

Winning Joint Commission Jeopardy: Tips for Success

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by Julie A. Brow

Organization, preparedness, and quality are three familiar words to those managing hospital and clinic health information. At no time is it more important to be organized, prepared, and quality-minded than when surveyors from the Joint Commission on Accreditation of Healthcare Organizations come to your facility to assess compliance with their standards of excellence. How can you be assured that you will be ready and that the survey will go smoothly? We consulted a panel of HIM professionals in various care settings about their experiences with Joint Commission surveys to give us some insights to ensuring success.

The panelists are:

- **Carolyn Damour**, RHIT, administrator of the health information department at New Hampshire Hospital, Concord, NH, and past chair of AHIMA's Behavioral Health Section
- **Saundra Burchill**, RHIA, physician practice coordinator at Jackson County Memorial Hospital Family Practice and OB/GYN Clinics, Altus, OK
- **Diane Wanty**, RHIA, director of administrative services at Spalding Rehabilitation Hospital, Aurora, CO

Tips for Success

Our panelists offer the following tips for preparing for a survey:

- Review your policies and procedures against Joint Commission standards. Look specifically at competency policies, emergency preparedness standards, and other important measures.
- Review your human resource files to make sure orientation was completed within the appropriate time frame for all staff and that competencies were completed and maintained.
- Make sure you don't have outdated samples or floor stock medications, and be able to track back to the patient in case of recall of sample drugs.
- All temperature, crash cart, sterilizer, and other logs should be up to date with action taken when out of range for a particular area.
- Educate staff on where to look for answers or call for reference materials to answer such questions as "what do you do if you have a temperature out of range on a medication refrigerator?" or "where do you go to look for a particular diagnosis?"

Q: In preparing for a survey, how do you assess your department's readiness?

Burchill: All of our satellite clinics are owned by the hospital and are surveyed under the hospital standards. Our facility has an ongoing Joint Commission task force that meets quarterly, and we also conduct satellite clinic staff meetings where we review standards to assess our readiness. Clinic staff includes nursing, lab technicians, receptionists, and billing managers. We also review and update, as necessary, departmental policies and procedures. Various hospital departments (i.e., pharmacy, infection control, safety, biomed, etc.) do on-site visits checking for outdated meds, outdated samples, sample logs, infection

control issues, and patient as well as employee safety to assess readiness. Our parent facility conducts training sessions with outside consultants to assess our entire facility readiness with department heads and key individuals.

Wanty: We have multidisciplinary teams in place to address changes in the chapters of the Joint Commission manual and to oversee the annual review of pertinent documents, policies, and procedures. The HIM team meets on an ad hoc basis to address implementation of new or revised standards. Our next survey is scheduled for 2002 and to be sure we're ready, we're having a corporate team come in this spring to conduct a mock survey for us.

Damour: Preparing means ensuring that we are able to make available, in a timely manner, to the surveyors the results of the work that we do as standard procedure that meet the needs of patients, physicians, long-term care providers, reimbursement companies, research facilities, and others. Part of my responsibility is to determine what aspects of our work might draw the attention of Joint Commission surveyors. To that end, I review the standards of HIM and all other disciplines that may be impacted by documentation standards. One set of standards that I pay particular attention to is Seclusion and Restraint. For those standards, I have a means to quickly identify and retrieve pertinent patient records, should they be requested by the surveyor.

In addition, I review the following documents for completeness, accuracy, order, and timeliness: information management committee minutes, information management plan, needs assessment, interdepartmental health information department CQI (coding, filing, correspondence, transcription, and discharge analysis), departmental and hospital-wide policy and procedure manuals, disaster plan and disaster call list, staff education files and departmental staff meeting minutes, and record analysis. I also analyze results and follow up for resolutions of cited deficiencies.

Q: How do you manage your data to calculate things like delinquency rates or other needed statistics?

Wanty: Incomplete record statistics are calculated through our mainframe system. Letters, formulas, and lists have been preprogrammed for our hospital system. Currently, we're piloting the use of the system for initial medical record review at the time the record is abstracted in the HIM department in order to help us identify trends or problems. Our abstracted patient information from the system is enhanced with a contracted outcomes vendor who provides national comparative rehabilitation information. We use this data in our performance improvement efforts.

