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How to Prepare for a Successful Joint Commission Visit

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If the Joint
Commission
walked into
your hospital
unannounced
for an inspection,
would you pass?
Complying with
state and federal
regulations
is critical for
hospitals to

receive funding, attract patients, and, most importantly, deliver safe, high-quality care. One of the best ways to demonstrate an organization's dedication to compliance is by achieving certification from The Joint Commission (TJC), formerly knowns as The Joint Commission on Accreditation of Healthcare

Organizations (JCAHO). Achieving and maintaining Joint Commission accreditation and/or certification is a rigorous and ongoing process. With Joint Commission survey visits occurring for some facilities without notification, healthcare organizations must be diligent in adhering to compliance requirements as part of their daily operating procedures. The following provides useful strategies for OR directors to ensure they and their staff members are prepared for a Joint Commission visit.

ASSUME EVERY DAY IS THE DAY

Conducting processes every day as if The Joint Commission will be conducting a survey that day is the safest way to operate your OR to ensure it successfully passes a review. One opportunity to ensure compliance with

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required operating procedures is to create a daily audit form that outlines all of the OR standards to which staff members must adhere. This audit form should include any requirements that would be reviewed by The Joint Commission during a survey, such as:

- Ensuring hallways are clear of debris and clutter
- Removing expired medications from the OR
- Storing, refrigerating, and securing medication appropriately after cases
- Locking anesthesia carts between cases and after hours
- Maintaining acceptable temperature and humidity levels in the ORs and recovery rooms
- Cleaning, disinfecting, and sterilizing the OR between procedures
- Practicing infection control through hand hygiene
- Conducting surgery time immediately before planned procedure is initiated
- Documenting post-op notes appropriately

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that would be
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surveyors.

These are just a few examples of compliance requirements that ORs should adhere to every day if they are to be expected to pass a Joint Commission survey. By creating an audit form, sharing it with your staff members, and documenting

adherence to each requirement as part of your everyday processes, your OR and your staff will be in a constant state of compliance and preparedness.

CONDUCT YOUR OWN SURVEY

Prepping for Joint Commission surveys can be simplified by conducting your own internal mock surveys based on the same criteria that would be reviewed by Joint Commission surveyors. A mock survey should include conducting staff member interviews based on the same questions Joint Commission surveyors will ask during their visit, and the mock survey should thoroughly review any OR-related processes that will be part of the Joint Commission's survey, including:

- Documentation
- Environment of care management
- Equipment management
- Infection prevention and control procedures
- Medication management
- Overall facility management
- Provision of care, treatment, and services
- Supplies management

If issues are found, use these opportunities to educate staff members on reasons for the noncompliance status and explain how they can implement corrective measures. Additionally, document action plans based on the results of the mock survey and assign deadlines to each entry to ensure they are corrected in a timely manner. Conducing mock surveys regularly, preferably unannounced, will help your team become

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accustomed to having their processes and procedures closely reviewed for Joint Commission compliance.

CREATE A COMPLIANCE CULTURE BASED ON ACTIVE OBSERVATION

Encourage your team members to practice actively observing their surroundings so that issues can be identified and reported, which will help reduce compliance concerns.

People can easily form a habit of overlooking issues in their environment, either because they don't recognize the issues or the issues have always existed, so they seem normal. You should work with your staff members to help

them see their environment with fresh eyes like an outside observer would. Encourage your team members to practice actively observing their surroundings so that issues can be identified and reported, which will help reduce compliance concerns. As an example, they may not have consciously realized items such as the following would result in noncompliance during a Joint Commission survey:

- A fire door propped open
- Boxes placed in a hallway
- A broken latch on a storage cabinet
- Unsecured medical records

One way to encourage active observation is by walking the ORs and surrounding areas with staff members. If you see an issue, let them know there is a problem in that area and ask them to point it out to you. As staff members become more active in observing their surroundings, they will begin reporting these issues. When this occurs, you should work to resolve these problems as quickly as possible. This effort will encourage staff members to continue communicating issues rather than grow accustomed to them.

Prepping for a Joint Commission survey can be overwhelming and stressful for your team, especially if they haven't been sufficiently prepared. Part of your job should be to work with them every day to integrate Joint Commission requirements into their processes so that compliance is a natural part of their responsibilities. Implementing methods such as these to educate staff members on Joint Commission requirements will result in greater success for your OR and your hospital. You will be in a constant state of survey preparedness rather than seeking ways to quickly prepare for a survey in a short period of time, assuming you receive notification prior to a survey being conducted.

SpecialtyCare, a Joint Commission certified and accredited organization, was recertified on June 8, 2016, passing with a score of 100% and no deficiencies. During our review, the surveyor noted that we were especially strong in the areas of retention (longevity of clinicians), education (resources and training), and quality of staff (highly educated and passionate). SpecialtyCare's ongoing commitment to quality and compliance, as represented by our Joint Commission certification, is vital to our ability to continue providing outstanding patient care. In

We're aligned to your goals

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addition to our Joint Commission certification, SpecialtyCare maintains a comprehensive compliance program to help protect our business partners and to support our belief that providers should be good stewards of the business side of healthcare. At SpecialtyCare, we provide unsurpassed clinical excellence that can help our customers realize the best outcomes for their patients, and we work every day to achieve these goals by performing our jobs the right way, which includes adhering to Joint Commission and compliance requirements.

Stephanie McCoy, BBA, CPCS, is SpecialtyCare's Director of Credentialing and Accreditation. She manages the company's credentialing department, which supports approximately 1,500 clinical professionals who work in more than 1,200 hospitals across the country. Stephanie, a Certified Provider Credentialing Specialist, has successfully led SpecialtyCare to certification and accreditation by The Joint Commission and is responsible for ongoing adherence to its standards and requirements.

SpecialtyCare is your partner for improved outcomes, patient safety, and financial results. We work with thousands of physicians every day, assisting in the delivery of exceptional care. Our expert clinicians are highly trained, certified, and work as integrated members of your team, dedicated to helping make your operating room as efficient as possible. When you want the certainty of clinical excellence, choose SpecialtyCare.

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3 Maryland Farms
Suite 200
Brentwood, TN 37203
800.348.4565
Learn more at www.specialtycare.net

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