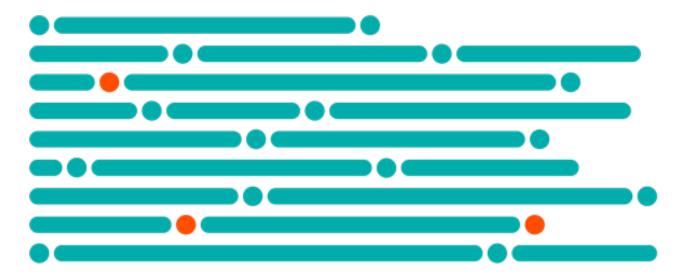


Continuous patient readiness plan

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

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	 Project Overview: The Centers for Medicare & 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. Project Outcomes: New surveyor infection control tools and survey 	Infection prevention/ case managers/ discharge planners			
	processes that can be used to optimize assessment of new infection control regulations. Survey & Certification memo 16-05 Infection Control https://www.cms.gov/Medicare/Provider-Enrollment-and- Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert- Letter-16-05.pdf Recommendations: Review for informational purposes				
CDC update	Recommendations. Review for informational purposes				
Guide to Infection Prevention for Outpatient Settings: Minimum Expectations	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.	Infection prevention/ ambulatory care leaders			
for Safe Care	http://www.cdc.gov/hai/pdfs/guidelines/Ambulatory- Care+Checklist_508_11_2015.pdf				
	Recommendations: Review summary guide and compare to infection prevention practices in ambulatory areas				

Continuous pati	ent readiness	plan - January
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Taria		Operational	Current state (gap	Action needed to close the gap with target implementation	Compliance status as of effective
Topic/source	Requirement	partner	analysis)	data	date
OSHA update OSHA expands hazards policy enforcement	 For Hospitals, nursing homes, care centers and residential care facilities 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) Focus on five areas Musculoskeletal disorders Bloodborne pathogens Tuberculosis Workplace violence Slips/Trips/Falls To prepare for OSHA inspection Review hazard vulnerability analysis Review programs to prevent musculoskeletal disorders, infectious disease transmission, accidents and workplace violence Educate and train staff on hazard prevention steps and document training Conduct a mock OSHA inspection drill for five focus areas Resources OSHA Inspection Guidance for Inpatient Healthcare Settings (more details on the enhanced enforcement policy): https://www.osha.gov/OshDoc/data General Facts/factsheetinspections.pdf OSHA Safety and Health Topics—health care hazards: https://www.osha.gov/SLTC/healthcarefacilities/index.html OSHA Suidelines for Preventing Workplace Violence for Healthcare for Inpatient care hazards: https://www.osha.gov/Publications/sa148.pdf 	Ambulatory leaders			

	Continuous patient readmess		ion y		
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
OSHA expands	OSHA Enforcement Procedures and Scheduling for Occupational	Ambulatory			
hazards policy	Exposure to Tuberculosis:	leaders			
enforcement	https://www.osha.gov/OshDoc/Directive_pdf/CPL_02-02-078.pdf Recommendations: Review OSHA focus areas for compliance and				
	areas for improvement				
FDA		Ι		Ι	
FDA to crack	The agency just released a draft guidance that will allow them to	Biomedical			
down on	report early warnings signs associated with medical devices before	leaders/ other			
medical device safety	the reports have been fully validated. Device manufacturers and other interested parties have until February 29 to comment on draft.	leaders			
	https://www.federalregister.gov/articles/2015/12/31/2015-	responsible			
	32920/public-notification-of-emerging-postmarket-medical-device-	for medical			
	signals-emerging-signals-draft-guidance#h-4	devices			
	Recommendations: Review draft and comment				
Joint Commission					
Alleviating ED boarding of psychiatric patients-Quick Safety Issue Nineteen	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.	ED leaders/ behavior health leaders/ accreditation leaders			
	http://www.jointcommission.org/issues/article.aspx?Article=Sd2hoStu hEyYuIMXvIsMLZN3enJ9vqbB0Ku1h+XEHHI=&j=2751625&e=nweb b@vha.com&I=9552 HTML&u=64743703∣=1064717&jb=0				
	LD 04.03.11 EP 9 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.				
	Recommendations: Evaluate ED patient flow for psychiatric patients and identify issues for process improvement				

