Preparing for your Joint Commission Survey

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Roadmap to Accreditation – 7 Steps

1. Accreditation Overview
2. Assess Your Readiness
3. Apply for Accreditation
4. Prepare for Survey
5. Complete Post-Survey Process
6. Celebrate and Publicize Your Achievement
7. Maintain Survey Readiness

Session Objectives

1. Provide an overview of The Joint Commission Laboratory Accreditation
2. Outline Recommendations for Survey Preparedness
3. Understand the Tracer Methodology Approach
4. Explain Joint Commission Accreditation Report
5. Provide Resources for Accreditation
6. Question and Answers

Overview of Joint Commission Laboratory Accreditation

The Joint Commission Laboratory Accreditation

- Evaluating hospital laboratory services since 1979
- Evaluating freestanding laboratories since 1995
- Accredits more than 1,500 labs representing almost 2,000 CLIA numbers
- CLIA-deemed program
- California-deemed program
- Recognized by SART for IVF laboratories

Eligibility

- Located in the United States or its territories
- If required by law, has a facility license, CLIA license, or registration to conduct its scope of services
- Provides non-waived services
- Testing for a minimum of four months prior to survey
- View complete list of eligibility requirements: www.jointcommission.org/eligibility_for_laboratory_accreditation/

Settings We Accredit

- Laboratories in hospitals, clinics, nursing care facilities, home care, behavioral health care, ambulatory sites and physician offices
- Reference laboratories
- Freestanding labs, such as assisted reproductive technology laboratories
- Blood transfusion and donor center laboratories
- Public health laboratories
- Point-of-care test sites in patient care areas

Accreditation Survey Options

Multi-organization Survey	Concurrent Survey Option	Early Survey Option
– Corporate orientation and summation – Surveys with same team leader – Accredit the individual laboratories, not the system	– Surveys of participating laboratories at the same time – Each laboratory will receive a separate accreditation	– Two part survey process – First survey uses a limited set of standards

Unique TJC Survey Approach

- Employed experienced surveyor cadre review entire scope of lab testing process
- Unique tracer methodology
- Non-prescriptive standards
- National Patient Safety Goals
- SAFER matrix which helps identify risk levels

The Joint Commission Hospital and Laboratory Accreditation

- Same high quality gold standard you rely on for your hospital accreditation can also accredit your laboratory
- 11 of 13 chapters shared with hospital standards
- Ability to speak the same language throughout your organizations
- Strengthens the connection between the laboratory, hospital leadership and staff

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Survey Focus

1. Quality Improvement
2. Partnership
3. Education
4. Patient Impact and Outcome Vs Process – focused

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Survey Preparation

Survey Preparation Highlights

Survey Activity Guide (SAG)

1. Survey Agenda
2. Survey Sessions

Standard Requirements

1. 13 Chapters
2. Applicability Grid

Gauging Readiness

1. Perform Self-Assessment
2. Use Prompts
3. Use Written Documentation Checklists
4. Conduct Mock Tracers

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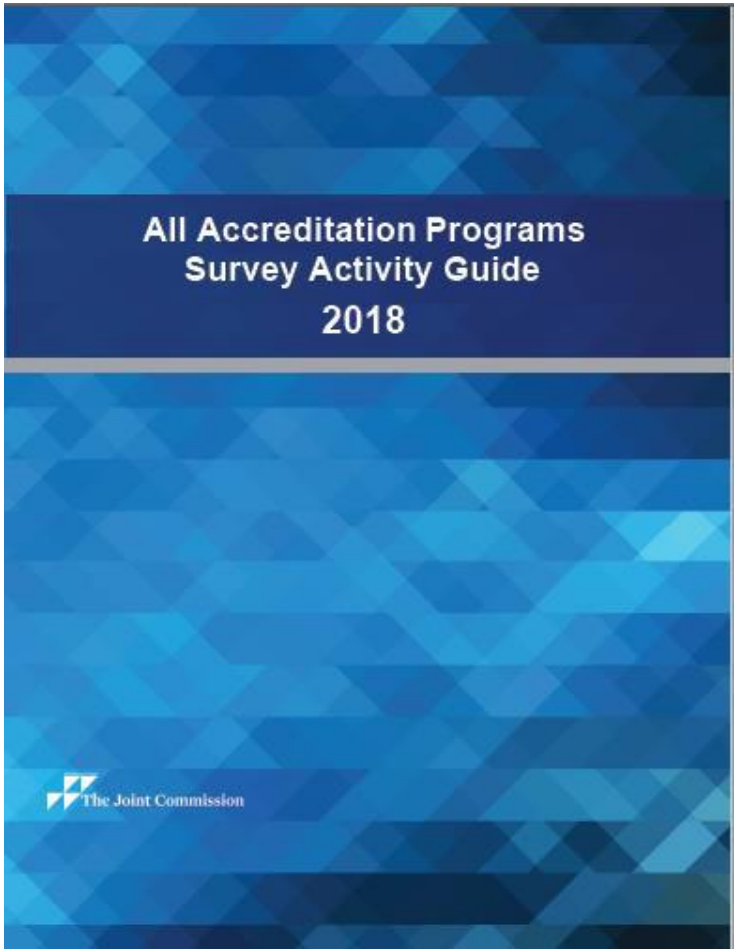
Survey Activity Guide (SAG)

