Nursing Care Center Accreditation

COVID-19 Q & A Webinar

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Panel

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Your questions

You have asked several questions about our survey process during COVID-19:

• How or when will we get a survey?
• What will that survey process look like, any differences?
• What type of instruction have you provided your surveyors?
• What will the surveyors focus on?
When and how will survey activity resume?

• Survey activity has been ongoing. We are transitioning from off-site/virtual surveys back to onsite surveys.

• As of March 15, 2021, account executives will no longer contact organizations regarding the scheduling of an on-site event. Organizations should monitor the Notification of Scheduled Events section of the Joint Commission Connect page for notification.

• We are aware that surveys are past their due dates, CMS is also aware – we will conduct those surveys when we are able to do so.

• We will prioritize initials and past due organizations.
Offsite (virtual) survey

**Offsite (virtual) survey**—we have been transitioning away from this model since March 15th

- Surveys will primarily be conducted onsite
- If an offsite event is already in progress, i.e., dry run conducted, the following will be used to conduct the survey:
  - Secure Zoom technology for the survey and facility review
  - Use of a secure SharePoint site for document upload to review pre-survey
Additional information

We would ask that you do not provide additional avoid dates due to the difficulty in scheduling surveys – avoid dates already submitted will be honored to the extent we can do so.
We're surveyed under HAP program for our hospital and NCC for our long-term care; we get both surveys at the same time. My question is it possible to have 2 different surveys this time? (located): on-site for hospital (Deemed) and virtual for our NCC (Not Deemed)
What is The Joint Commission doing to catch up on inspections? Has there been a timeline set for full recovery?
Should we expect the survey to be longer or shorter?

• Virtual/Off-site surveys are the same length as usual; however, they require a one-day post-virtual onsite survey be completed within 60 days of the end of the Public Health Emergency
  • During the post-virtual onsite survey, we will follow-up on items we were not able to fully assess during the virtual/off-site survey

• The length of onsite surveys is unchanged
How do you determine where to conduct onsite surveys?

Community Prevalence Dashboard

- Number of COVID-19 cases are lower with less impact to organizations
- Cases/thousand population and new cases within the county
- Determination that our staff can travel to area safely and find appropriate accommodations

https://www.jointcommission.org/resources/research/operations-support-research/
What instructions have been provided to our surveyors?

- **Follow the most current CDC guidelines**
- Do not travel if you are sick
- Do not travel if you have been in close contact with individuals with known or suspected COVID-19
- Avoid large crowds
- When traveling wear a mask/face covering
- Practice physical distancing
- Practice good hand hygiene
What instructions have been provided to our surveyors?

- Review and follow individual state department of health specific travel regulations**
- When onsite wear a medical mask and eye protection
- Follow the organizations’ infection prevention and control policies for entry and use of PPE
- Do NOT enter at risk or confirmed COVID-19 resident rooms
- Do NOT enter rooms where high-risk procedures performed
- The Joint Commission does not have a routine COVID-19 testing program for surveyors

**Joint Commission Surveyors are designated as essential workers
What will be the **focus** of survey activities?

- During the opening conference, the surveyor will have a discussion with you about the impact of the current pandemic and your organization’s response
- We will discuss Infection Control, Emergency Management, and the role of leadership
Additional Questions

For onsite surveys, should staff/surveyors be vaccinated?

• The Joint Commission does not require surveyors receive COVID-19 vaccine, although it is encouraged

• Many surveyors are vaccinated
Reporting COVID Results

What evidence of compliance with reporting COVID results to fed/state/local authorities will The Joint Commission be looking for on survey?

