HOT TOPICS
Challenging BPHC Ambulatory Care Standards

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2016 Top Challenging Ambulatory Standards for Health Centers

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Objectives

- Discuss Joint Commission standards and survey process
- Describe the top ten requirements
- Develop insight and understanding of medical, dental, and episodic challenging standards
- Identify strategies for improvement

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The Joint Commission's Mission and Vision

Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by **evaluating** health care organizations and **inspiring** them to excel in providing safe and effective care of the highest quality and value.

Vision: **All** people always experience the safest, highest quality, best-value health care across all settings.

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Challenging standards continued…….

- Part I - Top 10 scored standards
- Part II Hot Topics - Standards scored in 2016 – beyond top 10!

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2016 Top 10 Challenging Standards-Elements of Performance for Health Centers

Ambulatory Program Standards	EP	Scored
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. Process follows organization's chosen Clinical Practice Guidelines.	2	#1 72%
EC.02.04.03: The organization conducts performance testing of and maintains all sterilizers. These activities are documented. Inadequate preventive maintenance (PM) and/or documentation of PMs of autoclave/sterilizers	4	#2 45%
MM.03.01.03: Emergency medications and their associated supplies are readily accessible. Readily accessible=location, security ensures staff can "Grab and Go"	2	#3 42%
MM.03.01.01: The organization stores medications according to the manufacturers' recommendations. Note: This element of performance is also applicable to sample medications. Medication refrigerator 24/7 maintenance of manufacturers recommended range of temperature	2	#4 40%
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. List of "what is on the shelf – in use", prevention of errors	2	#5 34%

2016 Top 10 Challenging Standards-Elements of Performance for Health Centers

Ambulatory Program Standards	EP	%
EC.02.02.01: The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. Inadequate inspection and testing of eye- wash stations	5	#6 33%
EC.04.01.01: Every 12 months, the organization evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness. No documentation on annual evaluation.	15	#7 31%
WT.03.01.01: 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. Choose 2 of the 4 (waived required) Annual requirement.	5	#8 30%
MM.03.01.01: 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 strategies: locked or under constant surveillance. Expired meds not removed; multidose injectable vials without new discard/use by date once opened; unauthorized access after hours prescription pads stored in unlocked areas	6	#9 28%
IC.01.03.01: The organization identifies infection risks based on the following: Its geographic location, community, and population served. Identify risks EP.5 – prioritize identified	1	#10 24%

HOT TOPICS

- Standards that are not on the top ten; however, are challenges and observations made by surveyors in 2016
- Review of standard outcomes
- Compliance tips!

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Accreditation Participation Requirements (APR)

- Specific requirements for participation in the accreditation process and for maintaining an accreditation award.
  - Timely, accurate, updated submission of information
  - Performance of survey
  - Observations of survey
  - Accurate representation of accreditation status
  - Notifying public and individuals of safety and quality concerns

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Accreditation Participation Requirements (APR)

- APR.01.03.01 EP 1: The organization notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered.
  - Notify your Account Executive
  - Change of ownership, control, location, capacity, services offered
  - May require survey

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Environment of Care (EC)

- To promote a safe, functional, and supportive environment so that quality and safety are preserved.
  - Building or space – arrangement and special features to protect patients, visitors, and staff
  - Equipment used to support patient care of safe operations of the building
  - Minimize risks for people (staff, patients and visitors)

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Environment of Care (EC)

- EC.02.05.09 EP.6 The organization implements a policy on all cylinders within the organization that includes the following:
  - Proper handling and transporting (for example, in carts, attached to equipment, on racks) to ensure safety
  - Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder by CLEARLY labeling empty cylinders
  - Assessment of O2 readiness – evaluating PSI (pounds per square inch)
  - Storage: must be chained to wall, or in secure holders.

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Emergency Management (EM)

- Planning and response to the effects emergencies that are disruptive or disastrous.
  - Communications
  - Resources and assets
  - Safety and security
  - Staff responsibilities
  - Utilities
  - Patient clinical and support activities

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Emergency Management (EM)

- EM.03.01.03 EP 1: Organization leaders decide which, if any, emergency medications and their associated supplies will be readily accessible in patient care areas based on the population served.
  - Your organization determines, based on risk assessment, population served what emergency medications/associated supplies will be readily accessible
  - Consider risk factors of patients, services, distance to next level of care (i.e. hospital/emergency services)

Human Resources (HR)

- Human resources standards/elements of performance address the organizations responsibility to establish and verify staff qualifications, orientation, training/education and licensed independent practitioners credentialing and privileging.

