

# HEALTHCARE ORGANIZATION

## Survey Activity Guide





## **How to Use this Guide**

The Joint Commission's Survey Activity Guide is available on your organization's extranet site.

This guide contains:

- Work tools to help you prepare for your unannounced survey
- An abstract of each survey activity that includes logistical needs, session objectives and an overview of the session
- Sessions are listed in the general order that they are conducted.

An agenda template for your survey is posted to your organization's extranet site in proximity to the time your application is received and reviewed. When the template is available, please download and review the activities. With the agenda template in front of you, note the names of the sessions. Reference each session in the Survey Activity Guide and learn more about what you can expect to occur during the activity. Your organization can use this information for planning and for conducting a mock survey to maintain a state of continuous readiness for your next patient, resident or client.

Plan ahead, when possible, for who will participate in the survey activities. Use both the Survey Activity Guide and the survey agenda to help you organize for a survey. Identifying key participants (and their phone numbers) for each session on the agenda, including back-ups is important. If possible, include meeting locations. For **complex organizations** (being surveyed under more than one accreditation manual or for more than one program being surveyed under one accreditation manual), include contact names and phone numbers from all of your organization's programs. For example, Home Health Care might have the following programs: Home Health, Hospice, Personal Care /Support Services, Home Medical Equipment, or Pharmacy.

### **The key below provides you with the acronym for programs in your organization. Knowing the acronym for your program will assist you in reviewing the Survey Activity Guide.**

**Key:** The following abbreviations are specific to accreditation programs. If your organization is accredited under any of the following programs, the session listed in the Table of Contents under "Applicable Program" is applicable to your survey.

- All – All programs (All programs listed below)
- AHC – Ambulatory Health Care (surveyed from the Comprehensive Accreditation Manual for Ambulatory Health Care and not the Hospital Accreditation Manual)
- BHC – Behavioral Health Care
- CAH- Critical Access Hospital
- HAP – Hospital
- HME- Home Medical Equipment
- LAB- Laboratory
- LTC – Long Term Care
- LT2 –Long Term Care with Medicare/Medicaid Certification-Based Option
- OBS- Office-Based Surgery
- OME – Home Health Care

Finally, please recognize that this Survey Activity Guide is created for small and large organizations. Some organizations will have one surveyor while others will have multiple surveyors. If you have any questions about the number of surveyors who will arrive at your site, please contact your Account Representative. If you are unsure of your Account Representative's name or phone number, call the Joint Commission switchboard operator at 630-792-5000 for assistance.



## **What's New in 2009!**

A Table of Contents has been created for each accreditation program to guide organizations to applicable activities.

The How to Prepare for your Surveyor's Arrival section has been updated to include other short notice surveys in Ambulatory Health Care and added a note for Foster Care Programs about scheduling the Foster Parents Meeting

The LSC<sup>®</sup> without LSC<sup>®</sup> Specialist is no longer applicable to Hospitals and Critical Access Hospitals as these surveys will always have a Life Safety Code Specialist surveyor on the team.

For the Laboratory program, Regulatory Review and Proficiency Testing Validation/Performance Improvement Data Review session descriptions have been added



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1- Only applies to Federal Bureau of Primary Health Care programs

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1- Applies to the following types of programs: Addictions, Children & Youth, Developmental Disabilities, Foster/Therapeutic Foster Care, Group Homes, Mental Health, and Residential Treatment

2- Only applies to Foster/Therapeutic Foster Care programs

3- Only applies to 24 hour settings

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1- Only applies to hospitals with psychiatric inpatient settings

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- 1- Only applies to Home Medical Equipment (HME) programs
- 2- Applies to the following programs: Home Health/Personal Care, HME, and hospice
- 3- Only applies to Medicare Certified Home Health
- 4- Only applies to Inpatient Hospice programs

## **How to Prepare for Your Surveyor's Arrival**

### **Overview**

The surveyors arrive unannounced for most surveys. Exceptions to the unannounced survey process may change at any time. Changes are published in the Joint Commission newsletter *Perspectives*.

Exceptions\* to the unannounced survey process include:

- Initial accreditation surveys
- Early Survey Option surveys
- PPR Options 2 or 3

A five day notice\* is given for the following survey types:

- Very small Ambulatory, Home Care and Laboratory as defined in the Accreditation Process section of the respective accreditation manuals (limited notice)
- Department of Defense facilities
- Bureau of Prisons facilities and contracted prison facilities
- "Small" laboratories
- Foster Care Programs<sup>†</sup>
- Health Care Staffing organizations with two or fewer full-time employees
- Immigration facilities
- Office-based surgery practices with fewer than 1,500 annual visits
- Ambulatory Care organizations providing surgery/anesthesia services with fewer than 1,500 annual visits
- Ambulatory Care organizations providing Medical/Dental care and services with fewer than 5000 annual visits, with two or fewer Licensed Independent Practitioners
- Ambulatory Care organizations providing Diagnostic/Therapeutic care and services with fewer than 3000 annual visits or four or fewer Licensed Independent Practitioners
- Ambulatory Care organizations providing mobile diagnostic services

**\*All CMS deemed surveys or surveys conducted for CMS recognition are unannounced.**

**<sup>†</sup>Organizations providing Foster Care are given advance notice for the purpose of scheduling the Foster Parents Meeting for one of the onsite survey days.**

Comments received from staff in accredited organizations indicate that a planned approach for the surveyor's arrival allows them to feel calmer and synchronized with the survey. Whether the surveyor arrival is announced or unannounced, the first hour of the surveyor's day is devoted to planning for your survey activities. This planning requires review of specific documents provided by your organization (Refer to the Readiness Guide on page 14). If these documents are not available when the surveyors arrive, they immediately begin to evaluate the care, treatment, and services provided to one of your patients/residents/clients through an individual tracer.

### **Preparing for Survey**

Prepare a plan for staff to follow when surveyors arrive. The plan should include:

- Greeting surveyors: Identify the individuals who are usually at the main entrance of your organization. Tell them about the Joint Commission and educate them about the unscheduled arrival of surveyors. Explain the importance of verifying any surveyor's identity by viewing their Joint Commission identification badge. This badge is a picture ID.
- Who to notify upon their arrival: Identify leaders and staff who must be notified when surveyors arrive. Create a list of names, phone numbers, or cell phone numbers. Also,

- include the individual who will be the surveyor's "contact person" during the survey. Identify alternate individuals in the event that leaders and staff are unavailable.
- A location for surveyors: Ask surveyors to wait in the lobby until an organization contact person is available. Surveyors will need a location that they will call their "base" throughout the survey. This location should have a desk or table, electrical outlet, and phone access.
  - Validation of survey: Identify who will be responsible for the validation of the survey and the identity of surveyors. Identify the steps to be taken for this process. (See Surveyor Arrival Session for these steps.)
  - Readiness Guide: The documents listed on this Guide are needed for the surveyors to review in preparation for the survey. The Guide is created for you to use as a planning tool. A copy of the Guide can be included with your survey plan. Space is designated on the guide for you to assign responsibility to individuals for the retrieval of specific documents. When there is an "X" in a column, it indicates that the documents are applicable to that particular program and will be needed for the survey. If your organization is accredited using that particular accreditation manual, you are responsible for retrieving the applicable documentation. These documents should be given to surveyors as soon as your organization validates their identity. **If this information is not immediately available for surveyors at the Surveyor Preliminary Planning Session, they will begin the survey with an individual tracer.**

#### **Other planning activities**

- Using Priority Focus Process information in your survey. The Priority Focus Process applies to all accredited programs. You can read more about this process in the front of the Comprehensive Accreditation Manuals. Priority Focus Process is an important component of the accreditation process. It guides the surveyors in planning and conducting your survey. The Priority Focus Process uses an automated tool which takes available data from a variety of sources. These sources include the electronic application (e-App) for accreditation, previous survey findings, complaint data, ORYX, core measure data (Hospitals only), and external data such as MedPAR or OASIS. These sources are integrated to help identify Clinical/Service Groups and Priority Focus Areas for your organization. The Priority Focus Process converts these data into information that initially focuses survey activities, increases consistency in the accreditation process, and customizes the accreditation process to make it specific to your organization. Updated Priority Focus Process reports are posted to your Joint Commission extranet site four times a year (on or around March 15<sup>th</sup>, June 15<sup>th</sup>, September 15<sup>th</sup>, and December 15<sup>th</sup>) unless there is no change in your Clinical Service Groups or Priority Focus Areas. When a new report is posted, you will receive an electronic message advising you that the report is available. ***You must access your extranet site to receive this notification. If you have questions about how to access your website, please contact your account representative.***

<p>Note: When a situation is identified that could be a threat to health and safety, surveyors contact the Joint Commission administrative team. The Joint Commission either sends a different surveyor to investigate the issue or the surveyor on site will be assigned to conduct the investigation. Investigations include interviews, observation of care, treatment and service delivery and document review. Your cooperation</p>
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## Readiness Guide

Actions to take when surveyor arrives	Responsible Staff	Comments:						
Greet surveyor								
Verify identity		Look at picture ID to ensure they are from the Joint Commission						
Ask them to wait		Location: _____						
Validate authenticity of survey		Contact: _____ (this individual has a user ID and password to access the organization's Joint Commission extranet site) Phone contact: _____						
Gather Documents	Responsible Staff	Ambulatory	Behavioral	Home Care	Hospital & Critical Access Hospitals	Long Term Care	Laboratory	Office Based surgery
Organization Chart		X	X	X	X	X	X	X
Contact person who will assist the surveyors during survey: name, phone		X	X	X	X	X	X	X
Map of your organization*, if available		X	X	X	X	X	X	
List of all sites eligible for survey			X	X	X	X	X	X
List of services provided at each site			X	X	X	X	X	X
Performance Improvement Data (re-survey from past 12 months) <i>Home Health only: include OASIS, if Medicare Certified Home Health</i> <i>Long Term Care only: include MDS, if Medicaid Certified</i> <i>Laboratory: Proficiency Data from past 24 months</i>		X	X	X	X	X	X	X
Infection related data (re-survey from past 12 months)		X	X	X	X	X	X	X
Environment of Care data, including the Statement of Conditions* and any Plans for Improvement* *for 24 hour settings only		X	X	X	X	X		X
Environment of Care meeting minutes* (re-survey from past 12 months)		X			X	X		
Patient/Client lists, e.g., schedules such as appointments, visits, deliveries, & surgery/procedures <i>Laboratory only: Laboratory tests from past 24 months</i>		X	X	X	X		X	X
Resident Roster					X	X	X	
Measure of Success (MOS) data – identified in the plan of action from your Periodic Performance Review		X	X	X	X	X	X	
Environment of Care data including hazardous waste management, clinical hygiene, blood borne pathogens and equipment management ( <i>free-standing Labs only</i> )							X	
Plans for improvement – Access for surveyor sign-off ( <i>free-standing Labs only</i> )							X	
CLIA Certificates and list of tests							X	

**Note:** Please download the entire Survey Activity Guide for additional information on how to prepare for survey

## **Surveyor Arrival**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants include organization staff and leaders as identified in the Pre-survey Planning process.

