Panel

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Topic for Today

Today’s webinar will be focused solely on the behavioral health care and human services accreditation program related questions as they relate to COVID-19 and The Joint Commission.

For questions related to other accreditation or certification programs, please join us for those webinars.
General Questions
What behavioral health standards should we be especially aware of as we deliver our services via telehealth?
Discuss treatment plan requirements for telehealth video visits and telephone call visits for mental health client records.
What are the minimum expectations for telehealth visits documentation when only the provider and patient are participating? Screenings? Documentation a nurse would typically complete.
How do we send treatment consents, patient satisfaction surveys, PHQ-9 screening tool, etc. to patients who are being seen through telehealth, and they cannot physically sign the consent to receive emails prior to our emailing these documents?
Please address specific guidance for OTPs who cannot close temporarily if staff is infected as other clinics can due to need to provide ongoing medication to patients.
CMS 1135 Waivers
Pre-Submitted Questions

How long will the 1135 waivers be active? Is there an end in site at this time?

When do the waivers end?
The Department of Health and Human Services released a statement on Friday, 10/02/20 stating the PHE was extended.

The renewal effective date is Friday, 10/23/20 and will last for 90 days.

This is the third extension of the PHE.

1135 Waivers will remain in effect during the declared PHE.
What level of specificity will surveyors be looking at in terms of documentation of response activities and communication to employees?
Can you explain the 1135 waivers overall and are these applicable within residential treatment facilities or just acute hospital settings?
If a hospital limited inpatient psych beds to ensure that every new asymptomatic admission can be isolated for 4 days, is it an EMTALA violation to send new admission out to other facilities due to the bed limits?
Pre-Submitted Questions

If patient is COVID positive and needs to be quarantined on inpatient psych unit is that now a seclusion? Would it be considered seclusion if a patient was confined to room due to other infection spread condition?
The fear my hospitals have is we will not know when the waivers will be withdrawn and which ones. Telehealth services have conflicting requirements in different states regarding where a provider needs to be licensed.
Pre-Submitted Questions

Looking for more information on CMS 1135 Waivers?

Accredited organizations can learn more by visiting Resources and Tools > Tools > Learn More in their Joint Commission Connect® extranet site.
Infection Control
Before we get started....

Remember the hierarchy:
• State and Local Health Departments
Organizations must know the requirements for IP practices in their State and Local municipalities

1. Varying levels of guidance in each state

CDC: General Infection Prevention Recommendations

- Continue Telehealth strategies
- Screening/triage at point of entry
- Re-evaluate admitted (non-COVID) patients for symptoms

Universal Source Control
1. Patient/visitors wear face covering
2. Staff wear medical mask
3. Physical distancing
4. Optimize engineering controls
# Community Transmission

<table>
<thead>
<tr>
<th>Type of Community Transmission</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial community transmission</td>
<td>Large scale community transmission, including communal settings (e.g., schools, workplaces)</td>
</tr>
<tr>
<td>Minimal to moderate community transmission</td>
<td>Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases</td>
</tr>
<tr>
<td>No to minimal community transmission</td>
<td>Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting</td>
</tr>
</tbody>
</table>

# PPE Selection

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Any level</td>
<td>FFR, face/eye protection, gloves, gown</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>FFR or mask, face/eye protection, gown, gloves</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>Yes</td>
<td>Moderate or substantial</td>
<td>FFR and face/eye protection, gown, gloves</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>Yes</td>
<td>Minimal or limited</td>
<td>FFR or mask *</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>No</td>
<td>Moderate or Substantial</td>
<td>Mask and eye protection *</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>No</td>
<td>Minimal or Limited</td>
<td>Mask or cloth covering (source control) *</td>
</tr>
</tbody>
</table>

FFR: Filtering Facepiece Respirator

* Additional PPE as required by Standard and Transmission based Precautions
Is there a documentation requirement regarding the number of times an N95 respirator may be used? The CDC defers to manufacturer guidelines and in the absence of guidelines, it should be donned no more than 5 times.
Pre-Submitted Questions

What is an aerosol generating procedure?

