COVID-19 Webinar for Hospital Accreditation

Q&A With The Joint Commission

October 8, 2020
Sylvia Garcia-Houchins, MBA, RN, CIC
Director
Infection Prevention and Control
The Joint Commission

Jim Kendig, MS, CHSP, CHCM, HEM, LHRM
Field Director, Division of Accreditation and Certification Operations
The Joint Commission

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

Theresa Hendricksen, RN, MS, FACHE
Field Director
The Joint Commission

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

Maura Naddy, MSN, RNC-OB
Associate Director Standards Interpretation Group
The Joint Commission
Today’s webinar will be focused solely on the hospital 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.
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
Pre-Submitted Questions

Can you please elaborate on your statement of there not being any penalty for not meeting your ESC around required completion dates?
CMS 1135 Waivers
Any recent changes to medical staff standards?
Pre-Submitted Questions

Are the waivers related to documentation for only the surge areas in a hospital or may the entire hospital adopt those measures? This is specifically related to the waivers in Section C of the medical records.
Can we implement the CMS Blanket 1135 waivers if our organization has not officially activated our Emergency Operating Plan (EOP)?

Can you still use the CMS 1135 waiver if the hospital is no longer operating under its Emergency Plan?
Pre-Submitted Questions

Do you recommend the LHA submitting 1135 waiver on behalf of healthcare facilities? Or, should individual facilities all submit their own waiver?
Does a hospital have to submit to the board or hospital leadership if they have implemented the use of 1135 waivers?
During survey, how will waivers be applied?
During this crisis, does the institution have to do face to face on going competencies or will Zoom be sufficient education to meet the standards?
EMTALA has some new guidelines during COVID. Can you provide a brief overview?
For hospitals that have not been able to have their usual quality meetings during COVID, what are The Joint Commission’s expectations?
Has there been a decrease in the number of states under the waiver?
Is it acceptable to have a verbal directive for completing informed consent for identified COVID patients to reduce staff exposure?
Pre-Submitted Questions

Is it recommended to have a separate COVID-19 policy under Emergency Management to document all the required information?
Can you review the waivers specific to the consent process? What has been waived?
Pre-Submitted Questions

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

What documentation should be kept to support/reflect changes that occurred during the pandemic? (waivers, policy etc.)

What documentation will be required re: COVID-19 (e.g., waivers, training, policy changes, surge plans, etc.)?

What is the minimum standard and frequency of documentation you expect to be done during a pandemic on 1. Med-Surg Units, 2. Telemetry Units, 3. ICUs?
Pre-Submitted Questions

When can we expect to hear updates on the 1135 waivers? Will there be sufficient warning before waivers end?

When the 1135 waivers expire will The Joint Commission extend any of those waivers?

How long will all of these waivers be in effect? It is difficult to keep track of exact timing with multitudes of information coming out in waves.

How much time will be provided to hospitals to revert back to compliance with standards once the national emergency is lifted?
You mentioned previously that the CMS 1135 Waiver information could be found on The Joint Commission’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.
Infection Control
Pre-Submitted Questions

Are there special recommendations for maternity and newborn patients? Considerations for Inpatient Obstetric Healthcare Settings?


Pre-Submitted Questions

What are the recommendations for COVID-19 Prevention in Hemodialysis?


Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities

If a confirmed COVID-19 positive patient is admitted to a negative pressure room, is it appropriate to admit other COVID negative or overflow patients to the same unit?
Pre-Submitted Questions

Is COVID-19 considered a healthcare associate infection when there is an outbreak in a hospital or facility?
Should psychiatric inpatients be wearing masks?


What are the recommendations for COVID-19 prevention during group therapy?

