Strategies for a Successful Survey

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This webinar contains intermediate accreditation information.
Agenda

- The Accreditation process
- Strategies for a Successful Survey
- The Surveyors
- The Survey Process
- Post-Survey Activities
- Resources for Assistance
The Joint Commission Accreditation Process

- Request access to online accreditation standards manual, “E-dition”.
- Schedule an over-the-phone orientation to manual’s use (takes 30-60 minutes).
- Conduct a “gap analysis” - review standards to reconcile with your operations manual.
- Request and complete online Application for Accreditation
- Put any needed changes into place prior to your survey date
The Survey Process starts with the Application

- Request and complete online Application for Accreditation
- Make sure you input the care, treatment or services you are providing carefully so the proper surveyor(s) are sent for the proper length of time
- The sooner you apply, the sooner we can schedule your survey date
Strategies for Successful Survey

- Use the Standards Interpretation Group to clarify any unclear standards
- Review standards FAQs and/or request help online: https://www.jointcommission.org/standards_information/jcfaq.aspx
Strategies (cont’d)

- Access the Survey Activity Guide on your Joint Commission Connect extranet page
  - Shows a detailed timeline of surveyor activities
- Organize Policies and Procedures
  - Have Required Written Documentation ready
- Conduct “Mock” Tracer activities.
  - Helpful book can be found at https://www.jcrinc.com/mock-tracers-for-behavioral-health-care-revi/
Surveyors & Surveys

- Who Surveys?
- What do they do on a survey?
- How long does it take?
- What do I do with the findings?
Joint Commission Surveyors

- Experienced, licensed behavioral health care professionals
- Trained, mentored, and monitored to deliver consistently valuable surveys
- Each surveyor surveys an average of 15 times per year
- Shares good practices with you and your staff
- Supports organizations in their commitment to provide safe, high quality care, treatment & services
- Spanish Speaking if needed
“The Balancing Act”

Evaluator

and

Educator Consultant
Notice of Survey

• 30 day notice of survey dates for initial accreditation

• Re-Surveys are unannounced except for 7-day notice for:
  
  — Methadone programs*
  
  — In-home, Case Management, Assertive Community Treatment*
  
  — Fewer than 11 staff or average daily census of less than 100*
  
  — Community-based programs*

*except if program is operated as a component of a hospital
On-site Surveys

- Shortest survey is one surveyor for two days
- Surveys can be multiple surveyors for multiple days depending on the organization
The On-Site Survey Process

- The on-site survey agenda is in sync with an organization’s normal operational systems
- Focus is on actual delivery of care, treatment, or services -- not just paperwork
- On-site survey process is customized to the setting(s), service(s) and population(s) served by the organization
What happens during an on-site survey?

Opening Session: Orientation to the Organization

A discussion that provides an opportunity for the surveyor(s) to learn from you about your organization

– What you do
– Who you serve
– Your staff
– Your philosophy and values
– How you are organized

Ensures a meaningful on-site survey experience
Individual “Tracers”

- Traces the continuum of care provided
- Usually at least 60% of the on-site survey
- Directly involves staff who provide care, treatment or services
- Follows care, treatment or services provided throughout the organization
- Individual served/family is involved as appropriate
- Samples from all programs/services operated by organization
- Surveyors attempt to minimize disruptions to the organization
Foster/Respite Care

- Visits to foster/respite homes each day except last day of survey
- Meeting with foster/respite care takers
Review of Your Environment

- Safety First!
- Buildings/Offices
- Grounds
- Transportation
Data Session

Discussion of how the organization uses data:

- Identification of data to be collected

- Aggregation and analysis (turn data into information)

- Use of the information to drive performance improvement

- Outcomes Measures
Revised Measures Standard CTS.03.01.09

• The revised standard is intended to promote the use of “measurement-based care”

• The first two elements of performance outline the process of using objective data as feedback during the course of services in order to monitor progress toward the desired outcome for the individual served.

