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The Survey is Over!

Now the work begins!

Whew! You've just completed your unannounced accreditation survey by The Joint Commission. And whether you've had a five day survey with six surveyors or two days with two surveyors, it's been a busy week. It's time for a well-deserved vacation. Not quite yet!

The post-survey process requires coordination, planning and collaboration. Whether you've had a successful survey or have triggered a situational decision rule or screening thresholds, the Evidence of Standards Compliance (ESC) process must begin as soon as you receive the summary of findings (preliminary report) left onsite by your survey team. Here's a high-level roadmap for the post-survey process.

- Review Summary of Findings for any Requirements for Improvement (RFI) that may be clarified:
 - Clarifications will be due 10 business days after the survey report is posted to your extranet site – begin the process immediately!
 - Consider clarifying a RFI if the finding does not accurately reflect the compliance in your organization, it appears to be based on surveyor bias, the surveyor did not have the time to review all available documentation and data during survey or misinterpreted your process
- Begin work immediately, but re-evaluate ESC strategy when survey report is posted to the extranet (average posting time is approximately 5 days)
- Assign RFIs to the appropriate teams or individuals in your organization for draft responses. Be sure everyone follows TJC's format for ESC (what, who, when, how) and Clarifications (what, who, when, how, why. Engage the support of administrative and medical staff leadership in developing corrective actions.
- Remember – Clarifications must evidence that the organization was in compliance at the time of survey; ESC must demonstrate the actions taken by the organization to come into compliance after survey (and before the 45 or 60 day response timeframe).
- Be mindful of which EPs require a Measure of Success (MOS). For Clarification, an audit will need to be conducted for the 30 days prior to survey to demonstrate compliance. For ESC an evaluation method and target MOS will need to be developed and monitored for a four-month period.
- Create a timeline for ESC submission being mindful of the time needed to review drafts for completion, receive any required approvals, implement corrective actions (ESC) and input data into extranet site.
 - Clarifications – 10 business days (note, ESC due dates are re-set after TJC has made a determination on submitted Clarifications)

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- Direct Impact ESC – 45 calendar days
- Indirect Impact ESC – 60 calendar day
- Work closely with your TJC Account Executive to assure timely and complete submission of Clarifications and ESC.
- Assure plans of action and associated monitoring are implemented and that audit results are regularly reported to leadership until compliance is achieved and sustained.

A few practical tips based on the experiences of our colleagues:

1. Know your screening thresholds (see the “accreditation process” section of the appropriate accreditation manual).
2. Assure Clarifications and ESC are comprehensive and descriptive.
3. Be sure that Clarifications are factual and objective.
4. Assure plans of actions for ESC are to have been implemented prior to submission – MOS begins after the ESC is accepted by TJC.
5. Prioritize action planning based on criticality – address situational decision rules and direct impact EPs first.
6. TJC does require ESC for RFIs noted as “observed but corrected during survey.” Such RFIs will not count toward the screening threshold, but must have an action plan and, if required, a MOS.
7. Maintain all back-up documentation related to Clarifications and ESC, including MOS data, in the event of an ESC or MOS survey.
8. Develop well-defined evaluation methods and sampling processes for ESC requiring MOS.
9. For ESC that require a MOS, begin auditing early in the process to drive improvement and report results to leadership weekly to allow appropriate follow-up for non-compliance.

Comprehensive post-survey strategy and coordination is essential to completing the survey cycle and maintaining ongoing compliance with accreditation standards. So, while you might want to skip out of town the moment the surveyors exit your front door, don't book that holiday just yet!

For assistance with the post-survey process, contact C&A's Center for Survey Response at info@courtemanche-assocs.com and register for our August 9th webinar, "Maneuvering the Post Survey Process".



Were You Aware?