### **Logistical Needs**

Identify a location where surveyors can wait for organization staff to greet them and a location where surveyors can consider as their “base” throughout the survey.

### **Overview**

Surveyors arrive at approximately 8:00 a.m. unless business hours, as provided in the application, indicate that your organization opens at an earlier or later time. Surveyors will check in at the front desk, identifying themselves as Joint Commission surveyors.

### **Surveyor Arrival Activities**

- Implement your Readiness Guide found on page 14 as discussed in the How to Prepare For Your Surveyor’s Arrival section
- Notify key organization members as identified in the pre-survey planning session of the surveyor’s arrival
- Validate that the survey is legitimate by accessing your Joint Commission extranet site. An individual in your organization with a login and password to your Joint Commission extranet website will follow through with this by:
  - Accessing the Joint Commission’s website at [www.jointcommission.org](http://www.jointcommission.org)
  - Click on “the Joint Commission Connect” logo
  - Enter a login and password
  - If you cannot access the extranet site to validate the survey or surveyors, call your Account Representative
- Your organization’s extranet site contains the following information (posted by 7:30 a.m. on the morning of your survey):
  - An introductory letter signed by the Executive Vice President of Accreditation and Certification Operations, or designee, authorizing the surveyor presence for the unannounced survey
  - Surveyor names and biographical information
  - Scheduled survey dates
  - Priority Focus Process information
- If you do not have a current copy of your organization’s Priority Focus Areas (PFAs) and Clinical Service Groups (CSGs), download them from your organization’s extranet site. If your organization’s survey is complex (surveyed under more than one accreditation manual), download this information for each program.
- If you have not already downloaded a copy of your survey agenda, do so at this time.
- Begin gathering and present documents as identified in the Readiness Guide found on page 14. Surveyors will start reviewing this information immediately.

## **Surveyor Preliminary Planning Session**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants include the individual responsible for coordinating needs for The Joint Commission survey and others as needed and identified by surveyors.

### **Logistical Needs**

The duration of this session is approximately 30 to 60 minutes. Surveyors need a workspace they can use as their “base” for the duration of the survey. This area should have a desk or table, telephone, and access to an electrical outlet, if possible. Provide the surveyors with the name and phone number of a key contact person who will assist them in planning for the survey and their tracer selection.

### **Objectives**

Surveyors will:

- Review organization documents to become acquainted to your organization
- Plan for tracer activity

### **Overview**

After surveyors have arrived and their identification has been verified, surveyors immediately begin planning for tracer activity by reviewing the documents you provide them (refer to the Readiness Guide on page 14). They begin discussing the focus of the survey with the other surveyors (when applicable). If documents are not available for surveyors to review during this session, they will proceed to areas where care, treatment, and services are provided and begin individual tracer activity.

For **complex organizations** (being surveyed under more than one accreditation manual or for more than one service/program under one accreditation manual), surveyors review information from all accredited programs.

<b>Opening Conference</b>
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**Joint Commission Participants**

Surveyors

**Organization Participants**

Suggested participants include members of the governing body and senior leadership (representing all accredited programs/settings). Individuals should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff (when relevant).

**Logistical Needs**

The duration of this session is approximately 15 minutes. Immediately following this session, in the same room, is the Orientation to Your Organization. If possible, designate a room or space that will hold all participants and will allow for an interactive discussion. Inform surveyors at this time of any agenda considerations that may impact the activities for the day.

**Objectives**

Surveyors will:

- Describe the structure of the survey
- Answer questions your organization has about the survey

**Overview**

Surveyors introduce themselves and describe each component of the survey agenda. Surveyors describe the Priority Focus Process and describe the System Tracers they will conduct. Questions about the survey, the survey agenda, or other related topics should be raised at this time.

**Long Term Care:** Surveyors explain the resident centered approach to the survey process and the need to interview residents privately.

## **Orientation to Your Organization**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants include the same participants as the Opening Conference.

### **Logistical Needs**

The duration of this session is approximately 45 minutes. **Do not prepare a formal presentation.** This session is an interactive discussion.

### **Objective**

Surveyors will learn about your organization through an interactive dialogue to help focus subsequent survey activities.

### **Overview**

During this session surveyors become acquainted with your organization. They begin to learn how your organization is governed and operated, what leadership perceives to be your organization's top Priority Focus Areas and Clinical Service Groups, and explore your organization's performance improvement process.

Governance and operations-related topics for discussion include:

- Organization's mission, vision, goals, and strategic initiatives
- Organization structure
- Operational management structure
- Contract management arrangements
- Health care errors reduction and/or patient/resident/client safety initiatives
- National Patient Safety Goals
- Community involvement
- Leader's role in emergency management planning
- **Long Term Care:** Initiatives for resident centered care, if any
- **Hospital:** Patient flow
- **Hospital:** Organ procurement and donation including conversion rates
- **Laboratory:** Test utilization and process for addition/deletion of tests

Priority Focus Area (PFA) and clinical/service groups (CSGs) discussion topics include your:

- Leader's idea of what your organization's top PFAs and the CSGs
- Organization's processes at the PFA level
- Leader's approach to the PPR and methods used to address areas needing improvement (resurveys only)
- Management and leadership's oversight and other responsibilities

Senior Leadership Role in Improving Performance discussion topics may include:

- How leaders set expectations, plan, assess, and measure initiatives to improve the quality of services
- Organization approach to safety, including selection of Proactive Risk Assessment topics, resulting improvements, and Board involvement in safety issues
- Provision of personnel and resources including time, information systems, data management, and staff training

Note: Surveyors will request examples of performance improvement initiatives including evidence that performance was achieved and sustained.

**Long Term Care Medicare/Medicaid Certification Option** discussion topics include:

- Long Term Care based physicians (for example the Medical Director)
- MDS Quality Measure Reports, Facility MDS Quality Indicator Profile, or Quality Measure Reports
- Most recent CMS state certification report, i.e., CMS form 2567

## **Initial Surveyor Planning Session**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Joint Commission Coordinator (at the request of surveyors)

### **Logistical Needs**

The duration of this session is approximately 30 to 60 minutes.

### **Objectives**

Surveyors will:

- Review organization documents to become acquainted to your organization
- Plan for tracer activities

### **Overview**

This is a continuation of the Preliminary Planning Session. Surveyors begin by selecting clients/residents/patients for tracers by using the Priority Focus Areas and Clinical/Service Groups. They also continue reviewing the materials listed in the Surveyor Preliminary Planning Session. For **complex organizations** (being surveyed under more than one accreditation manual or for more than one program under one accreditation manual), surveyors review the data relative to all accredited programs.

## **Individual Tracer Activity**

### **Joint Commission Participants**

One surveyor per individual tracer

### **Organization Participants**

Suggested participants include staff and management involved in the individual's care, treatment, and services.

### **Logistical Needs**

The duration of individual tracer activity varies but typically is approximately two hours. Care is taken by surveyors to assure confidentiality and privacy and they will seek the help and guidance of staff in this effort. Surveyors may use multiple client/patient/resident records during an individual tracer. The purpose of using the record is to guide the review, following the clients/patient's/resident's care, treatment, or services provided by the organization.

A surveyor may arrive in a setting/unit and need to wait for staff to become available. If this happens, the surveyor may use this time to evaluate environment of care issues or observe the care, treatment, or services being rendered.

Surveyors make every effort to avoid visiting areas at the same time as other surveyors and try to minimize multiple visits to the same location. However, an individual tracer does follow where the client/patient/resident received services.

### **Objective**

The surveyor will evaluate your organization's compliance with standards as they relate to the care and services provided to clients/patients/residents.

### **Overview**

The majority of your survey activity occurs during individual tracers. The term "individual tracer" denotes the survey method used to evaluate your organization's compliance with standards related to the care, treatment, and services provided to a client/patient/resident. Most of this survey activity occurs at the point where care, treatment, and services are provided.

Initially, the selection of individual tracer candidates is based on your organization's top Priority Focus Areas and Clinical Service Groups identified through the Priority Focus Process. As the survey progresses, the surveyors may select clients/patients/residents with more complex situations, which are identified through the system tracers, and whose care crosses programs. For Laboratory surveys, additional tracers may be selected through review of proficiency testing and quality control data.

The individual tracer begins in the setting/unit in where the client/patient/resident and his/her record of care are located. The surveyor starts the tracer by reviewing a record of care with the staff person responsible for the individual's care, treatment, or services. The surveyor then begins the tracer by:

- Following the course of care, treatment, or services provided to the client/patient/resident from preadmission through post discharge
- Assessing the interrelationships between disciplines, departments, programs, services, or units (where applicable), and the important functions in the care and services provided
- Identifying issues that will lead to further exploration in the system tracers or other survey activities such as Environment of Care and Leadership Sessions

During the individual tracer, the surveyor observes the following (includes but is not limited to):

- Direct client/patient/resident care by clinicians, including physicians

- The medication process (e.g., preparation, administration, storage, control of medications)
- Infection control issues (e.g., techniques for hand hygiene, sterilization of equipment, disinfection, food sanitation, and housekeeping)
- The care planning process
- The environment as it relates to the safety of clients/patients/residents and staff
- LAB: Quality control, maintenance and testing performance

During the individual tracer, the surveyor interviews staff about:

- Processes as they relate to the standards and PFAs
- Intradepartmental and interdepartmental communication for the coordination of care. (e.g., hand offs)
- The use of data
- Client/patient/resident flow through the organization
- National Patient Safety Goals
- Client/patient/resident education
- Orientation, education, and competency of staff
- Other issues

During the individual tracer, the surveyor interviews clients/patients/residents and their families about:

- Coordination and timeliness of services provided
- Education, including discharge instructions
- Response time when call bell is initiated or alarms ring, as warranted by setting and services
- Perception of services
- Understanding of discharge instructions
- Client/patient/resident rights
- Other issues

**Home Medical Equipment only:** the surveyor requests the manufacturer, model, and serial numbers for all medical equipment provided by your organization.

