

Tips for Continuous Joint Commission Readiness



After almost two years of pandemic-driven disruptions, it is especially important for organizations to properly prepare for accreditation activities and incorporate in patient safety and performance improvement (PI) activities to be always ready for the next patient. In addition, there are new considerations around continuous readiness. Fortunately, there are helpful tips, recommendations, and services that can help health care organizations of all types to become – and remain – survey-ready, whatever the landscape in which they work and serve.

Go back to the beginning

The current environment provides an opportunity for organizations to get up to date on any new and revised standards and *National Patient Safety Goals*® (NPSGs) released during the last year and what’s coming in 2022. Even though the survey window is 18 to 36 months, keep calendars updated so as not to be caught short at survey time. So, identify and access readily available compliance tools early on and continuously.

Identify Available Compliance Tools



Tracer Tools

- Joint Commission Big Book of Tracers
- Joint Commission Hospital Compliance Assessment Workbook
- CSR Subscriber Website
- Tracers with AMP®



Additional Resources for Developing Tracers

- Perspectives
- EC News
- The Source
- PolicySource
- Previous Survey Findings
- Evidence of Standards Compliance (ESC)
- CMS Transmittals and Worksheets
- State and Federal Regulations
- National Guidelines

Some of these tools are accessible at no charge, some are available to purchase, and some are provided up front. One of the most effective resources is the *Perspectives* newsletter, which includes up-to-date information on Joint Commission standard and survey process changes. There are activities that should be performed internally, too, including the following:



- **Identify existing internal activities in teams**
 - EC Committee and rounding activities
 - IC Committee and surveillance activities
 - Audit or tracer activities

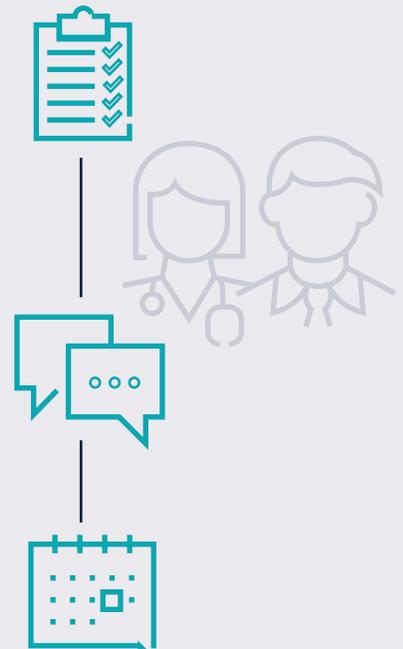


- **Develop teams with team leaders when no existing team exists, such as Joint Commission Chapter Champions/Leaders**

The development of team leaders, under the guidance of a single regulatory or accreditation leader responsible for the overall effort, is possibly the most crucial aspect of ongoing survey readiness. The best leaders are genuine Subject Matter Experts (SME's) who can assist with interpreting standards and who help facilitate compliance and education around standards and elements of performance through such tools as staff education, newsletters, bulletin boards, audits, and tracers. The SME will be the face of the initiative to clinicians, leaders, medical staff, and staff throughout the organization. The importance of their role cannot be overstated. The champions or chapter leaders will assist with assessing compliance with standards and elements of performance within their assigned chapter and utilizing other staff knowledgeable in those areas to make up their own team for their particular chapter.

Internal prep activities

- **Establish expectations for each team**
 - Establish processes for ongoing assessments
 - Identify plans for the self-assessment and establish timelines
 - Develop a reporting structure and establish reporting frequency
 - Aggregate data
 - Identify new standards, National Patient Safety Goals, CMS Conditions of Participation (COPs) if applicable, and state regulations, including education and guidance for best practices for implementation
 - Review Sentinel Event Alerts & evaluate what is appropriate to implement in the organization based on the evidence presented
 - Provide team with areas within their chapter that were cited in the last survey report
- **Develop a reporting and communication framework for:**
 - Self-assessment findings
 - Establishing continuous activities for compliance teams & regular follow-up
 - Developing audit and tracer reports
 - Determining what surveillance activities need to be done
 - Sentinel Event Alerts
- **Add all activities to a master calendar**



It can be very helpful to review patient safety events or any root cause analyses that were done, however long ago, and review the processes that were put in place. Make sure those processes are still functioning as detailed in action plans or evidence of standards compliance.

Mock tracers

Mock tracers are another very effective activity. They can be specifically focused on, but not limited to, areas such as plan of care, moderate sedation, postoperative or post-procedure vital signs, restraints, environment of care®, life safety, and other areas outlined in the standards that may be problematic. Compliance is a crucial area and should include such activities as focused tracers, reviewing of medical staff files, human resource files, education, training, and competencies. A mock tracer can be thought of as something like a circle, in which one area of activity directs another, then another, and so on.

