The Joint Commission

2019 Home Care Compliance Assessment Checklist

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Published by Joint Commission Resources
Oak Brook, Illinois 60523 USA
http://www.jcrinc.com

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ISBN (print): 978-1-63585-076-5
ISBN (e-book): 978-1-63585-077-2
ISSN: 2575-422X

Printed in the USA

For more information about The Joint Commission, please visit https://www.jointcommission.org

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Please note: The downloadable, fill-in checklists that appear in Part 2 are available via links on page 29 of this e-book.

Introduction

The Joint Commission accredits and certifies more than 5,000 home care organizations and programs in the United States, including home health, hospice, pharmacy, personal care, and durable medical equipment (DME) providers, among others. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects a health care organization's commitment to meeting certain performance standards.

The Joint Commission accreditation process is data driven and emphasizes continuous improvement and ongoing standards compliance. In this way, the accreditation process can be used as a systems improvement and management tool that enables health care organizations to embed processes that promote compliance, safety, and quality into organization operations.

Purpose of This Book

The *2019 Home Care Compliance Assessment Checklist* is a self-assessment workbook designed to help you maintain continuous compliance. This easy-to-use workbook can be used both by staff new to the accreditation process and by those experienced with accreditation to assess standards compliance at whatever level is most appropriate. With its targeted assessment prompts, expansive compliance checklist, multiple worksheets, and mock tracers, this book helps in the following ways:

- Engages staff and leadership in accreditation activities with simple questions, checklists, and tools
- Helps you identify deficiencies and then plan for addressing them and sustaining improvements
- Improves your understanding of what tracers are and how to plan for and conduct them
- Better prepares you for your next unannounced survey
- Reduces anxiety about the survey process, which will allow for a more relaxed and beneficial on-site survey

Project REFRESH

Recent editions of this book have reflected The Joint Commission's revised approach to identifying and communicating risk levels associated with deficiencies cited during surveys. Through Project REFRESH, a series of process improvement projects, The Joint Commission has examined various aspects of pre-survey, on-site survey, and post-survey activities. Its goal is to simplify these activities, enhance their relevance to accredited organizations, increase transparency in the accreditation process, and implement innovative approaches and technology to enrich the customer experience.

Two of the major improvements resulting from Project REFRESH are substantial streamlining of the home care standards and elements of performance (EPs) and development of the Survey Analysis for Evaluating Risk® (SAFER™) approach.

As part of Project REFRESH, The Joint Commission evaluated standards and EPs to modernize, streamline, and consolidate requirements spelled out in the *Comprehensive Accreditation Manual for Home Care* (*CAMHC*) and its corresponding online E-dition® version, with final changes becoming effective January 1, 2019. For the most part, the deletions and consolidations fall into one or more of these categories:

