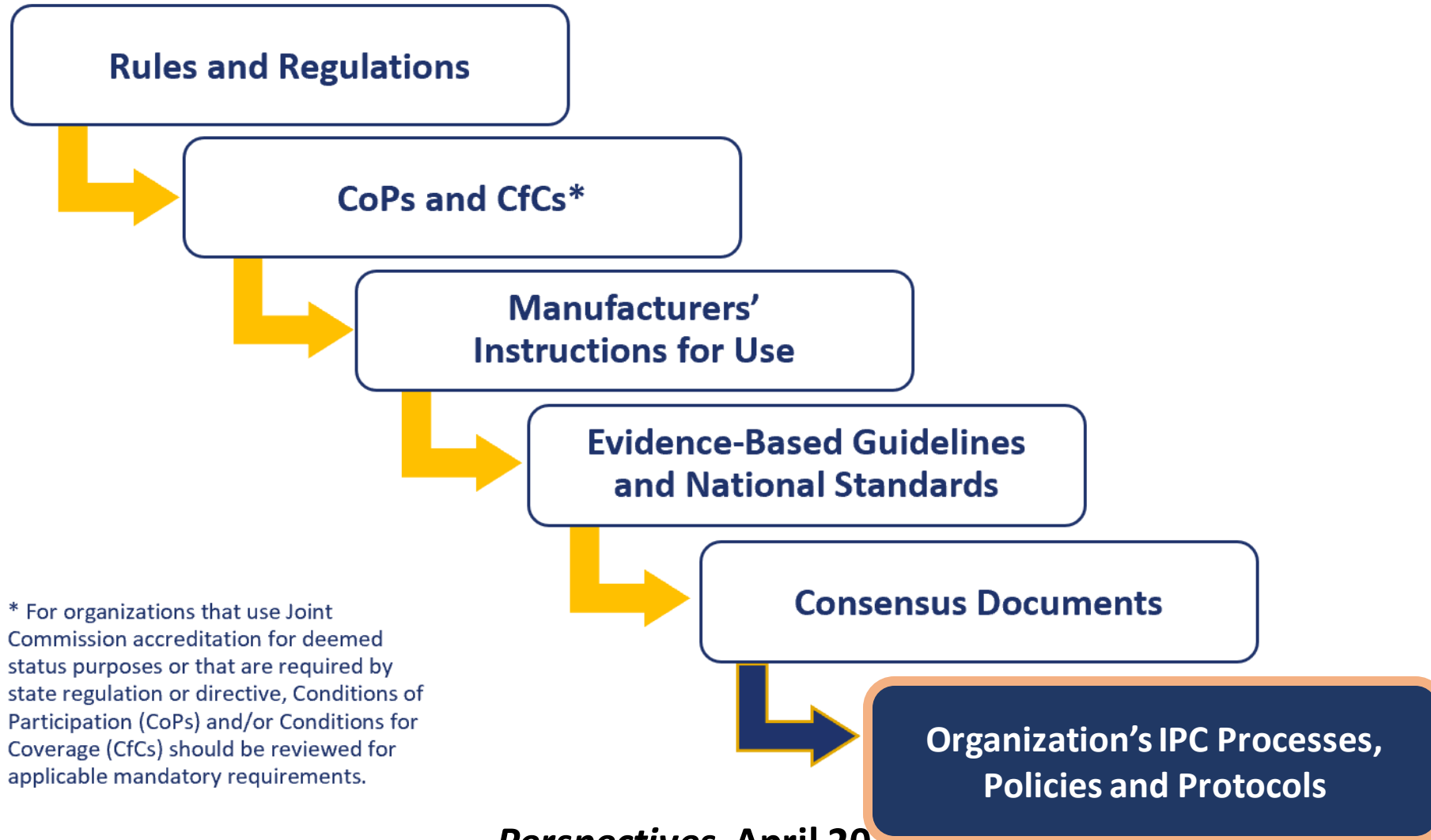
Senior Associate Director

SIG Operations and Quality Assurance

The Joint Commission

# Infection Control Practices

# Hierarchical Approach



*Perspectives, April 2019*

# Pre-Submitted Questions

How do the regulations apply to specialty hospitals that don't take patients with a primary diagnosis of COVID?

# Pre-Submitted Questions

How long and what criteria will be used to recommend and require surgical masks to be continued to be worn by healthcare workers? Can this be individualized and modified?


CDC is still recommending universal masking for healthcare facilities - if an area is low in cases/transmission, can masking be discontinued? Administration is putting pressure on Infection Control to end masks. I have strictly followed CDC guidance so far.

# Pre-Submitted Questions

What level of screening is required at this time in the pandemic? Temp and symptoms? Active screening or passive acceptable?

Are there any requirements for screening as you enter the facility?

