Unannounced visit looms
HOSPITAL SCURRIES TO PREPARE FOR
JOINT COMMISSION VISIT

As the clock ticks toward the still-unknown day sometime this year that the Joint Commission will arrive, key executives and the hospital’s Department of Clinical Excellence and Patient Safety, working closely with Ambulatory Services, are busily identifying and shoring up areas they think the surveyors may question.

As part of the preparation for the weeklong visit by a team of surveyors from the commission – the agency responsible for accrediting hospitals for compliance with patient safety and quality of care goals – vice presidents assigned to different chapters in the Joint Commission manual have made presentations to Executive Council on “areas of vulnerability,” says Kristin Stocker, RN, coordinator of regulatory affairs.

Searching for solutions. “Executive Council is trying to come up with plans for more complete, faster implementation of processes to address issues of non-compliance,” notes Stocker, who is heading the preparation efforts.

Some issues resist simple solutions, Stocker adds. For example, multiple information systems that don’t “talk” to one another – including those used in the Emergency Department, outpatient clinics and inpatient units – can impede patient care.

Tracing a patient’s path of care. “Patient information is isolated in systems that not every caregiver has access to,” she points out, “and although we are working out solutions to share information, such a weakness can be exposed during a Joint Commission visit,” because surveyors use a “tracer methodology” to evaluate patient care.

“They pick a patient, then ‘trace’ his or her care with a nurse,” she states. “If a provider has no access to the information or is unfamiliar with using an information system, it’s hard to talk with a surveyor about an episode of care.”

Hospital units will soon do mock tracers to help prepare for the actual visit, and develop solutions to problems that come to light, Stocker says.

“The ‘surveyors’ will follow a patient’s episode of care, looking at the assessment, the plan of care, reassessment, and revision of the plan,” she notes. “They’ll also ask questions, including whether the patient has an advance directive, a record of medications, documentation of care and evaluation of that care.”
Reaching the masses. Educating the staff about the Joint Commission’s standards, as well as hospital policy, is another key piece of the preparation process, Stocker says. Much of the information has been disseminated electronically. Ambulatory Services, she adds, took the extra precaution of bringing in all employees for a review of every chapter of the manual.

“That approach isn’t feasible in the inpatient setting,” Stocker observes, “because staff works 24/7 taking care of patients.” She says her department will present the information to medical directors and managers, and ask them to make sure staff receive it.

“It’s still hard to know if the information flows down,” she concedes.

Stocker says the hospital also continues to search for the best way to educate attending physicians and residents about the Joint Commission visit and how to get ready for it. Getting information to residents, who keep irregular schedules, has proven particularly difficult.

“We’re exploring ways to accomplish that,” she states. One probable approach: creating a handout designed specifically for physicians explaining what they need to do for a survey, such as making sure to obtain full signature on an informed consent form.

Preparation is job 1. Stocker stresses that there is plenty units and individuals can do to improve their survey readiness.

“Units can prepare their own checklists and do assessments of their environment,” she notes. “They can review what to do, for example, if a tornado comes or how to check needle containers.”

The so-called Little Gold Book, prepared and recently revised by Clinical Excellence and Patient Safety (it’s available through Documents on Demand on iAmaze), is a key resource for employees, Stocker says. The book includes a wealth of patient safety and quality care information, as well as details on hospital and Joint Commission policy.

“Employees should be prepared to pull the book out if a Joint Commission surveyor approaches them with a question,” Stocker advises. “The morning of the survey, everyone should read through the index to familiarize themselves with it. If you don’t know what’s in it, it can’t help you,” she adds.

“None of the survey is about recalling information from memory,” Stocker concludes. “The key is to know where to go to find the information.”