Damour: Our facility does not have a computer system with record tracking, therefore we have created a database that is updated daily, weekly, monthly, and annually. We manually compile the information and enter it ourselves. Our findings are shared with the clinical staff and their discipline chiefs.

Burchill: In the clinics, we have an ongoing clinical pertinence review of ambulatory records to assess compliance with summary list completion. The results are reported to the hospital's closed medical record review team.

Q: Who is on your project team?

Damour: The director of quality management spearheads the preparation and works with the department heads individually. This is no small task for one individual, but we have done extremely well on our survey due to that person's diligence and ability.

Burchill: Our satellite clinic project team consists of the vice president of outreach services, the clinic staff and nurses, clinic medical director, director of pharmacy, director of education, and me.

Wanty: I coordinate the team, which includes an HIM data analyst as well as staff from information services, nursing, and outpatient therapies. The ethics and compliance officer participates, and we use a physician advisor on an ad hoc basis. We'll be reassessing team membership as we gear up for our next survey in 2002.

Q: What kind of tools do you use?

Burchill: We use a game—"Joint Commission Jeopardy"—as well as computer sign-on screen reminders with Joint Commission standards questions and newsletters.

Wanty: I tend to use charts and graphics to highlight trends and drive home the issues. We'll use our needs assessment and the IM plan to help us focus our efforts. We've developed a hospital-wide compliance calendar that includes the review dates for required reports and plans in the performance improvement process. It also includes target dates for reviewing/revising manuals so that this is accomplished each year.

In January, we're distributing our first "outcomes board." Each quarter, we'll focus on a different topic. For the first one, we displayed patient satisfaction trend reports for the past three quarters and a pie chart sharing information about our top five diagnoses. I want staff to begin to have a picture of what our hospital looks like (e.g., types of patients we see, how patients and families perceive the care we give, and what types of performance improvement efforts are in progress).

We are also putting our manuals online so that eventually staff won't have to search for the books. They will be able to look on their computer for the most up-to-date copy of a policy/procedure or form.

Damour: We have a group called the FACT committee, of which I am a member. This group does very creative things. They created bingo and Trivial Pursuit games, taped a song called "I Feel Ready" to the tune of "I Feel Pretty" that was played whenever appropriate, storyboards, a handout called "Who Are They?" and even put informational flyers in the bathrooms. This is a very successful ongoing endeavor.

Q: How do you perform training?

Wanty: We use our e-mail system to distribute Joint Commission trivia as a way of training. When preparing for the last survey, we sent these messages out every month for three months prior to the survey. During the final month, we sent them at least weekly and sometimes more often, depending on the topic.

We also have "Administrator on Wheels" meetings on a quarterly basis. We have three satellite units in other facilities, so our administrative team goes out quarterly to these units and updates the staff on what's happening. As we get closer to a survey, we'll start using these sessions to do pertinent education.

Damour: My staff is nearly completely cross-trained, a necessity in our state-funded environment where a hiring freeze can and often does go into effect without warning. We must be able to function and provide necessary service, and only cross-trained staff can accommodate that need. I keep staff updated on what is offered from the staff development office and encourage them to enhance their skills whenever possible. I provide updated reference books every year or two as well.

Burchill: Training is more challenging, since our staff is not actually located on the facility campus. We use staff meetings and computer messaging to provide the necessary training. Employees were asked Joint Commission standards questions we had received from facilities that had already been surveyed. We have found that employees know the "right answers" because they do their jobs efficiently and effectively every day. They just need a little confidence for the survey process.

Q: When do you start preparing?

Damour: For us, there is no start or stop date; it is simply our way of doing business. We must always be doing our very best and in doing so, we are always ready. It is simply a matter of putting it together to be able to present what we do and how we do it in an organized way.

Burchill: We, too, have an ongoing awareness of quality. A year prior to the Joint Commission survey, we will start focused preparation.

Wanty: We are trying very hard to always be prepared. We're hoping that measures like the ongoing compliance teams and calendar will allow us to always be prepared and not have to "get prepared."

Q: What is the most difficult part of the process?