# Follow the Hierarchy: Hospital Program

Topic	Rules and Regulation	CMS	CDC: Interim IPC Recommendations <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>
Source Control: healthcare worker	REQUIRED If mandated by state/local mandate	Defers to evidence-based guidelines	Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for <b>everyone in a healthcare setting</b> . - HCP up to date should wear mask where may encounter patients - Visitors- Indoor vs outdoor visitation
Source control: visitors			
Screening	REQUIRED If mandated by state/local mandate	Defers to evidence-based guidelines	Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed: 1) a positive viral test for SARS-CoV-2, 2) symptoms of COVID-19, or 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).
Staff vaccination requirement		Yes, REQUIRED unless medical exemption	Recommends 'up to date' vaccination for staff.
PPE when caring for COVID patient	REQUIRED If mandated by state/local mandate	Silent	HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).



# Pre-Submitted Questions

Should non vaccinated health care workers be wearing N-95 masks while taking care of patients?

# Pre-Submitted Questions

What are isolation procedures for COVID-19 cases in the post pandemic?

What are your recommendations for maintenance of PPE precautions as the virus waxes and wanes? Are there some recommendations that should become standard?

# Environment of Care and Life Safety

# Pre-Submitted Questions

Since 1135 waiver had been lifted, are we expected to have the emergency preparedness drill this year?

# Pre-Submitted Questions

What supporting documents must an organization produce for alternate care sites that were created during the pandemic to support vaccination and testing demands?

# Pre-Submitted Questions

What are best practices/innovations seen in hospitals related to COVID in the environment?

# Pre-Submitted Questions

Do portable HEPA units, used to convert rooms to negative pressure, need to be part of a preventative maintenance program?

# Pre-Submitted Questions

What documentation would be requested to provide during an onsite survey related to any 1135 waivers taken, and how long would they be in effect (example is detection devices such as smokes, ducts, in a COVID Unit for the last two years with no test)?



# Pre-Submitted Questions

For rooms used as a temp Isolation Room that were not built as an AII room, do we still need to follow ASHRAE Standard 170-2008 as far as daily checks go?

# 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
- **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

Our Command Center has been open due to the pandemic since the CMS 1135 waivers was initiated. When will the waiver be discontinued and/or when should the Command Center be officially closed?

Are we still in a period of emergency or disaster according to the CMS waiver?

# Pre-Submitted Questions

If we have deactivated our incident command/emergency management due to low COVID numbers can we still use 1135 waivers? Will this be cited?

# Public Health Emergency (PHE) Extension

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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 ★