**Home Medical Equipment Mail Order:** the surveyor traces mail order clients/patients in the same manner. They will utilize telephone support in lieu of patient home visits.

**Home Medical Equipment Walk-in Business:** the surveyor traces the client/patient services when they arrive at your organization. Due to the unscheduled nature of this business, survey activity is interrupted to accommodate tracers for walk-in clients/patients.

### **Using individual tracers for continuous evaluation**

Many organizations find tracer activity helpful in the continuous evaluation of their services. If you choose to conduct mock tracers, in addition to clinical service groups (CSGs), consider the following criteria in selecting the client/patient/resident.

#### **Selection Criteria**

- Clients/patients/residents related to system tracers such as infection control and medication management
- Clients/patients/residents who cross services (e.g. clients/patients/residents scheduled for a follow-up in ambulatory care, home care patients received from the hospital, long term care residents transferred from the hospital, behavioral health care clients receiving ambulatory services, patients referred to another specialty provider within the same organization, patients who received radiology or laboratory services, assisted living residents receiving home care services)
- Clients/patients/residents recently admitted
- Clients/patients/residents due for discharge or recently discharged
- Clients/patients/residents that cross programs such as home care to hospitals or residential to partial programs
- Clients/patients/residents who cover multiple additional criteria listed below

#### **Ambulatory Health Care and Office Based Surgery: Surgery/Anesthesia Services**

- Operative and other procedures
- IV/Infusion therapy
- Blood/blood component administration
- Alternative complementary care
- Care for a terminal condition
- Pediatric or less than 18 year old care
- Geriatric care
- Pain Management

#### **Medical/Dental Services:**

- Maternal/child care
- Pediatric or less than 18 year old care
- Geriatric care
- Terminal condition
- Equipment maintenance

#### **Bureau of Primary Health Care:**

Care provided to:

- School-based health center patients
- Homeless patients
- Migrant and seasonal farm workers
- Individuals in public housing
- Individuals with HIV/AIDS

#### **Other Services:**

- Pain Management (uncontrolled pain)
- High risk areas
- Equipment Maintenance
- Sterilization
- Point of Care Testing (CLIA Waived Testing)

### **Behavioral Health Care:**

Care provided to:

- Programs and services
- High risk populations (restraint use, seclusion, suicidal)
- Vulnerable populations (very young, very old, reclusive, persons with developmental disabilities)
- Long length of stay (perhaps more complicated)

### **Home Health Care**

Care provided to:

- A patient who is on a high-risk medication or piece of equipment
- A patient receiving ventilator care
- A pediatric patient or a patient < 18 years old
- A patient receiving Maternal/Child care
- A patient receiving IV/Infusion therapy
- A patient receiving blood/blood component administration
- A patient undergoing acute care re-hospitalizations
- A patient receiving personal care and support services
- A patient receiving alternative complementary care
- A patient receiving oxygen therapy
- A patient in a terminal condition

### **Hospice Services:**

- A patient receiving facility-based care within the past 12 months
- A patient receiving continuous care/respice care
- A patient to whom infusion therapy is being administered
- A pediatric patient or a patient <18 years old
- A patient receiving alternative complementary care
- A patient undergoing pain management

### **Home Medical Equipment:**

Patients who use:

- Custom adult wheelchairs (usually fixed frame requiring assessment and fitting)
- Custom pediatric wheelchairs (usually fixed frame requiring assessment and fitting)
- Custom seating systems associated with the provision of wheelchairs
- Custom power wheelchairs (including power stretchers, etc)
- Standard adult and pediatric power wheelchairs (custom and non-custom)
- Custom adult and pediatric ambulatory aids (prone standers, circular walkers, etc)
- A customer receiving multiple types of equipment
- A customer receiving clinical respiratory services
- A customer receiving rehab technology services
- A patient receiving customized orthotics or prosthetics
- A patient using respiratory equipment
- A patient using durable medical equipment
- A patient using specialized equipment with supplies

**Pharmacy:**

Care provided to patients on high-risk medication

**Hospitals and Critical Access Hospitals:**

- A patient in the intensive care units (MICU, SICU, CVCU, etc.)
- A patient who entered the health care system through the emergency department
- A patient in labor and delivery services (including patients scheduled for C-section)
- A patient who receives sedation and anesthesia (includes hand offs communication)
- A patient on a skilled nursing unit and/or subacute care
- A patient who is a 23-hour admit
- A patient receiving dialysis
- A psychiatric patient
- A pediatric patient
- A patient receiving radiology or nuclear medicine services
- A patient receiving rehabilitation services
- A patient who is a possible organ donor or transplant recipient
- A patient receiving waived lab services
- A deceased patient or terminal patient
- A patient discharged (or retrospective review and interview of recently discharged patient)

**Laboratory**

- Patient sample testing in laboratory sections (i.e., hematology, chemistry, microbiology, blood bank)
- Policy and procedures that guide testing performance of patient samples
- Maintenance of laboratory equipment
- Pre- and Post- analytical procedures

**Long Term Care**

- Resident receiving health services coordination (i.e., medication management, skin integrity, complex medical services)
- Resident not receiving health services coordination
- Resident with limited mobility
- Resident who smokes
- Resident from a special population (dementia, children/young adults, neurologic ITBI, developmentally disabled)
- Resident receiving supervised assistance with one or more Activities of Daily Living
- Organization's quality indicators from MDS, if available

**Medicare/Medicaid Certification Option:**

- Pain management
- Home goals
- End of life care
- Point of care testing/CLIA waived testing
- Rehabilitation therapy

## **Program Specific Tracer – Continuity of Care**

### **Joint Commission Participants**

Surveyor

### **Organization Participants**

Suggested participants include staff involved in an individual's care, treatment, or services.

### **Logistical Needs**

The duration of this session is approximately 60 minutes.

### **Objectives**

The surveyor will:

- Evaluate the effectiveness of your organization's processes from prescribing a diagnostic study through the follow-up of the patient
- Identify processes and system level issues contributing to missed follow-up of diagnostic studies

### **Overview**

Organizations providing medical services, by design, have patients who often receive care from multiple clinicians. A frequently cited concern by care providers is missing an abnormal test result and failing to coordinate necessary follow-up. The surveyor conducts an in-depth evaluation of the communication, coordination, and continuity of care for a patient receiving laboratory or diagnostic studies.

The surveyor reviews the clinical record and may interview the patient, family, and other health care staff involved in the patient's care.

**Applicable Programs\***

BHC

[Addictions, Children & Youth,  
Residential Treatment, Group  
homes, Developmental Disabilities,  
Foster /Therapeutic Foster Care,  
Mental Health]**Program Specific Tracer – Elopement****Joint Commission Participants**

Surveyor

**Organization Participants**

Suggested participants include staff and management who have been involved in the individual's care, treatment, or services

**Logistical Needs**

The duration of this session is approximately 60 minutes.

**Objectives**

The surveyor will:

- Evaluate the effectiveness of the organization's processes to prevent elopement therefore enhancing safety
- Identify process and system level issues contributing to successful elopements

**Overview**

The surveyor selects a client/child who eloped multiple times. The surveyor begins by reviewing the case/clinical/medical record for the events leading up to the client/child's elopement. The surveyor evaluates your organization's physical environment and security systems.

The surveyor interviews staff about the elopement and the processes that are in place to prevent elopement and ensure client safety.

The surveyor also interviews the client/child, if available, and family, if applicable about:

- Their perception of the services provided, the episode of elopement, the causation and treatment, and use of restraints
- Elopement prevention activities for which they are aware
- Guidance provided from staff to prevent escalation in the future

**Program Specific Tracer – Continuity of Foster/Therapeutic Foster Care****Joint Commission Participants**

Surveyor

**Organization Participants**

Suggested participants include the case manager, child, and foster parents/family members

**Logistical Needs**

The duration of this session is approximately 60 minutes.

**Objectives**

The surveyor will:

- Evaluate the effectiveness of the foster care agency's processes surrounding number of foster home placements of children
- Identify processes and system level issues contributing to multiple placements

**Overview**

A frequent problem in Foster Care is the issue of multiple foster home placements of a single foster child. This leads to disconnects in the continuity of the foster child's care, a sense of alienation and isolation for the child, and potential for the foster care agency/organization missing serious problems with the child and more.

The surveyor selects a foster child with multiple foster homes within the same foster care agency. The surveyor conducts a home visit at the child's current foster home and interviews the child about their experience with foster care homes over the past year; their perception of issues that led to multiple placements; and their involvement in the process including communications from their case worker.

The surveyor also interviews foster parents, when possible, about the placement process and how they were assessed for fostering.

The surveyor interviews the case manager about:

- the assessment process
- content and use of information communicated from a state or county agency
- process and content of basic assessment to ensure the safety of foster child and foster family when emergency placement is made
- compliance with the triage process for initial placement
- the use of guiding criteria for appropriate placement
- ongoing evaluation of the foster family

**Program Specific Tracer – Violence****Joint Commission Participants**

Surveyor

**Organization Participants**

Suggested participants include staff and management involved in the individual's care, treatment, or services.

**Logistical Needs**

The duration of this session is approximately 60 minutes.