Includes:

- Abstract of each survey activity
  - Overview of session
  - Session objectives
  - Logistical needs
  - Suggested participants
- Indicates general order of sessions
- Document List



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Sample Day Activities

1. Opening Meeting
2. Regulatory Review
3. Performance Improvements
4. Area of Specialty
   - Laboratory Tour
   - Proficiency Testing Validation
   - Competency Review
   - Tracer Activities
   - HR Records
5. Issue Resolution

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SAG: What to Expect

Organization Review

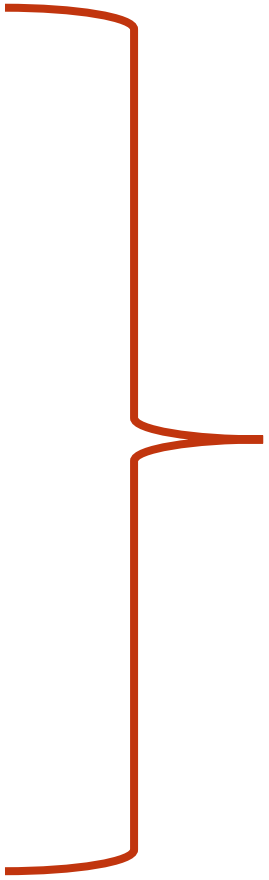
1. CLIA certificates and state licenses
2. Proficiency Testing
3. Performance Improvement

Laboratory Compliance

1. Quality Control
2. Validation, calibration, correlation

Personnel Competencies

1. CLIA requirements
2. CMS Form 209
3. Use Written Documentation Checklists

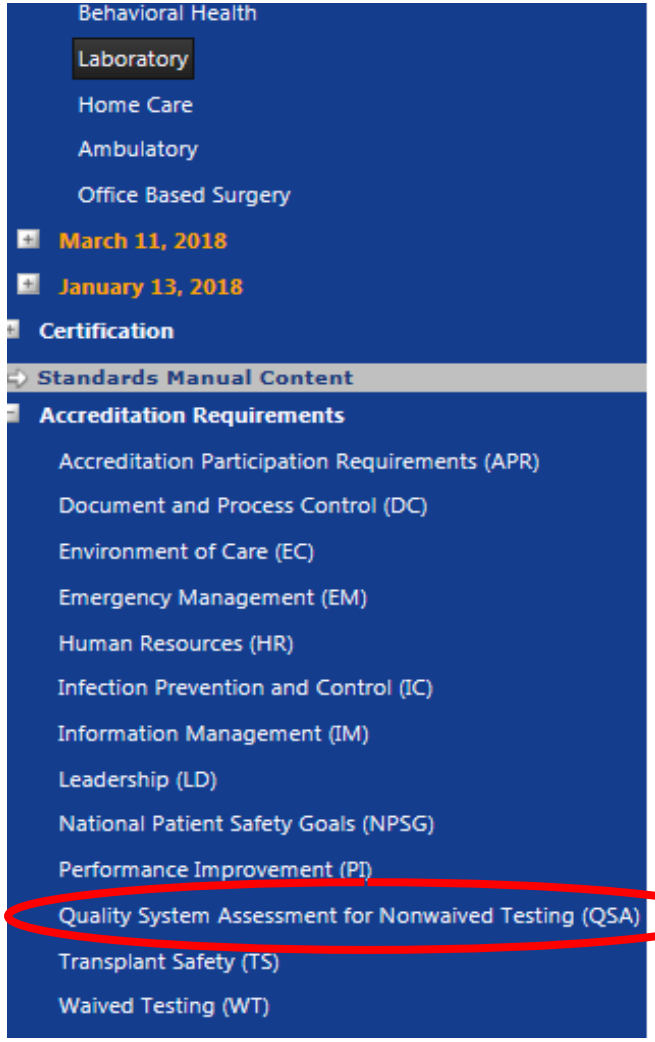


Standard Requirements

Available Electronically (E-Dition) or Paper Manual

13 Standard Chapters

1. Accreditation Participation Requirements
2. Document Control
3. Environment of Care
4. Emergency Management
5. Human Resources
6. Infection Control and Prevention
7. Information Management
8. Leadership
9. National Patient Safety Goal
10. Quality System Assessment
11. Performance Improvement
12. Transplant Safety
13. Waived Testing