What are the infection prevention recommendations when performing an aerosol generating procedure?
Room Turnover Time

Considerations
1. Size of room?
2. Number of air exchanges/hour?
3. Length of time patient was in room?
4. Patient coughing/sneezing?
5. Patient wearing face covering?
6. PPE worn?
7. Aerosol generating procedure?


The number of air changes per hour (ACH) and time and efficiency.

<table>
<thead>
<tr>
<th>ACH</th>
<th>Time (mins.) required for removal 99% efficiency</th>
<th>Time (mins.) required for removal 99.9% efficiency</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>138</td>
<td>207</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
<td>104</td>
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<td>46</td>
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<td>21</td>
</tr>
<tr>
<td>50</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1
What is the protocol we should use if a staff member becomes positive?
Return to Work Criteria for HCP with SARS-CoV-2 Infection

A symptom-based strategy for determining when HCP can return to work.

**HCP with mild to moderate illness who are not severely immunocompromised:**

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

**Note:** HCP who are **not severely immunocompromised** and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

**HCP with severe to critical illness or who are severely immunocompromised:**

- At least 10 days and up to 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

**Note:** HCP who are **severely immunocompromised** but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
</table>
| HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 | • HCP not wearing a respirator or facemask
• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask
• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure | • Exclude from work for 14 days after last exposure
• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19
• Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |
| HCP other than those with exposure risk described above | • N/A | • No work restrictions
• Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift.
• Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |
Is COVID-19 considered an HAI when there is an outbreak in a hospital or facility?

How are programs managing outbreaks?
Pre-Submitted Questions - Screening

Are patients being tested at every visit?

Should patients receiving ECT treatments be tested before each procedure?

How often are staff tested?

How long should we keep daily COVID-19 screening questionnaires?
Pre-Submitted Questions

COVID precautions for group therapy?

How do we social distance patients during group therapy?
Criteria for cohabitating patients?

In the inpatient behavioral health setting, we keep patient doors open if they have a CPAP at night. If they are COVID positive or awaiting test results, the door needs to be closed. How do we balance ligature risk and infection control?
Pre-Submitted Questions

How are organizations addressing the universal masking in psychiatric units?

If our local/state government issues a universal masking requirement for all citizens of the city/state, would this also apply to patients within a 24-hour inpatient facility?

Would patients be required to wear masks outside their room/living unit?

What sort of mask do inpatient units use for their mental health units?

How are you managing non-compliant patients in inpatient behavioral units who do not want to wear a mask?
Pre-Submitted Questions

What specific infection control standards will you be looking at during site survey?

For freestanding programs will documented HR evidence of staff educated on COVID infection control precautions be expected, e.g. masks, signs of COVID, etc. or can posters, payroll stuffers etc. be acceptable?

Will additional infection control rounds be expected due to COVID?
Environment of Care and Life Safety
Pre-Submitted Questions

How will Hospital (specifically free-standing Psychiatric Hospitals) Ligature Risk Extension project completion re-surveys be prioritized when survey activities are reinstated?
Is there a waiver for compliance with scheduled drills that were not able to be undertaken due to COVID related staff changes, office closures, and distancing protocols?
Pre-Submitted Questions

Life Safety Compliance-What if we are unable to get vendors to do our life safety inspections?
The rapid development of COVID-19-related changes to protocols, processes, etc. happened in March-April 2020. What are the best tools a behavioral health hospital can use to demonstrate its response to inter life safety, emergency operations, blanket waivers, etc.?
Pre-Submitted Questions

What is the current expectation under COVID for inpatient unit fire drills involving building evacuation? What about drills on different shifts?
I'm interested in getting information on how hospitals will be surveyed around changes made to patient care rooms. One specific example would be negative pressure fans in patient care rooms.
What design changes are going to have to occur in bathrooms to accommodate for both ligature points and infection considerations?
Recovery and The Joint Commission
The Joint Commission return to survey activity

• In addition to conducting accreditation surveys and certification reviews, we have been advocating for the safety and wellbeing of healthcare workers at the highest levels of policy making.

• We want to assure you that we want to work together to reduce your risk and ours during the onsite survey/review process.
Your questions

You have had a number of questions about our return to survey/review:
• How or when will we get a survey/review?
• What will that survey/review process look like, any differences?
• What type of instruction have you provided your surveyors/reviewers?
• What will the surveyors/reviewers focus on?
When and how will survey activity resume?

