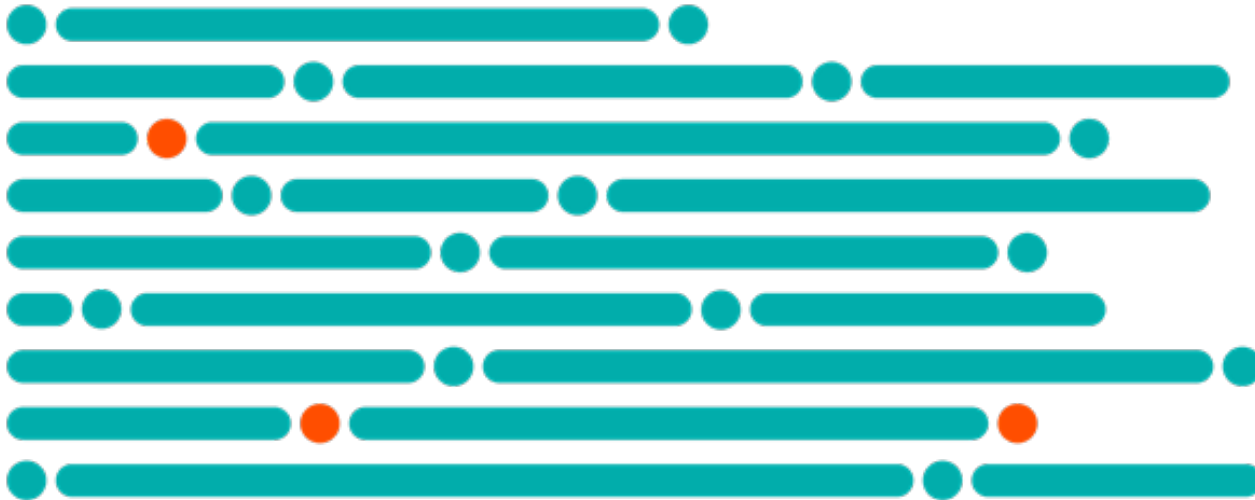


# Continuous patient readiness plan

January 2016



## Vizient accreditation services

Is your hospital or clinic ready for every patient every time? That is the goal of health care leaders. Meeting accreditation and regulation standards is just the foundation. At Vizient, we help you stay on top of changes and challenges in accreditation and regulatory standards.

For example, every month we review communications about new and changing requirements from the Centers for Medicare & Medicaid Services, The Joint Commission and other agencies. We summarize them in a “continuous patient readiness plan” format that helps you figure out what you need to do in the time frame required.

These plans and other resources and services are all available to you as a Vizient member:

- Online resources — plans for implementing new requirements, tips and checklists for survey activities and white papers on leading practices
- Education — webinars, workshops, orientation programs and more
- Networking — opportunities for mentoring and collaboration
- Advisory services — on-site assessments, coaching and training

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Topic/source	Requirement	Operational partner	Current state (gap analysis)	Action needed to close the gap with target implementation data	Compliance status as of effective date
CMS update					
CMS announces infection control assessment pilot	<p><b>Project Overview:</b> The Centers for Medicare &amp; Medicaid Services (CMS) has begun a three year pilot project to improve assessment of infection control and prevention regulations in nursing homes, hospitals, and during transitions of care. • Survey details: All surveys during the pilot will be educational surveys (no citations will be issued) and will be conducted by a national contractor. New surveyor tools and processes will be developed and tested, focusing on existing regulations as well as recommended practices (such as those for antibiotic stewardship and transitions of care). Ten pilot surveys to be conducted in Fiscal Year (FY) 2016 will occur in nursing homes. Surveys in FY17 and FY18 will be conducted in nursing homes and hospitals.</p> <p><b>Project Outcomes:</b> New surveyor infection control tools and survey processes that can be used to optimize assessment of new infection control regulations.</p> <p>Survey &amp; Certification memo 16-05 Infection Control  <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-05.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-05.pdf</a></p> <p>Recommendations: Review for informational purposes</p>	Infection prevention/ case managers/ discharge planners			
CDC update					
Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care	<p>This is a summary of infection prevention recommendations for outpatient (ambulatory care) settings which reflect existing evidence-based guidelines produced by the Centers for Disease Control and Prevention and the Healthcare Infection Control Practices Advisory Committee. This summary guide is based primarily upon elements of Standard Precautions and represents the minimum infection prevention expectations for safe care in ambulatory care settings.</p> <p><a href="http://www.cdc.gov/hai/pdfs/guidelines/Ambulatory-Care+Checklist_508_11_2015.pdf">http://www.cdc.gov/hai/pdfs/guidelines/Ambulatory-Care+Checklist_508_11_2015.pdf</a></p> <p>Recommendations: Review summary guide and compare to infection prevention practices in ambulatory areas</p>	Infection prevention/ ambulatory care leaders			