Burchill: Since we are surveyed as part of the hospital, we are required to meet all hospital standards. This can be difficult in that we are 30 miles from the main facility. As stated before, pharmacy, infection control, safety, and various hospital departments make on-site visits throughout the year, with more frequent visits prior to the survey. This increases staff awareness of issues that might be addressed during the survey.

Wanty: I think having adequate human resources is a challenge in managing any process in healthcare today. I try to automate as much as I can so we can use our staff where they can be most effective. It's also hard to keep up with continuous and rapid change.

Damour: The most difficult part for us is dealing with the stress that the survey creates. There doesn't seem to be a way to make the stress go away, since so much depends on those few days that the surveyors are here. Will they give you enough time to get your thoughts together? This past survey, we had only two surveyors, so time was of the essence. It felt as though the slightest hesitation in answering a question would be viewed by the surveyors as our not doing something that should be done. I liken it to an athlete preparing for the Olympics for weeks and months—and in three minutes, it's over and you hope you did your very best.

Q: In your setting, what Joint Commission standards are most difficult to meet?

Wanty: I think the standard we have struggled the most with involves medical record review. Primarily, we have struggled with making it an efficient process that is multidisciplinary and meaningful to our organization, an organization that has units in four different settings.

What I've done is tied the original review to the medical record analysis and abstracting process done in the HIM department. The findings are entered into the computer. We can run routine reports to see where there are problem areas and then do a more focused review in the medical record committee. This new process is still under evaluation, but I think it has good potential.

Burchill: Our most difficult standard has to do with summary lists. The Joint Commission standard reads: "For patients receiving continuing ambulatory care services, the medical record contains a summary list of known significant diagnoses, conditions, procedures, drug allergies, and medications. ...The list is initiated for each patient by the third visit and maintained thereafter."

To address this standard, we have set up summary lists in each clinic that capture known significant medical diagnoses and conditions, known significant operative and invasive procedures, known adverse and allergic drug reactions, and medications prescribed for or used by the patient.

We monitor compliance with the list by doing quarterly clinical pertinence chart reviews at each site, with random sampling of charts. The difficulty in maintaining the summary list is making sure the provider or nurse gets updated information each time the patient is seen. In our last survey, the surveyor looked for beginning and ending dates on medications listed, as well as surgery dates. He also looked at notes to make sure all pertinent significant information was listed on the summary list. This list is maintained for continuity of care among different providers the patient might be seeing.

Damour: The standards on seclusion/restraint are particularly challenging in a psychiatric inpatient facility. The standard states: "Each episode of restraint or seclusion is ordered by a licensed independent practitioner. If applicable, when emergency use of restraint is ordered, a licensed independent practitioner is called within one hour to authorize continued use. Each episode of restraint or seclusion has specific time limits documented. If applicable, an order for restraint or seclusion is limited to four hours for adults, two hours for children and adolescents ages 9-17, and one hour for patients under age 9."

Our policy for restraint/seclusion states, "Should the patient require seclusion or restraint for more than 24 hours from the time the intervention was initiated, the ordering physician shall personally examine, observe, and assess the patient, document the results of the assessment, and write an order to continue the seclusion or restraint." This means that the ordering physician must come to the hospital to reassess the patient before ordering further restraint or seclusion.

For the clinical team, the required documentation is very detailed and time specific. This is very time consuming to audit but is an essential element of the audit process. During our October 2000 survey, the surveyors thoroughly scrutinized the seclusion/restraint orders for compliance to time frames permissible according to age, timely reassessments, timely clinician signatures, and compliance of our procedures with our own policy.

Q: What's your best strategy for success?

Wanty: Rehabilitation is team-oriented, so having multidisciplinary teams is very natural and helpful to the staff. By keeping people informed on an ongoing basis, we ensure that they are always learning and sharing what they learned with coworkers. Rehabilitation lends itself to teams because patient care is rendered by teams of professionals. In the compliance teams, the team leader keeps current on changes in standards. Having team members with varied backgrounds and experience generates many ideas for implementation.

Damour: I try to keep abreast of what's going on with the Joint Commission and read, read, read. I work closely and collaboratively with my peers and staff. I am always looking for ways to improve health information while remaining aware of who our customers are and their needs. I try to remain flexible and see difficulties as challenges instead of impossibilities.

Burchill: It's important to remember to keep it simple and don't read too much into the standards. Document, document, document.

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