



Survey Analysis for Evaluating Risk™ (SAFER™)



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History of Model Development

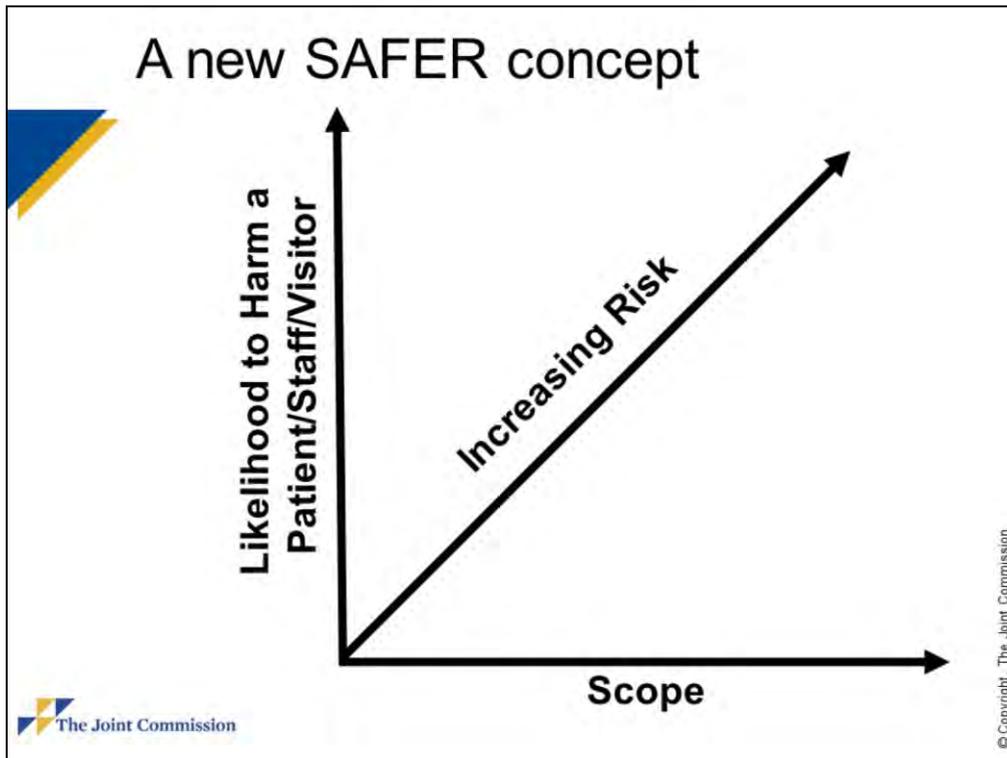
- ▶ There are multiple different “taggings” that The Joint Commission uses for our Elements of Performance (EPs).
- ▶ For example, we tag EPs as “Direct” versus “Indirect”, “A” category vs. “C” category, Measure of Success (MOS) required or not, Risk Icon or not, etc.
- ▶ These multiple taggings were identified by different groups of staff, at different points in time, and are used for different reasons (ESC timeframe, decision rules, ICM, etc.).

The Joint Commission has several different types of “tagging” of Elements of Performance that, over time, have become complex and cumbersome. For example, there are EP taggings for “A” and “C” EPs, “Direct” and “Indirect” EPs, a Measure of Success requirement for some EPs but not all, risk icons, and many other labels we assigned to our EPs. The multiple “taggings” of EPs have been identified by different groups of individuals for different reasons at different times, which has resulted in a layering of “taggings” that, at times, can be contradictory, confusing, and difficult to prioritize.