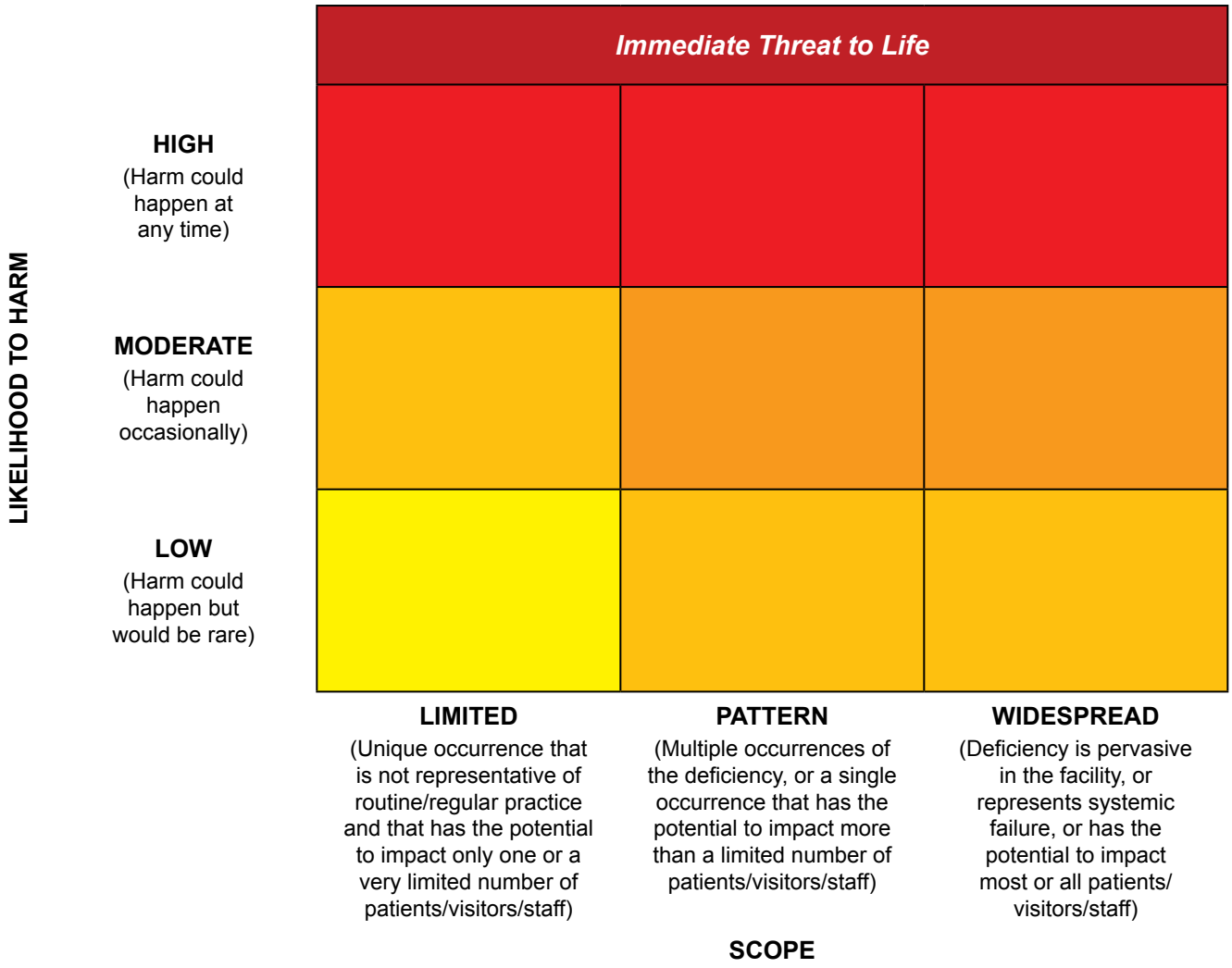
- EPs that are similar to, implicit in, or duplicative of other existing EPs. For example, the fact that an organization is required to have a written policy implies the policy is also implemented; therefore, there is no need for two EPs to demonstrate this singular concept.
- EPs that address issues that, having been covered by standards for many years and are now a routine part of operations or clinical care processes, no longer need to be addressed in standards. Some of them no longer address contemporary quality and safety concerns, and how they are managed can be left to the discretion of the organization.
- EPs that are adequately addressed by law and regulation or other external requirements, so separate Joint Commission requirements are not needed

The SAFER Approach

As part of Project REFRESH, The Joint Commission has focused on providing its accredited and certified organizations with an on-site and post-survey experience that allows organizations to see areas of noncompliance at an aggregate level—one that shows significant components of risk analysis, including the likelihood to harm and the scope of a cited deficiency. Surveyors now plot all Requirements for Improvement (RFIs) on the SAFER Matrix (*see* Figure I-1, page vi) according to the likelihood the issue could cause harm to patients, staff, and/or visitors (low, moderate, or high) and the scope at which the RFI is observed (limited, pattern, or widespread). As the risk level of an RFI increases, the placement of the standard and EP moves from the bottom-left corner to the upper-right corner. The definitions for the *likelihood to harm a patient/staff/visitor* and *scope* are as shown in Figure I-1.

Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow-up.

Figure I-1: The SAFER Matrix



The SAFER Matrix looks at various aspects of on-site survey and post-survey activities in an effort to simplify them, enhance their relevancy to accredited organizations, increase transparency in the accreditation process, and utilize innovative approaches and technology to enrich the customer experience.

During and after a survey, the SAFER approach provides you with additional information related to risk of deficiencies to help prioritize and focus corrective actions in your organization. It helps your organization more easily identify RFIs with higher risk and identify potential for widespread quality initiatives. The SAFER Matrix also better organizes survey findings by level of potential patient impact and provides a comprehensive visual representation of survey findings.