**Objectives**

The surveyor will:

- Evaluate the effectiveness of your organization's processes to control violence and ensure the safety of others
- Identify process and system level issues contributing to violent behavior

**Overview**

The surveyor selects a client/child who had repeated episodes of violent behavior with or without injury to self, staff, or others. The surveyor begins the tracer by reviewing the clinical record to identify the documentation of events leading up to the violence. The surveyor also evaluates the following:

- The physical environment that could make violent behavior possible
- Measures taken by your organization to ensure security for clients
- Security systems such as security cameras and alarm mechanisms, when present

The surveyor interviews the client and family about the following:

- Their perception of the episodes of violent behavior and use of restraints
- Violent behavior prevention activities
- Guidance provided from staff to prevent further violent behavior

The surveyor interviews staff about the following issues:

- The episodes of violent behavior
- Communication to other caregivers
- Inclusion of the client and family in identifying the risk for and prevention of violent behavior
- The risk assessment process
- Restraint use
- Orientation and training of staff about violent behavior risks

**Applicable Programs\***

BHC

[24 hour settings]

HAP

[With psychiatric inpatient units]

**Program Specific Tracer - Suicide Prevention**

**Joint Commission Participants**

Surveyor

**Organization Participants**

Staff and management who have been involved in the individual's care, treatment, or services

**Logistical Needs**

The duration of this session is approximately 60 minutes.

**Objectives**

The surveyor will:

- Evaluate the effectiveness of your organization's suicide prevention strategy
- Identify processes and system level issues contributing to suicide attempts

**Overview**

Suicide ranks as the 11<sup>th</sup> most frequent cause of death (third most frequent in young people) in the United States, with one person dying from suicide every 16.6 minutes. Suicide of a care recipient while in a staffed, round-the-clock care setting has been the #1 most frequently reported sentinel event to the Joint Commission. Identification of individuals at risk for suicide while under the care of, or following discharge from a behavioral health care organization or a hospital psychiatric inpatient setting, is an important first step in protecting and planning the care of these at-risk individuals.

The surveyor begins by reviewing the client's/patient's record to attain an understanding of services provided and client/patient specific issues. The surveyor interviews the clinical staff working with the client/patient about the following issues:

- Crisis process
- Initial assessment process
- Reassessment process
- Care planning process
- Continuum of care
- Education provided to the patient and family
- Orientation, training, and competency of clinicians
- Staffing
- Information management

**Program Specific Tracer - Laboratory Integration****Joint Commission Participants**

Surveyor

**Organization Participants**

Suggested participants include laboratory and other hospital staff

**Logistical Needs**

The duration of this session is approximately 60 minutes.

**Objectives**

The surveyor will:

- Evaluate the consistent application of processes related to laboratory testing throughout the hospital
- Evaluate the exchange of information (specimen collection and handling, specimen identification) and integration of the laboratory processes in the hospital setting
- Evaluate the involvement of laboratory personnel in important processes within the hospital, such as point of care testing

**Overview**

The surveyor traces the processes and flow of communication between the laboratory and hospital units, beginning with the order for testing, and moving through physician/licensed independent practitioners actions based on testing results.

This tracer does not address laboratory functioning, quality control, proficiency testing, or technical competence. It does address the communication and integration between the hospital and the laboratory. The surveyor will review collected data and seek to understand actions taken by leaders.

**Program Specific Tracer – Patient Flow****Joint Commission Participants**

Surveyor

**Organization Participants**

Staff involved in the individual's care, treatment, or services and leaders responsible for the planning, development and oversight of related systems

**Logistical Needs**

The duration of this session is approximately 60 minutes.

**Objectives**

The surveyor will:

- Look for evidence of patient backflow
- Evaluate process issues throughout the hospital contributing to patient backflow

**Overview**

Growing concerns from the health care field about increasing patient congestion continue. Poorly managed patient flow most often impacts vulnerable areas in the hospital first, such as the emergency department, critical care units and surgical areas; but these are not always the causative factors and answers lie throughout the hospital. Treatment delays, medical errors and generally, unsafe practices thrive in the presence of patient congestion; these are precursors to and contributing factors in negative sentinel events. Many hospitals have improved their flow of patients through due diligence. Joint Commission accredited hospitals are required to identify and correct patient flow issues throughout their organization. While evidence of patient flow issues surface in the emergency department, post anesthesia care unit or other patient care units, corrective improvements must be organization-wide.

Surveyors may trace patients who were affected by backflow during their hospitalization that may or may not have impacted their care, treatment or services. Surveyors seek information at different locations throughout the hospital about unit specific and hospital wide processes that support unrestricted patient flow. Discussions with leaders may occur to learn more about past data collection, sharing accountability with medical staff and actions taken to mitigate the impact of patient backflow.

## **Program Specific Tracer – Staffing**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

The surveyor will suggest participants. This may include CNAs, as applicable; agency staff; non-nursing ancillary staff; administrator; family council members, if available (may be telephonic); and other leaders

### **Logistical Needs**

The duration of this session is approximately 60 minutes. Documents that are requested include staffing plans, staff variance reports, and meeting minutes.

### **Objectives**

The surveyor will:

- Evaluate actions taken by your organization during staff turnover to ensure positive outcomes to resident care
- Identify processes and possibly system issues contributing to negative resident outcomes in light of staff or administrative turnover

### **Overview**

The focus of this session is to identify breeches in continuity of care and explore operational processes in the presence of staff or administrative turnover.

The surveyor conducts individual interviews with staff that includes the following discussions:

- Processes pertaining to the care of residents to prevent negative outcomes
- Barriers to those processes
- Staff's knowledge of the residents for which they are assigned
- Perception of issues leading to turnover
- Staff communication
- Recruitment and hiring practices
- Orientation and training
- Changes in policy, procedure, vision, expectations

The surveyor also conducts interviews with residents and/or their family members (family interviews can be conducted telephonically) to ask questions about:

- The care received and the perceived barriers to that care
- Communication regarding administrative and staff turnover
- Changes in the provision of care when there is administrative or staff turnover

The surveyor conducts individual interviews with leadership (for example, governing body member, administrator, director of nursing, etc.) to discuss their knowledge regarding:

- MDS outcomes
- Association of negative outcomes with staff issues (staffing effectiveness)
- Follow-up actions taken
- Monitoring of actions taken
- Communication of changes in mission, vision, process, etc.
- Methods used to stabilize or prevent turnover

## **Program Specific Tracer – Resident Centered Care**

### **Joint Commission Participants**

Surveyor

### **Organization Participants**

Suggested participants include the resident, family, resident council, and staff and leaders involved in the resident's care, treatment, or services

### **Logistical Needs**

The duration of this session is approximately 90 minutes.

### **Objectives**

The surveyor will:

- Learn how your organization supports the long term care resident's quality of life through direct and indirect observation and interviews
- Evaluate the implementation of resident rights by tracing and experiencing what the resident experiences
- Identify long term care processes and system issues contributing to a lack of resident centered care

### **Overview**

The focus of this session is primarily on resident rights. The surveyor shadows a resident through their normal daily activities (includes bathing, treatments, rehab, beautician/barber, lunch, etc.). While shadowing a resident, the surveyor will need some private time with the resident to discuss:

- Their cultural background
- Beliefs about health and health care
- Spiritual preferences
- Self rating of their level of independence in the facility
- Expectations for health care
- Interests and hobbies
- Need for companionship from another human being
- Choices relative to care and treatment decisions, types of food, eating time preferences
- The atmosphere of your organization

**Note:** When observing personal care activities (such as bathing), the surveyor is sensitive to the resident's right to privacy.

**Program Specific Tracer – Equipment & Supply Management****Joint Commission Participants**

Surveyor

**Organization Participants**

Suggested participants include staff from various areas such as drivers, technicians, and warehouse employees.

**Logistical Needs**

The duration of this session is approximately 60 minutes.

**Objectives**

The surveyor will:

- Learn how your organization processes equipment and supplies from initial receipt through decommissioning
- Evaluate the implementation effectiveness for specific pieces of equipment
- Identify processes and system issues contributing to failed equipment/supply management

**Overview**

During this tracer the surveyor focuses on high risk equipment identified from individual tracers. They evaluate all aspects of procurement, inventory, cleaning, maintenance, and decommissioning. The surveyor spends time walking through the sites responsible for the equipment management plan to evaluate the following:

- Safe environment and processes
- Staff education about the equipment/supplies
- Storage
- Obtaining physician orders
- Selection of the most suitable equipment/supplies to meet the patient's needs
- Preparation for delivery
- Delivery and set-up
- Tracking equipment location
- Patient education about the care and use of equipment/supplies
- Preventive maintenance
- Equipment failure management, including back-up
- Recall of equipment – monitoring, back-up equipment process
- Equipment return - cleaning and inspection processes
- Equipment repair
- Obsolete inventory
- Incident management

The surveyor interviews staff about:

- Any of the above processes
- Orientation, training and competency evaluation processes

## **Program Specific Tracer – Fall Reduction**

### **Joint Commission Participants**

Surveyor

### **Organization Participants**

Suggested participants include staff and management who have been involved in the individual's care, treatment, or services

### **Logistical Needs**

The duration of this session is approximately 60 minutes.

### **Objectives**

The surveyor will:

- Learn how your organization evaluates the patient's risk for falls
- Evaluate the action taken to reduce the risk of falling
- Understand your organization's plan for reducing the risk of injury, should a fall occur
- Identify processes and system issues contributing to a high re-hospitalization rate

### **Overview**

During this tracer, the surveyor begins where the patient's home care record is located.

The surveyor interviews the direct care provider about the following issues:

- Entry into care
- Risk assessment process for falls
- Identification of in-home environment
- Care planning process
- Coordination of care and communication process to internal and external customers
- Fall reduction education to the patient and caregiver

The surveyor conducts a home visit and interviews the patient and/or the caregiver about:

- Possible unsafe environmental issues that could lead to a fall
- Relevancy of the patient's medication to potential for falls
- Knowledge level about their fall risk status and preventative techniques to remain safe in the home

## **Program Specific Tracer – Hospital Readmission**

### **Joint Commission Participants**

Surveyor

### **Organization Participants**

Suggested participants include staff and management involved in the individual's care, treatment, or services.

### **Logistical Needs**

The duration of this session is approximately 60 minutes.

