COVID-19 Webinar for Home Care Accreditation

Q&A With The Joint Commission

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Panel

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Topic for Today

Today’s webinar will be focused solely on the home care 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.
CMS 1135 Waivers
Public Health Emergency (PHE) Extension

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.
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.
Can you explain how the 1135 waivers affect home care?
Pre-Submitted Questions

What are the allowances that will be rescinded when the 1135 waivers are no longer in effect?
Pre-Submitted Questions

Are we able to hold off on doing supervisory because of the pandemic? Less traffic going into the patient’s home?
Pre-Submitted Questions

Do you need a policy for patients that are COVID positive or rule out to accept verbal consent vs. written consent on CMS/state forms that require written signature?
Pre-Submitted Questions

Does The Joint Commission follow CMS' emergency preparedness testing exemptions during the COVID-19 PHE?
Pre-Submitted Questions

Can home health do televisits for an initial assessment?
Can you provide recommendations for hospice volunteer involvement in office versus patient contact?
Pre-Submitted Questions

What type of documentation will the surveyors expect to see related to the waiver implementation for an agency?
Environment of Care and Life Safety
Can you speak to updating emergency preparedness plans with ongoing COVID. What are surveyors looking at here to address CoPs?
Infection Control
Hierarchical Approach

Must comply with these!

Mostly your choice as to which you follow.

* 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.
How to Get Your Answers!

1. Is there a State or Local MANDATE?
   a) Review Department of Health Information
   b) Understand ‘required’ vs ‘recommended’
2. Are you deemed? If so, what is the CMS requirement?
3. What EBG or clinical practice guidelines are you following?
Deciding IP Practices During COVID 19

Federal Mandate

State mandate

Local Mandate

CMS requirement (if deemed)

Evidence based guidelines

Instructions for Use

Consensus documents

CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Deciding IP Practices During COVID-19
Screening and Testing
Pre-Submitted Questions

Would Joint Commission request temperature logs for nurses and patients?

Is it necessary to keep a log of all of an employee’s temperatures if that clinician is not seeing patients?

How often should home care agency providers screen caregivers for COVID-19?
What Does CDC Say? Visitors/Screening

Updated November 4, 2020:

• Source control
• Limit points of entry
• Assess all entering facility for COVID
  • Individual screening or
  • Electronic monitoring
  • Temperature monitoring

Pre-Submitted Questions

If home care is wearing proper PPE and the patient has been determined to be exposed to COVID or COVID + - is there an exposure to staff if the patient is not wearing PPE?

Should caregivers be removed from their schedules and suspend client services if either has been exposed to COVID-19?

Do we need a negative COVID test before allowing previously positive staff back to work?

What are the requirements for someone to administer the test to clients in their home?

Are N95 masks recommended for collection of COVID-19 swab tests?

Pre-Submitted Questions

Are face shields recommended in all home visits regardless of COVID status/symptoms?

Are gowns and face shields necessary for home visits?

Is there new guidance on PPE use for asymptomatic, high-risk or vulnerable home-based patients?
I've seen varying answers to this question among other home care programs who have experienced recent Joint Commission surveys. Is it acceptable for disciplines who are not conducting their visits within 6 feet of the patient to not wear a gown? SW/psych.
## CDC: Community Transmission

<table>
<thead>
<tr>
<th>Type of Community Transmission</th>
<th>Definition</th>
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<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>
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# PPE Selection: Risk= Resources Needed

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</thead>
<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, gloves, gown</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>

* Additional PPE as required by Standard and Transmission based Precautions

FFR: Filtering Facepiece Respirator
Pre-Submitted Questions

Do we have a list of aerosol generating equipment?
Pre-Submitted Questions

Please discuss details on the efficacy of mask wearing protocols in the home (N95, KN95 vs. medical grade vs. cloth...caregiver only wears, client wears, family wears...)

How do we handle home health patients who refuse to wear a mask in their own home?
What would you advise as a standard on when to discontinue full PPE for positive patients in the home?

Pre-Submitted Questions

Should all field staff be wearing N95 masks since we do not know who is infected and should all patients wear some type of mask?

What is a company supposed to do when they can't get any more N95 masks?
Personal Protective Equipment: Optimization Strategies

PPE Burn Rate Calculator

Personal Protective Equipment Burn Rate Calculator # [3 sheets]

This spreadsheet can help healthcare facilities plan and optimize the use of personal protective equipment (PPE) for response to coronavirus disease 2019 (COVID-19). Get the Instructions


CDC: PPE Optimization Strategy

Conventional Capacity
strategies that should already be in place as part of general infection prevention and control plans in healthcare settings

Contingency Capacity
strategies that can be used during periods of anticipated PPE shortages

Crisis Capacity*
strategies that can be used when supplies cannot meet the facility’s current or anticipated PPE utilization rate