Quality System Assessments (QSA) Chapter

- QSA 01s – PT
- QSA 02s – General QC
- QSA 03s – Autopsy
- QSA 04s – Microbiology
- QSA 05s – Blood Transfusion
- QSA 06s – Clinical Chemistry
- QSA 07s – Urinalysis
- QSA 08s – Cytology
- QSA 09s – Cytogenetics
- QSA 10s – Embryology

Standards Applicability Process

Which Standards Apply?

- Standards Applicability Grid located in the *CAMLAB*
- Electronic filtering by service in E-dition via the Service Profile

Standard/ Requirement Number	EP Number	Blood Donor Center	Chemistry		Clinical Cyto-gen-etics		Diagnostic Immunology	Embryology	Histocompatibility	Hematology			Immu-nohem-atology		Microbiology				Molecular Biology	Pathology				Radiobioassay	Provider-Performed Microscopy (PPM)	Tissue Storage	Waived Testing
			Toxicology/Endocrinology/ Routine Chemistry	Urinalysis	Clinical Cytogenetics	Immunogenetics				Andrology	Flowcytometry	Hematology/Coagulation	Blood Transfusion	All Other Immunohematology	Bacteriology/Mycobacteriology/ Mycology	Culture Set-up Only	Parasitology	Virology		Autopsy Services	Cytology (gynecological and nongynecological)	Electron Microscopy	Histopathology, Oral Pathology, Dermatopathology				
APR.01.01.01	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
APR.01.02.01	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
APR.01.03.01	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
APR.02.01.01	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
APR.03.01.01	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			

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Gauge Your Readiness

Conduct a Self-Assessment

- Perform a self-assessment, identify opportunities for improvement, and implement changes as needed.

Use Prompts and Written Documentation Checklists to Assess Compliance

- See examples (next slide)
- Available by request: qualitylabs@jointcommission.org

Identify Gaps in Compliance

- Document areas of improvement, assign completion dates for each gap identified

ENVIRONMENT OF CARE (EC)

PROMPTS TO ASSESS YOUR COMPLIANCE

Please Note: *Tips do not represent new accreditation requirements. They are intended to provide helpful strategies for standard compliance.*

PROMPTS	TIPS
(EC.02.01.03) Is the no-smoking policy up-to-date and enforced as written? ***(EC.02.02.01)*** Have all hazardous materials and waste been identified and addressed in the spills and exposure plan?	Review inventory and evaluate all hazardous materials or waste; also evaluate laboratory's policy with managing such materials.

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Where Documentation is Required

WRITTEN DOCUMENTATION CHECKLIST

This worksheet lists element of performance (EPs) that require written documentation that a surveyor could ask to see during a survey to show compliance with a standard.

(Note: Documentation can be on paper or in an electronic format)

ENVIRONMENT OF CARE (EC)			
	STANDARD AND EP	REQUIRED WRITTEN DOCUMENTATION	DATE LAST VERIFIED
	EC.01.01.01, EP 3	The laboratory has a written plan for providing a safe environment for everyone who enters the laboratory's facilities. (See also EC.04.01.01, EP 15)	
	EC.01.01.01, EP 4	The laboratory has a written plan for providing a secure environment for everyone who enters the laboratory's facilities. (See also EC.04.01.01, EP 15)	
	EC.01.01.01, EP 5	The laboratory has a written plan for managing the following: Hazardous materials and waste. (See also EC.04.01.01, EP 15)	
	EC.01.01.01, EP 6	The laboratory has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)	

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Tracer Methodology Approach

Tracer Methodology

Evaluates the following

- Compliance with standards and National Patient Safety Goals (NPSGs)
- Consistent adherence to policy
- Communication within and between departments/programs/services
- Staff competency
- Personnel requirements and qualifications
- The physical environment as it relates to the safety of patients, visitors, and staff

Tracer Methodology

- Patients are the framework
- Follows the experience of care
- Begins with a test result
- Includes preanalytics and postanalytics
- Involves multiple staff, the patient, and even family
- **Four month track** record of compliance observed for all specialties and subspecialties for initial surveys

