The Joint Commission

John D. Maurer
The Joint Commission
2017 Update

CMS Emergency Management Final Rule Impact to Standards

SAFER

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Engineering Department
The Joint Commission

CMS Emergency Management Final Rule

Joint Commission focus on deemed settings:
- Deemed Home Health Agencies (HHAs)
- Deemed Hospices
- Deemed Hospitals
- Deemed Critical Access Hospitals (CAHs)
- Deemed Ambulatory Surgical Centers (ASCs)

Plus: Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
CMS Emergency Management Final Rule (cont.)

- CMS Final Rule Overview
- Updating standards internally and with CMS

CMS Emergency Management Final Rule (cont.)

- Structure
  - Emergency Plan
  - Policies & Procedures
  - Communication Plan
  - Training & Testing
  - Integrated Healthcare Systems (option)
  - Transplant Hospitals
Emergency Plan

- Annual review and update – HHA/Hospice; ASC(RHC/FQHC)
- Community-based risk analysis – HHA/Hospice

Emergency Plan — New

- Continuity of operations & succession plans – HAP/CAH; ASC(RHC/FQHC); HHA/Hospice
- Document collaboration with local, tribal, regional, state, & federal EM officials – HAP/CAH; ASC(RHC/FQHC); HHA/Hospice
Policies & Procedures

- Annual update of P&Ps related to emergency management plan – ASC(RHC/FQHC); HHA/Hospice
- Scope of responsibilities for evacuated patients – ASC(RHC/FQHC); HHA/Hospice
- Communication with external sources of assistance for emergency response – ASC; HHA/Hospice

Policies & Procedures

- Role of volunteers & integration of federal health care workers – ASC(RHC/FQHC); HHA/Hospice
- Subsistence needs of sheltered/evacuated patients & staff – HHA/Hospice
- Inform state/local officials of on-duty staff & patients that can’t be located – HHA
Communication Plan — New

- Annual review and update – ASC(RHC/FQHC); HHA/Hospice
- Contact information on volunteers and tribal groups – HAP/CAH; ASC(RHC/FQHC)

Communication Plan — New (cont.)

- Contact information on sub-contractors, physicians, volunteers and tribal groups – HHA/Hospice
- Specify primary/secondary means of communicating w/external authorities – HHA/Hospice
- Means of providing information on condition/location of patients to community & local ICS – HHA/Hospice
Training & Testing — New

- Train all new/existing staff in emergency procedures annually & document training – ASC(RHC/FQHC); HHA/Hospice
- Train all new/existing staff, contractors, volunteers annually & document training – HAP/CAH

Training & Testing

- Number and Types of exercises: Facility/Community, Functional/Tabletop – HAP/CAH; HHA/Hospice; ASC(RHC/FQHC)
- Maintain current process
Additional Areas — New

- Integrated Healthcare Systems option – HAP/CAH; ASC(RHC/FQHC); HHA/Hospice

Additional Areas — New (cont.)

- Transplant Hospitals – HAP only
CMS Emergency Management
Final Rule – Next Steps

- Submit draft requirements for CMS feedback – June 2017
- Draft standards available to customers via extranet – July 2017
- Received CMS response with request for changes – August 2017
- CMS second review period – September 2017 – November 2017
- Standards Effective for Survey – November 15, 2017
- Final standards officially publish via Perspectives and JCOncline – upon CMS approval

STANDARD LEVEL
DEFICIENCY
CONDITION LEVEL
DEFICIENCY

CENTERS FOR MEDICAID & MEDICARE SERVICES
Condition Level Deficiencies

Determination is based on manner and degree

- **Manner**: prevalence, how pervasive, how widespread, number, frequency
- **Degree**: criticality, consequence, magnitude, how severe, how significant, how bad
- Collaboration among survey team members and Central Office staff

Condition Level Deficiencies (cont.)

- When Condition Level Deficiencies remain after clarification:
  - Follow up survey MUST occur within 45 calendar days of the last day of the accreditation survey
  - If the problem remains a second follow up survey MUST occur within 30 calendar days of the first follow up survey
  - Start correcting the issue immediately — DO NOT count on clarifying out of the problem
When Condition Level Deficiencies remain
- The follow up survey will focus on the RFIs that were determined to be condition level deficiencies
- The surveyors can score other issues that are identified during the onsite visit
- Failure to clear a condition level deficiency after the second survey results in notification of CMS and a decision of PDA

Governing body CoP (hospital):
- When any condition level deficiencies are identified during the survey
  - The Joint Commission is required by CMS to include a condition level deficiency in the leadership standards

Expect to see an RFI and Condition Level Deficiency at LD.01.03.01 EP 12*

* Effective January 2017
CMS Deeming Issue

- The Joint Commission is required to reconcile our Elements of Performance (EPs) with CMS Conditions of Participation (CoPs)
- CoPs are the expectations of compliance CMS has related to Medicare/Medicaid reimbursements
  - CoPs are based on federal laws

Survey Analysis For Evaluating Risk (SAFER™) Matrix

See also January 2017 Perspectives
What is SAFER™?

The Survey Analysis for Evaluating Risk™ (SAFER™) is a transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys. The additional information related to risk provided by the SAFER Matrix™ helps organizations prioritize and focus corrective actions.

What is SAFER™? (cont.)

The SAFER Matrix™ provides one, comprehensive visual representation of survey findings in which all Requirements for Improvement (RFIs) are plotted on the SAFER Matrix™ according to the likelihood of the issue to cause harm to patients, staff or visitors, in addition to how widespread the problem is, based on the surveyor’s observations.
What is SAFER™? (cont.)