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OSHA update OSHA expands hazards policy enforcement	<p><b>For Hospitals, nursing homes, care centers and residential care facilities</b></p> <p>OSHA inspections triggered by unprogrammed activities (i.e. complaint by worker or observation by state/federal agency on site) and programmed activities (i.e. facilities selected on randomized lists generated from trusted databases)</p> <p>Focus on five areas</p> <ul style="list-style-type: none"> <li>• Musculoskeletal disorders</li> <li>• Bloodborne pathogens</li> <li>• Tuberculosis</li> <li>• Workplace violence</li> <li>• Slips/Trips/Falls</li> </ul> <p>To prepare for OSHA inspection</p> <ul style="list-style-type: none"> <li>• Review hazard vulnerability analysis</li> <li>• Review programs to prevent musculoskeletal disorders, infectious disease transmission, accidents and workplace violence</li> <li>• Educate and train staff on hazard prevention steps and document training</li> <li>• Conduct a mock OSHA inspection drill for five focus areas</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• OSHA Inspection Guidance for Inpatient Healthcare Settings (more details on the enhanced enforcement policy): <a href="https://www.osha.gov/dep/enforcement/inpatient_insp_06252015.html">https://www.osha.gov/dep/enforcement/inpatient_insp_06252015.html</a></li> <li>• OSHA Inspections Fact Sheet: <a href="https://www.osha.gov/OshDoc/data_General_Facts/factsheet-inspections.pdf">https://www.osha.gov/OshDoc/data_General_Facts/factsheet-inspections.pdf</a></li> <li>• OSHA Worker Safety in Hospitals portal: <a href="https://www.osha.gov/dsg/hospitals/index.html">https://www.osha.gov/dsg/hospitals/index.html</a></li> <li>• OSHA Safety and Health Topics—health care hazards: <a href="https://www.osha.gov/SLTC/healthcarefacilities/index.htm">https://www.osha.gov/SLTC/healthcarefacilities/index.htm</a></li> <li>• OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers: <a href="https://www.osha.gov/Publications/OSHA3148.pdf">https://www.osha.gov/Publications/OSHA3148.pdf</a></li> </ul>	Ambulatory leaders			

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OSHA expands hazards policy enforcement	<ul style="list-style-type: none"> <li>OSHA Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis:  <a href="https://www.osha.gov/OshDoc/Directive_pdf/CPL_02-02-078.pdf">https://www.osha.gov/OshDoc/Directive_pdf/CPL_02-02-078.pdf</a>  Recommendations: Review OSHA focus areas for compliance and areas for improvement</li> </ul>	Ambulatory leaders			
FDA					
FDA to crack down on medical device safety	<p>The agency just released a draft guidance that will allow them to report early warnings signs associated with medical devices before the reports have been fully validated. Device manufacturers and other interested parties have until February 29 to comment on draft.</p> <p><a href="https://www.federalregister.gov/articles/2015/12/31/2015-32920/public-notification-of-emerging-postmarket-medical-device-signals-emerging-signals-draft-guidance#h-4">https://www.federalregister.gov/articles/2015/12/31/2015-32920/public-notification-of-emerging-postmarket-medical-device-signals-emerging-signals-draft-guidance#h-4</a></p> <p>Recommendations: Review draft and comment</p>	Biomedical leaders/ other leaders responsible for medical devices			
Joint Commission update					
Alleviating ED boarding of psychiatric patients-Quick Safety Issue Nineteen	<p>This issue covers the challenge of providing appropriate and timely care to all psychiatric patients in both metropolitan and rural hospitals, with the goal to help alleviate boarding in the Emergency Department. EDs are acting as a safety net for psychiatric treatment, since there are severe gaps in access to both inpatient and outpatient psychiatric care.</p> <p><a href="http://www.jointcommission.org/issues/article.aspx?Article=Sd2hoStu hEyYulMXvlsMLZN3enJ9vqbB0Ku1h+XEHHI=&amp;j=2751625&amp;e=nwebb@vha.com&amp;l=9552_HTML&amp;u=64743703&amp;mid=1064717&amp;jb=0">http://www.jointcommission.org/issues/article.aspx?Article=Sd2hoStu hEyYulMXvlsMLZN3enJ9vqbB0Ku1h+XEHHI=&amp;j=2751625&amp;e=nwebb@vha.com&amp;l=9552_HTML&amp;u=64743703&amp;mid=1064717&amp;jb=0</a></p> <p><b>LD 04.03.11 EP 9</b> When the hospital determines that it has a population at risk for boarding due to behavioral health emergencies, hospital leaders communicate with behavioral health care providers and/or authorities serving the community to foster coordination of care for this population.</p> <p>Recommendations: Evaluate ED patient flow for psychiatric patients and identify issues for process improvement</p>	ED leaders/ behavior health leaders/ accreditation leaders			