Documents Reviewed

- Instrument maintenance records, calibration verification, quality control, correlations
- Policies and procedures
- Employee competency and qualifications
- Blood utilization review
- Process improvement
- Patient medical records
- Waste disposal records
- Tissue storage records

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Interview Laboratory Staff About…

- Processes and compliance with standards
- Intradepartment and interdepartment communication
- Address data use
- Processes and roles to minimize risk
- National Patient Safety Goals
- Orientation, training and competency
- Workload issues
- Validation of information learned

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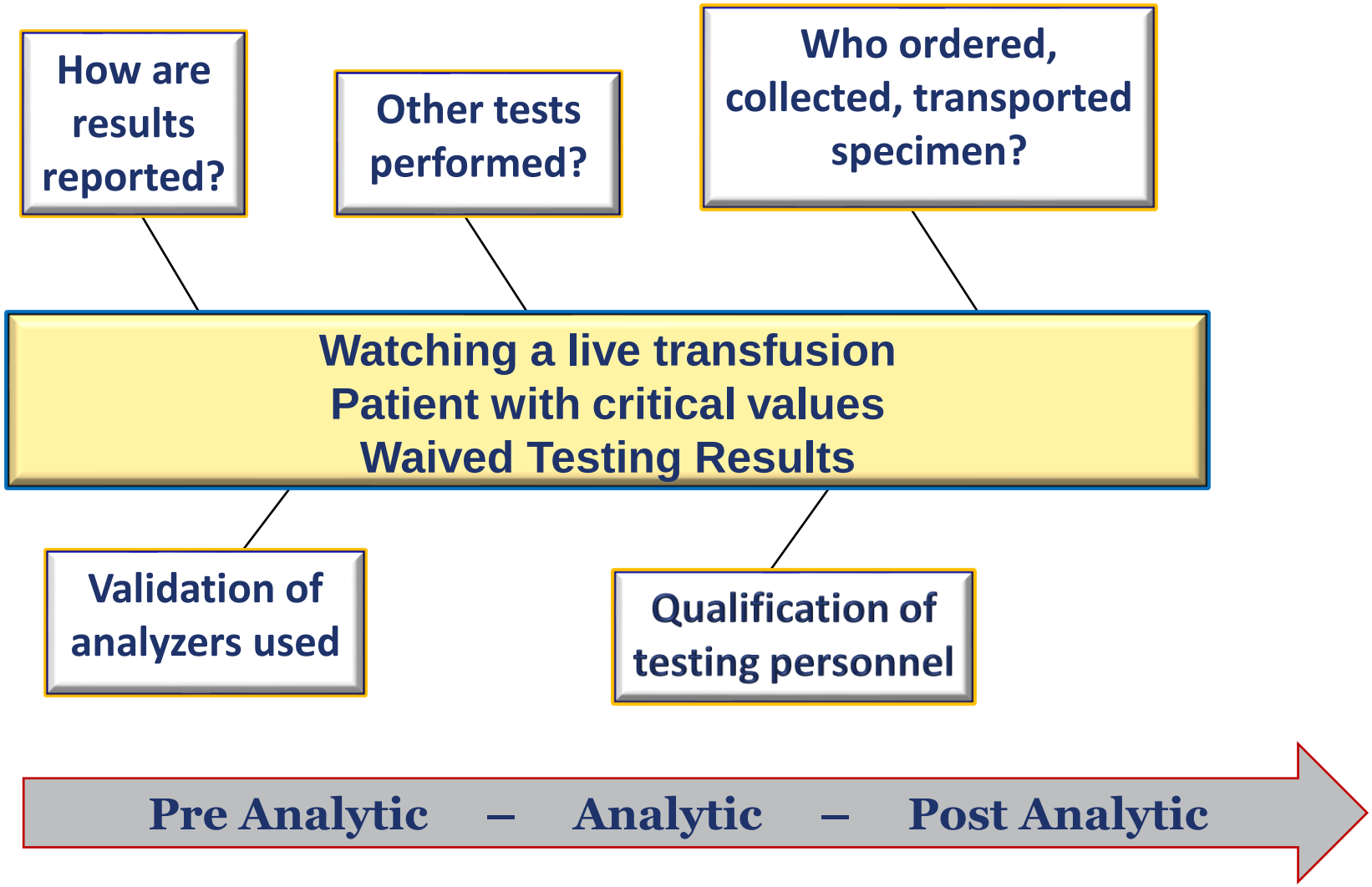
Sample Tracer



Tracer Methodology Toolkit

Guidance for how to prepare for Tracers during survey includes:

- Starting points for Tracers Guidance on Areas of Specialty
- Tips Checklist Mock Tracer
- Sample Tracer Questions

MOCK TRACER TRACKING WORKSHEET FOR LABORATORIES

Use this worksheet to record notes and areas of concern that your team identifies while conducting your organization's mock tracers. This information can be used to highlight a good practice or to determine issues that may require further follow-up. "Yes" or "No" indicates whether the staff member interviewed during the tracer answered the question correctly.