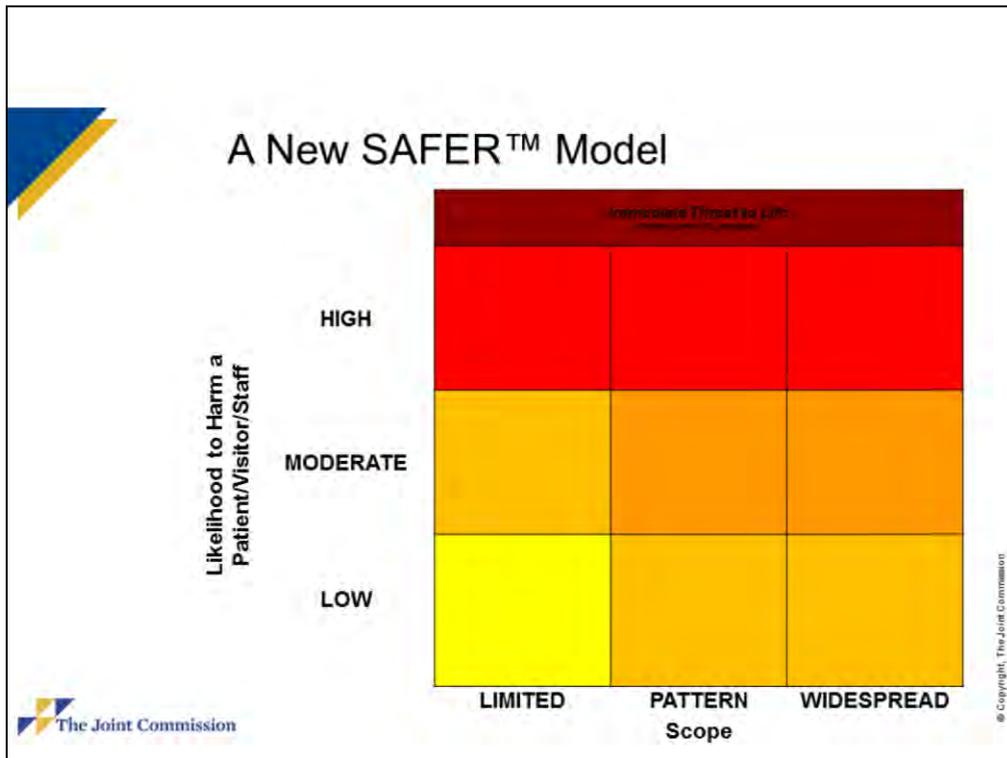
Solution

- ▶ A new model that recognizes that the potential for an EP to be related to a risk/safety issue depends on the context of the situation during a given survey and not pre-determined based on the EP itself

In order to address the issue of multiple “taggings” and the confusion it can cause, The Joint Commission began to re-evaluate the scoring techniques used during survey and began to develop a new model in 2015. We wanted the model to recognize that the potential for an EP to be related to a risk/safety issue is dependent upon the context of the situation observed during a given survey and, as a result, cannot be pre-determined based on any type of EP “tagging”.



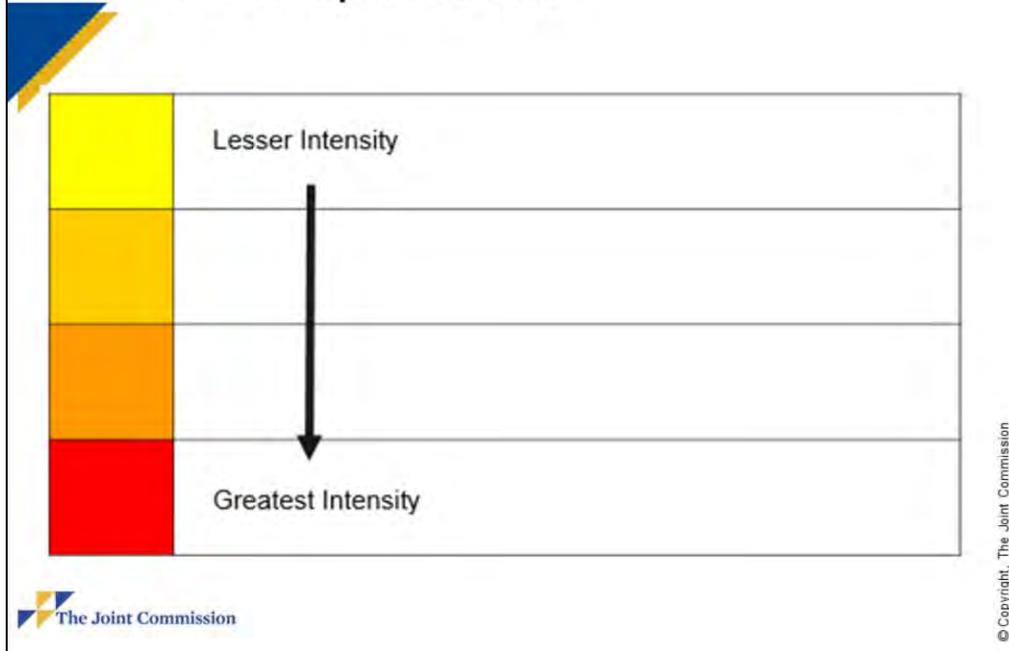
To achieve the recognition of the potential for an EP to be related to risk based upon the context of the situation observed during a survey, two components of risk were identified: 1) Likelihood to harm a patient, staff, or visitor, and 2) Scope. Consequently, as the likelihood to harm a patient, staff, or visitor surrounding the onsite observation increases and the scope of the onsite observation widens, the level of risk that observation has increases.