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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
Prepublication	The Joint Commission recently approved new requirements for its	Behavior	analycicy		
Standards- Requirements for Behavioral Health Care Permanent	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.	health leaders/ accreditation leaders			
Housing Support	http://www.jointcommission.org/assets/1/18/PrepublicationRpt_BHC_ Housing.pdf				
Services	Recommendations: Review new standards for applicability and compliance				
Prepublication Standards – Requirements for Total Hip and Total Knee Replacement Advanced	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. Effective March 14, 2016	DSC leaders for total hip/knee/ accreditation leaders			
Certification	Recommendations: Review new standards for applicability and implementation <u>http://www.jointcommission.org/assets/1/18/PrepublicationRpt_THKR_v2.pdf</u>				
Design Life of the s		A Pt - C			
Prepublication Standards – Requirements for Behavioral Health Care Eating Disorders Care,	The Joint Commission recently approved new requirements for its Behavioral Health Care program that specifically address care, treatment, or services related to eating disorders. <u>http://www.jointcommission.org/assets/1/18/PrepublicationRpt_BHC_Eating_Disorders.pdf</u> <u>Recommendations: Review new standards for applicability and</u>	Accreditation leaders/ Behavioral Health leaders			
Treatment, or Services	implementation				
2016 Survey Activity Guides	 Changes effective January 1, 2016 http://www.jointcommission.org/assets/1/18/2016_Organization_SAG .pdf Ambulatory Care – No changes Behavioral Health Care – Document List updated Reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory 	Accreditation and certification program Leaders			

Continuous	patient	readiness	plan -	- January
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				Action needed	
			Current	to close the	Compliance
			state	gap with target	status as of
		Operational	(gap	implementation	effective
Topic/source	Requirement	partner	analysis)	data	date
2016 Survey	 bodies and annual objective evaluation of organization's 	Accreditation			
Activity Guides	financial ability to provide care, treatment or services.	and			
· · · · · · · · · · · · · · · · · · ·	Regulatory body reports include, but are not limited to	certification			
	licensing reports and local/state fire inspections.	program			
	Emergency Management Plan and evaluations of exercises	Leaders			
	and responses to actual emergencies				
	 For organizations that elect the Behavioral Health Home 				
	(BHH) Certification option				
	 Health screening policy with triggers 				
	 Policy on performing assessments 				
	 Treatment planning policy 				
	 Brochure/information on BHH services for individuals 				
	served				
	 If EHR system in use, evidence of certification 				
	Hospital – No changes				
	Critical Access Hospital – No changes				
	Home Care – No changes				
	Laboratory-Document List updated				
	 Emergency Operations Plan, and evaluations of exercises 				
	and responses to actual emergencies				
	 Orientation to Organization, Individual Tracer and 				
	Regulatory Review activities will also include the topic of				
	Individual Quality Control Plans				
	 IQCP documentation for all applicable test systems 				
	 In cases where IQCP was discontinued, risk assessment 				
	documentation for the past 24 months				
	 State of Florida surveys: Laboratories should complete the 				
	Clinical Laboratory Personnel Roster form in advance of				
	the on-site visit (the form is available on the organizations				
	secure Joint Commission Connect extranet site under the				
	Survey Process tab, Laboratory Tools)				
	Nursing Care Center – Document List updated				
	 List of sites where high-level disinfection and sterilization is 				
	in use, when applicable				
	 Emergency Operations Plan and evaluations of exercises 				
	and responses to actual emergencies				
	Health Care Staffing Services Certification-No changes for				
	2016				