- Survey/review activity has started in low risk areas – includes all programs
- Low risk criteria
  - Number of COVID-19 cases are lower and less impact to organizations
  - the # cases/thousand population and new cases within the county
  - Determination that our staff can travel to that area safely and find appropriate accommodations.
- In addition, your AE will contact you to determine your readiness.
- We are aware that surveys/reviews are past their due dates, CMS is also aware – we will conduct those surveys/reviews when we are able.
- Prioritized initials and past due organizations. We will also be looking for organizations due in the next few months that meet the low risk criteria and are currently ready for survey.
What instructions have been provided to surveyors/reviewers?

- Do not travel if you are sick
- Do not travel if you have been in close contact with known or suspected COVID-19 patients
- When traveling they are required to wear a mask/face covering
- **Required to wear a mask on survey/review and follow the organizations guidelines. The organization will provide the PPE to the surveyor/reviewer as required by their policy.**
- Practice physical distancing
- Practice good hand hygiene
- Follow CDC guidelines
What has changed about the survey process?

The survey/review process and its components will remain the same however here are some guidelines for the survey/review:

• Limiting the number of individuals in group sessions
• The use of audio or videoconferencing could be incorporated to safely expand the number of attendees for sessions
• Use of masks will be a routine practice
• Maximize the use of technology to eliminate the number of people needed to sit directly next to an individual for an extended period of time. For example, screen sharing or projecting medical records
• Interviewing patients and staff by telephone
• Driving in separate cars to offsite or patient homes
Survey/Review process - continued

- We will NOT Enter at risk or confirmed COVID-19 homes or rooms.
- We will avoid visiting a unit with any confirmed COVID-19 patients when possible.
- Limited physical review of high risk and aerosol generating procedures
- Consider using a simulation and/or distant review of certain activities/procedures
- Practice social/physical distancing during the survey
- Follow “PPE” and risk reduction strategies as established by the CDC
- Limit attendance at group sessions e.g., opening, briefings, system tracers
- Limiting observers or scribes to avoid additional exposure during the survey
What will be the focus of survey activities?

During the opening conference we will have a discussion with you about the impact of the current pandemic and your organization’s response.

- We will discuss both Infection Control and Emergency Management.
- The focus of our survey will not be the timeframe of the public health emergency but the current situation within your organization.
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

• **Virtual surveys** – early surveys and initial surveys have occurred in some programs (Hospital, Behavioral, Lab, NCC, CAH and Home care)

• Virtual event is a combination of:
  • Secure Zoom technology for the survey and facility review
  • Use of a secure Sharepoint site for document upload to review pre survey

• Initial surveys conducted virtually will have a follow up survey onsite.

• Organization is contacted to verify ability and willingness to participate
Will there be a cloud system in place to submit documents and files for audits during this time?
Any insight on what inspections can be performed by remote video inspection (RVI)?
Pre-Submitted Questions

Are organizations still getting notified prior to surveys from their respective rep for COVID readiness?
Can you share an overview of what The Joint Commission will be looking for regarding COVID? More of a focus on infection control, policies, overall response?
Pre-Submitted Questions

How will The Joint Commission survey virtual mental health care?
Pre-Submitted Questions

Is a survey timeframe supposed to be provided once a readiness call is made by the account executive and the organization's determined to be ready date, or does the survey remain unscheduled and unannounced?
Is the COVID community prevalence dashboard still being utilized to determine a go/no go for survey?

Should the call from the AE come before or after the dashboard go status?

How soon after a go from dashboard and AE would a facility expect survey?
What is the focus of post COVID-19 audits that are different than pre-COVID?
Pre-Submitted Questions

What is The Joint Commission and CMS stance regarding outstanding Med/Def surveys? What do you anticipate?
Behavioral Health Care & Human Services: Live, Virtual Event

**Date:** October 28-30, 2020  
**SKU:** EDU2060  
**Price:** $599.00  

**Who Should Attend?** Any healthcare professional that is accredited by Joint Commission’s accreditation standards related to Behavioral Health Care & Human Services

**What Will You Learn?** One of the featured topics “Compassion Fatigue: What’s on Your Plate?”
Thank You

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

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

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