Survey Analysis for Evaluating Risk™ (SAFER™)

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Objectives

- Review SAFER™ matrix concept
- Discuss three anchor examples
- Provide information on Post Survey Follow-up
- Review new SAFER™ tool on secure Joint Commission Connect® site
- Identify additional items to note and The Joint Commission’s next steps
Survey Analysis for Evaluating Risk (SAFER)

- A transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys
- Helps organizations prioritize and focus corrective actions
- Provides one, comprehensive visual representation of survey findings
- Replaces current scoring methodology

Implementation: January 2017
Previous State

- Multiple different “taggings”
- Attempt to pre-determine risk through:
  - “Direct” versus “Indirect”,
  - “A” category vs. “C” category,
  - Measure of Success (MOS) sometimes required
  - Risk Icon sometimes applied
Problems

- Require extensive upkeep
- Can be confusing to customers
- At times are contradictory
- Creates a “one size fits all” approach
Solution

Develop **one single, comprehensive method** of categorizing the risk associated with standards
A New SAFER Model

Immediate Threat to Life
(follows current ITL processes)

Likelihood to Harm a Patient/Visitor/Staff

- HIGH
- MODERATE
- LOW

Scope

- LIMITED
- PATTERN
- WIDESPREAD
How is Risk Determined?

- Operational definitions and “anchors”
- Surveyor experience and expertise will provide the support to determine the “scope” and “likelihood to harm” for the finding
- Based on the context of the finding
- Discussion amongst the survey team
Operational Definitions

- Applied at the organization level
- Looks at the scope of patients impacted (or potentially impacted) by an issue of noncompliance
  - Shift from historical approach of “counting” observations
  - Now we want to assess the patient impact, or potential impact, of an issue(s)
## Likelihood to Harm

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Further Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>Harm could happen, but would be rare</td>
<td>• Undermines safety/quality or contributes to an unsafe environment, but very unlikely to directly contribute to harm.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It would be rare for any actual patient harm to occur as a result of the deficiency.</td>
</tr>
<tr>
<td>MODERATE</td>
<td>Harm could happen occasionally</td>
<td>• Could cause harm directly, but more likely to cause harm as a contributing factor in the presence of special circumstances or additional failures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the deficiency continues, it would be possible that harm could occur but only in certain situations and/or patients.</td>
</tr>
<tr>
<td>HIGH</td>
<td>Harm could happen at any time</td>
<td>• Could directly lead to harm without the need for other significant circumstances or failures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the deficiency continues, it would be likely that harm could happen at any time to any patient (or did actually happen).</td>
</tr>
</tbody>
</table>
## Scope

<table>
<thead>
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<th>Category</th>
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</table>
| **LIMITED** | Unique occurrence that is not representative of routine/regular practice, and has the potential to impact only one or a very limited number of patients, visitors, staff | • An outlier.  
• Scope is isolated when one or a very limited number of patients are affected and/or one or a very limited number of staff are involved, and/or the deficiency occurs in a very limited number of locations. |
| **PATTERN** | Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients, visitors, staff | • Process Variation.  
• Scope is pattern when more than a very limited number of patients are affected, and/or more than a very limited number of staff are involved, and/or the situation has occurred in several locations, and/or the same patient(s) have been affected by repeated occurrences of the same deficient practice. |
| **WIDESPREAD** | Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most/all patients, visitors, staff | • Process Failure.  
• Scope is widespread when the deficiency affects most/all patients, is pervasive in the facility or represents systemic failure. Widespread scope refers to the entire organization, not just a subset of patients or one unit. |
Example SAFER Matrix

<table>
<thead>
<tr>
<th>Immediate Threat to Life</th>
</tr>
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<tbody>
<tr>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td>MM.03.01.01, EP8</td>
</tr>
<tr>
<td>MM.03.01.01, EP7</td>
</tr>
<tr>
<td><strong>MODERATE</strong></td>
</tr>
<tr>
<td>MS.01.01.01, EP5</td>
</tr>
<tr>
<td>PC.01.02.01, EP4</td>
</tr>
<tr>
<td>PC.01.02.03, EP6</td>
</tr>
<tr>
<td>PC.01.03.01, EP1</td>
</tr>
<tr>
<td>PC.01.03.01, EP5</td>
</tr>
<tr>
<td>IM.02.02.01, EP3</td>
</tr>
<tr>
<td>MS.08.01.01, EP1</td>
</tr>
<tr>
<td>MS.08.01.03, EP3</td>
</tr>
<tr>
<td><strong>LOW</strong></td>
</tr>
<tr>
<td>RC.01.01.01, EP19</td>
</tr>
<tr>
<td>RC.02.03.07, EP4</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Likelihood to Harm a Patient/Visitor/Staff</th>
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</tr>
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<td><strong>PATTERN</strong></td>
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Anchor Examples
Example #1 - Hospital