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Prepublication Standards- Requirements for Behavioral Health Care Permanent Housing Support Services	<p>The Joint Commission recently approved new requirements for its Behavioral Health Care program that address permanent housing support services aimed at assisting homeless individuals with serious mental illness, substance use disorders, or other behavioral health care issues.</p> <p><a href="http://www.jointcommission.org/assets/1/18/PrepublicationRpt_BHC_Housing.pdf">http://www.jointcommission.org/assets/1/18/PrepublicationRpt_BHC_Housing.pdf</a></p> <p>Recommendations: Review new standards for applicability and compliance</p>	Behavior health leaders/ accreditation leaders			
Prepublication Standards – Requirements for Total Hip and Total Knee Replacement Advanced Certification	<p>The Joint Commission recently approved a new, optional certification program for Joint Commission accredited Hospitals, Critical Access Hospitals, and Ambulatory Surgery Centers that will support the quality, consistency, and safety in total hip and total knee replacement.</p> <p><b>Effective March 14, 2016</b></p> <p><b>Recommendations: Review new standards for applicability and implementation</b></p> <p><a href="http://www.jointcommission.org/assets/1/18/PrepublicationRpt_THKR_v2.pdf">http://www.jointcommission.org/assets/1/18/PrepublicationRpt_THKR_v2.pdf</a></p>	DSC leaders for total hip/knee/ accreditation leaders			
Prepublication Standards – Requirements for Behavioral Health Care Eating Disorders Care, Treatment, or Services	<p>The Joint Commission recently approved new requirements for its Behavioral Health Care program that specifically address care, treatment, or services related to eating disorders.</p> <p><a href="http://www.jointcommission.org/assets/1/18/PrepublicationRpt_BHC_Eating_Disorders.pdf">http://www.jointcommission.org/assets/1/18/PrepublicationRpt_BHC_Eating_Disorders.pdf</a></p> <p><b>Recommendations: Review new standards for applicability and implementation</b></p>	Accreditation leaders/ Behavioral Health leaders			
2016 Survey Activity Guides	<p><b>Changes effective January 1, 2016</b></p> <p><a href="http://www.jointcommission.org/assets/1/18/2016_Organization_SAG.pdf">http://www.jointcommission.org/assets/1/18/2016_Organization_SAG.pdf</a></p> <ul style="list-style-type: none"> <li><b>Ambulatory Care</b> – No changes <b>Behavioral Health Care</b> – Document List updated</li> <li>Reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory</li> </ul>	Accreditation and certification program Leaders			