### **Objectives**

The surveyor will:

- Evaluate the action taken to reduce the hospital readmission rate
- Evaluate the accuracy of medication reconciliation and education
- Identify processes and system issues contributing to a high re-hospitalization rate

### **Overview**

This tracer is conducted when the home health organization has a significantly higher percentage of patients who had to be admitted to the hospital or need urgent, unplanned medical care.

The surveyor begins this tracer where the home care record is maintained.

The surveyor interviews the case manager or direct care provider about the following issues:

- Entry into care
- Assessment of the patient
- Care planning process
- Coordination of care provided between patient and nonpatient care providers
- Education provided to the patient

The surveyor conducts a home visit and interviews the patient/caregiver about the following issues:

- Conditions leading to re-hospitalization
- Review medication
- The patients understanding about their medical condition and treatment.
- Educational materials received from your organization

## **Special Issue Resolution**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

None, unless otherwise requested by the survey team

### **Logistical Needs**

For surveys lasting more than one day, a half hour is scheduled toward the end of the day.

Surveyors will inform your organization's contact person of what documentation, if any, is needed and any people they would like to speak with or locations they want to visit.

### **Overview**

Surveyors explore issues that surfaced during the course of the survey that could not be resolved.

Depending on the circumstances, this may include:

- The review of policies and procedures
- The review of additional patient/resident/client records to validate findings
- Discussions with staff, if necessary
- Review of personnel and credentials files
- Review of data, such as performance improvement results
- Review of medical record delinquency data (applicable only to hospitals)
- Other issues requiring more discussion

**Team Meeting/Surveyor Planning – End of Day**

**Joint Commission Participants**

Surveyors

**Organization Participants**

None

**Logistical Needs**

The duration of this session is approximately 60 minutes.

**Overview**

Surveyors use this session to debrief on the day's findings and observations and plan for upcoming survey activities.

Before leaving the organization, surveyors will return organization documents to the survey coordinator / liaison. If surveyors have not returned documentation, your organization is encouraged to ask surveyors for the documents prior to their leaving.

**Daily Briefing****Joint Commission Participants**

Surveyors

**Organization Participants**

Suggested participants include governing body members, CEO/Administrator or Executive Director, individual coordinating the Joint Commission survey, and other staff at the discretion of organization leaders

**Logistical Needs**

The duration of this session is approximately 15 to 30 minutes and occurs every morning of a multi-day survey, with the exception of the first day. Surveyors may ask to hold a daily briefing before concluding activity on the first day, depending on circumstances. If a surveyor cannot participate in this session because they are surveying at a remote location, you may be asked for assistance with setting up a conference call to include all surveyors and appropriate staff.

**Objective**

The surveyor will summarize the events of the previous day and communicate observations according to the Priority Focus Areas that may or may not lead to findings.

**Overview**

The surveyors briefly summarize the survey activities completed the previous day. During this session the surveyors make general comments regarding significant issues from the previous day, note problematic findings, and emphasize performance patterns or trends of concern that could lead to findings of non-compliance. The surveyors will allow you the opportunity to provide information that they may have missed or that they requested during the previous survey day. You may also present surveyors with information related to corrective actions being implemented for any issues of non-compliance. Surveyors will still record the observations and findings, but will include a statement that corrective actions were implemented by the organization during the on site survey.

Your organization should seek clarification from the surveyors about anything that you do not understand. Note that the surveyor or surveyors may decide to address your concerns during a Special Issue Resolution Session, later in the day. It is important for you to seek clarification if you do not understand anything that the surveyors discuss.

## **Competence Assessment Process**

### **Applicability Exception**

Competency assessment is a component of the tracer activity for the Laboratory accreditation program, due to the specificity of the assessment to the particular laboratory section. For all non-hospital programs, this session also addresses the credentialing and privileging processes for licensed independent practitioners, when applicable.

### **Joint Commission Participants**

Surveyor

### **Organization Participants**

Suggested participants include individuals responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing licensed independent practitioner and other credentialed practitioner competency. There should be someone with authority to access information contained in personal and credential files. For **complex organizations** (being surveyed under more than one accreditation manual or for more than one program under one accreditation manual), representatives from each applicable program should be available.

### **Logistical Needs**

The duration of this session is approximately 60 minutes. In order to plan for a file review, inform the surveyors of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in personnel or credential files. The surveyor identifies specific staff, licensed independent practitioners, or other credentialed practitioners whose files they would like to review. For LT2 surveys files for review include those of the Medical Director and any individuals practicing outside the scope of their specialty.

### **Objectives**

The surveyor will:

- Learn about your organization's competence assessment process for staff, licensed independent practitioners, and other credentialed practitioners
- Learn about your organization's orientation, education, and training processes as they relate to staff, licensed independent practitioners, and other credentialed practitioners encountered during individual tracers

### **Overview**

The surveyor discusses the following topics:

- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission Standards
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
- Performance improvement initiatives related to competency assessment for staff, licensed independent practitioners, and other credentialed practitioners
- Orientation of staff, licensed independent practitioners, and other credentialed practitioners to your organization, job responsibilities, and/or clinical responsibilities
- Experience, education, and abilities assessment
- Ongoing education and training
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Process for granting of privileges to licensed independent practitioners (non-hospital programs only)
- Other topics and issues discovered during the tracer activity

## Environment of Care Session

### Applicability Exception

This session does not apply to Medicare/Medicaid Certification-Based Option

### Joint Commission Participants

Surveyor

### Organization Participants

Suggested participants include individuals familiar with the management of the environment of care in all major areas within your organization. This may include the Safety Management Coordinator, Security Management Coordinator, Facility Manager, Building Utility Systems Manager, etc.

### Logistical Needs

The duration of this session is approximately 60 minutes. There are two parts to this session. During the first part, there is a group discussion that takes approximately 30% of this session. Surveyors are not the primary speakers during this time; they are listeners to the discussion, it is not intended to be an interview. The surveyors review the Environment of Care plans as indicated in the matrix below; safety data analysis and actions taken by your organization.

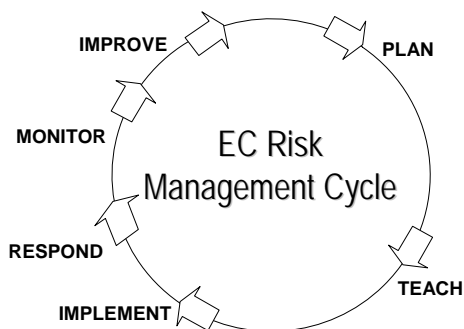
The remaining time is spent with surveyor observation. The management process or risk selected for observation is based on the environment of care documents previously reviewed, observation by other surveyors, and knowledge gained during the group discussion of this session. The surveyor observes and evaluates your organization's performance in managing risks in the environment of care.

### Objective

The surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's environment of care management processes.

### Overview

**Part I** – Be prepared to discuss how the seven Environment of Care risk categories<sup>1</sup> and construction activities are addressed in each of the following six management processes.



### **Plan**

- What specific risks related to its environment of care have been identified by your organization?

### **Teach**

- How have roles/responsibilities for staff/volunteers been communicated by your organization (HR).

### **Implement**

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<sup>1</sup> The seven environment of care risk categories include: general safety, security (not applicable for LT2), hazardous materials and waste, emergency management, fire safety (not applicable for LT2), medical/laboratory equipment (not applicable for Behavioral Health Care), and utilities.

- What procedures and controls (both human and physical components) does your organization implement to minimize the impact of risk to patients, visitors, and staff?

**Respond**

- What procedures does your organization implement to respond to an environment of care incident/failure?
- How, when, and to whom are environment of care problems, incidents, and/or failures reported within your organization.

**Monitor**

- How is environment of care performance (both human activities and physical components) monitored by your organization
- What monitoring activities have taken place within the last 12 months?

**Improve**

- What environment of care issues are currently being analyzed?
- What actions have been taken as a result of monitoring activities?

The following matrix is provided to assist in determining patterns of management process or risk category areas of concern and strengths.

	SAFETY	SECURITY <sup>3</sup>	HAZMAT	EMG. MGT <sup>1</sup>	FIRE <sup>3</sup>	MED/LAB. EQ. <sup>2</sup>	UTILITIES	CONSTRUCTION
PLAN								
TEACH								
IMPLEMENT								
RESPOND								
MONITOR								
IMPROVE								

Note: 1 = Not applicable to HAP/CAH  
 2 = Not applicable to BHC  
 3 = Not applicable to LT2

**If your organization wants to conduct a mock Environment of Care Session:**

1. Identify a high risk process or category
2. Determine the location for that risk or category in your plans, e.g. safety, security etc.
3. Trace the risk or category through the phases in the first column: planning, teaching, implementing, responding, monitoring and improving
4. Note any gaps between what exists and what should be in place
5. Modify the phase, as needed

Also, during Part I, your organization's performance addressing the emergency management requirements will be reviewed including its performance in:

- Conducting the required proactive risk assessment (Hazard Vulnerability Analysis)
- Identifying your role in relation to the community's, county's, or region's emergency management program
- Identifying processes for the timely sharing of information with other health care organizations that provide services within the contiguous geographic area (*for hospitals and long term care organizations only*)
- Identifying an "all hazards" command structure that links with the community's command structure and
- Making any necessary improvements to its emergency management based on critiques of emergency management drills

**Part II** - The surveyor observes and evaluates your organization's performance in managing the selected Environment of Care risk. They observe implementation of those particular management processes determined to be potentially vulnerable or trace a particular risk(s) in one or more of the environment of care risk categories your organization manages by:

- Beginning where the risk is encountered or first occurs. (i.e., a starting point might be where a particular safety or security incident occurs, a particular piece of medical equipment is used, or a particular hazardous material enters your organization)
- Having staff describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs, and how to report the problem or incident
- Assessing any physical controls for minimizing the risk (i.e., equipment, alarms, building features)
- Assessing the emergency management plan for mitigation, preparedness, response, and recovery strategies, actions and responsibilities for each priority emergency
- Assess the emergency plan for responding to utility system disruptions or failures (e.g., alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services)
- If equipment, alarms, or building features are present for controlling the particular risk, reviewing implementation of relevant inspection, testing, or maintenance procedures
- If others in your organization have a role in responding to the particular problem or incident, having them describe or demonstrate that role, and reviewing the condition of any equipment they use in responding

If the risk moves around in your organization's facility (i.e., a hazardous material or waste), the surveyor follows the risk from "cradle to grave."