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Human Resources (HR)

- HR.01.02.01 EP 1: The organization defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3) Note: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).
  - Job responsibilities/description
  - Staff qualifications
  - Infection control education/training

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Human Resources (HR)

- HR.02.01.03 EP 5: Before granting initial, renewed, or revised privileges and at the time of licensure expiration, the organization documents required current licensure of a licensed independent practitioner using primary sources, if available
  - LIP Credentialing and Privileging – process for primary source verification of current license. By secure electronic communication or telephone (state issuing license)
  - May designate to Credentials Verification Organization (CVO) - found in the Glossary of CAMAC

Infection Prevention and Control (IC)

- Process outlined that are applicable to all infections or potential sources of infections.
  - IC plan (based on risks, goals, activities, monitoring)
  - Leadership commitment
  - Regular assessment of program (surveillance, data collection, analysis, and trending)

Infection Prevention and Control (IC)

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Infection, Prevention, and Control (IC)

- IC.01.03.01 EP 1, 2, 3, 5: The organization identifies infection risks (for acquiring and transmitting infections-- based on the following:
  - ✓ Its geographic location, community, and population served. Unique populations such as: schools, homeless shelters, rural locations, immuno-compromised patients, prisons, jails, etc.
    - Care treatment, or services provided
    - Analysis of IC surveillance and control data
    - Identified risks are prioritized and documented
    - Above elements can be basis of your organization's IC Plan

Infection, Prevention, and Control (IC)

- IC.02.02.01 EP 4: The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.
  - Storage of expired supplies
  - Medical equipment identified as “out of service” stored for use
  - Medical equipment preventive maintenance identification – Manufacturers recommended maintenance (PM) --- and/or instructions for use (IFU)

Infection, Prevention, and Control (IC)

- IC.02.02.01 EP 2:
  - Provide evidence-based Infection and prevention control training to responsible staff on an ongoing basis
  - Integrate Dental and OB/GYN in IC planning/activities
  - Review manufacturers' IFUs for all medical equipment, devices and supplies
  - Review The Joint Commission's Booster Pack and Webinar on Sterilization and HLD
  - Document every step in HLD and Sterilization activities

Information Management (IM)

- Every episode of care generates health information that must be managed systematically, categorized, filed, and maintained
- Health information is to be accessed by authorized users to provide care, treatment or services to patients

Information Management (IM)

- Can be basic or sophisticated: Electronic Medical Record (EMR) or paper (medical record/chart).
  - Planning management of information
  - Health information
  - Privacy of health information
  - Monitoring data and information process

Information Management (IM)

- IM.02.01.03 The organization maintains the security and integrity of health information.
  - Written policy addressing security, access, use and disclosure
  - Integrity against loss, damage, unauthorized alteration, unintentional change and accidental destruction of health information
  - Authorized access, use and disclosure of health information (AKA – Health Insurance Portability and Accountability Act (HIPAA))

Leadership (LD)

- Management and responsibility of safety and quality of care, treatment, or services is the direct responsibility of organization's leaders.
- Leaders shape culture of organization. The culture affects the organization's provision of care, treatment and services.
  - Structure
  - Relationships – mission, vision, and goals, communities
  - organization culture and system performance expectations and operations

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Leadership (LD)

- LD.04.01.01 EP 2: The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.
  - Primary source verification of licenses to practice—MD/DO, RN, LPN/LVN, DDS etc.
  - CLIA '88 (Clinical Laboratory Improvement Amendments of 1988)
  - Care is provided in accordance of state licensure requirements. May vary state to state
- Failure to produce current license for practice can result in threat to accreditation status.

Medication Management (MM)

- Component of palliative, symptomatic and curative treatment of diseases, and curative treatments.
- Detailed definition found in Glossary
- Safe medication management system processes include:
  - Planning
  - Selection and procurement
  - Storage
  - Ordering
  - Preparing and dispensing
  - Administration
  - Monitoring
  - Evaluation

Medication Management (MM)

- MM.01.01.03 EP 2: The organization has a process for managing high-alert and hazardous medications. (See also EC.02.02.01, EP 8; MM.03.01.01, EP 9) Note: This element of performance is also applicable to sample medications.
  - May consider posting organization specific list for medication administration staff
  - Education and competencies
  - Alerts such as “red dots’, segregation of LASA, color holders……etc.
  - Monitoring compliance

Medication Management (MM)

- MM.01.01.03 The organization safely manages high-alert and hazardous medications

  - High percentage of errors and/or sentinel events, higher risk for abuse or adverse outcomes
  - List in writing of high-alert medications in organization
  - Process to manage
  - Institute for Safe Medication Practices (ISMP)
    - Ismp.org/Tools/highalertmedications.pdf

Medication Management (MM)

- Hazardous Medications - Medications that have a potential for causing cancer, developmental or reproductive toxicity or harm to organs
  - Develop list of hazardous medications in organization
  - National Institute for Occupational Safety and Health (NHIOSH)
  - cdc.gov/niosh/docs/20045/2004/165-165.html#o