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2016 Survey Activity Guides	<ul style="list-style-type: none"> <li>- bodies and annual objective evaluation of organization's financial ability to provide care, treatment or services. Regulatory body reports include, but are not limited to licensing reports and local/state fire inspections. Emergency Management Plan and evaluations of exercises and responses to actual emergencies</li> <li>- For organizations that elect the Behavioral Health Home (BHH) Certification option <ul style="list-style-type: none"> <li>▪ Health screening policy with triggers</li> <li>▪ Policy on performing assessments</li> <li>▪ Treatment planning policy</li> <li>▪ Brochure/information on BHH services for individuals served</li> <li>▪ If EHR system in use, evidence of certification</li> </ul> </li> <li>• <b>Hospital</b> – No changes</li> <li>• <b>Critical Access Hospital</b> – No changes</li> <li>• <b>Home Care</b> – No changes</li> <li>• <b>Laboratory</b>-Document List updated <ul style="list-style-type: none"> <li>- Emergency Operations Plan, and evaluations of exercises and responses to actual emergencies</li> <li>- Orientation to Organization, Individual Tracer and Regulatory Review activities will also include the topic of Individual Quality Control Plans</li> <li>- IQCP documentation for all applicable test systems</li> <li>- In cases where IQCP was discontinued, risk assessment documentation for the past 24 months</li> <li>- State of Florida surveys: Laboratories should complete the <b>Clinical Laboratory Personnel Roster form</b> in advance of the on-site visit (the form is available on the organizations secure Joint Commission <i>Connect</i> extranet site under the Survey Process tab, Laboratory Tools)</li> </ul> </li> <li>• <b>Nursing Care Center</b> – Document List updated <ul style="list-style-type: none"> <li>- List of sites where high-level disinfection and sterilization is in use, when applicable</li> <li>- Emergency Operations Plan and evaluations of exercises and responses to actual emergencies</li> </ul> </li> <li>• <b>Health Care Staffing Services Certification</b>-No changes for 2016</li> </ul>	Accreditation and certification program Leaders			

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	<a href="http://www.jointcommission.org/assets/1/18/2016_HCSS_Corporate_Addendum_Customer_RPG.pdf">http://www.jointcommission.org/assets/1/18/2016_HCSS_Corporate_Addendum_Customer_RPG.pdf</a> <ul style="list-style-type: none"> <li>• <b>Disease Specific Care Certification-No changes for 2016</b>  <a href="http://www.jointcommission.org/assets/1/18/2016_DSC_Organization_RPG.pdf">http://www.jointcommission.org/assets/1/18/2016_DSC_Organization_RPG.pdf</a> </li> <li>• <b>Advanced Certification for Palliative Care-No change in 2016</b>  <a href="http://www.jointcommission.org/assets/1/18/2016_Palliative_Care_Organization_RPG.pdf">http://www.jointcommission.org/assets/1/18/2016_Palliative_Care_Organization_RPG.pdf</a> </li> </ul> <b>Recommendations: Review changes in survey guides for applicable areas of accreditation/certification</b>				
Tailored survey process to Include program-specific co-leaders	<b>Effective January 2016 for all Accreditation Programs</b>  The tailored process will include a team co-leader who will work in conjunction with the primary team leader to support surveys that include other large programs or components. A program specific co-leader will automatically be assigned for organizations needing two or more surveyors to survey their other component or program. Changes will not affect survey length, surveyor complement or survey agenda.	Accreditation leaders			
Perspectives January 2016- Changes made to the identification of elements of performance containing the R, or risk icon.	As of <b>January 11, 2016</b> , the January 2016 standards edition update to the Focused Standards Assessment (FSA) tool on the Intracycle Monitoring (ICM) Profile will be available for all accreditation programs on each organization's secure <i>Joint Commission Connect™</i> extranet site.  <b>Recommendations: Operational Partners should review the latest version of the FSA to self-assess the higher risk requirements.</b>	Accreditation leaders/ operational partners			
<i>Sentinel event policy and procedure update</i>	<a href="http://www.jointcommission.org/sentinel_event_policy_and_procedures/">http://www.jointcommission.org/sentinel_event_policy_and_procedures/</a>  <b>Recommendations: Review Sentinel Event Policy and compare to updated posted from TJC</b>	Accreditation /risk management leaders			
<i>Joint Commission physical environment portal</i>	New module available on the Physical Environment Portal. The Built Environment - EC.02.06.01 – EP 1 and EP 13 on Leadership Awareness and Clinical Impact of ventilation, humidity and temperature.	Facility leaders/ senior leaders/ safety officer or leader			



