COVID-19 Webinar for Hospital Accreditation

Q&A With The Joint Commission

July 30, 2020
Panel

Diane Cullen, MSN, MBA, RN, CIC
Associate Director
Standards Interpretation Group
The Joint Commission

Theresa Hendricksen
Field Director
The Joint Commission

Gayle Jensen-Savoie, PhD, LOC-S, LMFT-S, LCDC
Field Director, Surveyor
Management and Support
The Joint Commission

Tim Markijohn, MBA, MHA, CHFM, CHE
Field Director, Surveyor
Management and Support
The Joint Commission

Kelly McCann
Associate Director Accreditation
Accreditation and Certification Operations
The Joint Commission

Herman A. McKenzie, MBA, CHSP
Director of Engineering, Standards
Interpretation Group (SIG)
The Joint Commission

Maura Naddy, MSN, RNC-OB
Associate Director, Standards Interpretation Group
The Joint Commission

Linda Seager, RN, MSN
Director, Clinical Standards Interpretation Group
The Joint Commission

Jennifer Welch, MBA
Associate Director Accreditation
Accreditation and Certification Operations
The Joint Commission

The Joint Commission
Pre-Submitted Questions

Expectations regarding distancing for 1:1 patient monitoring amidst COVID-19?
Pre-Submitted Questions

What education will be required for employees regarding COVID?
Pre-Submitted Questions

Can you speak to updating infection control plans relative to COVID?

Will future clinical standards reflect hospital preparedness for pandemic management?
Will the Joint Commission expect to see all-inclusive stand-alone COVID-19 plans like the state of Nevada is now requiring? Or can separate guidance documents be acceptable?
Pre-Submitted Questions

Can you discuss the AGP risk assessment for the lab?
Pre-Submitted Questions

COVID-19 antigen vs. antibody testing, which is the best?
Thoughts on having non-tested COVID patients on elective joint arthroplasty floor. Also related to this, should patients awaiting COVID test (person under investigation) be located on the post-op unit with joint replacement patients?
Pre-Submitted Questions

As more surgical masks are being manufactured and available to health care organizations, are you recommending that we have our staff wear them instead of the cloth ones?
Pre-Submitted Questions

For behavioral hospitals, when treating asymptomatic patients, (pediatric/adolescent behavioral patients) what types of PPE does direct care and support staff need to wear? What about patient compliance and PPE use?
PPE Concerns

Need for PPE
- Patient care activities
- Aerosol generating procedures
- Additional users of PPE

Limited Resources
- Dwindling stock
- Limited supplies/suppliers
PPE Burn Rate Calculator

- The rate of supply use depends on multiple factors including
  - Number of patients
  - Number of staff
  - Processes organizations put in place to conserve supplies
  - Increases in production and distribution

Pre-Submitted Questions

How are you surveying PPE use against recommended standards now that the availability won’t allow most hospitals to adhere to recommended standards? Example, shortage of surgical masks (re-using).
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

<table>
<thead>
<tr>
<th>PPE Type</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
</table>
| All PPE  | - Use physical barriers and other engineering controls  
- Limit number of patients going to hospital or outpatient settings  
- Use telemedicine whenever possible  
- Exclude all HCP not directly involved in patient care  
- Limit face-to-face HCP encounters with patients  
- Exclude visitors to patients with known or suspected COVID-19  
- Cohort patients and/or HCP |
|          | - Selectively cancel elective and non-urgent procedures and appointments for which PPE is typically used by HCP  
- Decrease length of hospital stay for medically stable patients with COVID-19 |
|          | - Cancel all elective and non-urgent procedures and appointments for which PPE is typically used by HCP |

Pre-Submitted Questions

Mask use between patients – how will The Joint Commission survey organizations regarding staff’s extended mask usage times as the protocols and state mandates differ drastically from the manufacturer’s written guidelines for use of the masks?
Pre-Submitted Questions

Shall we mandate face shield for staff working in proximity of less than 6 feet from each other?
Pre-Submitted Questions

Are staff members allowed to wear the same PPE between COVID positive patients?