Respirator
Mask
Gown
Eye Protection
Gloves

Contingency vs Crisis Strategy: N95

Contingency Capacity Strategies

- Extended use: N95
  - Prolonged period
  - Multiple contacts
- Slow Burn Rate
- Limited number of touch opportunities

Crisis Capacity Strategies

- Limited reuse
  - Multiple donning and doffing
  - Same mask over several episodes/days
- Risk: multiple touches of mask
- Consider:
  - Limit surface contamination
  - Develop guidelines for staff
  - Limit number of ‘re-uses’
Pre-Submitted Questions

For how long can the N95 masks be on extended use? And what other alternatives can we give to personnel that uses small size N95 masks but they are backordered by manufacturers?
CDC Contingency Capacity Update: Clarifications on Extended Use Respirators

Wearing the same N95 respirator for repeated close contact encounters with several different patients WITHOUT removing between patient encounters

- Best suited for same infectious disease
- Considerations:
  - Ability of N95 to retain fit
  - Contamination concerns
  - Practical considerations (meal breaks)
  - Discard if contaminated
  - May consider using facemask/faceshield over respirator to reduce contamination risk
- If need to re-use the extended use mask- see Crisis Capacity Strategies

CDC Crisis Capacity Update:
Clarification on **Limited Re-use of Respirators**

Follow manufacturer’s IFUs for maximum number of donnings

If no IFU:

- Limit number of reuses to no more than 5 donnings per device per HCP
  - HCP should check seal
  - If needed > 5 donnings:
    - Respiratory protection managers should consider implementing a qualitative respirator fit performance evaluation
  - Do not use same N95 for multiple HCP

Limited reuse with extended use:

- Caution to minimize self contamination and degradation of respirator
- If no IFU for maximum, limit to a total of 5 donnings regardless of number of hours worn

How are home health nurses handling donning and doffing in snow/rain-inclement weather when homes have no porch/covered entry point areas?
General Infection Prevention
Pre-Submitted Questions

Can you give any details regarding Joint Commission survey focus regarding the pandemic/infection control?

What will surveyors focus on in upcoming surveys regarding infection control during COVID-19?

What infection control practices will Joint Commission expect to see created in response to COVID?
Pre-Submitted Questions

Does Joint Commission recommend any chemical agents to sterilize COVID-19 from counter services?
General Questions
ALF/SNF are starting to refuse entry again with increased COVID rates. We are documenting attempts to be in compliance with comprehensive assessments. What would a surveyor expect to see?
Does the CMS temporary change under section 3708 of the CARES act, which allows a Medicare-eligible home health patient to be under the care of an NP or PA, also cover/apply to Medicaid (under 21) patients?
How should we handle our annual skills fair, education with having the requirement for social distancing, etc.? Want to assure good infection control.
What do you do if other disciplines are not willing to see a positive COVID patient (though asymptomatic) but the thought of being positive scares them to see the patient for the reason that they are also visiting other patients.
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 process.
Your questions

You have had a number of questions about our return to survey:

• 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 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 are past their due dates, CMS is also aware – we will conduct those surveys when possible to do so.
- 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?

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

• 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 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.
Pre-Submitted Questions

Can you please clarify your survey focus during the COVID-19 PHE? The previous memos published give conflicting information.
Does The Joint Commission have a timeframe identified when onsite surveys will resume? Also, will the onsite surveys be delayed once back on schedule, i.e. if we usually get our tri-annual review around Q1, every three years, will it be later?
When will The Joint Commission start surveying again? Are there any thoughts of virtual surveys?
Pre-Submitted Questions

For those agencies in high-risk counties requiring full accreditation surveys (not initial), will virtual surveys be used/considered?
Pre-Submitted Questions

Please explain rationale used to decide whether or not a facility will be surveyed?
Do home infusion agencies whose Joint Commission accreditation certificate has expired need to do anything to ensure continued accreditation?
Will surveyors be making visits to the home health patients? If so, how will this be accomplished?
Due to the increased COVID numbers, staff are providing more video visits. How would a surveyor address a video visit if pandemic continues and safety prevents face to face visits? Or will this prolong survey team scheduling with VA HBPC teams?
Pre-Submitted Questions

How are surveyors visiting patients in the COVID era and how are we to do chart/record review with surveyors - what kind of set-up do we need to have in place so this goes smoothly?
How is the surge of COVID-19 affecting the survey processes? How is The Joint Commission helping the health care providers on overcoming the mental fatigue and yet still be prepared for the survey process?
Will you go over in detail what we need to have in place re: COVID to be prepared for survey?

What are surveyors being directed to look at related to COVID-19 preparedness and compliance?
Pre-Submitted Questions

What are the new safety protocols during the survey?
Pre-Submitted Questions

What is the process for re-accreditation surveys in what are looked at as "hot spot" states? Also, what changes to infection control plans and emergency management plans are needed for current surveys?
Pre-Submitted Questions

What written documents should be made available to surveyors regarding COVID?
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/