- The SAFER Matrix™ replaces the current scoring methodology, which is based on predetermined categorizations of elements of performance (such as direct and indirect impact) – instead allowing surveyors to perform real-time, on-site evaluations of deficiencies. Placement of RFIs within the matrix will determine the level of detail required within each RFI's Evidence of Standards Compliance follow-up.

The Joint Commission’s Survey Analysis for Evaluating Risk (SAFER) Matrix™

- Immediate Threat to Life
- Likelihood to Harm a Patient/Staff/Visitor
- Scope: LIMITED, PATTERN, WIDESPREAD
Customer Impacts

- No more Direct and Indirect EP designations
- All ESC now 60-day time frame
  - Consolidated Evidence of Standards Compliance (ESC) into one time frame
- No more Measures of Success (MOS)
- No more Opportunities for Improvement (OFIs)
- See it/Cite it
- No more A or C categories

Survey Analysis for Evaluating Risk™ (SAFER™)

- A transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys
- Helps organizations prioritize and focus corrective actions
- Provides one, comprehensive visual representation of survey findings
- Replaces current scoring methodology
- Implementation: January 2017
The Joint Commission’s Survey Analysis for Evaluating Risk (SAFER) Matrix™ - Aggregate HOSPITAL Results

<table>
<thead>
<tr>
<th>Scope</th>
<th>Immediate Threat to Life</th>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>All 1.70%</td>
<td>All 1.84%</td>
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<tr>
<td></td>
<td>EC 4.33%</td>
<td>EC 2.54%</td>
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<tr>
<td></td>
<td>LS 0.45%</td>
<td>LS 1.36%</td>
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<tr>
<td>MODERATE</td>
<td>All 15.31%</td>
<td>All 15.08%</td>
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<tr>
<td></td>
<td>EC 15.78%</td>
<td>EC 17.56%</td>
</tr>
<tr>
<td></td>
<td>LS 17.19%</td>
<td>LS 18.1%</td>
</tr>
<tr>
<td>LOW</td>
<td>All 32.93%</td>
<td>All 15.12%</td>
</tr>
<tr>
<td></td>
<td>EC 21.37%</td>
<td>EC 16.28%</td>
</tr>
<tr>
<td></td>
<td>LS 29.86%</td>
<td>LS 18.10%</td>
</tr>
<tr>
<td>LIMITED</td>
<td>All 32.93%</td>
<td>All 7.80%</td>
</tr>
<tr>
<td></td>
<td>EC 21.37%</td>
<td>EC 9.67%</td>
</tr>
<tr>
<td></td>
<td>LS 29.86%</td>
<td>LS 8.60%</td>
</tr>
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Most Frequently Cited EC Standards

For Full and Initial Hospital surveys from 1/1/17 through 6/13/17

- Multiple ligature risks on inpatient psych unit with inadequate mitigation plans
- Other ligature risk issues
- Stained ceiling tiles, tears/holes in seamless floors
Most Frequently Cited LS Standards
For Full and Initial Hospital surveys from 1/1/17 through 6/13/17

In the Neonatal Intensive Care Unit it was observed that there was no fire alarm activation pull box located in the entire department.
Sprinkler missing escutcheon plate.
Sprinkler heads covered in dust/debris.
Shelving unit encroached clearance requirement for sprinkler.

Post-Survey Actions
What is Clarification?

“After a survey event, organizations have the opportunity to submit clarifying ESC if they believe that their organization was in compliance with a particular standard at the time of survey.”

ACC-59

Clarification

- Eligible
  - Observations made in error

- Ineligible
  - Required documentation; i.e. icon
  - SAFER placement
Evidence of Standards Compliance (ESC)

- ESC due within 60 days
  - 45 day ESC still applicable for organizations with a PDA decision
- All observations will require an ESC
  - OFI section of the report no longer applicable
- Findings of higher risk will require 2 additional ESC fields

Prioritized Follow-Up Action

<table>
<thead>
<tr>
<th>SAFER Matrix Placement</th>
<th>Required Follow-Up Activity</th>
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<tbody>
<tr>
<td>LOW / LIMITED</td>
<td>- 60 day Evidence of Standards Compliance (ESC) - ESC will include Who, What, When, and How sections</td>
</tr>
<tr>
<td>MODERATE / LIMITED, LOW / PATTERN, LOW / WIDESPREAD</td>
<td>- 60 day Evidence of Standards Compliance (ESC) - ESC will include Who, What, When, and How sections</td>
</tr>
<tr>
<td>MODERATE / PATTERN, MODERATE / WIDESPREAD</td>
<td>- 60 day Evidence of Standards Compliance (ESC) - ESC will include Who, What, When, and How sections - ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis - Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full triennial survey</td>
</tr>
<tr>
<td>HIGH / LIMITED, HIGH / PATTERN, HIGH / WIDESPREAD</td>
<td>- 60 day Evidence of Standards Compliance (ESC) - ESC will include Who, What, When, and How sections - ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis - Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full triennial survey</td>
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Note: If an Immediate Threat to Life (ITL) is discovered during a survey, the organization immediately receives a preliminary denial of accreditation (PDA) and, within 72 hours, must either eliminate the ITL or implement emergency interventions to elevate the risk to patients (within a maximum of 15 days to totally eliminate the ITL). Please see the Accreditation Process Chapter within the Comprehensive Accreditation Manual for more information.
Thank you!!

Questions??

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