2016 Most Challenging Ambulatory Care Standards
Part 1: BPHC 2016 Top 10
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Objectives

- Discuss Joint Commission standards and survey process.
- Develop insight and understanding of 2016 challenging standards for BPHC/HRSA funded organizations.
- Identify strategies for improvement
Agenda

- Introduction
- Top Ten 2016 BPHC Challenging Standards
- Strategies for Improvement
- NEW! AHC ESC Form
- Questions & Answers
High Reliability and Challenging Standards!

- The list of challenging standards changes very little from year to year.
- It is not uncommon to find ‘repeat’ Requirements for Improvements (RFIs) in survey reports.
Let’s get started!
Agenda

- Introduction
- Top Ten 2016 BPHC Challenging Standards
- Strategies for Improvement
- NEW! AHC ESC form
- Questions & Answers
2016 Top Challenging Standards/Elements of Performance for Health Centers

<table>
<thead>
<tr>
<th>Ambulatory Program Standards</th>
<th>EP</th>
<th>Scored</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC.02.02.01: The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. (See also EC.02.04.03, EP 4)</td>
<td>2</td>
<td>#1 - 72%</td>
</tr>
<tr>
<td>EC.02.04.03: The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)</td>
<td>4</td>
<td>#2 - 45%</td>
</tr>
<tr>
<td>MM.03.01.03: Emergency medications and their associated supplies are readily accessible. (See also PC.03.01.01, EP 8)</td>
<td>2</td>
<td>#3 - 42%</td>
</tr>
<tr>
<td>MM.03.01.01: The organization stores medications according to the manufacturers' recommendations. Note: This element of performance is also applicable to sample medications.</td>
<td>2</td>
<td>#4 - 40%</td>
</tr>
<tr>
<td>MM.01.02.01: The organization takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications. Note: This element of performance is also applicable to sample medications.</td>
<td>2</td>
<td>#5 - 34%</td>
</tr>
<tr>
<td>Ambulatory Program Standards</td>
<td>EP</td>
<td>%</td>
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<td>---------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>EC.02.02.01: The organization minimizes risks associated with selecting, handling, storing,</td>
<td>5</td>
<td>#6 - 33%</td>
</tr>
<tr>
<td>using, and disposing of hazardous chemicals.</td>
<td></td>
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<tr>
<td>EC.04.01.01: Every 12 months, the organization evaluates each environment of care management</td>
<td>15</td>
<td>#7 - 31%</td>
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<tr>
<td>plan, including a review of the plan’s objectives, scope, performance, and effectiveness.</td>
<td></td>
<td></td>
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<tr>
<td>(See also EC.01.01.01, EPs 3-8; EC.04.01.03, EP 1)</td>
<td></td>
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<tr>
<td>WT.03.01.01: Competency for waived testing is assessed using at least two of the following</td>
<td>5</td>
<td>#8 - 30%</td>
</tr>
<tr>
<td>methods per person per test: Performance of a test on a blind specimen; Periodic observation</td>
<td></td>
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<td>of routine work by the supervisor or qualified designee; Monitoring of each user's quality</td>
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<tr>
<td>control performance; Use of a written test specific to the test assessed.</td>
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<tr>
<td>MM.03.01.01: The organization prevents unauthorized individuals from obtaining medications</td>
<td>6</td>
<td>#9 - 28%</td>
</tr>
<tr>
<td>in accordance with its policy and law and regulation. Note: This element of performance is</td>
<td></td>
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</tr>
<tr>
<td>also applicable to sample medications.</td>
<td></td>
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</tr>
<tr>
<td>IC.01.03.01: The organization identifies infection risks based on the following: Its</td>
<td>1</td>
<td>#10 - 24%</td>
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<tr>
<td>geographic location, community, and population served.</td>
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<td></td>
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</tbody>
</table>
Top Challenging Standards

The top THREE challenging compliance issues in 2016

- **IC.02.02.01** – The organization reduces the risk of infections associated with medical equipment, devices, and supplies.

- **EC.02.04.03**: The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)

- **MM.03.01.03**: Emergency medications and their associated supplies are readily accessible. (See also PC.03.01.01, EP 8)
What’s MISSING???

- Credentialing and Privileging!!!

- No Longer in Top Ten!!

- CONGRATULATIONS!!!
#1 – Infection Control

72% -- (2015 49%) IC.02.02.01

The organization reduces the risk of infections associated with medical equipment, devices, and supplies

- Low level disinfection
- Intermediate and high-level disinfection
- Expired supplies
Infection Control

IC.02.02.01, EP2  Performing intermediate and high-level disinfection and sterilization of the medical equipment, devices, and supplies. (see also EC.02.04.03 EP.4)

Surveyor observations:

- Lack of evidence-based instrument sterilization practices Note…especially in dental clinics
- Inappropriate high level disinfection (HLD) practices of vaginal ultrasound probes per CDC and Manufacturer’s Instructions for Use (IFU)
- Not Following IFU’s/manufacturer for sterilizer maintenance
IC – Surveyor observations cont.

- Inappropriate layout and design of the area used for sterile processing to prevent cross contamination
- Failure to follow evidence-based guidelines for Biological Indicators (BIs)
- Failure to include chemical indicators in surgical instrument processing packs as appropriate
- Airborne contaminants not controlled by either adequate separation or physical barrier between sink where instruments are cleaned and brushed to remove debris, and instrument drying area.
Survey/Compliance: Sterilization and High Level Disinfection

- Staff orientation, competency and on-going education relative to cleaning - can be in HR files or onsite
- Disinfection, high-level disinfection and sterilization work tasks/process – Clinical guidelines ex. AAMI, CDC, SGNA, ASGE, or AORN
- Clean or dirty items are transported to and from procedural and processing areas covered in rigid, biohazard labeled closed container - instruments moist
Survey/Compliance: Sterilization and High Level Disinfection

- Flow from dirty -- to clean --- to sterilized—to storage
- Use of personal protective equipment (PPE)
- Manufacturer guidelines readily available to staff
#2 – Environment of Care

- 45% (2015-35%) EC.02.04.03

The organization inspects, tests, and maintains medical equipment, and maintains all sterilizers.