- Surveyors will be looking for evidence that ALL COVID test results, both positive and negative, have been reported to the state or local authorities.
Infection Control
What are some of the best practices for infection control that you have seen above the current guidance recommendations?
COVID-19 Lessons Learned: A Resource for Recovery

This new whitepaper, co-authored by Deloitte & Joint Commission Resources, covers specific actions that organizations have taken to address issues and provides access to guidance and tools that health care leaders can use to create and enact their own plan to address these challenges.
COVID-19 Lessons Learned: A Resource for Recovery
Deloitte & Joint Commission Resources
September 18, 2020

II. Appendix B: External Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Purpose</th>
</tr>
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<tbody>
<tr>
<td>JPC Coronavirus COVID-19 Resources</td>
<td>Collection of useful, vetted references and latest guidance on COVID-19 response</td>
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<tr>
<td>Food and drug administration (FDA) essential guidelines</td>
<td>Resources for face masks and surgical masks for COVID-19</td>
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<tr>
<td>JPC COVID-19 Infection Prevention and Control Recommendations</td>
<td>Guidelines and recommendations for managing infection control</td>
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<tr>
<td>JPC COVID-19 Infection Prevention and Control Recommendations</td>
<td>Guidelines from the CDC on how to manage your organization to minimize impact of COVID-19</td>
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<tr>
<td>JPC Workplace Practice Tool</td>
<td>Debts and thoughts paper that provides sample steps and considerations to standup an alternate care site</td>
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<tr>
<td>JPC Infection Prevention and Control</td>
<td>Training document to identify or screen healthcare workers or patients with suspected COVID-19</td>
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<tr>
<td>JPC Infection Prevention and Control</td>
<td>Training document to help organizations understand and address the disproportions impact of a pandemic on different cultural backgrounds</td>
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<tr>
<td>JPC Infection Prevention and Control</td>
<td>Training materials for managing COVID-19 in rural areas with limited resources</td>
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<tr>
<td>JPC Community Outreach and Communication</td>
<td>Training materials to manage COVID-19 in older populations</td>
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<tr>
<td>JPC Infection Prevention and Control</td>
<td>Resources that inform decision on how to communicate and educate on public health emergency</td>
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<tr>
<td>JPC- COVID-19 Training for Health Care Providers</td>
<td>Training materials for managing COVID-19 on a health care setting</td>
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<tr>
<td>JPC- COVID-19 Training for Health Care Providers</td>
<td>Training materials for understanding contact tracing</td>
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<td>JPC- COVID-19 Training for Health Care Providers</td>
<td>Guidance on virtual telehealth services provided by two cities</td>
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<tr>
<td>JPC- COVID-19 Training for Health Care Providers</td>
<td>Resources and information on CMS waivers and flexibilities for health care providers</td>
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<tr>
<td>JPC- COVID-19 Training for Health Care Providers</td>
<td>Information on how to identify health care partners and develop supply chain related plans to respond to these</td>
</tr>
<tr>
<td>JPC- COVID-19 Training for Health Care Providers</td>
<td>Overview of emergency planning and response considerations associated with health care supply chain. Including from health care organizations can effectively partner with health care supply chain partners</td>
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<tr>
<td>JPC- COVID-19 Training for Health Care Providers</td>
<td>Repository and summary analysis report of COVID-19-related data collected by the CDC</td>
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<tr>
<td>JPC- COVID-19 Training for Health Care Providers</td>
<td>Volunteer project that collects and publishes COVID-19 data</td>
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v. Infection Control

Issue
COVID-19 is highly transmissible, has a high mortality rate, and the entire population is susceptible. Given this, it is critical to reduce the spread of infection as much as possible.

Why It Is Important
An effective infection control program aims to prevent infection transmission, protect staff, patients, visitors, and identify, isolate, and treat infected individuals. Currently, there are multiple different types of infection control protocols that are considered effective for all COVID-19 patients, so controlling infection spread is the most essential action for organizations and individuals to take.

Considerations
- Designate a single source of truth within the infection prevention department or medical staff for interpreting, monitoring, and updating the latest scientific findings and most relevant guidelines and recommendations for screening and treatment. With novel viruses, such as COVID-19, practitioners are constantly learning new about the virus's behavior, transmission routes, and pathology, and it is essential to keep all staff up-to-date. Information must be accessible, and visitors must be aware of all that is up-to-date.