It was observed during record review that seven out of eight records did not contain a discharge summary, though patients were discharged more than 30 days earlier. Lack of discharge summary is a violation of medical staff rules and regulations.
Rationale

- Discharge summaries were not found in 7 out of 8 of the records reviewed.

- This suggests a widespread problem with adherence to medical staff policies and regulations that require that a discharge summary be completed for all patients within 30 days of discharge.

- The lack of discharge summaries is very unlikely to directly contribute to patient harm and is therefore deemed 'low' risk.
Example #2 – Home Care

NPSG.15.02.01, EP1

In discussion with management at the DME organization, the surveyor learned that the organization had no policy or process in place to conduct home oxygen safety risk assessments before starting oxygen therapy in the home and when home care services are initiated. In 8 out of 8 records reviewed for patients receiving oxygen therapy, there was no documentation of a completed risk assessment in the patient's record.
Rationale

- This organization lacks any kind of a policy or procedure to ensure that home oxygen risk assessments are performed.

- Because none of the records reviewed contained risk assessments (as might be expected, given the lack of a policy), this suggests a widespread or pervasive problem. As a result, the appropriate SAFER placement would be “Widespread” in scope.

- The failure to assess risks in the home for patients receiving oxygen therapy presents a high risk of harm to patients, visitors and others in or around the household. This observation would be correctly placed in the “High” category of the SAFER Matrix.
Example #3 – Ambulatory

IC.02.02.01, EP2

During tracer activities in a GI procedure room, one technician was observed transporting an open and uncovered bin across the hall that contained a used (dirty) colonoscope. The organization’s policy and procedure requires that bins are covered during transport. Typically, there are adequate covers to be utilized within this process. However, one of the bin covers was warped and thus unusable.
Rationale

In accordance with organizational policy, contaminated equipment must be transported in a covered container to reduce possible contamination. In this case, a technician transported dirty patient equipment in an open and uncovered container. This appears to be a unique occurrence that is not representative of routine or regular infection control practice at this organization. This observation would be identified as “Limited” in Scope.

While this issue could cause harm directly, it would be more likely to cause harm as a contributing factor in the presence of other circumstances or additional failures. Therefore, it presents a moderate risk of harm and would be placed in the “Moderate” row for Likelihood to Harm.
Additional Anchor Examples

- Located on organization’s Extranet site
- Created for each program (including Certification)
- Provides observation, placement on SAFER matrix and rationale for placement
- Currently available
Post Survey Follow-up
Follow-up Actions

Follow-up customized and prioritized according to placement within SAFER Matrix
## Prioritized Follow-up Action

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<th>SAFER Matrix™ Placement</th>
<th>Required Follow-Up Activity</th>
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<tr>
<td><strong>HIGH/LIMITED,</strong></td>
<td>• 60 day Evidence of Standards Compliance (ESC)</td>
</tr>
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<td><strong>HIGH/PATTERN,</strong></td>
<td>- ESC will include Who, What, When, and How sections</td>
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<td><strong>HIGH/WIDESPREAD</strong></td>
<td>ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis</td>
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<td>Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full triennial survey</td>
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<td><strong>MODERATE / PATTERN,</strong></td>
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ESC Changes

- All Requirements for Improvement (RFIs) due in a 60 day ESC
  - 45 day ESC no longer applicable
- All findings require an ESC
  - OFI section of the report no longer applicable
- Findings of higher risk require 2 additional ESC fields
Leadership Involvement

- The measure of the success of change is in its sustainability within organizations.
- Success and sustainability are highly influenced by support from the top level of leadership.
Leadership Involvement - ESC

In order to achieve the goal of reducing risk, which member(s) of leadership have been involved in the corrective action and are maintaining ongoing involvement with this change? (select one or more)

- President
- Chief Executive Officer
- Vice President
- Chief Quality Officer
- Chief Medical Officer
- Chief Nursing Officer
- Chief Operating Officer
- Medical Director
- Director of Nursing
- Facilities Director
- Director of Clinical Services
- Other

Please describe how the above leadership involvement is helping to sustain compliance with this Element of Performance in the future.