## **Environment of Care Session with Emergency Management Tracer**

### **Joint Commission Participants**

Surveyor

### **Organization Participants**

Suggested participants include individuals responsible for emergency management. At a minimum, representation should include Safety, Security Management Coordinator, Facility Manager, Clinical Staff, Infection Control, ancillary staff, organization leadership.

### **Logistics**

The time for the Environment of Care session will be extended to a total of three hours to conduct both an emergency management tracer and the activities described in the environment of care session. In preparation, the surveyor reviews your organization's proactive risk assessment (Hazard Vulnerability Analysis), emergency management plan, and results of emergency management exercises.

In **complex organizations** (being surveyed under more than one accreditation manual or for more than one program under one accreditation manual), only one emergency management system tracer is scheduled. All applicable accreditation programs will be addressed in this session.

### **Objective**

The surveyor will learn about your organization's emergency management structure, operations, and planning activities.

### **Overview**

The surveyor initiates discussion around the four emergency management categories: mitigation, planning, response, and recovery.

Discussion topics include:

- Your organization's involvement with its community and its relationship with other health care organizations
- Recent improvements to the emergency management plan or any lessons learned from your emergency management exercises
- How your organization would handle an actual emergency identified in your proactive risk assessment (Hazard Vulnerability Analysis)
- Staff knowledge of their roles and responsibilities during the selected emergency management scenarios
- The availability of supplies and equipment, such as personal protective equipment (PPE)
- The training efforts that have accompanied the emergency management plan
- The effectiveness of communications systems, and the presence of backup communications systems

## **Life Safety Code® Building Assessment** **without a Life Safety Code Specialist**

### **Applicability Exception**

This activity does not apply to Medicare/Medicaid Long Term Care Option surveys and does not apply to Ambulatory Health Care organizations designated as business occupancies.

### **Joint Commission Participants**

Surveyor

### **Organization Participants**

Suggested participants include the individual who manages your organization's facility(ies) and other staff at the discretion of your organization.

### **Logistical Needs**

This session occurs after the electronic Statement of Conditions (eSOC) has been reviewed and electronic Plan for Improvement (PFI) has been reviewed and electronically accepted by the surveyor. The surveyor needs a ladder and flashlight for this activity and the escort needs to have keys or tools necessary to open locked rooms, closets or compartments in order to allow the surveyor access to and observation of space above the ceilings.

In preparation for this session, the surveyor meets with an organization staff member to become oriented to the layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with sprinklers, areas under construction, and any equivalencies granted by the Joint Commission). This activity is greatly facilitated if the organization has plans and drawings available that display the building fire safety features. The surveyor will also review your organization's processes for Interim Life Safety Measures (ILSMs).

**NOTE: This session is devoted entirely to evaluation of LSC requirements and not other EC related issues.**

### **Objectives**

The surveyor will:

- Evaluate the effectiveness of processes for designing and maintaining buildings to *Life Safety Code*® requirements
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code*® problems
- Determine the degree of compliance with relevant *Life Safety Code*® requirements
- Educate attendees on potential actions to take to address any identified *Life Safety Code*® problems

### **Overview**

#### ***Life Safety Code*® Survey Guidelines**

At each location, surveyors conduct an "above the ceiling" assessment to effectively evaluate compliance with the *Life Safety Code*® (LSC) based upon LSC occupancy requirements:

Surveyors will:

- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- Assess required fire separations
- Assess required smoke separations (at least two)
- At each location, conduct an "above the ceiling" survey by observing the space above the ceiling to identify:
  - penetrations of smoke, fire or corridor walls
  - smoke or fire walls that are not continuous from slab-to-slab and outside wall to outside wall

- penetrations or discontinuities of rated enclosures including hazardous areas, stairwells, chutes, shafts, and floor or roof slabs
- corridor walls that are not slab-to-slab or do not terminate at a monolithic ceiling (if the building is fully sprinklered and the ceiling is smoke tight, the walls may terminate at the ceiling line)
- the presence or absence of required smoke detectors or fire dampers
- the presence or absence of required fire proofing on structural members such as columns, beams, and trusses
- Pick at least two fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- Assess the bottoms of laundry and trash chutes
- Assess the main fire alarm panel to verify that it is functional
- Assess the automatic sprinkler pump (if any) to verify that it is functional

### **Documentation of Findings**

If a LSC deficiency is not noted in a previously approved Plan for Improvement (PFI), it will be recorded as a finding in the Summary of Survey Findings Report. Any “below-the-ceiling” LSC deficiencies identified by other survey team members that are not noted in a Plan for Improvement (PFI) are documented as a finding in the Summary of Survey Findings Report.

## **Life Safety Code® Building Assessment**

### **Joint Commission Participants**

Life Safety Code Specialist

### **Organization Participants**

Suggested participants include the person who manages your organization's facility(ies) and other staff at the discretion of organization.

### **Logistical Needs**

The duration of this session is one day. Your organization's Statement of Conditions and any PFIs approved by the survey team should be made available for the Life Safety Code Specialist. The Life Safety Code Specialist also needs a ladder, flashlight, keys or tools necessary to gain access to spaces above the ceilings in each location visited on the tour. In preparation for this session the Life Safety Code Specialist meets with an organization staff member to become oriented to the layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with sprinklers, areas under construction, and any equivalencies granted by the Joint Commission. This activity is greatly facilitated if the organization has plans and drawings available that display the building fire safety features. The surveyor will also want to know your organization's processes for Interim Life Safety Measures (ILSMs).

### **Objectives**

The LSC Specialist evaluates compliance with the following standards:

- Newly constructed and existing environments are designed and maintained to comply with the LSC®
- The hospital maintains fire-safety equipment and building features
- The hospital develops and implements activities to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code*®
- The hospital maintains, tests, and inspects its emergency power systems
- The hospital maintains, tests, and inspects its medical gas and vacuum systems

The LSC Specialist conducts the following activities:

#### **Facility Orientation to:**

1. Review your organization's *Statement of Conditions* and any PFIs approved by Survey Team
2. Meet with appropriate organizational staff to become oriented to the:
  - Layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with automatic sprinklers, areas under construction, and any equivalencies granted by the Joint Commission)
  - Organization processes for Interim Life Safety Measures (ILSMs)
  - Building Maintenance Program (BMP) if established

#### **Facility Maintenance Review to:**

1. Assess maintenance processes and evidence of performance.

#### **LSC Building Tour to:**

- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, oxygen storage rooms, kitchens
- Assess any required fire separations
- Assess required smoke separations
- Verify that fire exits are continuous from the highest level they serve to the outside of the building

- Assess any kitchen grease producing cooking devices
- Assess the bottoms of any laundry and trash chutes
- Assess the **main** fire alarm panel
- Assess the automatic sprinkler pump
- Assess the condition of all emergency power systems and equipment
- Verify that there is a reliable emergency power system that supplies electricity when normal electricity is interrupted to the following areas: exit route illumination, emergency/urgent care areas, areas where electrically powered life-support equipment is used, operating rooms, and postoperative recover rooms
- Assess medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

## **System Tracer – Data Management**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants vary depending on the focus of the tracer. Surveyors inform your organization who should participate in this session.

### **Logistical Needs**

The duration of this session is approximately 60 minutes. A room that can accommodate both organization and Joint Commission participants is needed.

### **Objective**

Surveyors will learn about your organization's performance improvement process including the management and use of data.

### **Overview**

During the Surveyor Planning Session, surveyors review your organization's data. Based on surveyor review of your organization's data, the focus of this session is on one or more of the following topics:

- Planning process for data including how your organization identified and prioritizes measures
- Data collection methodology to ensure that all data is collected as planned
- Data aggregation and analysis of data and being able to turn it into useful information
- Data use: understand how your organization uses the information obtained from data analysis

Additional data related topics may be discussed during this session. Topics include:

- Core Measures
- Infection Control
- Medication Management
- National Patient Safety Goal data
- Organization directed data collection
- Proactive risk assessment
- Regulated data collection, e.g.OASIS, MDS, etc.
- Staffing effectiveness

## **System Tracer – Infection Control**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants include the infection control coordinator for each program being surveyed; physician member of the infection control team; clinicians from the laboratory; clinicians knowledgeable about the selection of medications available for use and pharmacokinetic monitoring; facility or facilities staff; organization leadership; and staff involved in the direct provision of care, treatment, or services.

### **Logistical Needs**

The duration of this session is approximately 60 minutes. The surveyor may need a quiet area for brief interactive discussion with individuals who oversee the infection control process. The remaining session is spent where the care, treatment, and services are provided.

### **Objectives**

The surveyor will:

- Learn about the planning, implementation, and evaluation of your organization's infection control program
- Evaluate your organization's process for the infection control plan development, outcome of the annual infection control evaluation process, and oversight of opportunities for improvement
- Understand the processes used by your organization to reduce infection

### **Overview**

The infection control session begins during one of the individual tracers where the surveyor identifies a client/patient/resident with an infectious disease. This session is conducted in two parts. During the first part, surveyors meet with representatives from all programs being surveyed to discuss your organization's infection control program. During the remaining time, surveyors spend their time where care, treatment, and services are provided.

Topics of discussion include:

- How individuals with infections are identified
- Laboratory testing and confirmation process
- Staff orientation and training activities
- Current and past surveillance activity
- Analysis of infection control data
- Reporting of infection control data
- Prevention and control activities (for example, staff training, housekeeping procedures, organizationwide hand hygiene, food sanitation, and the storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment)
- Staff exposure
- Physical facility changes that can impact infection control
- Actions taken as a result of surveillance and outcomes of those actions

Note: These topics are covered by surveyors during other activities on surveys that do not have a specific system tracer related to infection control.

## **System Tracer – Medication Management**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants include clinical and support staff responsible for medication processes.

### **Logistical Needs**

The duration of this session is approximately 60 minutes. A room is needed to accommodate organization and Joint Commission surveyor participation.