So, with our two components of risk identified, the matrix you see on your screen now was created. As you can see, the likelihood to harm a patient, staff, or visitor is on the y-axis of the matrix with LOW, MODERATE, and HIGH as the three values. The scope component is on the x-axis and is identified as being a LIMITED issue, a PATTERN, or WIDESPREAD.

As you move from the bottom left corner of LOW and LIMITED to the upper right corner of HIGH and WIDESPREAD, so does the potential risk associated with the onsite observation.

Follow-up Actions



In addition to providing a visual representation of potential risk associated with each finding, the SAFER matrix will also assist in prioritizing follow up activity as well. The follow up actions will be based on the severity of risk for each finding. For those RFIs associated with potential higher risk, we want to ensure that the issue is fixed with the goal of eliminating or reducing risk at this time and ongoing in the future.

Prioritized Follow-up Action

Placement of RFI on SAFER Matrix and Follow-Up Activity

	LOW / LIMITED	MODERATE / LIMITED LOW / PATTERN LOW / WIDESPREAD	MODERATE/PATTERN MODERATE/WIDESPREAD	HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD
Evidence of Standards Compliance (ESC) 60	✓	✓	✓	✓
Evidence of Standards Compliance (ESC) 60 - Plus - Additional fields for sustainment plan			✓	✓
Pull into surveyor technology for potential review during subsequent surveys			✓	✓

As described previously, the level of potential risk associated with the finding will generate the follow up activity requested for the RFI. As shown in this table, all RFIs will require a 60 day Evidence of Standards compliance to be submitted which will include the current fields for the corrective action (WHO, WHAT, WHEN, HOW). However, for those findings of a higher potential risk level, additional fields will be requested within the ESC form. These fields will request sustainment information surrounding Leadership Involvement and Preventive Analysis to ensure the initial corrective action was taken and that the action will result in sustainment in the future. In addition, those findings that are associated with a higher risk level will also be available to surveyors during subsequent onsite surveys for potential review. Please note that all RFIs will be addressed within the 60 day ESC, resulting in the 45 day ESC no longer being applicable.

Research and Development

▀ Voice of Customer

- Providing valuable information to our customers at an organizational level
- Simplifying the cumbersome post survey process

▀ Analyzing industry standards and risk analysis

▀ Reevaluating current TJC processes and identifying opportunities for efficiency

In order to come to the place we are today with the development of the SAFER matrix, much research, analysis, and development was completed. First, a significant amount of voice of the customer was obtained in order to make sure we were moving towards what organizations wanted to get out of the survey or review experience. Much of the comments focused around wanting to receive information at the organizational level while simplifying processes that, over time, have become complicated and cumbersome. In addition to Voice of Customer, research of several industries, such as aviation, was completed to see how this concept works in other settings. These two pieces were included in our own internal analysis and evaluation of current processes and opportunities for improvement of efficiency within those processes, which, as mentioned previously, resulted in the removal of several EP taggings to have a more simplified survey and post survey process.

How is Risk Determined?