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<i>Joint Commission physical environment portal</i>	<a href="https://jntcm.ae-admin.com/assets/1/6/JCPEP_EC_02_06_01_LD_Module_final.pdf">https://jntcm.ae-admin.com/assets/1/6/JCPEP_EC_02_06_01_LD_Module_final.pdf</a> <b>Recommendations: Review document for compliance with the focus areas of this module</b>	Facility leaders/ senior leaders/ safety officer or leader			
<i>The Source January 2016- mock tracer to evaluate care of patients with intellectual disabilities</i>	<p>Identified strengths and gap analysis with care and a mock survey tracer tool included in article</p> <ol style="list-style-type: none"> <li>1. Create formal drop-down questions to ask in preadmission interview to patients with intellectual disabilities including questions on sensory challenges, particular routines and particular fears</li> <li>2. Nursing standards for care plans for patients identified with intellectual disabilities</li> <li>3. Automatic population of care plans from EMR depending on patient profiles</li> <li>4. Information can be easily obtained in EMR for caregiver/guardianship</li> <li>5. Easy methodology for documentation of discharge instructions including documentation of recipient</li> <li>6. Collaborate with community agencies to increase communication to achieve better patient outcomes</li> </ol> <p><b>Recommendations: Conduct a strength and gap analysis related to identification and care of intellectual disability patients</b></p>	Nursing department leaders			
<i>The Source January 2016- HR.02.01.04 for nursing care centers</i>	<p><b>HR.02.01.04 Organization permits licensed independent practitioners to provide care, treatment and services</b></p> <p>Maintaining an organized and thorough process for credentialing and privileging licensed independent practitioners to ensure patient safety and manage risks and liabilities</p> <ul style="list-style-type: none"> <li>• Document current licensure and disciplinary actions through a primary source before permitting the LIP to practice in the nursing care center</li> </ul>	Accreditation leaders/ staff in charge of LIP credentialing/ reappointment			

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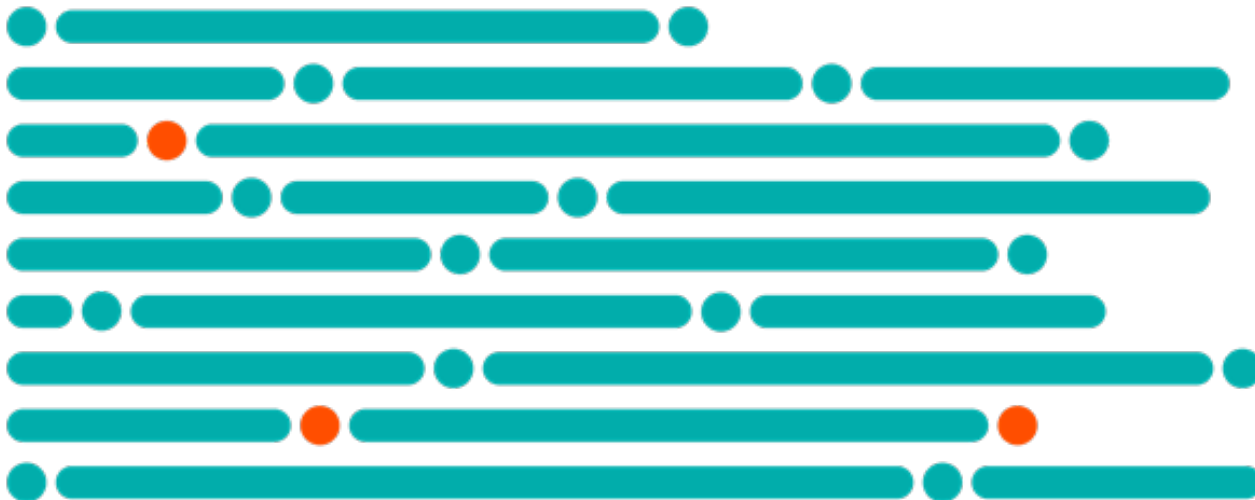
Topic/source	Requirement	Operational partner	Current state (gap analysis)	Action needed to close the gap with target implementation data	Compliance status as of effective date
<i>The Source</i> January 2016- HR.02.01.04 for nursing care centers	<ul style="list-style-type: none"> <li>- Print document with date to verify when it took place</li> <li>- Print National Practitioner Data Bank information</li> <li>- Medical director provides a written list of limitations and privileges that can be provided by LIPs</li> <li>- Governing body provides written document of LIPs of permission to provide care</li> <li>• Properly train the person responsible for managing the credentialing process</li> <li>• Understand why there are multiple checks <ul style="list-style-type: none"> <li>- Required to check both state and national databases for current licensure and disciplinary history <ul style="list-style-type: none"> <li>▪ Prior to providing care</li> <li>▪ Every two years</li> <li>▪ Prior to license expiration</li> </ul> </li> </ul> </li> <li>• Ensure that license independent practitioners are meeting expectations <ul style="list-style-type: none"> <li>- Medical director required to monitor practitioners performance and written documentation of how monitored</li> <li>- Every two years the medical director is to review <ul style="list-style-type: none"> <li>▪ Clinical performance that falls outside acceptable standards</li> <li>▪ Performance improvement activities pertaining to the practitioners judgment/clinical/technical skills</li> <li>▪ Adherence to organizations policies/procedures/rules &amp; regulations</li> </ul> </li> <li>- Medical director completes a performance evaluation of the LIP</li> </ul> </li> <li>• Stay organized and time to collect necessary information <ul style="list-style-type: none"> <li>- All documentation falls before the practitioners' appointment date or expiration date</li> </ul> </li> </ul> <p><b>Recommendations: Operational Partners should review the process for credentialing and privileging licensed independent practitioners to ensure patient safety and manage risks and liabilities</b></p>	Accreditation leaders/ staff in charge of LIP credentialing/ reappointment			
<i>EC News</i> January 2016-	<p><b>Article addresses EPs 9-19</b></p> <p><b>EP 9-10</b> Minimize risks with selecting, handling, storing, transporting, using and disposing of gas vapors and monitoring levels of gases and vapors</p>	EOC leaders/ radiology leaders(EP 18)			