Topic/sourceRequirementAction needed compliance state partnerCurrent compliance state partnerAction needed compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance state partnerCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent compliance stateCurrent stateCurrent stateCurrent stateCurrent stateCurrent stateCur						
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Topic/sourceRequirementOperational partner(gap antlysis)implementation dataeffective dataTopic/sourceRequirementInter/Avews.jointcommission.org/assets/1/18/2016_HCSS_Corpor ale_Addendum_Customer_RPG.pdfImplementationeffective dataale_Addendum_Customer_RPG.pdfDisease Specific Care Certification-No changes for 2016 http://www.jointcommission.org/assets/1/18/2016_DSC_Organiz ation_RPG.pdfImplementationsRecommendations: Review changes in survey guides for applicable areas of accreditation/certificationTailored survey process to Include program- process to include of the large programs or components. A programs the tailored process will include a team co-leader who will work in include during and screendations: Review their appendic to support surveys that include during latent says specific co- leadersAccreditation leadersPerspectives Lanaury 2016- changes will not affect survey length, surveyor complement or survey agenda.Accreditation programs or components. A program specific co- leadersAccreditation leadersPerspectives changes made of the focused Standards Assessment (FSA) tool on the Intracycle programs on each organization's secure Joint Commission organization's secure Joint Commission connect TM extranet site.Accreditation partnersPerspectives changes made of the focused Standards secure Joint Commission connect TM extranet site.Accreditation partnersPerspective changes made of the focused Standards of the FSA to self-assess the higher risk requirements.Accreditation frisk management leaders' operational partnersAccreditation <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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ale_Addendum_Customer, RPG.pdf • Disease Specific Core • Disease Specific Core • Advanced Certification for Palliative Care -No change in 2016 • Advanced Certification for Palliative Care - No change in 2016 • Advanced Certification for Palliative Care - No change in 2016 • Advanced Certification for Palliative Care - No change in 2016 • Advanced Certification for Palliative Care - No change in survey guides for applicable areas of accreditation/ertification • Displicable areas of accreditation/ertification Porgam The tailored process will not differ for organizations needing two enders outpoor survey stations needing two enders outpoor survey their other component or survey organa. Perspectives As of January 2016, the January 2016 to all accreditation update to the Focused Standards Assessment (FSA) tool on the Intracycle operational programs on each organization's secure Joint Commission Changes will not affect survey length. Perspectives As of January 2016, the January 2016 to all accreditation programs on each organization's secure Joint Commission Connect ¹⁴⁺ extranet site. Recommendations: Operational Partners should review the latest version of the FSA to self-assess the higher risk requirements. Recommendations: Review Sentinel Event Policy and procedur update Policy and proceedure update dovide on the Physical Environment Portal. The Built En	10010/300100		partitor	unurysis/	uutu	uuto
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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
Joint Commission physical environment portal The Source	https://jntcm.ae- admin.com/assets/1/6/JCPEP_EC_02_06_01_LD_Module_final.pdf Recommendations: Review document for compliance with the focus areas of this module	Facility leaders/ senior leaders/ safety officer or leader Nursing			
January 2016- mock tracer to evaluate care of patients with intellectual disabilities	 Identified strengths and gap analysis with care and a mock survey tracer tool included in article 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 Nursing standards for car plans for patients identified with intellectual disabilities Automatic population of care plans from EMR depending on patient profiles Information can be easily obtained in EMR for caregiver/guardianship Easy methodology for documentation of discharge instructions including documentation of recipient Collaborate with community agencies to increase communication to achieve better patient outcomes Recommendations: Conduct a strength and gap analysis related to identification and care of intellectual disability patients 	department leaders			
The Source January 2016- HR.02.01.04 for nursing care centers	 HR.02.01.04 Organization permits licensed independent practitioners to provide care, treatment and services Maintaining an organized and thorough process for credentialing and privileging licensed independent practitioners to ensure patient safety and manage risks and liabilities Document current licensure and disciplinary actions through a primary source before permitting the LIP to practice in the nursing care center 	Accreditation leaders/ staff in charge of LIP credentialing/ reappoint- ment			