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

Through having the context of the observation or issue cited drive the scoring process more, it allows for surveyors to utilize their expert judgement and experience to support the determinations surrounding likelihood to harm and scope. It also provides the entire survey team the ability to discuss all observations at an organizational level and determine the appropriate placement of a RFI together as there can be varying levels of potential risk for different observations all cited under the same EP.

IC.02.02.01 - The hospital implements infection prevention and control activities when doing the following:
IC.02.02.01, EP 4 - Storing medical equipment, devices, and supplies.

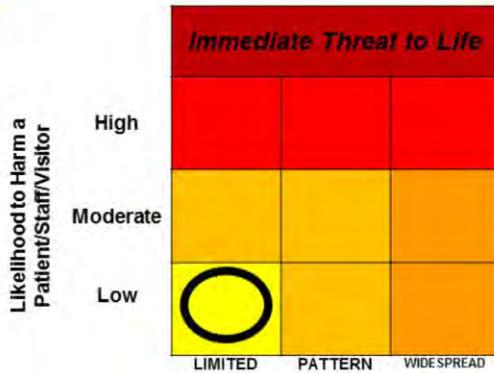
Likelihood to Harm a Patient/Visitor/Staff	High			
	Moderate	<i>"A colonoscope used for the operating room was stored in an operating room cabinet with the tip of the colonoscope touching supplies stored in the bottom of the cabinet."</i>	<i>"During an upper endoscopy procedure, a GI technician entered the endoscopy suite from the adjoining endoscope reprocessing room in order to place a processed endoscope into storage. This practice posed an unacceptable risk of cross-contamination. During an endoscopy procedure, the GI technician opened the endoscope storage cabinet to retrieve a CLCtest kit. This action had the potential to expose the stored endoscopes to aerosolized particles in the endoscopy suite."</i>	<i>"During a building tour of the Imaging/Radiology Center and the Emergency Department, it was observed that, in all of the respiratory carts inspected, the oral airways were stored in bulk and not individually wrapped, thereby creating the possibility for cross-contamination."</i>
	Low	<i>"In the supply room was an opened and partially used bottle of 0.9% normal saline used for dental irrigation. The bottle was not labeled with the open date, and the instructions on the bottle stated 'discard unused portion'."</i>	<i>"During the building tour in the pediatric area, the intake room and two examination rooms were observed. Located under the sinks in all three areas were multiple boxes of gloves at risk of damage from water."</i>	<i>"During the building tour it was noted that in the radiology area there were several cardboard boxes on the floor that appeared to be water logged. In addition, throughout this entire facility there were other cardboard boxes stored directly on the floor at risk for water damage."</i>
		Limited	PATTERN	WIDESPREAD
		Scope		



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Here is an example of a standard associated with Cleaning, Disinfection, and Sterilization. You can see from the various surveyor findings that were written under this standard that there is an extreme variation in the level of risk across the findings. This variation can be captured in the SAFER matrix and can be accounted for through the varying degrees of the likelihood to harm and scope axes. For example (see finding placed in LOW / LIMITED box). This compared to the finding in the MODERATE / WIDESPREAD box (see finding) illustrates the varying levels of risk that can be placed under the same EP.

Pilot Examples of the SAFER matrix

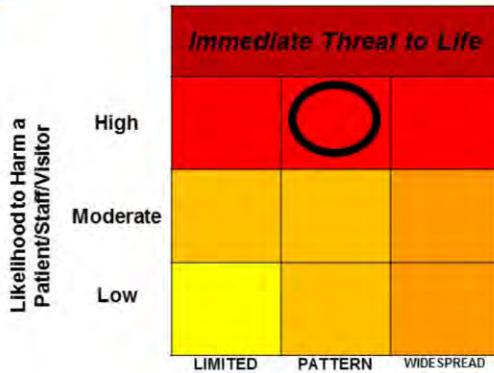


		<i>Immediate Threat to Life</i>		
Likelihood to Harm a Patient/Staff/Visitor	High			
	Moderate			
	Low	○		
		LIMITED	PATTERN	WIDE SPREAD

It was observed that there was an entry in the record which had not been authenticated and/or dated and timed. The Intake assessment had been signed by the author but the entry was not dated and timed.