Pre-Submitted Questions

Would like discussion around use of N95 respirators for routine care for patients that are not receiving aerosol generating procedures. Due to severe shortages of N95, use of surgical masks is practiced. Would like to know how The Joint Commission is interpreting?
**Assessed Risk = Resources Needed**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Any level</td>
<td>N95, face/eye protection, gloves, gown</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Any level</td>
<td>N95 or mask, face/eye protection, gown, gloves</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>Yes</td>
<td>Any level</td>
<td>N95 or mask and face/eye protection, gown, gloves</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 None</td>
<td>Mask or cloth covering (source control) *</td>
</tr>
</tbody>
</table>

* Additional PPE as required by Standard and Transmission based Precautions

Pre-Submitted Questions

Please comment on the safe use of elastomeric respirators with exhalation valves in the hospital/healthcare setting.
# Types of Air-Purifying Respirators

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filtering Facepiece Respirator (N95 or higher mask)</td>
<td>Disposable&lt;br&gt;Covers nose and mouth&lt;br&gt;Filters air particles&lt;br&gt;Fit testing required</td>
</tr>
<tr>
<td>Elastomeric Half/Full Facepiece Respirator</td>
<td>Reusable device&lt;br&gt;Requires cartridges or filter&lt;br&gt;Requires fit testing&lt;br&gt;May be disinfected&lt;br&gt;Full provides eye protection</td>
</tr>
<tr>
<td>Powered Air-Purifying Respirator (PAPR)</td>
<td>Reusable device&lt;br&gt;Battery operated&lt;br&gt;Provides eye protection&lt;br&gt;Loose-fitting (no fit testing)&lt;br&gt;Tight-fitting (requires fit testing)</td>
</tr>
</tbody>
</table>

[https://www.cdc.gov/niosh/npptl/images/infographics/FY17N95infographicWhatAre.jpg](https://www.cdc.gov/niosh/npptl/images/infographics/FY17N95infographicWhatAre.jpg)
Pre-Submitted Questions

To balance the need for staffing and staff/patient safety, what is the best way to handle staff that need to come to work either while COVID positive or PUI (person under investigation)?
In a non-negative pressure room in the emergency room, what is the standard time recommendation for leaving room closed before it can be cleaned?
Room Turnover

− Considerations
  − Size of room
  − Number of ACH (air changes per hour)
  − Length of time patient was in room
  − Patient coughing/sneezing
  − Patient wearing face covering
  − Aerosol generating procedure
  − PPE used


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>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>138</td>
<td>207</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
<td>104</td>
</tr>
<tr>
<td>6</td>
<td>46</td>
<td>69</td>
</tr>
<tr>
<td>8</td>
<td>35</td>
<td>52</td>
</tr>
<tr>
<td>10</td>
<td>28</td>
<td>41</td>
</tr>
<tr>
<td>12</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>15</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>20</td>
<td>14</td>
<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
Pre-Submitted Questions

What will The Joint Commission be looking for in regard to the tracking of COVID positive testing and how the cleaning is being done?
Pre-Submitted Questions

We are hearing from some of our partners that The Joint Commission is enforcing new CDC guidance that every person who enters a hospital must be temperature checked. Is this true? Will The Joint Commission be enforcing guidance from the CDC on this issue?

Is there a standard that requires temperature screening for hospital staff and visitors?
Pre-Submitted Questions

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

When can we expect to hear updates on the 1135 waivers? Will there be sufficient warning before the waivers end? How long will these waivers be in effect for? Until the state/federal emergency is over?
Pre-Submitted Questions

What are the documentation expectations that The Joint Commission will be looking for when waivers have been activated? Is there a standard document or format for tracking the dates when our hospital went into pandemic response and when we stopped it? It is my understanding we have to have the dates documented when we were in pandemic response for surveying.
Pre-Submitted Questions

The Joint Commission stated in a recent webinar that surveys would not be including closed chart reviews during the time frame a hospital activated its emergency response plans. Is this applicable to initial deem status surveys for a new surge hospital?
Pre-Submitted Questions

You mentioned previously that the CMS 1135 waiver information could be found on TJC’s extranet site under “resources and tools”. I am unable to find the information there.
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.
Pre-Submitted Questions

Do ER physicians in a pediatric ER need to be recredentialled at a pediatric facility in order to treat adult patients presenting to a pediatric ER during COVID due to long waits at adult facilities?
Pre-Submitted Questions

What are the minimum expectations for telehealth visits documentation when only the provider and patients are participating? Screenings? What are the documentations a nurse would typically complete?
Pre-Submitted Questions

Clarify how USP 797 will be evaluated if facility has had construction completed to comply with 2019 version (which is still not approved). What do you recommend for hospitals that are trying to decide whether to build out for USP 800 or stick to current guidelines?
Pre-Submitted Questions

Can we implement the CMS Blanket 1135 waivers if our organization has not officially activated our Emergency Operating Plan (EOP)?