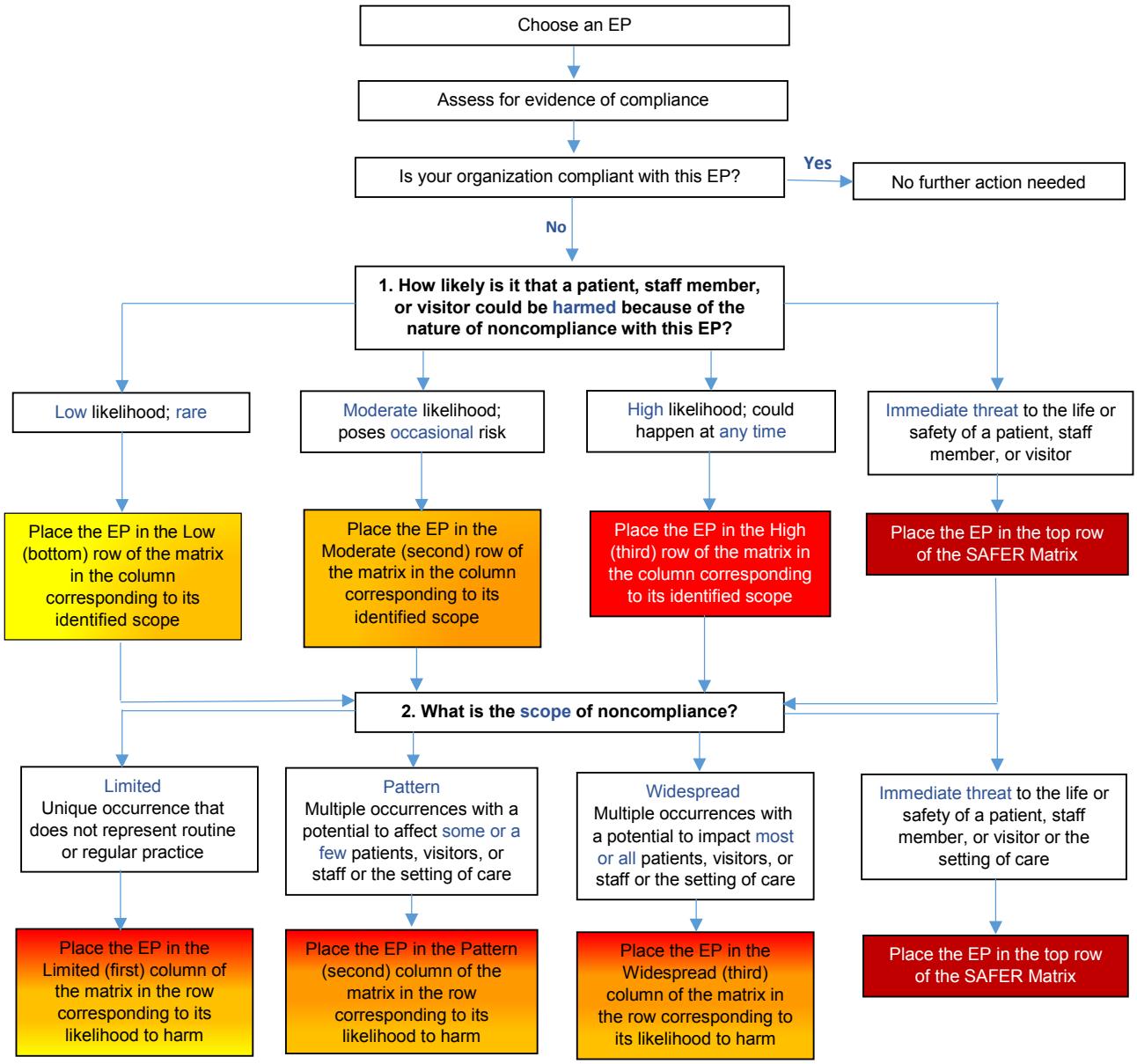
The SAFER Matrix included in all survey reports drives the level of post-survey follow-up required:

- All RFIs must be addressed in a 60-day Evidence of Standards Compliance Report.
- For higher-risk-level RFIs, additional detail is required regarding sustainment of corrective action, including leadership involvement and preventive analysis.
- RFIs of a higher risk level will be highlighted for surveyors for potential review on subsequent surveys.

Your organization can use the SAFER Matrix at the beginning of each standards chapter of this book to plot your own compliance with applicable standards and EPs. As you work through the checklist in Part 2, whenever you find a noncompliant EP, place it in the area of the SAFER Matrix that best reflects the scope of the issue and the likelihood of harm occurring because of the noncompliance. Figure I-2, page vii, guides you in answering two questions to identify in which of the nine boxes on the matrix to place a noncompliant EP.