The example you see on the screen now is from a pilot project we completed with the SAFER matrix that was placed in the LOW/LIMITED area of the SAFER matrix.

Pilot Examples of the SAFER matrix



During tracer activity on a surgical patient, noted all members of the surgical team did not suspend all their activities to focus on correct patient, procedure, and site. Also, noted in two additional tracer activities in the OR on surgical patients, the entire surgical teams did not suspend all their activities to focus on correct patient, procedure, and site.

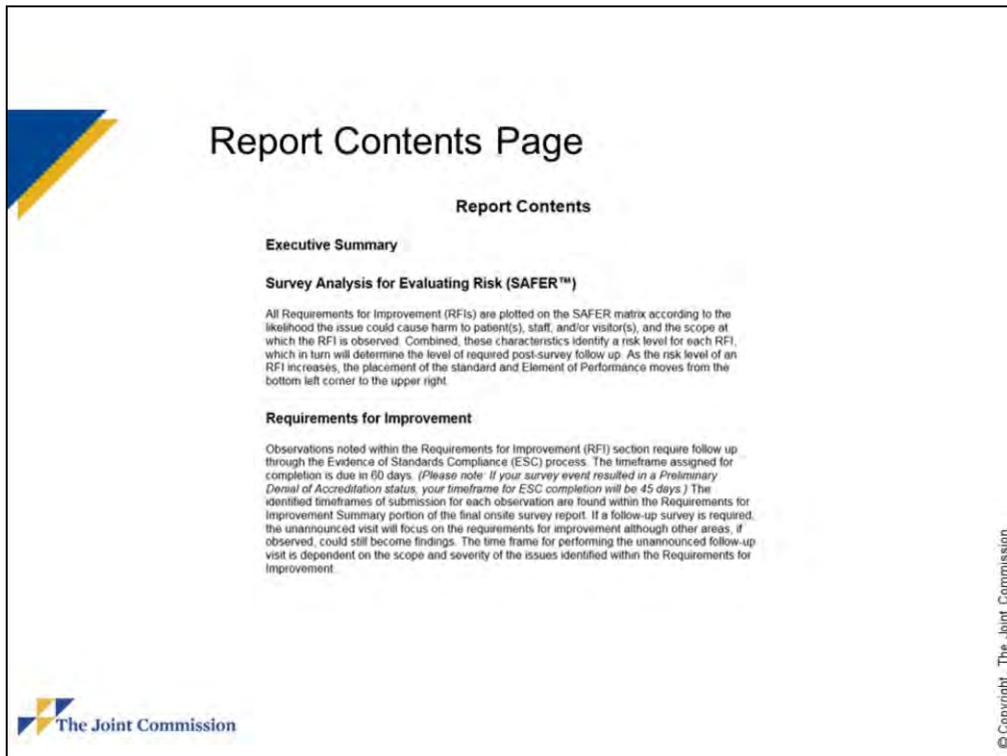
The example you see on the screen now is from a pilot project we completed with the SAFER matrix and it was placed within the HIGH / PATTERN area of the SAFER matrix.



Beginning January 1, 2017

- For all accreditation and certification programs
 - The SAFER matrix will be generated and embedded within the survey process and the final report
 - Matrix data will be shared with the customer
 - Updated post-survey process

So, a major question we're guessing you have is "When will this be implemented for my organization?". Beginning in January of 2017, this process will be rolled out to all accredited and certified organizations. With this implementation, you'll notice that the SAFER matrix will be included within your onsite survey report. Also, the matrix will be shared with you during the survey. Lastly, the updated post-survey process will also be in effect, resulting in the organization's ESC being due within 60 days.



As just mentioned, the survey report will have the SAFER matrix embedded within it. On this slide, in addition to the next couple of slides, is an example of what the survey report will look like with the SAFER matrix included. The above is the summary page found approximately on page 2 of an organization's report. Here, you'll see that the two sections of the report will now include: 1) the SAFER matrix, and 2) Requirement for Improvement (RFIs).

