# 7.1.1 JOINT COMMISSION TRIENNIAL SURVEY UPDATES



## **TJC Survey Process Objectives**

- Validate compliance: TJC standards & CMS requirements
- Meaningful assessment of risk (both known & unknown)
- Validate sustained compliance if any prior CMS findings
- •Inspire & encourage improvement through engagement & dialogue with staff, physicians & leaders
- Assist with journey toward becoming a highly-reliable organization providing consistently safe, high-quality care to every patient every time while also evaluating Culture of Safety



## **TJC Survey Roadmap**

#### **Understanding Joint Commission Accreditation**

We believe all people should experience safe, high quality, and consistently excellent healthcare.

process review

#### Where do standards come from?



#### The Centers for Medicare & Medicaid Services (CMS)

Conditions of Participation (CoPs) are requirements developed by CMS that healthcare organizations must meet to participate in federally funded healthcare.



#### OSHA Occupational Safety and Health Administration (OSHA)

OSHA requirements and recommendations are designed to protect employee safety. They cover several serious safety and health hazards including bloodborne pathogens and biological hazards, potential chemical and drug exposures, and other work-related hazards.



#### The Joint Commission

Joint Commission standards are patient centric and focus on organizational systems and processes essential to the delivery of safe, high-quality care. Standards are informed by evidence associated with structures and processes predictive of better care. They include patient rights and education, infection control, medication management, and preventing medical errors.



12/2





#### Impact of Achieving Accreditation

- Strengthens process standardization
- Reduces variability
- Minimizes risk
- Improves patient outcomes
- Fosters a culture of quality and safety

#### After your survey

Most surveys have a positive outcome. An accreditation award means you can expect to see us again in three years, but know we continue to be available throughout those years to support your quality journey.

If you have a survey that finds areas for improvement, we are here to work with you to make those improvements as quickly and sustainably as possible.

\* This is not a complete list of focus areas we survey. For example, additional areas include: Medical staff, credentialing & privileging, visiting off-site ambulatory sites/locations, emergency management and data sessions, etc.



Collaborative discussions with our team and yours





## **TJC Survey in Numbers**

- Surveyed for 273 standards
- Surveyed for 1440 EPs
- Surveyed for 12 NPSGs
- Surveyed for 3510 CoP's which includes the A-Tags under each Condition of Participation
- We had 46 surveyor days



## Joint Commission Full Accreditation

### BHIP May 2024

- Full accreditation survey
  - Evidence of Compliance accepted
  - 26 findings
    - 16 Life Safety/EOC
    - 10 Clinical

### BHCS Aug 2024

- Full accreditation survey
  - Evidence of Compliance submitted
  - 25 findings
    - 11 Life Safety/EOC
    - 14 Clinical



## Joint Commission Full Accreditation

#### BHMC Aug 2024

- Full accreditation survey
  - Evidence of Compliance submitted
  - 39 findings
    - 24 Life Safety/EOC
    - 15 Clinical

### BHN Sept 2024

- Full accreditation survey
  - Evidence of Compliance drafted
  - 27 findings
    - 15 Life Safety/EOC
    - 12 Clinical



## Joint Commission Disease Specific Certifications

#### BHIP

Advanced Primary Stroke
 Center 2/2024

#### **BHMC**

Advanced Comprehensive
 Stroke Center 9/2023



## Joint Commission Disease Specific Certifications

#### BHN

- Advanced Total Hip & KneeReplacement 6/2024
- Stroke Rehab 4/2024
- Alzheimers Disease 3/2022

#### DNV (annual)

Advanced Comprehensive
 Stroke Center 6/2024

#### **BHCS**

Advanced Primary Stroke
 Center 9/2024