Continuous	patient	readiness	plan ·	- January
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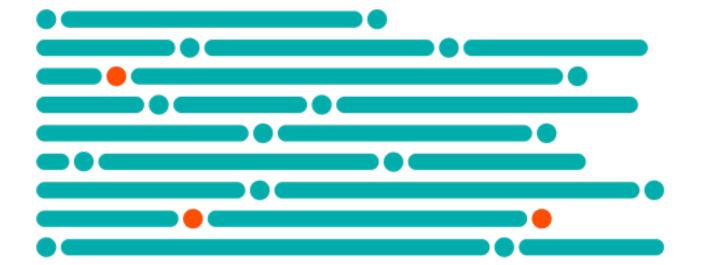
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Topic/source Requirement		Operational partner	Current state (gap analysis)	to close the gap with target implementation data	Compliance status as of effective date
	late to verify when it took place		anaiysisj	uala	uale
 January 2016- HR.02.01.04 for nursing care centers Properly train the person re- credentialing process Understand why there are - Required to check bor current licensure and Prior to providing of Every two years Prior to license expectations Medical director requi performance and writt Every two years the n Clinical performance standards Performance impro- practitioners judgm Adherence to orga regulations Medical director comp LIP Stay organized and time to - All documentation fall appointment date or expectations 	des written document of LIPs of care esponsible for managing the multiple checks th state and national databases for disciplinary history care biration ndent practitioners are meeting fred to monitor practitioners ten documentation of how monitored nedical director is to review ce that falls outside acceptable ovement activities pertaining to the nent/clinical/technical skills inizations policies/procedures/rules & oletes a performance evaluation of the o collect necessary information s before the practitioners'	Accreditation leaders/ staff in charge of LIP credentialing/ reappoint- ment			
practitioners to ensure patier	nt safety and manage risks and				
liabilities					
	ecting, handling, storing, transporting, ors and monitoring levels of gases	EOC leaders/ radiology leaders(EP 18)			

	Continuous	patient read	iness plan	- January
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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
EC News January 2016- managing hazardous materials and waste- EC.02.02.01 part 2	 Use evidence based guidance for frequency of monitoring Properly design areas in which hazardous gas and vapors are stored or utilized Proper engineering controls and personal protective equipment use Data on room pressure and air exchanges documented EP 11 Material Safety Data Sheets to manage hazardous materials and waste Assess all rules and regulations i.e. OSHA, EPA, DEA, DOT, EPA Paperwork and credentials in order Educate staff on requirements EP 12 Labels identify the contents and hazard warnings Mandated labeling elements as of June 2015 per OSHA include: product identifier, supplier identification, hazard pictograms, signal work, hazard statements and precautionary statement(s) Labeling for tanks and canisters specific to the National Fire Protection Association include: colors and diamonds with numbers EP 18 Radiation workers use exposure meters or badges and are checked periodically for radiation exposure (effective January 1, 2015) Use of dosimetry badges and meters Process in place for close monitoring workers exposed to radiation from diagnostic imaging equipment and radioactive resources EP 19 Procedures proper storage and disposal of trash (effective January 1, 2015) 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 	EOC leaders/ radiology leaders(EP 18)			

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		
Available resources							
Available resourd New Guideline Released for Geriatric Perioperative Care	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. The older adult population (>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.	Surgical leaders/ medical staff surgeons/ anesthesiolo gists					
	https://www.facs.org/~/media/files/quality%20programs/geriatric/acs %20nsqip%20geriatric%202016%20guidelines.ashx						
	Recommendations: Review best practice guidelines for gaps in the organizations current practice						





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