Report Example

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All Requirements for Improvement (RFIs) are plotted on the SAFER matrix[™] according to the likelihood the issue could cause harm to patients(s), staff, and/or visitors(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow-up. As the risk level of a RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

All Evidence of Standards Compliance (ESC) forms, which outline corrective actions, will be due in 60 days. For those findings of a higher risk, two additional fields will be required within the EDC for the organization to provide a more detailed description of leadership involvement and preventive analysis to assist in substantiation of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER Matrix Placement	Required Follow-Up Activity
LOW / LIMITED	<ul style="list-style-type: none"> - 60-day Evidence of Standards Compliance (ESC) - ESC will include Why, What, When, and How sections
Moderate / LIMITED	<ul style="list-style-type: none"> - 60-day Evidence of Standards Compliance (ESC) - ESC will include Why, What, When, and How sections
HIGH / PATTERN	<ul style="list-style-type: none"> - 60-day Evidence of Standards Compliance (ESC) - ESC will include Why, What, When, and How sections - ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis - Finding will be highlighted for potential review by technicians on subsequent onsite surveys up to and including the next full triennial survey
HIGH / WIDESPREAD	<ul style="list-style-type: none"> - 60-day Evidence of Standards Compliance (ESC) - ESC will include Why, What, When, and How sections - ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis - Finding will be highlighted for potential review by technicians on subsequent onsite surveys up to and including the next full triennial survey



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The next area of the report where the SAFER matrix will appear is on pages 4 or 5 within the survey report. This page provides additional detail surrounding the SAFER matrix, operational definitions, and description regarding the written post-survey follow up process.

Report Example

Survey Analysis for Evaluating Risk (SAFER) Matrix

Hospital Accreditation:

		ITL		
		APR.09.04.01 EP1		
Likelihood to Harm a Patient/Visitor/Staff	High			APR.01.01.01 EP1
	Moderate		EM.02.01.01 EP1 EM.02.01.01 EP3	EC.02.03.01 EP2
	Low			LD.01.01.01 EP2
		Limited	Pattern Scope	Widespread



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The following page of the report will display the SAFER matrix visual. This visual will be displayed per program and all SAFER matrices (if applicable) will appear within this section of the report.

Report Example

Chapter: Emergency Management
Program: Hospital Accreditation
Standard: EM.02.01.01

Standard Text: The hospital manages safety and security risks.

Element(s) of Performance:

3. The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

Likelihood to Cause Harm: Moderate
Scope: Pattern

Observation(s):

EP3
Observed in Individual Tracer at ABC Medical Center (1000 North Main Street) site.
The plan was not available at the time of the survey

The last areas within the report that you will see reference to the SAFER matrix process is within the RFIs themselves. This will appear next to the Element of Performance where the observations are written. In this area, the Likelihood to Harm a Patient/Staff/Visitor designation will appear (Low, Moderate, High) and the Scope designation will also be shown (Limited, Pattern, Widespread). Each Element of Performance will have the Likelihood to Harm and Scope designations listed.



Customer Impacts:

- ▶ No more Direct and Indirect EP designations
- ▶ No more A or C categories
- ▶ No more MOS's
- ▶ No more OFIs
- ▶ The 45 day ESC is being removed (will be consolidated into 60 ESC)
- ▶ Visual grids will be included within the report

Ultimately, with the implementation of the SAFER Matrix, there will be impacts to the current processes. First, the designation of “indirect and direct” impact standards in addition to “A vs C” EPs will be removed. Second, the Measure of Success process will be removed for surveys or reviews occurring after January 1, 2017. Also, Opportunity for Improvements will be removed as well, as all findings are now RFIs. The ESC process will also be changing as all RFI’s corrective actions will be due in the 60 day ESC. This results in only one ESC needing to be submitted as the 45 day ESC is being consolidated into the 60 day ESC timeframe. Lastly, the SAFER matrix will be imbedded within all onsite survey reports.

Questions?

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If you have any questions regarding the information in the slides today or surrounding the SAFER matrix as a whole, please send them along to “safer@jointcommission.org”.

Thank you!