TRACER QUESTIONS	YES	NO	FOLLOW-UP NEEDED	COMMENTS OR NOTES
Describe your laboratory process to handle transfusion reactions				
What training and orientation have been provided to laboratory staff to handle transfusion reactions?				
What data and analysis have you done on the incidence of transfusion reactions in your organization?				
What measures have you introduced, if any, to reduce the incidence of transfusion reactions?				
What initial assessment do you perform for new transfusion patients?				
What were the specimen collection requirements for the tests performed for this tracer patient?				

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Survey Report

Joint Commission's Accreditation Report

SAFER Matrix

The Joint Commission has developed the Survey Analysis for Evaluating Risk (SAFER)™ matrix

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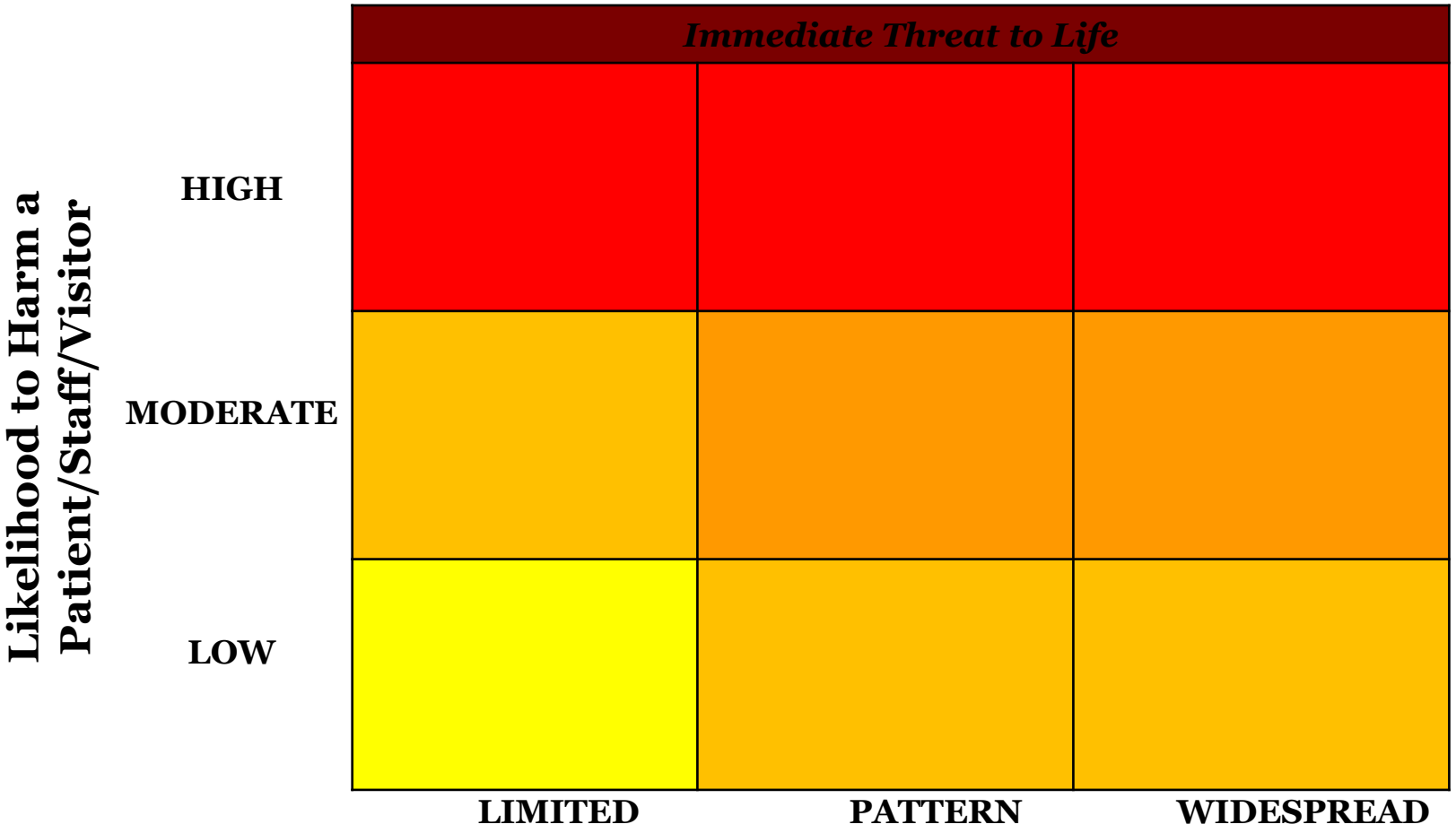
The SAFER Matrix™