**Surveyor observations:**

- Inadequate preventive maintenance (PM) and/or before initial use.
Survey/Compliance: Medical Equipment and Sterilizers

Documentation of PMs (Preventive Maintenance) of autoclave/sterilizers Daily, weekly, monthly and annual per manufacturers recommendations
#3 - Medication Management

- MM.03.01.03, EP2  42%

Emergency medications and their associated supplies are readily accessible. (See also PC.03.01.01, EP 8)

**Surveyor observations:**

- Oxygen tanks not readily accessible
- Logs/checks are incomplete
- Meds and supplies not easily accessible
- Replacement breakaway locks improperly stored
#4 – Medication Storage

40% (2015 39%) MM.03.01.01 The organization safely stores medications.

- Maintain refrigerator temperature within manufacturer’s recommendations 24/7
- Prevent unauthorized access
- Remove expired/damaged/contaminated medications from available storage
Survey/Compliance: Medication Storage

Medication Storage

- Limit where medications are stored
- Do not routinely store meds in examination rooms---if necessary lock or numbered tag
- Implement a visual process to easily identify use by/expiration dates on anything that carries an expiration date
- Use continuous temp. monitor w/alarm
- Implement a check as well as “check the checker” process
43% (2015 23%) MM.01.02.01 The organization addresses the safe use of look-alike/sound-alike medications

- Develop list that you store, dispense or administer
- Plan to prevent errors
- Annually reviews and revises
Look-Alike, Sound-Alike Drugs List

Examples*
1. Avandia and Coumadin
2. Celebrex, Celexa, Cerebyx
3. Clonidine, Klonopin
4. Hydromorphone injection and morphine injection
5. Insulin products
   - Humalog and Humulin
   - Novolog and Novolin
   - Humalog and Novolog
   - Novolog Mix 70/30

#6 – Environment of Care

33% (2015 29%) EC.02.02.01 The organization manages risks related to hazardous materials and waste.

- Inventory hazardous materials
- Personal Protective Equipment (PPE use)
- Eyewash station
- Lead Aprons
- SDS – Safety Data Sheets
Survey/Compliance: Eyewash Station

✓ Flush and inspect weekly until water runs clear
✓ Tepid temperature (60 – 100 F) Mixing valve or Risk assessment to determine cold water only
✓ Located no more than 10 seconds to reach for harsh acids and caustics
✓ - Risk assessment of exposure to the hazardous materials you use Plumbed or Gravity.

- What does the manufacturer MSDS say?
- OSHA Recommendations?
- What is the risk of exposure?
#7 - Environment of Care

EC.04.01.01, EP15 Every 12 months evaluate each EOC plan. Needs to include:

1. **Objectives** - Define the intent and purpose of the plan
2. **Scope** - Define how widespread is the plan? Who or what is covered under the plan?
3. **Performance** - Implement activities to meet the intent/purpose, i.e. the objectives of the plan
4. **Effectiveness** - Collect data, e.g. fire drills, environmental rounds/inspections, incident/occurrence reports, analyze to determine whether you met your objectives
Survey/Compliance
EOC Management Plans

- Safety
- Security
- Hazardous materials and waste
- Fire Safety
- Medical equipment
- Utility Systems

EC.01.01.01 EP.2
#8– Waived Testing

WT.03.01.01, EP 5 Competency for waived testing is assessed using at least two of the following methods per person per test:
- Performance of a test on a blind specimen;
- Periodic observation of routine work by the supervisor or qualified designee;
- Monitoring of each user's quality control performance;
- Use of a written test specific to the test assessed.

Surveyor observations:
- No clear documentation of two methods of assessing competency for each waived test annually and orientation new employee
Survey/Compliance
Waived Test competency

- Provide education/training based on manufacturer’s instructions for use (IFU)
- Assess staff competency at orientation and annually thereafter----Use at least two (2) of the following methods:
  - Performance of a test on a blind specimen
  - Periodic observation by supervisor or qualified designee
  - Monitoring of each user’s quality control performance
  - Use of a written test specific to the test assessed.
#9 - Medication Management

- 28%  MM.03.01.01, EP 6

The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation. Note: This element of performance is also applicable to sample medications

- Security of medications: locked, constant surveillance, or numbered tag.
- Surveillance
#10 - Infection Control

24% IC.01.03.01, EP 1 The organization identifies infection risks based on the following: its geographic location, community and population served.

Surveyor observation:

- Failure to identify any specific or potentially increased infectious risks— for locations, community, or patient populations with unique characteristics.
Helpful thoughts…

When doing ESC’s: Focus on the surveyors written observations of areas needing improvement - rather than a generic plan.
Tools and Resources

- Intra Cycle Monitoring
- Perspectives
- Leading Practice Library
- Targeted Solution Tools
- Frequently Asked Questions
- CAMAC/OBS manuals
- Account Executive
- Standards Interpretation Group
- Joint Commission Resources
We are your resources!

- For standards questions: 630-792-5900
  "Standards Interpretation Group"

- Use our web site: www.jointcommission.org

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    (jwebb@jointcommission.org)
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Questions???
Thank you for partnering with us in your mission to improve quality care for health center populations.
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