- Make changes to daily routines to promote hygiene and implement source control measures:
  - Screen individuals for symptoms before entering the organization. Health care personnel with symptoms should be kept home and follow their occupational health protocols. Visitors with symptoms should not be allowed to enter. Patients should be allowed in designated isolation areas for further evaluation.
  - Continue screening patients throughout their hospital stay.
  - Apply proper source control measures to reduce transmission, including physical distancing of at least six feet when possible; examples of these are listed in Appendix A. Visitors and patients should wear their own cloth face masks or be prescribed no mask upon entry. All health care personnel should be using a mask as a source control while in the facility. For areas with moderate to high levels of community transmission or anticipated exposure in in-transmission areas, staff should use protection in addition to face masks and standard infection prevention and transmission precautions. Use N95 or equivalent copy respirators during aerosol generating procedures and for surgeries with higher risk of transmission.
  - Educate staff on the proper use of PPE, particularly on donning and doffing procedures. Post proper donning/doffing steps for donning and doffing in PPE access areas.
  - Think creatively about ways to protect your environment: for example, redesigning patient placement plans and shared/congesting spaces; installing sunken sinks and shoe cleaning stations direct outside of entrances with hard signage requiring at least one wash before entry.
  - Remember that while source control interventions reduce transmission, they do not entirely prevent it. Hand hygiene remains a best practice for the only method to truly prevent transmission. Ensure an adequate supply of soap and antibacterial solutions, and if necessary, partner with local and regional suppliers that can manufacture these supplies in nontraditional environments such as disasters. Guidelines for hand hygiene are listed in Appendix A.
  - Manage the supply of resources to meet infection control needs.

- Account for that, in a pandemic situation, facilities will use greater quantities of PPE, oxygen equipment, and solution rooms than previously planned, and suppliers will experience service disruptions and delays. Identify who in the organization may contact and expand the supply network in which products (including alternative products) are selected.

It is crucial to ensure staff competency with PPE. Using a trained observer can help avoid procedural breaches that could result in contamination.
Hierarchical Approach

1. Rules and Regulations
2. CoPs and CfCs*
3. Manufacturers’ Instructions for Use
4. Evidence-Based Guidelines and National Standards
5. Consensus Documents
6. Organization’s Infection Prevention and Control Policy

* For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.

Must comply with these!

Mostly your choice as to which you follow.

Perspectives, April 2019
Deciding IP Practices During COVID 19

Federal Mandate

State mandate

Local Mandate

CMS requirement (if deemed)

Instructions for Use

Evidence based guidelines

Consensus documents
State and Local Health Departments

Communicable disease data from organizations

Public Health Department

Healthcare facility capacity information

Provides data on community spread

Provides regulatory guidance to organization

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Food and Drug Administration (FDA)

Emergency Use Authorization

Emergency Use Authorization (EUA) information, and list of all current EUAs

Under section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), the FDA Commissioner may allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by CBRN threat agents when there are no adequate, approved, and available alternatives.
EPA List ‘N’

All products on this list meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.

Finding a Product

To find a product, enter the first two sets of its EPA registration number into the search bar below. You can find this number by looking for the EPA Reg. No. on the product label.

For example, if EPA Reg. No. L2345-12 is on List N, you can buy EPA Reg. No. L2345-L7-2007 and know you're getting an equivalent product.

Search by EPA registration number

Using Other Products

If you can't find a product on this list to use against SARS-CoV-2, look at a different product's label to confirm it has an EPA registration number and that human coronavirus is listed as a target pathogen.

List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19
CMS and COVID-19

Current emergencies

Find information and updates about current non-COVID natural disasters, man-made incidents, and public health emergencies. Or, find more information about paying or past emergencies.

Coronavirus Disease 2019

When President Trump declared a national emergency on March 13, 2020, CMS took action nationwide to aggressively respond to COVID-19. See all that we’ve accomplished (PDF) since then in the fight against COVID-19.