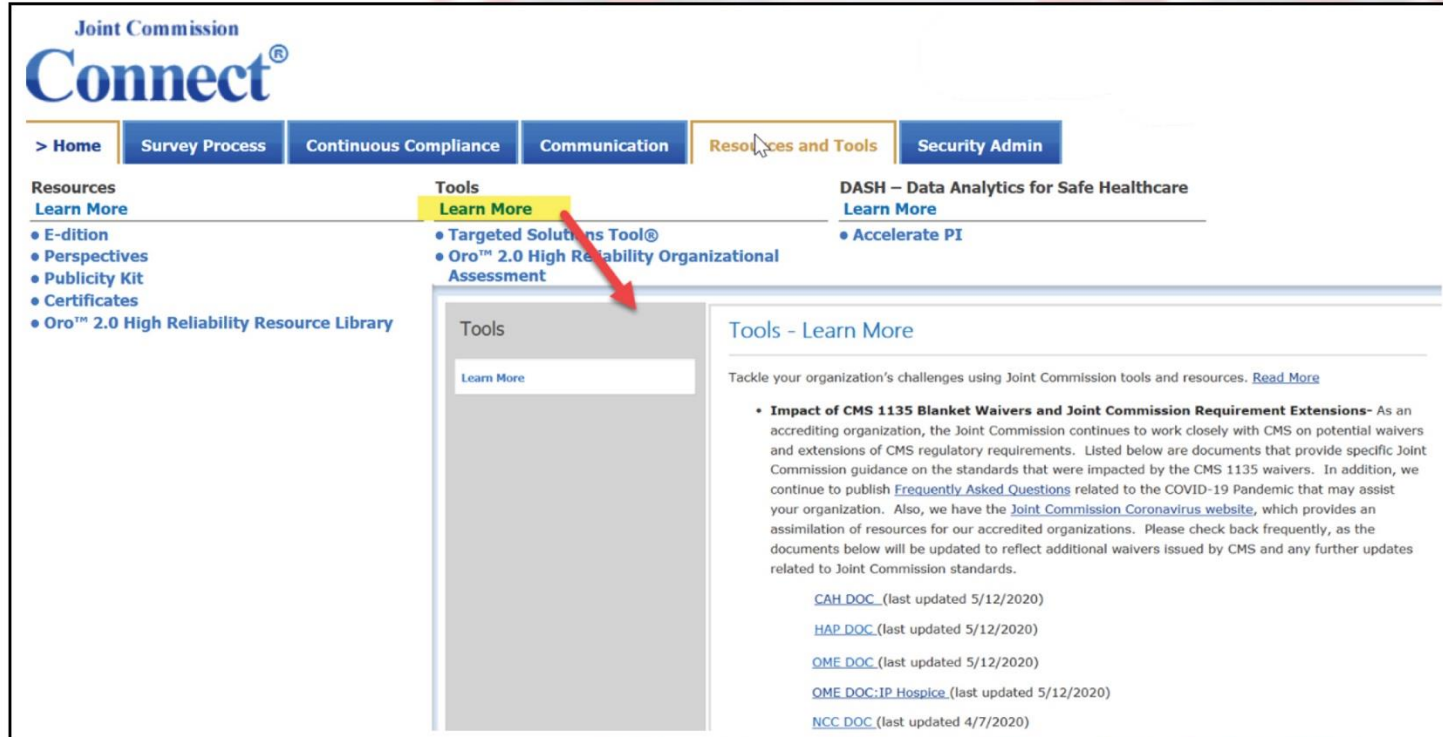
This is the ninth extension of the PHE

★ 1135 Waivers will remain in effect during the declared PHE

# Pre-Submitted Questions

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?

# Looking for more information on CMS 1135 Waivers?



The screenshot shows the Joint Commission Connect® extranet interface. The top navigation bar includes links for Home, Survey Process, Continuous Compliance, Communication, Resources and Tools (highlighted), and Security Admin. Below this, the 'Resources and Tools' section is expanded, showing 'Resources' (Learn More, E-dition, Perspectives, Publicity Kit, Certificates, Oro™ 2.0 High Reliability Resource Library) and 'Tools' (Learn More, Targeted Solutions Tool®, Oro™ 2.0 High Reliability Organizational Assessment). A red arrow points to the 'Tools > Learn More' link. The right sidebar shows 'DASH – Data Analytics for Safe Healthcare' (Learn More, Accelerate PI). The main content area, titled 'Tools - Learn More', contains a paragraph about CMS 1135 Blanket Waivers and Joint Commission Requirement Extensions, followed by a list of documents: CAH DOC (last updated 5/12/2020), HAP DOC (last updated 5/12/2020), OME DOC (last updated 5/12/2020), OME DOC:IP Hospice (last updated 5/12/2020), and NCC DOC (last updated 4/7/2020).

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), 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

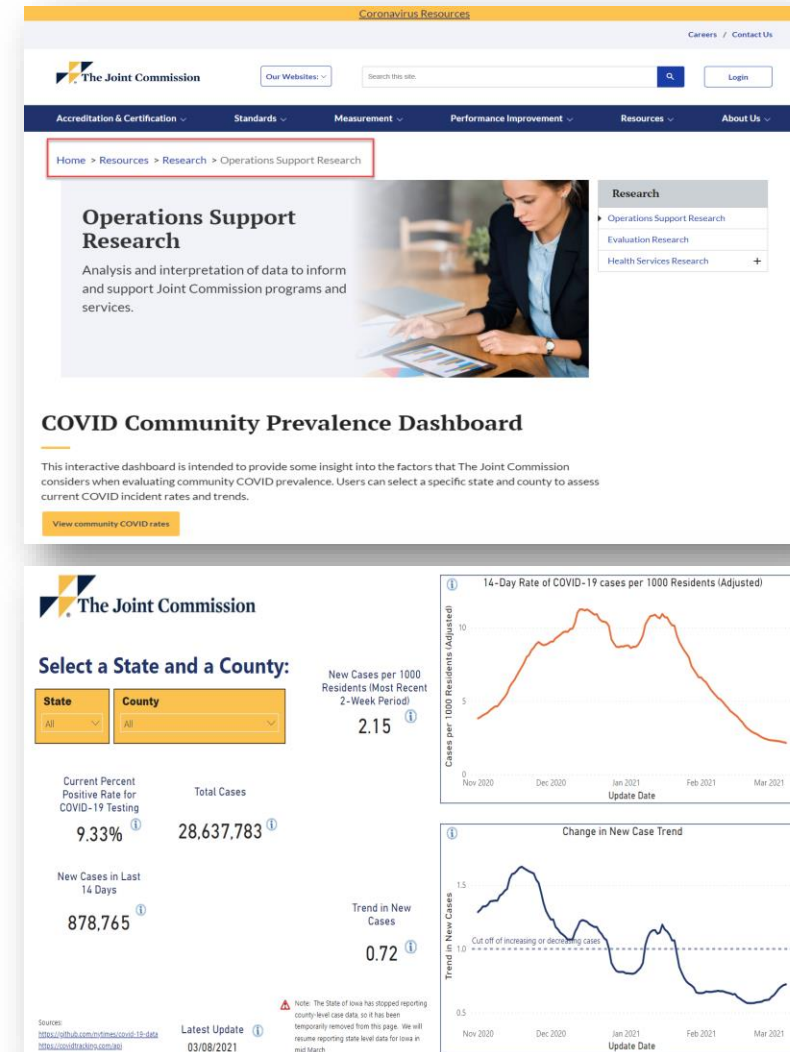
What is an offsite survey?

- 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 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



# 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.

# 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

