

## Joint Commission cites ‘continuous improvement’ as 2018 survey goal

**W**hen Medicare and Medicaid legislation was passed and signed into law in 1965, the US Congress formed the precursor federal agency to the Centers for Medicare & Medicaid Services (CMS) to write the rules and regulations spelling out the “Conditions of Participation” (CoPs) required to obtain federal funding under these statutes. However, because the Joint Commission already had a hospital standards manual at the time, a deal was struck that CMS would more or less adopt the Joint Commission standards, and, in return, the Joint Commission was granted “deemed” status (ie, certified by CMS to survey hospitals to determine if they comply with the CoPs).

Since then, the CMS CoPs have been modified as new hospital quality and safety issues emerged, and the Joint Commission has gone through many metamorphoses.

“Today it is very clear that CMS is driving the agenda,” says John R. Rosing, MHA, FACHE, an expert on Joint Commission accreditation and regulatory compliance and executive vice president and principal, Patton Healthcare Consulting, Naperville, Illinois.



**John R. Rosing,**  
MHA, FACHE

There are also now three other accrediting organizations that have deemed status in addition to the Joint Commission, but the Joint Commission is the largest, with about 80% of market share.

The other three organizations are:

- Det Norske Veritas (DNV), a Norwegian company that specializes in ISO (International Organization for Standardization) 9000 certification. They survey to the CoPs but then overlay certification in ISO as a feature.
- Healthcare Facilities Accreditation Program (HFAP), which historically has been tied to osteopathic hospitals, but has for some time been an option for all hospitals and is now a part of the Accreditation Association for Ambulatory Health Care (AAAHC).
- Center for Improvement in Healthcare Quality (CIHQ), which only accredits acute care hospitals.

To make sure these accrediting agencies are in compliance with the CoPs, CMS conducts validation surveys in 5% of hospitals surveyed by each accrediting organization each year.

“These unannounced validation surveys by CMS have driven the Joint Commission and the other accrediting organizations to ‘turn up the fire’ on their surveyors to be less consultative and more stringent as they survey against the standards and ultimately the CoPs,” says Rosing.

### New survey process

“The goals of the Joint Commission’s new survey process have shifted from ‘exam and score’ to continuous improvement, even though it often still feels like a ‘white-glove’ inspection after the survey is finished,” says Rosing.

The focus is on actual performance (not stated capacity) and execution (not potential).

Yet surveyors still tend to gravitate toward the easily detected and irrefutable finding or the “low-hanging fruit,” he notes. “The surveyor spots a flower vase under a sink and learns that under-sink storage is prohibited by hospital policy. Everyone present also sees the vase and affirms the content of the policy, and an easy finding results.”

Recognizing that these more trivial findings appeared in reports equal in weight to more serious findings that might actually negatively affect patient outcomes is one of the principle reasons the Joint Commission is now using a new scoring methodology called the “SAFER™ Matrix,” says Rosing. The SAFER™ (Survey Analysis for Evaluating Risk) Matrix provides a grid

that visually risk-stratifies each finding ([https://www.jointcommission.org/topics/safer\\_matrix\\_resources.aspx](https://www.jointcommission.org/topics/safer_matrix_resources.aspx)).

“It is a way to prioritize their findings according to risk and prevalence,” he says. “If there are 20 findings, the surveyors want to provide hospital administrators with a better sense of gravity about which findings are most serious and widespread so there is a clear differentiation between a serious medication management or infection prevention concern juxtaposed with the flower vase under the sink.” Surveyors have a scoring algorithm to help pinpoint where on the grid a finding should rest.

Preventive analysis is a term the Joint Commission introduced this year in reference to the SAFER™ Matrix, notes Rosing. It is similar to a root-cause analysis in which the OR manager says: “This high-risk, prevalent issue was found noncompliant. Why was it noncompliant? Were we ‘asleep at the wheel?’ Did we have the wrong policy in place? Did we miss an update somewhere?”

OR managers basically have to put into their action plan an admission of why they think the process failed, which can sometimes be very difficult to arrive at, Rosing says. Thus far, the SAFER™ Matrix is doing pretty much what they thought it would do, he says. There were concerns that surveyors would be tempted to err on the side of scoring at a higher level. However, the computer scoring algorithm that guides them has produced numbers that probably reflect what is actually out there.

### Learn from others’ mistakes

In preparation for a survey, OR managers should look at the Joint Commission’s frequently scored standards, along with the Standards Interpretations, or FAQs (frequently asked questions) found at [https://www.jointcommission.org/standards\\_information/jcfaq.aspx](https://www.jointcommission.org/standards_information/jcfaq.aspx).

“You want to make sure you learn from problems others have encountered and take care of them before the survey because if the surveyors see it and score it at most hospitals they visit, there is no chance they are going to look the other way at your hospital,” says Rosing (sidebar, p 8).