If any organization utilizes any of the 1135 blanket waivers from CMS do they need to activate their EOP or complete a risk assessments for documentation?
Pre-Submitted Questions

Please discuss HR.01.01.01 EP 1 new note 5 and provide clarification and examples of expectations.
Pre-Submitted Questions

Please specify the CMS 1135 Waivers and how it impacts standard compliance.
Pre-Submitted Questions

I'd like to know more about what surveyors will be looking for from a credentialing standpoint during a survey related to COVID-19 specific board resolutions, emergency privileges, disaster privileges, telemedicine.
Pre-Submitted Questions

What additional documentation is advised regarding current medical staff members practicing via telemedicine?
Pre-Submitted Questions

Requesting waivers for frequency of testing of fire suppression system. Part 2 – Life Safety inspections, testing, and maintenance under EC 02.03.05.
Pre-Submitted Questions

Fire drills during COVID-19. What is the expectation of how fire drills are to be done while adhering to social distancing rules?
Pre-Submitted Questions

How will hospital (specifically free-standing psychiatric hospital’s) Ligature Risk Extension project completion re-surveys be prioritized when survey activities are re-instated?
Pre-Submitted Questions

Is it ok to use unlicensed office space or not yet licensed clinical space for video visits?
Pre-Submitted Questions

What are your recommendations for a hospital that has received over 500 gallons of ABHR and does not have the means to store in compliance with NFPA 101 and NFPA 30 requirements?
Pre-Submitted Questions

Do 1135 waivers only cover smoke/fire damper extension? One-two’s smoke detector/air handler unit (AHU) shutdown annual ITM not performed, noted as ‘state of emergency’, and tested as soon as is safe as opposed to 1135 waiver. Defensible?
Pre-Submitted Questions

Will any Environment of Care (EC) and Life Safety documents be reviewed remotely or only on-site? Will there be a requirement to upload compliance documentation (EC inspection, testing maintenance) to a portal for remote document review prior to survey?
Pre-Submitted Questions

With vendors being limited & sometimes not available at all during COVID, will deadlines for routine environmental and life safety assessments be relaxed if organizations can show due diligence in trying to obtain them?
Can you tell me what standard would refer to checking the eye wash station for temp and flow rate?
Pre-Submitted Questions

Does the waiver of 42 CFR §482.41(d) for hospitals, allow for hospitals to adjust or delay PMs for medical equipment?
Pre-Submitted Questions

Remote video inspection is growing in use with building and fire departments, are you considering the use of remote video inspection?
Pre-Submitted Questions

Remote video inspection is growing in use with building and fire departments, are you considering the use of remote video inspection?
Can we please get guidance on how to perform annual negative/positive pressure relationships with most of our systems under alteration?
Pre-Submitted Questions

For Engineering, is it possible to retain window fans for negative pressure purposes post pandemic? What type of monitoring should be done and/or risk assessment be prepared to justify leaving them in place?
Pre-Submitted Questions

What is the anticipated date and adoption of ASHRAE 514, water management safety?
Pre-Submitted Questions

Are environment of care data and monthly meetings waived during the period of COVID?
Pre-Submitted Questions

How will EOC standards be enforced especially in light of PPE stations in hallway for doffing and racks to hold reusable gowns in corridor, is it feasible to convert a regular positive flow patient room to a negative flow for a COVID-19 patient?
Pre-Submitted Questions

Is there a preferred HVAC method to prevent spread of COVID-19?
Pre-Submitted Questions

How do we prepare for negative pressure rooms in hotspot? We have no proper protocol from ICS for guidelines or in-house policy for hotspot precautions wash station before entering and exiting hotspot? Making regular rooms into isolation rooms?
Pre-Submitted Questions

What will the surveyors be looking at when it comes time to survey from an emergency management standpoint with handling of COVID events?
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 health care 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 on-site 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 instructions 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 Account Executive 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 organization’s 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
- Using audio or videoconferencing could be incorporated to safely expand the number of attendees for sessions
- Using masks will be a routine practice
- Maximizing 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 off-site or patient homes
Survey/Review Process - Continued

- We will NOT enter an at-risk or confirmed COVID-19 home or room. We will not visit a unit with any confirmed COVID-19 patients.
- 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)
- Limit 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 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, Nursing Care Centers, Critical Access Hospital 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 on-site
  - Organization is contacted to verify ability and willingness to participate
COVID-19 Resources

What Your Organization Needs to Know About the Coronavirus

Trusted Guidance. Trusted Resources.

View resources
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/