High Alert Hazardous

Classes/Categories of Medications
antiretroviral agents (e.g., efavirenz, lami**VUD**ine, raltegravir, ritonavir, combination antiretroviral products)
chemotherapeutic agents, oral (excluding hormonal agents) (e.g., cyclophosphamide, mercaptopurine, temozolomide)
hypoglycemic agents, oral
immunosuppressant agents (e.g., aza**THIO**prine, cyclo**SPORINE**, tacrolimus)
insulin, all formulations
opioids, all formulations
pediatric liquid medications that require measurement
pregnancy category X drugs (e.g., bosentan, **ISO**tretinoin)

Medication Management (MM)

- MM.01.02.01 The organization addresses the safe use of look-alike/sound-alike medications (LASA)
  - Develop list that you store, dispense or administer
  - Plan to prevent errors
  - Consistent storage within entire organization/sites
  - 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

* One source of look-alike/sound-alike medications is The Institute for Safe Medication Practices http://www.ismp.org/Tools/confuseddrugnames.pdf

Medication Management (MM)

- MM.05.01.09 EP 1: Medication containers are labeled whenever medications are prepared but not immediately administered.
  - Single medication can be drawn up or prepared multiple doses for later use if segregated and secured from all other medications – vaccine, flu shot - container is labeled
  - Not labeled---immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process
  - This element of performance is also applicable to sample medications
  - STANDARD EP's contain all guidelines

National Patient Safety Goals

- Developed on data indicating patient risk and unsafe practices.
  - Goal 1 – improve the accuracy of patient identification
  - Goal 2 – improve effectiveness of communication among care givers
  - Goal 2 – Improve safety of using medications
  - Goal 7- Reduce risk of health care associated infections
    - ❑Hand hygiene
    - ❑Universal Protocol

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National Patient Safety Goals

- UP.01.03.01 EP 1: Conduct a time-out immediately before starting the invasive procedure or making the incision.
- UP.01.03.01 EP 5: Document the completion of the time-out. Note: The organization determines the amount and type of documentation.

Provision of Care, Treatment, and Services (PC)

- Standards that center around the delivery of care according to patient needs and organizations' scope of services.
  - Assessing patient needs
  - Planning, providing, coordinating, care, treatment or services

Provision of Care, Treatment, and Services (PC)

- PC.01.03.01 EP.1 The organization plans the patients care, treatment, or services based on needs identified by the patient's assessment, reassessment and results of diagnostic testing.
  - Critical Test results—process—lab, X-ray, diagnostic imaging, pathology etc.
  - Patient care plan, based on CPG's and test results

Record of Care (RC)

- Comprehensive set of requirements for content of the clinical record. Documentation requirements for screenings, assessments, and reassessments
- RC.02.01.01 EP.4 AS needed to provide care, treatment, or services the clinical record contains the following information:
  - Advanced Directives
  - Informed Consent
  - Clinical research
  - Communication with patient (phone calls or email)
  - Referrals
  - Patient generated information

Rights and Responsibilities of the Individual (RI)

- Organization demonstrates support of patient rights with their interactions and involving them in decisions about their care, treatment or services.
  - Informing patients of their rights
  - Helping patients understand and exercise their rights
  - Respecting patients' values, beliefs and preferences
  - Informing patients of their responsibilities regarding their care, treatment or services

Rights and Responsibilities of the Individual (RI)

- RI.01.05.01 EP 4: The organization's written policies specify whether the organization will honor advance directives.
  - Your health center determines if advance directives are to be honored. Assessment based on ability to assess patient status.

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Waived Testing (WT)

- Laboratory test evaluates a substance removed from a human body and translates the evaluation into a result.
  - CLIA '88 – testing into 4 complexity levels: high, moderate, provider performed microscopy, and waived testing
  - Waived testing---few requirements and less stringent than non-waived
  - Standards reflect waived testing methods, risk to patient safety and quality of care

Waived Testing (WT)

- WT.05.01.01 EP 3: Quantitative test result reports in the clinical record for waived testing are accompanied by reference intervals (normal values) specific to the test method used and the population served.
  - Semi quantitative results, such as urine macroscopic and urine dipsticks, are not required to comply with this element of performance
  - If the reference intervals (normal values) are not documented on the same page as and adjacent to the waived test result, they must be located elsewhere within the permanent clinical record. The result must have a notation directing the reader to the location of the reference intervals (normal values) in the clinical record

Questions

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We are your resources!

- For standards questions: 630-792-5900
  "Standards Interpretation Group"
- Use our web site: www.jointcommission.org
- For BPHC-specific accreditation info:
  - Brittnay Hull, Sr. Account Executive 630-792-5216 (bhull@jointcommission.org)
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