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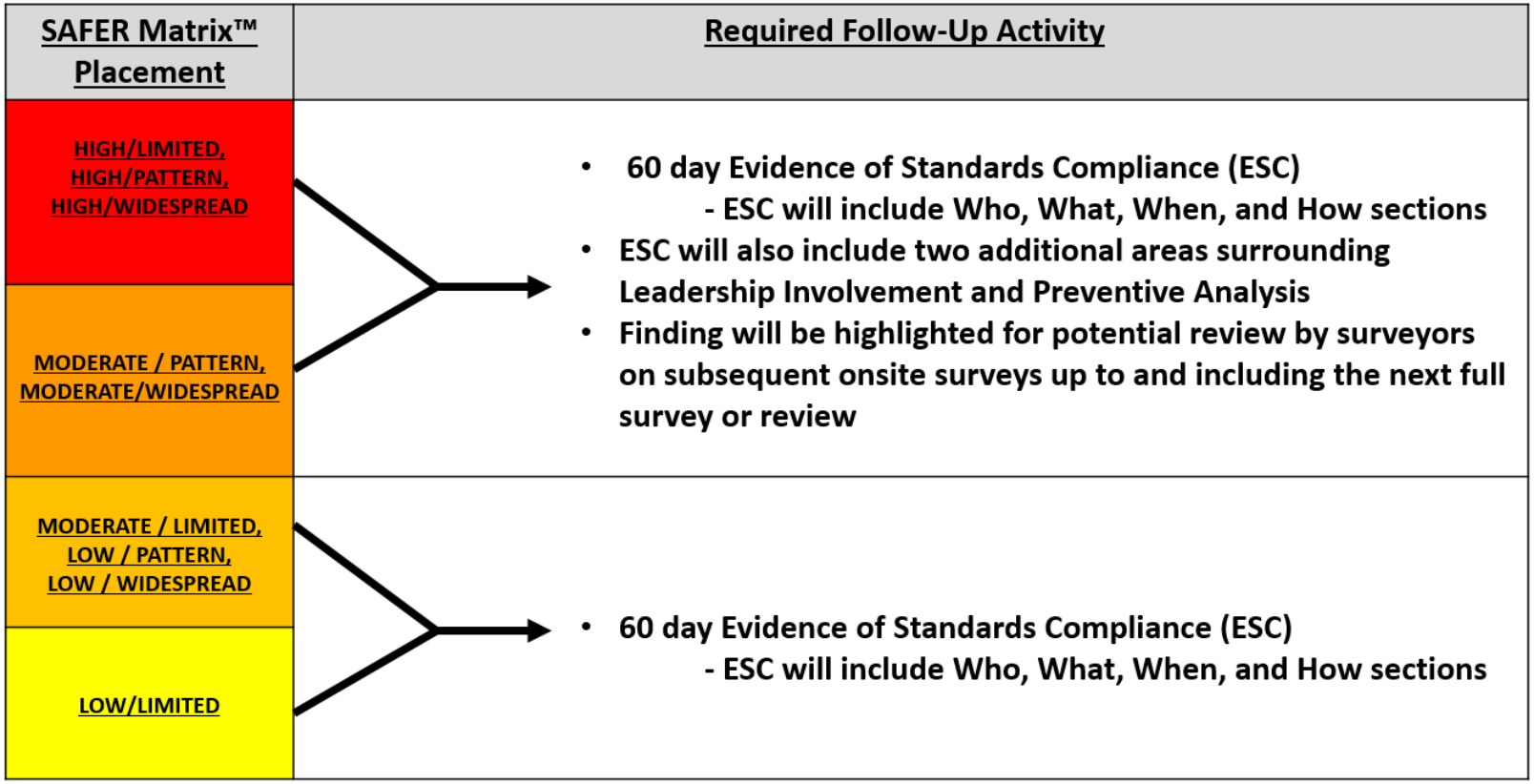
The SAFER Matrix™



Note: If an Immediate Threat to Health and Safety, also known as 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 entirely eliminate the ITL or implement emergency interventions to abate the risk to patients (with a maximum of 23 days to totally eliminate the ITL). Please see the Accreditation Process Chapter within the Comprehensive Accreditation Manual for more information.