### **Objectives**

The surveyor will:

- Learn about your organization's medication management processes
- Evaluate the continuity of medication management from procurement of medications through monitoring
- Evaluate the medication reconciliation process during "hand-offs" from one level of care to another

### **Overview**

The surveyor targets a client/patient/resident receiving a specific medication. The review begins with the individual's record of care then follows the medication throughout the system.

For **complex organizations** (being surveyed under more than one accreditation manual or for more than one program under one accreditation manual), the surveyor selects a high risk medication client/patient/resident who moves across all programs or who has the potential of moving across all programs. If a program is not involved in the selected medication, then a surveyor from each program will trace a high risk medication through their program.

### **Other discussion issues include:**

- Process for reporting errors, system breakdowns, near misses, or overrides
- Data collection, analysis, systems evaluation, and performance improvement initiatives
- Medications brought into an organization by the patient/resident/client
- Education of staff and client/ patient/resident
- Information management systems related to medication management
- Client/ patient/resident involvement in medication management

Note: These topics are covered by surveyors during other activities on surveys that do not have a specific system tracer related to infection control.

**Applicable Programs\***

BHC

[Foster / Therapeutic Foster  
Care only]

**Foster Family Home Visits**

**Joint Commission Participants**

Surveyor

**Organization Participants**

Suggested participants include the case manager, foster parent or family, and children/youth

**Logistical Needs**

This duration of this session is approximately 90 minutes. Time will be spent in the agency, traveling, and in the foster family home. To help with planning for this session, identify the foster parents/family scheduled for a visit that a Joint Commission surveyor can observe. This provides the surveyor with an opportunity to interview the child and the family about their foster care program. You will need to obtain written permission for the home visit from the foster parent/family. This signed permission form is kept with your organization.

**Objectives**

The surveyor will:

- Assess the interaction among the foster parents/family, the foster child(ren), and the case worker
- Assess the environmental safety issues in the home

**Overview**

**Prior to the home visit**, the surveyor asks the Case Manager for an overview of the services and care required by and provided to the child. This overview includes the following:

- The child's history
- The child's medical and emotional assessments
- The case plan
- Special needs of the child
- The plan for coordination with other service providers
- Permanency goal for the child
- The Case Manager's understanding of organization policies, procedures, job responsibilities and performance improvement

**During the home visit**, the surveyor observes the home environment for:

**Staff/child/foster family interaction including**

- Safety, security, and confidentiality
- Communication in a language the child/foster family can understand
- Encouragement by the case manager for the child/foster family to verbalize and ask questions
- Respect for the child's/foster family's privacy
- Respect for their culture/religious beliefs

**Child care, including:**

- Provision of a nurturing care environment
- Recognition of (and provision for) the child's assessed special needs
- Opportunities for the child to interact with siblings and other members of the family of origin, if indicated in the case plan
- Participation of the child/foster family in case planning, permanent planning and planning for independent living (when appropriate)

**Environmental safety issues including;**

- Life safety issues such as smoke detectors in or near the child's sleeping room and a large window or other means of secondary egress from the child's sleeping room
- Safe storage, handling, and dispensing of medications in the home
- Sanitary living conditions

Depending on the foster child's level of maturity, condition, and personal wishes, the surveyor interviews him or her (without the foster parents present) to discover the child's opinions about his or her placement, agency support, protection of individual rights, involvement in case plan decisions, and permanency planning. The surveyor interviews the child in the presence of the case manager or other agency staff, or may talk privately with him or her as long as they stay in visual contact with the foster parents and the case manager. This casual talk may include the following topics:

- The child's involvement in case planning, permanency planning, and preparation for independent living (if appropriate)
- Steps taken to meet any "special needs" that may have been identified during assessment
- How the child's unique cultural/ethnic/religious needs (if any) are addressed
- How the foster parents handle the situation if the child ever "acts up and doesn't obey the house rules"
- The child's understanding of his or her rights to safety and privacy (to learn how these issues are addressed by your organization and the foster family)
- His or her contacts with organization staff and the support services received

The surveyor inquires about the information the foster parents/family received from your organization in the following areas:

- The child's special physical, emotional, and social needs
- The rights of the child, foster family, and family of origin
- Procedures for reporting incidents and accidents
- Support services available from your organization and the community
- Foster care financial reimbursement issues
- Respite care and "baby-sitting" policies and procedures
- How to ensure a safe living environment
- Provision for the child's educational and health needs
- Confidentiality of information
- How the child's special cultural/ethnic needs are addressed
- Education and training provided by your organization
- Requirements for foster care family licensure
- Competency assessment and evaluation

The surveyor is also interested to know if the foster parent/family have ever identified any problems with the support or services offered by your organization and, if so, how these problems were handled.

**Foster Parents Group Meeting****Joint Commission Participants**

Surveyor

**Organization Participants**

Suggested participants include staff who are familiar with your organization's foster care services and foster parents who are representative of all the foster care services provided by your organization.

**Logistical Needs**

The duration of this session is approximately 60 minutes. During this session, surveyors visit foster homes. You are responsible for making all arrangements for this visit, including securing a location, notifying foster parents of the date, time, and place. If you host a regularly scheduled meeting with foster parents for training, education, communication, or other purposes, explore the possibility of scheduling this meeting during the survey. It may be held any afternoon or evening of the survey except for the last day.

**Objectives**

The surveyor will:

- Learn about your organization's recruitment, licensing, and training process
- Learn about the preparation of foster parents to meet the needs of children
- Learn about your organization's foster care program from the foster parent's perspective

**Overview**

Foster parents provide important information about a foster care program's services and support which makes them key participants in an accreditation survey. A Foster Parents Group meeting provides a surveyor the opportunity to speak with more foster parents than individual home visits will allow.

The surveyor asks about information foster parents receive from your organization regarding the following areas:

- The child's special physical, emotional, and social needs
- The rights of the child, foster family, and family of origin
- Procedures for reporting incidents and accidents
- Support services available from your organization and the community
- Foster care financial reimbursement issues
- Respite care and "baby-sitting" policies and procedures
- How to ensure a safe living environment
- Provision for the child's educational and health needs
- Confidentiality of information
- How the child's special cultural/ethnic needs are addressed
- Education and training provided by your organization
- Requirements for foster care family licensure, including competency

**Proficiency Testing Validation/Performance  
Improvement Data Review**

**Joint Commission Participants**

Surveyor

**Organization Participants**

Laboratory director(s) on all CLIA certificates held by the organization, the laboratory administrative director and/or manager and other staff or laboratory staff as designated by the organization

**Logistical Needs**

The duration of this session is approximately 30 minutes. A room is needed to accommodate organization and Joint Commission surveyor participation.

**Objective**

The surveyor will verify that the laboratory is enrolled and participates in a CMS-approved proficiency testing program for each regulated analyte and will review proficiency testing performance for regulated and non-regulated analytes (if applicable), including documentation of remedial action for each result exceeding acceptable limits.

**Overview**

During this session the surveyor will review and discuss the following documents with laboratory representatives:

- All proficiency testing results for the last two years (previous six testing events)
- All records of test handling, preparation, processing, examination, and results reporting and signed attestation statements provided by the proficiency feedback reports
- Documentation of review of each proficiency report and documentation of review of problems or potential problems with remedial actions, as indicated
- Performance improvement data
- Record retention policies and procedures

**Regulatory Review - HME**

**Joint Commission Participants**

Clinician surveyor

**Organization Participants**

Suggested participants include those responsible for billing, posting revenue and reconciliation of accounts. Additionally, staff responsible for budgeting and oversight of client complaints will be interviewed.

**Logistical Needs**

The duration of this session is approximately 60 minutes. A location with access to accounting documents is needed. Surveyors can go to the billing staff desks and review information on the computer if that is the most convenient way of viewing the information.

**Objective**

The surveyor will learn about your organization's financial management processes relative to Medicare/Medicaid billing and receivables

**Overview**

Approximately one hour prior to the session, the surveyor will provide a list of names to your organization. You must gather the documents needed for the surveyor to conduct this session. The surveyor understands that some of these documents may be viewed on a computer screen.

Accounting Review: Your organization will need to show the billing process from start to finish. This includes: copies of the physician order, certificate of medical necessity (when applicable), verification that supplies were delivered, copies of invoices sent to Medicare Part B, accounts receivable for that client and individual client account reconciliation.

Annual Budget Review: Your organization's annual budget will be reviewed.

Complaint Review: Surveyors will review your complaint log and interview staff about resolution.

**Regulatory Review - LAB**

**Joint Commission Participants**

Surveyor

**Organization Participants**

Laboratory leadership

**Logistical Needs**

The duration of this session is approximately 30 minutes. A room is needed to accommodate organization and Joint Commission surveyor participation.

**Objective**

The surveyor will verify that licensing and services provided by the laboratory comply with law and regulation.