Planning and preparing a mock tracer should include:



- ✓ Identifying and prioritizing mock survey topics
 - Identifying the most challenging standards
 - Previous survey results
- ✓ Reviewing evidence of standards compliance (ESC)
- ✓ Establishing a schedule and adding it to the master calendar
- ✓ Determining the scope of each mock tracer & keeping it focused
- ✓ Deciding which staff members will perform mock tracers

Also, it may be most effective to assign frontline staff to mock tracers, as they will be most familiar with their departments, what issues they face, and what solutions would work best. And finally – after the tracers have been performed – gather, report, and debrief. What went well, and what did not? How will any issues that were identified be addressed? What processes need to be established to meet the standard?

It may be useful to create a *SAFER*® Matrix to identify processes, performance issues, or standards that are particularly problematic and could harm patients, visitors, or staff. It is a grid that highlights the areas of greatest concern in red, then those of lesser concern in orange, then yellow. At the bottom are concerns that do not pose a real threat of harm but should be addressed nevertheless.

SAFER® Matrix

		Immediate Threat to Life (a threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)		
Likelihood to Harm a Patient/Staff/Visitor	HIGH			
	MODERATE			
	LOW			
		LIMITED	PATTERN	WIDESPREAD
		Scope		

The value of implementation – and reevaluation afterward – cannot be stressed enough. It is a continuous cycle of improvement, and it should never be assumed, because a solution has been put in place, that it is working. Check, and check again to ensure that change is being sustained.

Also, when surveyors are on site, they will review a number of different types of records based on what CMS has asked them to look at (if you are deemed by The Joint Commission). Maintain a running list of records in those categories that are typically looked at and have been reviewed during mock

tracers and represent best efforts with compliance. If you are asked to provide some of the records it's always helpful to be able to utilize those lists.

Continuous Service Readiness® (CSR®) Program

Approximately 700 hospitals throughout the US are part of Joint Commission Resources (JCR) Continuous Service Readiness Program. It is a subscription-based service in which some states partner with their state's hospital associations to provide the program and in other states JCR contracts directly with individual hospitals.

The contract includes some on-site visits at a set number of hours which vary, depending on the state contract and/or the size of the hospital. All visits were virtual during COVID, but they now include a combination of on-site and virtual depending upon the needs of the organization. The contracts include add-on hours that can be used for additional consulting hours by their CSR consultant.



The advisory services available to the Continuous Service Readiness Program include the following:

- Conducting focused tracers and practice system tracer sessions
- Helping with Evidence of Standard Compliance (ESC)
- Reviewing policies
- Reviewing and interpreting data
- Providing input into drafts of plans developed by the organization
- Interpreting and reviewing new standards
- Providing education to leadership or medical staff
- Education on standards and hot topics
- Helping to prepare department leaders and Joint Commission prep committees
- Helping organizations as they prepare for Disease-Specific Certification (DSC) reviews
- Facilitating robust process improvement workouts



The CSR consultant schedules and coordinates visits, and the days set aside for those visits can be used consecutively or spread throughout the year, based on the organizational wishes and the consultant's schedule. The agenda is determined a few weeks in advance, with the organization driving the agenda or, if needed, with input on potential topics from the consultant. Follow-up does not include a formal report, so organizations are asked to make notes as the consultant performs tracers or other activities.

Additional resources available through the Continuous Survey Readiness Program:

- CSR members-only website
 - Education required checklist
 - Staff competency (and orientation) checklist
 - Credentials review tracking worksheet
 - Medical staff credentials file review checklist
 - Physician education checklist
 - Other checklists developed by consultants on focused topics
- Quarterly newsletter – CSR Compass
- Monthly newsletter – What's New, What's Hot, and Don't Forget
- Discounts on JCR products
- Email updates
- Networking opportunities with other CSR members

The real purpose of perpetual readiness

Health care organizations must be proactive around survey readiness and the reasons for doing so are much more important and profound than satisfying any given set of criteria every three years. As the health care landscape continues to change and challenge organizations, remembering that preparedness is not only for the next survey, but for the next patient, and all those that follow is the key.

To learn more about our Accreditation Preparation Advisory Services, including the CSR program, please visit <https://www.jcrinc.com/products-and-services/advisory-services/accreditation-preparation/>.

JCR is an expert resource for health care organizations, providing advisory services, educational services, software, and publications to assist in improving quality and safety and to help in meeting the accreditation standards of The Joint Commission. JCR provides advisory services independently from The Joint Commission and in a fully confidential manner. The use of Joint Commission Resources consultative technical or advisory services is not necessary to obtain a Joint Commission Accreditation award, nor does it influence the granting of such awards.