- You can read the blanket waivers for COVID-19 in the List of blanket waivers (PDF) updated (9/3/20).

Secretary Azar used his authority in the Public Health Service Act to declare a public health emergency (PHE) in the entire United States on January 31, 2020 giving us the flexibility to support our beneficiaries, effective January 27, 2020. The PHE was removed on April 23, 2020; July 23, 2020; and October 2, 2020, effective October 23, 2020.

Instructions for Use

▪ Issues
  – New cleaning products
  – Alcohol based hand rub
  – PPE/Respirators

▪ Considerations for healthcare organizations
  – Indications for use
  – Review SDS sheets
  – Training
  – Competency
Evidence-Based Guidelines

Centers for Disease Control and Prevention
CDC 24/7. Saving Lives. Protecting People™

Coronavirus Disease 2019 (COVID-19)

Your Health ▸ Community, Work & School ▸ Healthcare Workers & Labs ▸ Health Pays ▸ Cost & Data ▸ More

Evidence-Based Guidelines

Preparedness for All Facilities

Relief Healthcare Facilities
Key considerations for transferring patients to relief healthcare facilities when responding to community transmission of COVID-19 in the United States

Preparedness Tools


Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating

The following practices should be considered when SARS-CoV-2 and influenza viruses are found to be co-circulating based upon local public health surveillance data and testing at local healthcare facilities. While these considerations are specific to care of residents residing in nursing homes, some practices could be adopted for use in other long-term care settings (e.g., assisted living facilities).

https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm

Preparing for COVID-19 in Nursing Homes

New Resources: November 20, 2020

- CMS Alert Addressing Holiday Celebrations
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For COVID patients, what day can we take them out of isolation with or without symptoms?
Discontinuing COVID-19 Isolation Precautions

- Symptom-based strategy
  - Mild to moderate illness
  - Asymptomatic (not immunocompromised)
  - Severe to critical illness or immunocompromised

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

This guidance provides information on using a symptom-based strategy to determine when Transmission-Based Precautions can be discontinued for a patient with confirmed SARS-CoV-2 infection.

If you are within a hospital with the same infection control policies in place, do we need to quarantine/isolate for 14 days or not needed?
Pre-Submitted Questions

Should a recent diagnosis of COVID positive be placed in a shared room with a resident who has no history of positive COVID?
Can you require a test for entry for visitation?
What are the expectations for Joint Commission surveyor testing for COVID-19?
Will there be new regulations released pertaining to infection control or disaster preparedness?
## Relevant Joint Commission Infection Prevention Nursing Care Standards

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<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC.01.03.01</td>
<td>Identify and prioritize risk for acquiring and transmitting infection</td>
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<tr>
<td>IC.01.04.01</td>
<td>Set goals to minimize risk of transmitting infection</td>
</tr>
<tr>
<td>IC.01.05.01</td>
<td>Develop Infection Prevention plan using national guidelines</td>
</tr>
<tr>
<td>IC.01.05.01</td>
<td>The IP plan includes description of the activities including surveillance to minimize risk of infection.</td>
</tr>
<tr>
<td>IC.01.06.01</td>
<td>Prepare to respond to an influx of infectious patients and residents</td>
</tr>
<tr>
<td>IC.02.01.01</td>
<td>Implement your Infection Prevention plan</td>
</tr>
<tr>
<td>IC.02.02.01</td>
<td>Reduce the risk of infection associated with medical equipment, devices and supplies</td>
</tr>
<tr>
<td>IC.02.03.01</td>
<td>Prevent transmission of infectious disease among patients and staff</td>
</tr>
</tbody>
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Environment of Care and Life Safety
What is the expectation of how fire drills are to be done while adhering to social distancing rule?
Resources

- COVID Resources
  - https://www.jointcommission.org/covid-19/

- Standards Interpretation
  - https://www.jointcommission.org/standards/standard-faqs/
Thank You

We support your efforts in response to the COVID-19 pandemic and hope to provide helpful resources.