- According to TJC, the following 5 documents and processes require governing body approval:
 - Hospital Scope of Service (LD.01.03.01, EP3)
 - Structure of the Medical Staff (LD.01.05.01, EP4)
 - Leadership Conflict Management Process (LD.02.04.01, EP2)
 - Medical Staff Bylaws (MS.01.01.01, EP3)
 - Annual Operating and Long-Term Capital (when needed) Budgets (LD.04.01.03, EP4)

Note that in the April 2010 edition of "Were You Aware," C&A News reported, as a result from a communication with TJC staff, that Environment of Care Plans also required governing board approval. This is not required as clarified by TJC leadership. **Updated from April 2010.**

- To provide further clarification on the requirements of PPR Option 1, we have clarified with TJC that organizations must submit an attestation that they have completed a self-assessment against the standards and have selected Option 1. TJC has indicated that organizations may enter their data into the PPR tool if they choose and that data will not transmit to TJC. However, organizations selecting Option 1 are not required to enter the data into the PPR tool. **Updated from April 2010.**
- CMS has recently proposed revisions to the regulatory language related to the requirements for respiratory orders and credentialing and privileging of telemedicine physicians and practitioners. Final changes will be published in the Federal Register and we'll summarize those changes in a future edition of C&A News.
- Top scoring standards remain consistent (see May 2010 edition of The Joint Commission Perspectives), with several Life Safety and Environment of Care EPs in the top ten (see October 2009 edition of "Were You Aware"). Several other hot topics remain challenging for organizations:
 - Dating and timing medical record entries (RC.01.01.01) receipt, recording and authenticating of verbal orders (RC.02.03.07)
 - Organizations may consider several strategies to improve compliance with these challenges. Check out our tips [here!](#)
 - Safe storage of medications (MM.03.01.01)
 - Assure appropriate temperature controls are in place and that medications are stored in accordance with manufacturer guidelines
 - Maintain security of medications
 - Assure access to only authorized individuals
 - Be aware of areas that close on off-shifts and weekends
 - Round, frequently, for expired meds
 - Assure all appropriate staff are oriented, and have competency determined, for their role in the medication process (i.e., delivery personnel)
 - Medication ordering (MM.04.01.01)
 - Assure medication orders contain all required (by policy) elements
 - Any incomplete or illegible orders to be clarified before being acted upon
 - Time-out (UP.01.03.01)
 - Assure that all members of the surgical team actively participate in the time-out and that, at least, correct patient, site and procedure is verified
 - If more than one procedure will be performed and the proceduralist will change, a second time-out must be conducted

- Required Measures of Success (MOS) have been removed from several Elements of Performance. In addition, some EPs have changed from Category C to Category A requirements. Refer to the June 2010 edition of The Joint Commission Perspectives.

Technology Risks to Patient Safety

Sources & Solutions - Part 2

Technology-associated healthcare risks are real and will be familiar to many readers – they are the topics of discussion at safety and quality committee meetings in healthcare organizations across the country. C&A News has chosen to highlight several of these risks and provide mitigation recommendations based on a recent publication of ECRI(1) as well as our own experiences in working with healthcare organizations to improve patient safety.

- Surgical Fires – Fires in surgical suites can quickly cause patient and staff injury. Modern technology and use of oxygen can create significant risk. Strategies to reduce that risk include:
 - Access and adherence to manufacturers' recommendations for handling and use for each piece of equipment being mindful of lasers, electrocautery and other potential ignition sources.
 - Assure staff is aware of fire risks and their role in responding to a smoke or fire event.
 - Review use of surgical site preparation techniques and products. Assure alcohol-containing prep fluids are fully dry prior to final draping and start of case.
 - Use only air, not 100% oxygen, for open delivery to upper body, head and face surgery, unless the patient must have oxygen.
- Retained Objects and Devices – Retained foreign bodies include not just the traditional sponges or clamps, but also fragments of devices such as catheters. This increase the risk of infections and other complications, requiring subsequent surgeries. Some tips for addressing this issue:
 - Assure appropriate procedures for counting within the surgical and procedural settings (include areas such as Cardiac Catheterization and Interventional Radiology).
 - Visual inspect all devices before and after use.
 - Use caution when experiencing resistance when removing devices during surgery. Forcing removal could cause the device to break.

(1) Reference: www.ecri.org, Health Devices, November 2009, Vol. 38, No. 11. See the April 2010 edition of C&A News for Part 1 of this series.