**Overview**

During this session the surveyor will:

- Verify CLIA certificates:
  - Director
  - Specialties/subspecialties
  - Type corresponds to level of testing
- Verify license requirements of lab, director and staff
- Verify proficiency testing provider and enrollment period
- Determine test volumes per CMS guidelines for specialties

## **Clinical Leadership and Staff Discussion**

### **Joint Commission Participants**

Surveyor

### **Organization Participants**

Required participants include at a minimum:

- Clinical leadership
- One licensed independent practitioner or clinical staff member from each satellite/remote site that is not scheduled for a site visit
- One clinical staff member responsible for providing direct care to any special population for which the Health Center receives specific funding support (e.g. homeless, migrant and seasonal farm workers, public housing residents, HIV/AIDS)
- A cross section of providers including physicians, dentists, other licensed independent practitioners, nurses, social workers, and other categories of staff who provide direct care to patients
- If all sites are scheduled for a visit, at least one person who may not otherwise be available to participate in the site visit, e.g. part-time individual with clinical responsibilities who is not scheduled to work on the day of the site visit, part-time or week-end staff member, individual with a schedule conflict which would preclude participation during a scheduled on-site visit

### **Logistical Needs**

The duration of this session is approximately 60 minutes. The surveyor reviews: the health care plan, the Clinical Section of the Health Center Self-Report Tool, Federal Tort Claims Act (FTCA) checklist (if applicable), credentialing and privileging policies and procedures, risk management policies and procedures, and clinical practice guidelines

### **Objectives**

The surveyor will:

- Understand the clinical staff's role in your organization, especially regarding the clinical expectations described in the "Health Center Self-Report Tool for BPHC Program Expectations"
- Learn about the clinician's understanding of performance improvement approaches and methods, and their involvement in your organization's approach to performance improvement
- Assess the interrelationships and communication between and among disciplines, departments, programs, services or settings, when applicable to your organization

### **Overview**

Based on prior survey findings, Priority Focus Areas, and information in the clinical expectations section of the "Health Center Self-Report Tool," the surveyor assesses issues according to the following framework:

- Pre-entry and entry phases of the continuum of care
  - Linkage with and use of available information sources about the patient's needs
  - Linkages with other care settings within and/or outside your organization
  - Availability of and access to services consistent with your organization's mission, populations, and treatment settings or services to meet the patient's needs, including BPHC required services
  - Arrangements with other organizations and the community to facilitate entry and access to comprehensive health and social services
  - Referrals and transfers to meet the patient's needs and BPHC requirements
  - The use of clinical consultants and contractual arrangements
- Care within your organization
  - Scope of service being provided directly or indirectly; including those required by BPHC
  - Continuous flow of services from assessment through treatment and reassessment
  - Coordination of care among providers
- Pre-exit and exit phases of the continuum of care

- Assessment of the patient's status and need for provision of continuing care
- Direct referral to practitioners, settings, and organizations to meet the patient's continuing needs
- Reassessment of the use and value of providing continuing care in meeting the patient's needs
- Provision of information or data to help others meet the patient's continuing needs.
- Systems issues supporting the continuum of patient care

## **Governance Discussion Session**

### **Joint Commission Participants**

Administrative surveyor (or clinician surveyor on surveys with one surveyor)

### **Organization Participants**

Required participants include at least the following:

- Chairperson/President or Vice-Chair/Vice President
- Treasurer or Chair of the Finance Committee
- A board member who represents the users/patients/consumers, if one of the above officers is not a patient/user/consumer
- If the center receives funding for any special population groups (e.g. Migrant and Seasonal Farm Workers, Homeless Individuals, Residents of Public Housing), the representative for this population group

**Note: Board members may participate by conference call.**

### **Logistical Needs**

The duration of this session is approximately 45 to 60 minutes.

### **Objective**

The surveyor will learn about your organization's governance, particularly as it pertains to compliance with BPHCs statutory and regulatory requirements.

### **Overview**

The surveyor begins this session with a brief overview of the Joint Commission's mission and goals as well as a description of the benefits of the combined Joint Commission - BPHC survey. Discussion is based on Priority Focus Areas and relevant standards-based issues, BPHC Program Expectations required by law or regulation, and information presented by your organization during the opening conference and orientation to the organization. Information gained during the session is used to assess levels of compliance with BPHC statutory and regulatory requirements. Assessments of compliance with The Joint Commission standards may also occur.

The surveyor addresses the following issues:

- The structure and composition of the governing body
- The functioning, participation, and involvement of the governing body in the oversight and operation of your organization
- The level of communication among the board members
- The governing body's perception and implementation of its role in your organization, especially regarding the governance, and mission and strategy expectations, described in the "Health Center Self-Report Tool for BPHC Program Expectations"
- The knowledge of the governing body members with respect to federal law and regulation as identified in the "Health Center Self-Report Tool for BPHC Program Expectations"
- The governing body's understanding of performance improvement approaches and methods and involvement in your organization's approach to performance improvement
- Pertinent Joint Commission Leadership standards relevant to the governing body's role in your organization

The surveyor engages the governing body participants in discussions regarding new processes or services in your organization, and about the collaboration and involvement of appropriate leaders and other individuals.

The surveyor reviews and summarizes the issues or opportunities for improvement that relate to the BPHC's statutory and regulatory requirements and those that are Joint Commission standards-related areas that will be addressed in subsequent system or patient tracers.

## **Leadership Session**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants include senior leaders who have responsibility and accountability for design, planning, and implementation of organization processes. Leaders typically include but are not limited to members of the governing body/trustee, CEO, and leaders of the medical staff.

For **complex surveys**, there is a single Leadership Session that will include discussion of all programs and services being accredited at the time of this survey. Surveyors from all programs should participate in this session if they are still onsite. Your organization should have leadership representation from all programs undergoing survey.

### **Logistical Needs**

The duration of this session is approximately 60 minutes.

### **Objective**

Surveyors will explore leadership's responsibility for creating and maintaining your organization's systems, infrastructure, and key processes which contribute to the quality and safety of care, treatment, or services.

### **Overview**

During this session, surveyors explore system level issues. The surveyors use Priority Focus Areas (PFA) and findings from the survey to discuss the potential impact on your organization from the perspective of organizational systems. The surveyor also facilitates discussion with leaders to understand their roles related to performance of your organization-wide processes and functions.

Surveyors do not limit discussion to survey findings; they explore key characteristics of the PFA. Organization leaders should provide surveyors with their view and perspective about an area or topic being discussed. Discussion topics include:

- The planning process used
- How data is used once it is collected
- The approach used to change processes and work flow
- How is information about newly implemented processes communicated throughout your organization
- How leaders envision the performance of the PFA or function under discussion
- Leadership support and direction, including planning and resource allocation
- The degree to which the implementation is comprehensive and organization-wide
- The relationship of the PFA or function to patient/resident/client safety and quality
- How the effectiveness of the performance of the PFA or function is evaluated

## **Medical Staff Credentialing and Privileging**

### **Joint Commission Participants**

One clinician surveyor

### **Organization Participants**

Suggested participants include the President of the medical staff; Medical Director and Medical Staff Coordinator, if applicable; and Medical staff credentials committee representatives.

### **Logistical Needs**

The duration of this session is approximately 60 minutes. The surveyor requests specific credential files of practitioners who are identified from tracers, from OR log, from the ICU and special procedures unit logs, etc. The type of files a surveyor requests are from high-risk specialties, non-physician specialties, non-physician licensed independent practitioners, moonlighters, hospitalists, practice outside the usual scope of specialty, and low volume specialties. When **Long Term Care** is integrated with the hospital, the surveyor reviews credential files of the Medical Director of LTC and other licensed independent practitioners.

The surveyor also requests the Medical Staff Bylaws, Rules, and Regulations, Medical Executive Committee minutes, peer review and focused monitoring records for the session.

### **Objectives**

The surveyor will:

- Learn about the process used to collect data relevant to appointment decisions, the process for granting and delineating privileges, and the structures that guide consistency of implementation (e.g., bylaw requirements)
- Evaluate the credentialing and privileging process for the medical staff and other licensed independent practitioners who are privileged through the medical staff process

### **Overview**

During this session, the surveyor discusses with organization participants:

- How your organization collects data used in making decisions on appointment, granting and delineating privileges
- Consistent implementation of the credentialing and privileging process for the medical staff and other licensed independent practitioners who are privileged through the medical staff process
- Processes for granting privileges and the delineation of privileges
- Whether practitioners practice within the limited scope of delineated privileges
- The link between peer review and focused monitoring to the credentialing and privileging process
- Potential concerns in the credentialing, privileging, and appointment process

## **Surveyor Report Preparation**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

None

### **Logistical Needs**

The duration of this session is approximately 2 hours. Surveyors need a room that includes a conference table, power outlets, and telephone.

### **Overview**

Surveyors use this session to compile, analyze, and organize the data collected during the survey into a report reflecting your organization's compliance with the standards. Surveyors will provide you with the opportunity to present additional information at the beginning of this session if there are any outstanding surveyor requests or further evidence to present from the last day of survey activity. Surveyors may also ask organization representatives for additional information during this session.

## **Exit Briefing**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants include the Chief Executive Officer (CEO) or Administrator, if available

### **Logistical Needs**

The duration of this session is approximately 10 to 15 minutes.

### **Objectives**

Surveyors will:

- Review the survey findings as represented in the Summary of Survey Findings Report
- Discuss any concerns about the report with the CEO/Administrator
- Determine if the CEO/Administrator wishes to have an Organization Exit Conference or if the CEO/Administrator prefers to deliver the report privately to your organization

### **Overview**

Surveyors will review the Summary of Survey Findings Report (organized by chapter) with the most senior leader. Surveyors will discuss any patterns or trends in performance revealed by the Priority Focus Areas or Clinical/Service Groups. Surveyors will also discuss with the most senior leader if they would like the Summary of Survey Findings Report copied and distributed to individuals attending the Organization Exit Conference.

## **Organization Exit Conference**

### **Joint Commission Participants**

Surveyors

### **Organization Participants**

Suggested participants include the CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.

### **Logistical Needs**

The duration of this session is approximately 30 minutes and takes place immediately following the Exit Briefing.

### **Objectives**

Surveyors will:

- Report the Summary of Survey Findings Report if desired by the CEO
- Review identified standards compliance issues

### **Overview**

Surveyors will verify with participants that all documents have been returned to the organization. You are encouraged to question the surveyor about the location of documents if you are unsure.

Surveyors will review the Summary of Survey Findings Report with participants. Discussion will include the Requirements for Improvement and any patterns or trends in performance revealed by the Priority Focus Areas and Clinical/Service Groups. If follow-up is required in the form of an Evidence of Standard Compliance (ESC) or Measure of Success (MOS), the surveyors explain the ESC and MOS submission process.

**Note:** Surveyors will provide you with a handout “What Happens after Your Survey” during this session.

For **complex organizations** (being surveyed under more than one accreditation manual or for more than one service/program under one accreditation manual), there may be instances when surveyors from other programs will not be present for the entire duration of the survey. In this situation, the surveyor departing early will request an Interim Exit Conference where he/she may provide your organization with a brief oral report of their findings and at that time will respond to questions.

*For Home Care & Hospice Deemed Status, surveyors communicate their findings relating to the Medicare Conditions of Participation. This includes describing the regulatory requirements that the Home Care or Hospice organization does not meet and the findings that substantiate these deficiencies and provide instructions and the time frame for submitting a plan of correction.*