One of the reasons these standards are frequently cited is that they represent processes that are difficult to master or sustain over time. There are practices some people would sooner not do if left to their own devices, he says. They might not agree with the rule, or maybe it is just too difficult to enforce, such as banning surgeons from wearing skull caps. Or the staff may receive ineffective education and competence validation on how to carry out the process.

## Top 10 scored standards for hospitals

The top 10 most frequently scored standards for the first half of 2017 for hospitals were released in the September 2017 issue of the Joint Commission *Perspectives*.

They are:

- LS.02.01.35: The hospital provides and maintains systems for extinguishing fires (86% noncompliance).
- LS.02.01.30: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke (74% noncompliance).
- EC.02.05.01: The hospital manages risks associated with its utility systems (73% noncompliance).
- C.02.02.01: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies (70% noncompliance).
- EC.02.06.01: The hospital establishes and maintains a safe, functional environment (68% noncompliance).
- LS.02.01.10: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat (66% noncompliance).
- EC.02.02.01: The hospital manages risks related to hazardous materials and waste (62% noncompliance).
- LS.02.01.20: The hospital maintains the integrity of the means of egress (60% noncompliance).
- EC.02.05.05: The hospital inspects, tests, and maintains utility systems (60% noncompliance).
- RC.01.01.01: The hospital maintains complete and accurate medical records for each individual patient (57% noncompliance).

Achieving highly reliable and, thus, compliant processes hinges on designing processes using sound performance improvement principles, educating staff effectively and validating their competency, and regularly measuring that staff continue to sustain this performance over time.

Regarding the FAQs, Rosing notes that there are some 300 FAQs listed by chapter, and “this is where you’ll often find the ‘devil in the details.’”

Sometimes people don’t find the FAQs helpful and are left just as confused as when they started. For example, in a situation where there may not be a clear-cut, evidence-based guideline on which to base an FAQ answer, the Joint Commission will suggest that OR managers do a risk assessment and make their own decisions.

This may be seen as “punting” on the Joint Commission’s part, he says, but surveyors will likely side with the organization’s thoughtful conclusion because they will see that the OR manager has thought it through, looked at all available research, and made a determination based on the analysis.

Rosing gives the example of cardboard boxes. The Joint Commission is concerned about corrugated cardboard shipping boxes because they can harbor insects and other contaminants. However, it is likely impractical to prohibit all cardboard shipping containers from entering and moving through the hospital. That would require unpacking all supplies in the loading dock area, repackaging the supplies in totes or carts, and transporting them to where they are ultimately stored on a shelf or placed into use.

In the risk assessment, the OR manager can make decisions along a continuum saying:

- the loading dock is the dirtiest site
- the OR, central sterile storage, and procedure rooms are the cleanest sites
- let’s make sure there are no cardboard boxes entering or remaining in the cleanest areas, but allow cardboard boxes in certain other areas where the risk of harm to a patient is low
- thus, it is okay to ship a cardboard box of copy machine paper to the OR manager’s office.

Then, if a surveyor finds a cardboard box in the OR manager’s office and wants to cite it, the OR manager can give the surveyor the risk assessment and decision that was made about cardboard boxes. “Because you have performed a credible risk assessment, usually the surveyor will back away from the finding at this point,” he says.

In addition to elements of performance/standards, situational rules in the manual, and FAQs, surveyors can score changes to standards or new requirements published in the Joint Commission’s monthly magazine *Perspectives*. “Occasionally, these changes are scorable immediately,” notes Rosing.

For example, in 2016 there were 87 reported suicides in hospitals. CMS and the Joint Commission launched a campaign March 1 called “Zero Suicide.” The expectations are really catching people off guard because they want a behavioral health unit, for instance, to be ligature resistant, which means there are no catch points in any room in the department where someone could hang a string or sheet and commit suicide.

“You can’t necessarily change your environment that quickly,” says Rosing, “and hospitals in April, May, June, and July were cited severely on this point.”

The only warning was the notice published in *Perspectives*, and then it was effective immediately, he says.

## **Changes to standards**

Several important changes were made in the 2017 standards.

**Elimination of A and C elements of performance (EP).** “The A elements were structured standards: You needed a policy on X, and you either had it or you didn’t. It was a yes or no, black or white kind of answer,” says Rosing. “The C elements were rate-based requirements: You had a policy on X, and then were you following that policy?”

For example, says Rosing, using pain assessment and reassessment: “You had a policy, so you met the A standard. Next, if you were following the policy, what was your rate of doing assessments and reassessments?”

Previously there had to be three strikes before a finding was issued. In other words, they would have to find three missing reassessments. That was changed to two, and this year, on CMS’s command, they went down to one. “If they see it, they cite it,” says Rosing.