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EC News January 2016- managing hazardous materials and waste- EC.02.02.01 part 2	<ul style="list-style-type: none"> <li>• Use evidence based guidance for frequency of monitoring</li> <li>• Properly design areas in which hazardous gas and vapors are stored or utilized</li> <li>• Proper engineering controls and personal protective equipment use</li> <li>• Data on room pressure and air exchanges documented</li> </ul> <p><b>EP 11</b> Material Safety Data Sheets to manage hazardous materials and waste</p> <ul style="list-style-type: none"> <li>• Assess all rules and regulations i.e. OSHA, EPA, DEA, DOT, EPA</li> <li>• Paperwork and credentials in order</li> <li>• Educate staff on requirements</li> </ul> <p><b>EP 12</b> Labels identify the contents and hazard warnings</p> <ul style="list-style-type: none"> <li>• Mandated labeling elements as of June 2015 per OSHA include: product identifier, supplier identification, hazard pictograms, signal work, hazard statements and precautionary statement(s)</li> <li>• Labeling for tanks and canisters specific to the National Fire Protection Association include: colors and diamonds with numbers</li> </ul> <p><b>EP 18</b> Radiation workers use exposure meters or badges and are checked periodically for radiation exposure (effective January 1, 2015)</p> <ul style="list-style-type: none"> <li>• Use of dosimetry badges and meters</li> <li>• Process in place for close monitoring workers exposed to radiation from diagnostic imaging equipment and radioactive resources</li> </ul> <p><b>EP 19</b> Procedures proper storage and disposal of trash (effective January 1, 2015)</p> <p><b>Recommendations: Operational Partners should review the process for minimize risks with selecting, handling, storing, transporting, using and disposing of gas vapors and monitoring levels of gases and vapors</b></p>	EOC leaders/ radiology leaders(EP 18)			

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Available resources					
<i>New Guideline Released for Geriatric Perioperative Care</i>	<p>The American College of Surgeons (ACS) and the American Geriatrics Society (AGS) have created a new set of best practices for treating elderly surgery patients.</p> <p>The older adult population (&gt;65 years) is growing at a rapid rate, and a significant percentage of older adults undergo surgical procedures. This population has a unique set of needs owing to the effects of aging, some of which make them particularly prone to postoperative complications and a prolonged recovery. The purpose of this document is to review the literature, consolidate current guidelines, and provide a set of expert recommendations to help practicing surgeons, anesthesiologists, and allied health care professionals manage older adults during the perioperative period.</p> <p><a href="https://www.facs.org/~media/files/quality%20programs/geriatric/acs%20nsqip%20geriatric%202016%20guidelines.ashx">https://www.facs.org/~media/files/quality%20programs/geriatric/acs%20nsqip%20geriatric%202016%20guidelines.ashx</a></p> <p><b>Recommendations: Review best practice guidelines for gaps in the organizations current practice</b></p>	Surgical leaders/ medical staff surgeons/ anesthesiologists			



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