Figure I-3, page viii, demonstrates the placement of an EP on the SAFER Matrix. In this example, an organization placed Infection Prevention and Control (IC) Standard IC.02.02.01, EP 1, in the row "Moderate," as it was determined, based on the deficiency observed, that it could occasionally cause harm to a

Figure I-2: Determining Where to Place an EP on the SAFER Matrix



patient, visitor, or staff member, and in the column "Pattern," as the issue was noted multiple times throughout the mock survey and could impact a few or some people and/or settings.

New "Medication Compounding" (MC) and "Patient Safety Systems" (PS) Chapters

The Joint Commission added two new chapters to the *CAMHC* and E-dition in 2018: the "Medication Compounding" (MC) chapter and the "Patient Safety Systems" (PS) chapter. The MC chapter was prompted by increased regulatory concerns related to USP <797>, while the PS chapter was driven by systems and designed to promote patient safety.

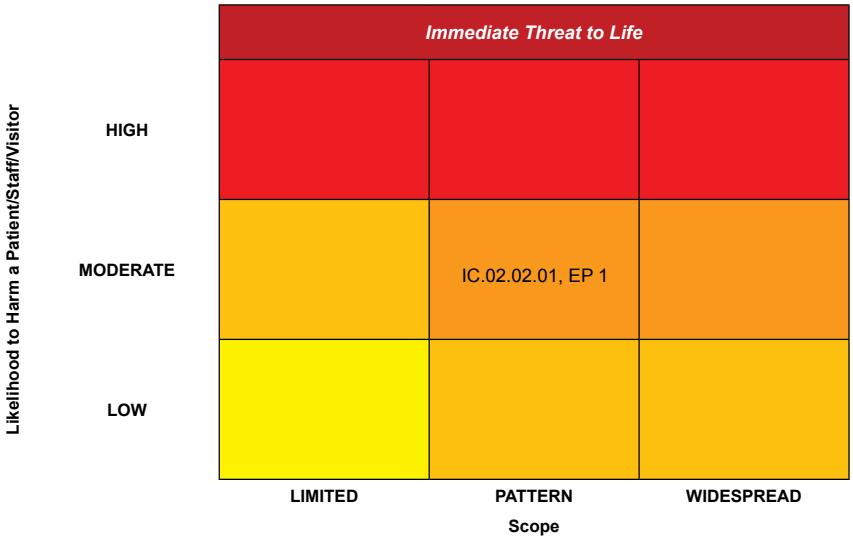
Medication Compounding

The MC standards apply to all compounding pharmacies seeking initial accreditation or triennial reaccreditation. These standards were adapted from The Joint Commission's Medication Compounding Certification requirements and align with current United States Pharmacopeial Convention (USP®) requirements for sterile and nonsterile preparations.

These standards augment current home care pharmacy accreditation requirements and meet the needs of Joint Commission–accredited customers and those seeking accreditation for a more focused and specialized evaluation of pharmacy compounding practices. The chapter is divided into five sections:

1. General Responsibilities
2. Education, Training, and Evaluation

Figure I-3: Example of EP Placement in the SAFER Matrix



3. Compounding Sterile Preparations
4. Compounding Sterile and Nonsterile Preparations
5. Compounding Nonsterile Preparations

Because it is known that microbial contamination of compounded sterile preparations occurs through direct contact or exposure to moisture or particles in the air generated by personnel, objects, or other mechanisms, the standards focus on three main areas:

1. **People:** Training, competency, proper use of personal protective equipment, aseptic technique
2. **Product:** Sterility of base products, beyond-use dates, labeling
3. **Environment:** Airflow, buffer areas, guidelines for cleaning and documentation, storage

Patient Safety Systems

The ultimate purpose of The Joint Commission's accreditation process is to enhance patient safety and quality of care. The PS chapter explains how to apply existing requirements in the *CAMHC* (and its online E-dition version) to improve patient safety. Each requirement or standard, the survey process, the Sentinel Event Policy, and other Joint Commission initiatives are designed to help organizations reduce variation, reduce risk, and improve quality.