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Accreditation Resources

Continuous Compliance

Especially for Customers

- **Leading Practice Library:** Real-life solutions from accredited organizations
- **Perspectives:** Joint Commission's official monthly e-periodical
- **Intracycle Monitoring Resources:** Tools to maintain peak performance throughout accreditation cycle
- **Laboratory Tools:** Proficiency Testing, CLIA Resources, IQCP Example
- **Targeted Solutions Tool:** Customized solutions to prevalent issues including hand hygiene, hand off communication

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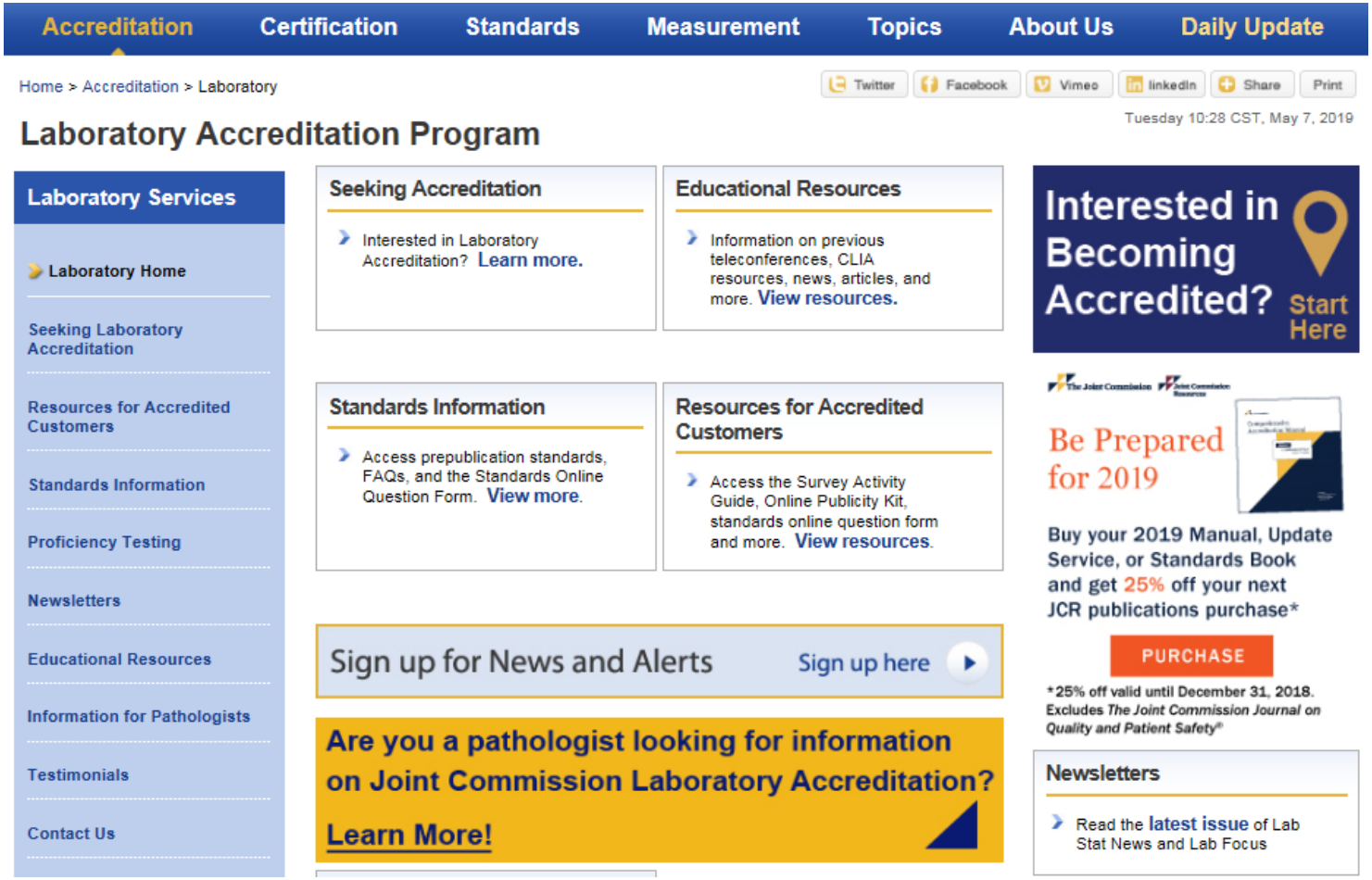
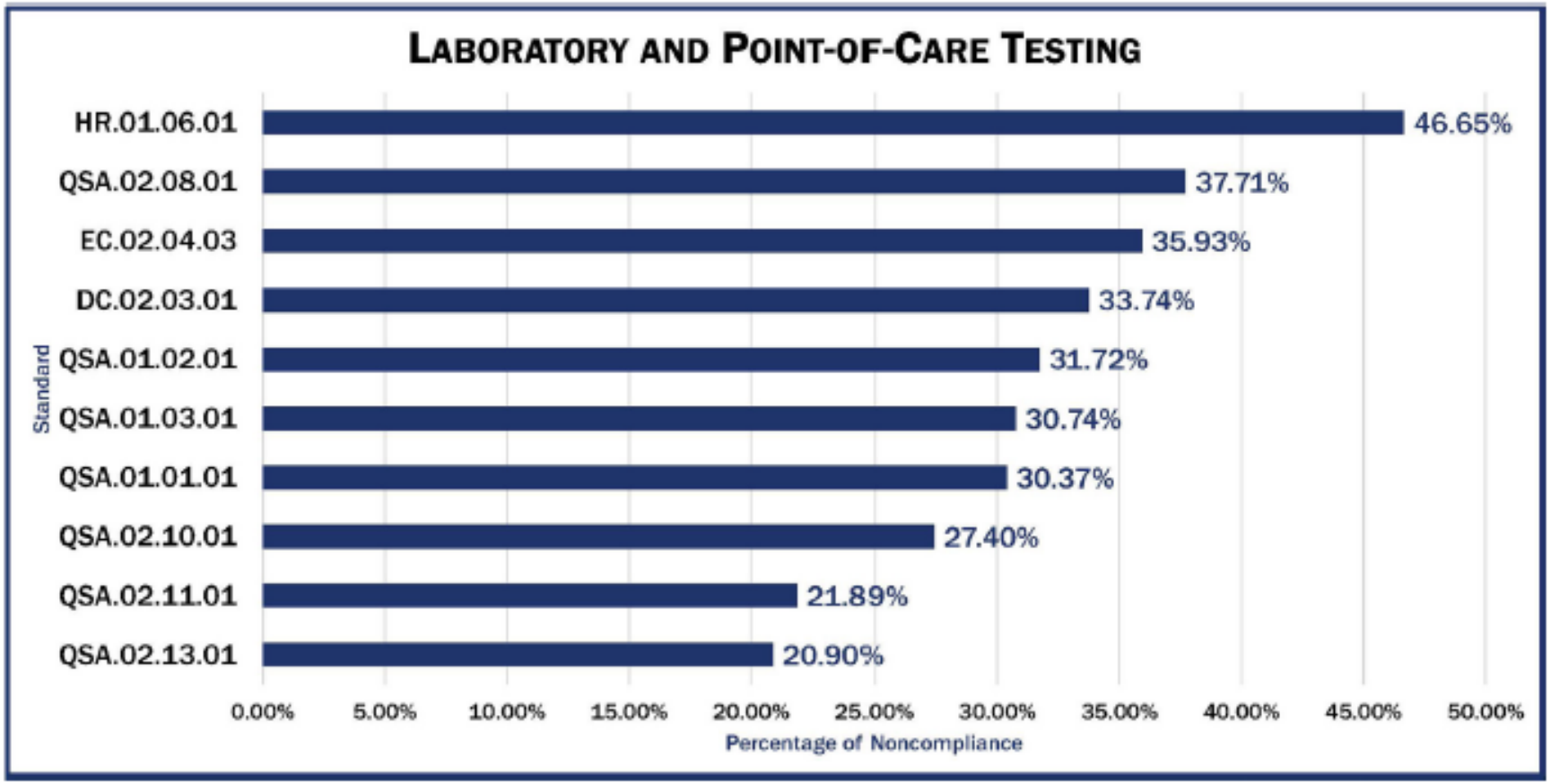
Laboratory Accreditation Web Site

www.jointcommission.org/accreditation/laboratory.aspx



2018 Top Standards Noncompliance Data



Note: *The data included for the laboratory program were derived from an average of 721 applicable surveys.*

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Summary

- ☑ Joint Commission Lab Accreditation Overview
- ☑ Survey Preparedness
- ☑ Tracer Methodology Approach
- ☑ Joint Commission Accreditation Report
- ☑ Resources for Accreditation

Questions/Suggestions

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These slides are current as of May 09, 2019. The Joint Commission reserves the right to change the content of the information, as appropriate.