**Removal of direct and indirect impact requirements.** All elements of performance were classified as direct impact or indirect impact requirements to reflect the potential impact on quality of care and patient safety as the result of noncompliance. “Today, everything is equal weight,” he says.

**Removal of measure of success.** Most people see this removal as a good thing, says Rosing. “Post survey, if you were cited on something, about half of the standards had what was called a ‘measure of success,’ which forced you to do an audit for 4 months, and you had to reach 90% conformance,” he says. “They still want you to have a monitoring plan, but you don’t need to submit the results of the data collection to them as in the past.”

**Elimination of postsurvey clarifications.** “You used to be able to argue a finding after surveyors left the building, either because you thought they were ‘dead wrong,’ or you found a document you weren’t able to find when the surveyors were there,” says Rosing. In 2017, they have sharply curtailed the opportunity to submit postsurvey clarifications, he says. “The time to contest a finding is with your survey team leader during the survey. This may entail a three-way phone conversation with the Joint Commission’s Central Office to arrive at a correct interpretation of a standard and your compliance with that standard.”

All of these changes have resulted in longer reports and a 50% increase in findings. In 2016, the average number of findings in 1,442 surveys was 20.5. In the first 6 months of 2017, there have been 30.3 findings in 1,820 surveys.

## Survey outcomes

Several outcomes can result from a survey, including:

- Accredited.
- Accredited with follow-up survey: Too many total findings and too many repeat findings from prior surveys were found. This requires the surveyors to come back in 60 days to determine if you have corrected the findings in a sustainable manner.
- Condition-level deficiency: This is where critical, high-risk findings are cited that trip a Medicare CoPs (eg, significant deficiencies in sterile processing or high-level disinfection procedures or improper ventilation pressure gradients in critical areas like the OR and sterile processing department), or there are too many findings in any one performance area or chapter. “We are seeing a higher percentage of surveys end up with a condition-level deficiency,” notes Rosing. “The consequences are that the surveyors come back in 45 days to see if the issues have been fixed, and you need to be 100% compliant with the issues that gave rise to that condition level when they come back in order to pass the follow-up survey.”
- Preliminary denial of accreditation: There are way too many findings and way too many repeat findings, along with maybe a couple of condition-level findings. This category was rare 3 or 4 years ago, but it is far more common today, says Rosing. “You have to do a 10-day plan of correction, and the surveyors return in 60 days, and every issue must be 100% compliant at that time,” he explains.
- Immediate threat to life: This is the most serious outcome and includes any situation the surveyor observes that appears to represent an immediate risk. “Absolutely avoid these outcomes if you can,” says Rosing. “Look at the issues that cause them, and make sure you understand what the high-focus areas are.”

The survey process became “way harder in 2017 now that 100% of the standards must each be 100% compliant; 90% is no longer sufficient,” he says.

## **HLD, sterilization most common deficiency**

The most common condition-level deficiency is with infection prevention and mainly high-level disinfection (HLD) and sterilization. It can seem minor, like a documentation issue, but if there are two or three different observations of deficiency, it usually rises to a condition level, notes Rosing.

In the past, Joint Commission surveyors seemed to not know a lot about high-level disinfection or sterilization, but that has changed, he says. The Joint Commission has gone to great lengths to educate the surveyors.

Surveyors still make mistakes, though, and OR managers should be alert to pointing a mistake out if they think the surveyor is wrong or doesn't understand how they have explained a process, says Rosing. "Right then and there is the best time to try and ferret that out and make the correction by having a courteous conversation on what your process or the requirement actually is," he says.

Hospital staff performing HLD or sterilization activities need thorough competency validation and frequent assessment for continuing compliance. "All i's must be dotted and all t's crossed, all the time now," says Rosing.

One area of caution, he says, is that vendors often hold in-services for the staff on areas such as how to process their endoscopes or how to run their washer or sterilizer.

The vendors are very careful in the documentation they provide not to claim they have validated competency. "They don't want to take that risk," he says. "They'll say: 'We educated. We provided this material.' They may even provide a competency check-off form, but if you read the document, it usually will not say anything about competency validation."

The Joint Commission is aware of this, and if surveyors examine a file that only has paperwork from a vendor that only attests to having provided education, they will catch that, he says.

"You want to be careful to have an overlay process where you or someone in your area who is qualified in the task is validating the competency of others," he adds.

## **IC findings on the rise**

Findings are on the rise for the infection control (IC) Standard IC.02.02.01 EP2, which says: "The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies."

In 2009, 15% of hospitals were cited on this standard, and that had risen to 70% as of late 2017, says Rosing. This usually also triggers a condition-level finding.