• The third element of performance focuses on using the data to:
  – Evaluate outcomes of care of the population(s) served
  – Support quality improvement efforts for the organization
Selecting a Standardized Instrument

In June 2017, The Joint Commission posted a list of instruments that could be used to meet the new standard

- [https://manual.jointcommission.org/BHCIInstruments/WebHome](https://manual.jointcommission.org/BHCIInstruments/WebHome)
- We do NOT endorse any instrument
- The list is NOT intended to be exclusive

There are currently 51 instruments listed on the Joint Commission site
Outcomes Measure Evaluation

Ultimately, the survey evaluation comes down to:

– Does the organization have an instrument that is appropriate for measurement-based care?
– Do they administer it consistently at multiple intervals in the care process?
– Do they actually look at the data and do something in response to it?
Competence of Staff Session

Reviews the processes the organization follows to ensure that they have sufficient, competent staff

- Staff selection
- Verification of education and licensure
- Orientation and training
- Competence assessment (initial and ongoing)
- Performance evaluation
Systems Tracers If Applicable

Medication Management

– Reviews the medication processes from prescribing to administering
– Only reviews those aspects relevant to the organization

Infection Control

– Reviews processes for preventing and responding to infections
– Varies based on settings
  (e.g. facility-based vs. community-based)
Daily Briefing

- Start of each day after the first day
- Review of the previous day’s activities
- Identification of any areas of potential non-compliance with accreditation requirements
- Opportunity for organization to clarify misunderstandings
- Surveyor(s) offer suggestions for achieving full compliance
Leadership Session

Discussion with organization leadership

Last day of survey

Based on observations during survey

An opportunity for the leaders and surveyor(s) to discuss how the leaders can use the surveyors’ observations to move the organization forward
Achieve Maximum Consultation

Educate your staff about the survey process: Compliance & Consultation

Encourage organizational staff to be open to learn, share, and seek to understand

If an organization is eager to learn, grow and improve, more consultation is likely

How will the organization measure the success of the survey?

*(HINT: IT SHOULD NOT BE THE NUMBER OF FINDINGS)*
Closing Session and Report

Meeting with CEO, if desired, to review report

Meeting with staff chosen by organization

Report

— Organization receives written preliminary report of any compliance areas

— Official report is provided on organization's extranet site within 10 days after survey
What do accredited organizations say?

“The survey was efficient and productive. The surveyor was very pleased and helpful in her approach, providing expertise and consultation for improving documentation and treatment planning. The staff was very appreciative of her positive feedback, considering it came from the perspective of an outside expert.”

Trish O’Donnell, Program Director
Eating Disorder Center of Denver
After your Survey

• Generally 60 days to resolve any non-compliance areas found
• Work with your Account Executive
• Seek advice
  — Account Executive
  — Standards Interpretation Group
• Final Accreditation Decision posted upon resolution of non-compliance areas

Don’t forget to make use of the free publicity kit posted on our web site to publicize your new status. Visit www.jointcommission.org/BHCA
Video: About the On-site Survey

http://www.jointcommission.org/multimedia/behavioral-health-accreditation-about-the-on-site-survey/
Questions?
Assistance and Resources
2018 Free Webinars

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Webinars held:
10 - 11 AM Pacific, 11 - 12 PM Mountain, 12 - 1 PM Central, 1 - 2 PM Eastern

Register at: pages.jointcommission.org/BHCA2018

View previous webinars/slides at www.jointcommission.org/BHCS
Assistance and Resources

2018 Live Accreditation Workshops

Wednesday, June 20
Hilton Orange County, Costa Mesa CA

http://pages.jointcommission.org/CA18.html

July date TBD – Salt Lake City, Utah
Joint Commission
Behavioral Health Care
Annual Conference
October 10-11, 2018
Rosemont, IL


“An opportunity for a deep dive into the accreditation experience with our experts”
Behavioral Health Care Accreditation
Business Development Team – We’re here to help!

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Joint Commission
Behavioral Health Care Accreditation

The Joint Commission’s Gold Seal of Approval™ means your organization has reached for and achieved the highest level of performance recognition available in the behavioral health field.