Are all infection control measures implemented expected to be in a policy?
During a survey, will infection control still be scrutinized for 2020 or will some sort of reprieve be given due to a facilities emergency operations plan in relation to COVID?
Pre-Submitted Questions

How should infection control prepare for a survey during the pandemic?
What are surveyors doing to prepare for visiting hospitals to reduce the risk of exposure to the hospital staff and patients?
Is there a recommendation that we intubate/extubate in a negative pressure room? Should we continue to perform tracheostomy cases in a negative pressure room?
Pre-Submitted Questions

What are some best practices to follow when a person under investigation requires emergent surgery?
Do we need to postpone an elective procedure if the patient has recently been in the ER/Hospital? What if they were there for COVID-19 infection?
Is daily temperature screening of staff required by CMS?
What is The Joint Commission's expectation around COVID screening of patients, visitors, and employees? Must temperatures be actively taken? What records should be kept if any?
Are N95 masks recommended for collection of COVID-19 swab tests?

Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19: Collecting and Handling Specimens Safely

I am given 1 mask to wear for a week. Is it healthy to wear the same face mask for a week?

Does The Joint Commission require a separate room for donning and one for doffing?
Pre-Submitted Questions

Will The Joint Commission be looking at the hospital's Respiratory Protection Program? If so, what will they want to see?
How many ceiling tiles can be removed before notifying infection prevention?
Is room closure required when a COVID positive patient is discharged if there was no aerosol generating procedure performed?
What are the expectations for documenting housekeeping efforts during this pandemic?
Will surveyors apply The Joint Commission's hierarchical approach for proper use of surface disinfectants (e.g. Regulation, CMS requirements, Instructions for Use, and than evidence-based guidelines)?
If a disinfectant is not on EPA list List N: Disinfectants for Coronavirus (COVID-19), can it still be used for surface disinfection?
There was a question submitted about disinfectant wipe shortage and a facility requirement that staff use DIY wipes. The situation was unclear and I was not able to answer - please submit the question via the standards interpretation page so that we can clarify your question.
Environment of Care and Life Safety
Any insight on what inspections can be performed by remote video inspection (RVI)?
Pre-Submitted Questions

Are we able to use COVID-19 pandemic as our community drill since we are engaged with public health, EMS, Fire and Rescue, and local Emergency Management agencies?
Pre-Submitted Questions

What will the ‘new normal’ of a survey look like? Is The Joint Commission investigating virtual or remote review of life safety and EOC documentation?
Pre-Submitted Questions

With the new CMS requirements of LS survey at offsite ED and ambulatory surgery centers, how many days should we expect the LS surveyor to spend at offsites?
Can a stretcher or bed be left in 8' corridor with 4' feet clearance within the suite?
Pre-Submitted Questions

Can the monthly generator load test, transfer switch test and fire drill requirements be deferred until the emergency is over?
Can we please get guidance on how to perform annual negative/positive pressure relationships with most of our systems under alteration?
Does the waiver of 42 CFR §482.41(d) for hospitals allow for hospitals to adjust/delay PMs for medical equipment?
For temporary negative pressure rooms do we still need to get the ACH required?
Pre-Submitted Questions

How long can we keep temporary COVID-19 related walls up before needing a permanent solution?
If we are working under the waiver, how long after the waiver stops do we have to remove alcohol based hand rub from units that may have carpet?
ILSM's for COVID-19 areas created for patients, how long can we keep these ILSM's in place before having to make permanent changes? Examples (suites too large, both suite doors exiting through another suite, temporary exit signage).
Pre-Submitted Questions

Is there further clarification for drill compliance due to COVID-19 (fire drills, disaster drills, etc.)?
Is there guidance for utilizing portable forced air systems to convert an existing hospital room for AIIR needs?
Pre-Submitted Questions

LS.01.01.01 Should we be doing assessments in outpatient waiting areas?
Pre-Submitted Questions

One-two’s smoke detector/AHU shutdown annual ITM not performed, noted as 'state of emergency,' and tested as soon as is safe as opposed to 1135 waiver. Defensible?
The usual maximum time for ligature risk extension requests to be approved is one year. Is there any indication that CMS may extend that due to state budget shortfalls caused by the pandemic?
Pre-Submitted Questions

We have established employee temperature check checkpoints in corridors, how can we document a risk assessment to address the life safety implications for having a chair and small desk in an egress corridor?
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

What labeling is required for hand sanitizers in the patient care areas?
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/