For example: “Our Chief Quality Officer directly participated in meetings where Infection Control Policy #123 was revised and approved. The Chief Quality Officer is serving as the champion for implementing the revised policy, including communicating the changes to leadership across the organization and establishing a monitoring system to ensure all staff are educated on the policy. Additionally, as part of the Chief Quality Officer’s monthly leadership meeting, a standing agenda item will be added related to compliance with the revised policy.”
Preventive Analysis

- Ensures the corrective action does not simply fix the issue at hand
- Focuses on identifying and addressing underlying reasons that caused the issue
- Efforts also focused on preventing future occurrences of the high risk issue
What analysis was completed to ensure not only the noncompliant issue was corrected (surface/high level resolution) but also any underlying reasons for the failure were addressed as well?

Example: "A group of staff including members from the quality improvement team, infection control and nursing met to discuss and understand why the hand hygiene compliance program was not effectively being implemented. It was determined that there had been numerous staff changes over the past year, leading to inconsistent responsibility for the program. Moving forward, there will be two co-owners for the program – one from nursing and one from infection control. This will help ensure consistency and continuation of the program in the event of future staff turnover.”
SAFER Tool
Overview

- Available once survey report posted to Joint Commission Connect® site
- Provides ability to filter report results
  - Program
  - Standards Chapter
  - Condition of Participation (or Condition for Coverage for ASC)
  - Site
  - CLIA number
Getting Started:

- To access the SAFER matrix tool for accreditation programs, hover over the *Survey Process* tab.
- Then click on the *Accreditation SAFER™ Matrix* link under the Post-Survey section.
Home Page:

- Includes both the Event List table and resource
- The Event List table indicates all onsite events that have gone through a SAFER survey or review
The event status can be one of the two:

- **Completed**: the report has been processed by The Joint Commission (either within 10 business days after the survey/review is completed or after the Clarification submitted by the organization is reviewed and finalized)

- **In Progress**: the report is under review and the SAFER matrix tool cannot be accessed as the survey/review information is being assessed
How to Access the tool:

- Find the survey/review event you want to access and click on the View link to the right of the survey/review event:
SAFER Matrix Tool Home Page:

- Will show all RFIs from the final report for event selected with observations underneath the matrix.
Filters:

- Tool allows organizations to filter RFIs
- Provides more dynamic interaction with the survey/review information

Filter categories include:

- Program
- Standards Chapter
- Condition of Participation (or Condition for Coverage for ASC)
- Site
- CLIA number
Applying Filters:

- Select one or more of desired filters
- List of filters selected will appear above the SAFER matrix
- As filters are selected, the page will refresh and show only those RFIs that apply
- Observation text underneath the matrix will also update based upon filters selected
Applying Filters:
Clearing Filters:

- Select the Clear All link located above the SAFER matrix to the upper right.
Additional Items to Note
What is NOT Changing?

1. Adverse decision determination during survey
2. Immediate Threat to Life process
3. Determination of Condition Level Deficiency (CLD) process (applies to those using TJC for deeming purposes)
4. Onsite survey activities utilized during survey (i.e. Tracer Methodology, Record Review, etc.)
How do I prepare?

Preparing for a SAFER survey is the same as preparing for a survey today:

1. Ensure full understanding of requirements
2. Continue conducting self-assessments of compliance
3. Review SAFER information located on your organization’s secure Extranet site
What’s Next
Feedback

- Implemented January 2, 2017 for all accreditation and certification programs
- Voice of Customer
  - Surveyor feedback
  - Organization feedback
Data Analysis

- Business Intelligence tool
- Collecting SAFER placement across all programs
- Looking for statistically significant trends for:
  - Standard placement
  - EP placement
  - Variation across programs
- Data will help identify areas for improvement
Resources
Resources Available

Extranet Site:
Resources Available

SAFER Tool Home Page:
Questions?

safer@jointcommission.org
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