Several guidelines offer steps hospitals should consider following to be in compliance with this EP:

- AAMI (Association for the Advancement of Medical Instrumentation/American National Standards Institute) ST 58 for high-level disinfection, ST 79 for sterilization, and ST 91 for endoscope cleaning
- AORN Guideline for processing flexible endoscopes
- CDC Guideline for disinfection and sterilization in healthcare facilities, 2008
- Multisociety guideline on reprocessing flexible GI endoscopes
- SGNA (Society of Gastroenterology Nurses and Associates) Standards of infection prevention in reprocessing flexible gastrointestinal endoscopes.

One point of contention among these guidelines is endoscope hang time, says Rosing. In 2015, SGNA definitively said hang time is 7 days—if an endoscope isn't used in 7 days, it should be reprocessed. Previously, they did not think there was enough data on hang time.

AORN at that time said 5 days of hang time was necessary, but that was for endoscopes used in the OR.

Around 2015, when SGNA went to 7 days, AORN said there wasn't enough data.

The multisociety guideline also says there's not enough data.

"Many hospitals will say they follow SGNA guidelines for scope reprocessing, and, thus, they lock themselves into the 7-day hang time," he says. "This is an example of, once you pick a guideline, they expect you to follow it without exception."

## Survey strategies

Whether a manager or staff member, when preparing for a survey, remember to project confidence, caring, awareness, concern, knowledge, professionalism, and teamwork, says Rosing.

He gives the following advice:

- When interviewed by a surveyor, make statements, such as:  
"This is my hospital and if my mother, spouse, or child came here, this is exactly what we would do for them."  
"I am proud of the work we do here at Mercy Hospital."  
"I care about this community; this community needs us, and I want Mercy Hospital to succeed."
- If a surveyor interview is going to take some time, be sure to ask for a moment to do a handoff to a colleague. However, he says, be aware that the surveyor may want to listen in on the handoff and possibly find fault with the handoff.
- Be cautious, and remember the surveyors are not your friend. "They are not your enemy, either," says Rosing. They are at the hospital to perform an objective evaluation, but they are savvy. "If they can project an impression of friendliness, you might say more, feel more comfortable, let your guard down, and possibly bond with the surveyor against the best interests of the hospital," he says.
- When asked a difficult question, "don't 'melt' and don't 'throw someone else under the bus,'" Rosing cautions. Pause momentarily and ask them to repeat the question.
- "If you really don't know the answer to a particular question, say: 'I don't recall that detail from the policy, but I will have that policy pulled and provided to you in the surveyor work room so you have that information,'" Rosing advises.

In the end, the typical nurse or staff person isn't going to know the intricacies of every single standard, says Rosing, but they know their job. They just need to be able to talk comfortably about the job they do every day. ❖

—*Judith M. Mathias, MA, RN*

## References

- AORN. Guideline for processing flexible endoscopes. Guidelines for Perioperative Practice. Denver: AORN;2016:675-758.
- Association for the Advancement of Medical Instrumentation/American National Standards Institute. American National Standard, ANSI/AAMI ST 58: Chemical sterilization and high-level disinfection in healthcare facilities. 2013.
- Association for the Advancement of Medical Instrumentation/American National Standards Institute. American National Standard, ANSI/AAMI ST 79: Comprehensive guide to steam sterilization and sterility assurance in healthcare facilities. 2017.
- Association for the Advancement of Medical Instrumentation/American National Standards Institute. American National Standard, ANSI/AAMI ST 91: Flexible and semi-rigid endoscope processing in healthcare facilities. 2015.
- Joint Commission. Top standards compliance data announced for 2016. Joint Commission Perspectives. 2017;37(4):1, 3.
- Petersen B T, Chennat J, Cohen J, et al. Multisociety guideline on reprocessing flexible GI endoscopes. Infect Control Hosp Epidemiol. 2011;32:527-537.

Rosing J R. Bulletproof solutions for finding-free Joint Commission and CMS surveys. Workshop. OR Manager Conference 2017.

Rutala W A, Weber D J, CDC Healthcare Infection Control Practices Advisory Committee. Guideline for disinfection and sterilization in healthcare facilities. 2008.

Society of Gastroenterology Nurses and Associates. SGNA Standard of infection prevention in the gastroenterology setting. 2015.

Society of Gastroenterology Nurses and Associates. SGNA Standards of infection prevention in reprocessing flexible gastrointestinal endoscopes. 2015.

## Related Content

*For more on this topic, see these OR Manager articles:*

- *Joint Commission survey standards tighten for 2017 (December 2016; 1, 6-7, 12)*
- *DNV accreditation: A positive spin on survey preparation (March 2017; 16-17)*
- *CMS immediate jeopardy trail may lead to the OR (March 2017; 14-15, 21)*
- *Hospital accreditation standards expand beyond Joint Commission (July 2015; 1, 13-17)*
- *Preparation, policy compliance key to positive survey outcome (February 2016; 1, 7-9)*
- *Infection control noncompliance cited in high percentage of Joint Commission surveys (December 2015; 20-22)*