The PS chapter is focused on three guiding principles:

1. Aligning existing Joint Commission standards with daily work to engage patients and staff throughout the health care system, at all times, in reducing harm
2. Assisting health care organizations with advancing the knowledge, skills, and competence of staff and patients by recommending methods that will improve safety and quality processes
3. Encouraging and recommending proactive patient safety and quality and methods that will increase accountability, trust, and knowledge while reducing the impact of fear and blame

The chapter describes components of a quality management system, which should include the following:

- Ensuring reliable processes
- Decreasing variation and defects (waste)
- Focusing on achieving better outcomes
- Using evidence to ensure that a service is satisfactory

Patient safety emerges as a central aim of quality. While patient safety events may not be eliminated completely, harm to patients can be reduced, and the goal is always zero harm. The PS chapter describes and provides approaches and methods that may be adapted by Joint Commission–accredited organizations to increase the reliability of its complex systems and remove the risk of patient harm.

Structure and Content of This Book

The *2019 Home Care Compliance Assessment Checklist* is divided into three parts:

- Part 1 offers high-level compliance prompts and specific questions designed to lead you to the heart of your compliance issues.
- Part 2 provides a simple but detailed compliance checklist that includes an assessment question for every EP in the 2019 *CAMHC* and E-dition.
- Part 3 includes tracer scenarios, survey worksheets, required written documentation tables, and Focused Standards Assessment (FSA) checklists.

The hands-on contents of this publication make it a continuous compliance workbook.

Part 1: Prompts to Assess Your Standards Compliance

The compliance prompts in Part 1 provide questions designed to help you discuss quality and compliance, as addressed in each standards chapter. The prompts are intended to help you focus on the purpose and core components of the standards and to compare them to everyday practices. The questions in this section target EPs that organizations have considered to be historically challenging or high risk or that focus on risks identified through the Focused Standards Assessment (FSA). (These areas are displayed within the accreditation manual and the FSA tool with the R risk icon.)

The compliance prompts can help you determine, among other things, whether you have the appropriate policies and procedures in place, who is responsible for different aspects of the care process, whether time-related issues are being completed according to schedule, and whether policies and procedures are being effectively communicated to and understood by staff.

Throughout this section, you also will find tips for successful compliance. Keep in mind that these tips are not new accreditation requirements. They are intended to be used as compliance strategies and may point you toward both internal and external resources that can help you maintain continuous compliance.

Part 2: Compliance Assessment Checklist

The compliance checklist in Part 2 is a self-assessment tool to assess your home care organization's compliance with each and every standard and EP in the *2019 CAMHC* and its E-dition version, including those used for deemed status purposes. The checklist format allows you to note any actions needed, identify who is responsible for implementing improvements, and track progress toward compliance. It also identifies EPs that require documentation during a survey and EPs that carry specific risks.

Part 3: Tracer Methodology and Survey Planning Worksheets

Part 3 provides an overview of tracer methodology and details the purpose and importance of this central aspect of The Joint Commission's accreditation survey process. This section gives your organization the tools to answer the questions posed in Parts 1 and 2.

This portion of the book discusses various types of tracers, offers sample general tracer questions, and presents an exploration of mock tracers—including step-by-step stages for conducting a mock tracer, a sample tracer scenario, and interview techniques. Conducting mock tracers is a good way to assess continued survey readiness and allows your organization to examine its current systems and processes, identify problematic trends, and implement changes as part of an ongoing improvement process.

A mock tracer worksheet with a SAFER Matrix provides space to record your own information during mock tracers. The completed worksheet identifies potential tracer participants and contains sample tracer questions to determine if certain policies and procedures exist and if staff are aware of and are following those policies and procedures. An incorrect answer to a tracer question should always receive comments or recommendations for follow-up. The worksheets include space for you to record notes, discussion points, and areas of concern you identify while conducting your mock tracers. This information can be used to highlight a good practice or to determine issues that may require further follow-up.

Part 3 wraps up with a series of home care–specific survey preparation worksheets.

The final components of the book are two appendices to help you identify any challenges your organization has with required documentation or areas of risk as indicated in the *CAMHC* and E-dition. Appendix 3A is a compilation of all EPs shown with a Ⓓ icon in your manual or E-dition. The checklist is broken down by chapter and identifies which home care–specific services are applicable to each EP. Similar to Appendix 3A, Appendix 3B lists, by chapter, all EPs that have an R icon in your manual or E-dition. This simple checklist allows you to document whether your organization is compliant with the EP.

Acknowledgments

The *2019 Home Care Compliance Assessment Checklist* would not be possible without the commitment of our writer, Kitty Wilson. We are also grateful to our reviewers at The Joint Commission and Joint Commission Resources for their time and insights. (*See* the copyright page for the names of these individuals.)