

## The Joint Commission Complex Organization Survey Process and Its Impact on Hospital-Based Home Care and Hospice Providers

MARY MCGOLDRICK FRIEDMAN, MS, RN, CRNI

*The October and November 2004 HHN Accreditation Strategies columns addressed the new Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) home care and hospice survey process describing in detail components of each survey activity. This column builds on the foundation laid in the two columns and focuses on survey process nuances for complex organizations, specifically pertaining to hospital-based agencies and hospices. Therefore, all discussion and examples in this column will pertain to home health agencies and hospices that are a department of a hospital seeking Joint Commission accreditation.*

### **Complex Organization Survey**

The Joint Commission defines a complex organization “as an organization that provides for more than one level of health care and for more than one type of care, usually in more than one type of setting” (JCAHO, 2004a GL-3). What was formerly known as a tailored survey is now referred to as a complex organization survey.

A complex organization survey involves standards from more than one accreditation manual to assess compliance (JCAHO, 2004b). This new approach to surveying hospital-based home care and hospice programs became effective January 1, 2004, and evaluates the hospital as an integrated whole.

The previous survey process was focused primarily on the individual home care department which resulted in a significant amount of duplication and overlap in the survey process. For example, in previous years both the hospital and home care de-

partment had leadership interviews; currently, there is only one leadership session.

### **Surveyors' Schedules**

All scheduled surveyors will begin their survey on the same day resulting in only one opening conference and organizational orientation. There is no longer a separate opening conference and orientation to the organization for the hospital and then another separate opening conference for the home care program.

The surveyors will all start together, but may end at different times based on the length of the scheduled survey. Of course, there will be times due to surveyor illness, or other situations that changes are made, but the intent is that all surveyors begin the survey process at the same time.

### **Logistics**

The entire home care and hospital survey team will begin and conduct many survey activities together (e.g., planning session,

daily briefing, exit conference); although the surveyors may not all be physically in the same location. For example, if a home health agency's office is a 30-minute drive from the hospital, the home care surveyor and home care leaders may participate in the survey activities remotely over a speaker phone or via video conference. It will be the home care surveyor's prerogative to determine which activities will occur on site at the hospital versus remotely, based on factors of time and distance.

If time and distance from the main site is a factor, during the presurvey phone call clarify if the surveyor plans to be physically present for the opening conference at the hospital or the home care office. If the home care surveyor(s) and home care management will participate remotely, addressing this issue during the presurvey phone call gives home care management ample time to plan for speaker phone capabilities, identify where the call will be received, and obtain a call-in number to better plan the opening conference.

If the opening conference will be at the hospital, the presurvey phone call can determine where the planning session will be so applicable home care documents can be available on site (see the October 2004 “Accreditation Strategies” column [Friedman, 2004] for a list of applicable documents).

## Opening Conference and Orientation to the Organization

In a hospital survey, not all hospital department directors are required to attend the opening conference and organization orientation, but senior leaders from programs that are independently eligible for an accreditation survey (i.e., home care) should participate.

## Individual Tracer Activity

If a patient being traced in the hospital is being discharged to home care or hospice during the survey, the hospital surveyor may request that the home care surveyor continue to trace the patient's care. When there is a home care surveyor scheduled, the hospital surveyor will not make a home visit and continue the tracer activity through home care.

If possible, the home care surveyor may modify his or her schedule to accommodate the hospital surveyor's request. On day one of the survey, tracer patients will be selected, but are subject to change based on the tracer activity findings and coordination activities with other surveyors.

If a home care patient being traced was also recently discharged from the hospital being surveyed, the home care surveyor may question the home care patient relative to that hospitalization episode and relay identified concerns or problems to the hospital surveyor(s) during the planning sessions.

If a hospice tracer patient is transferred during the survey to an inpatient setting for symptom management (the hospital being surveyed), the hospice surveyor will continue to trace that pa-

tient's care to include the inpatient hospice care. Even though the patient is hospitalized, the hospital surveyor will not survey hospice care in the facility.

## Surveyor Planning Session

During the initial and ongoing team planning sessions, which includes *all* surveyors, the surveyors will:

- select tracer patients that have received healthcare services throughout the organization and from all programs being surveyed;
- communicate with each

tend, issues that specifically address home care and hospice will be relayed to the surveyor conducting the session to discuss and address on their behalf, as all surveyors function as a team.

In a complex organization survey:

- If the survey is *4 days or more*, a medication management and infection control system tracer will be scheduled and conducted by one surveyor.
- If the survey length is *less than 4 days*, only a data use system tracer will be conducted. In the systems trac-

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other regarding all survey activity findings;

- plan logistics for when and where team meetings will occur and, if necessary, schedule conference calls or other communications;
- coordinate the time(s) and location of any preliminary exit conferences and identify at least one remaining surveyor to attend the meeting.

## Leadership and Systems Tracers (Data Use, Medication Management, and Infection Control)

If a home care or hospice surveyor is scheduled to survey on the day a data use systems tracer or leadership session is scheduled, the surveyor will make every effort to attend the meeting. If the surveyor is unable to at-

ters, the discussion will be directed toward *all* programs undergoing survey, and then the focus on home care and hospice will be less intense than if home care were the only program discussed.

A home care or hospice representative should attend these sessions and be prepared to discuss issues identified during the home care surveyor's patient tracer activity, even if the surveyor is not conducting the session.

## Competence Assessment Process

One surveyor will conduct the competence assessment session for *all* accreditation programs. When the home care or hospice surveyor does not conduct the session, he or she will coordinate and plan for this ac-

tivity. For example, if the home care surveyor does not review any personnel records during the individual tracer activity or special issue resolution time frames, the home care surveyor may give the hospital surveyor home care or hospice staff's names and ask them to review their personnel records.

Likewise, if the home care or hospice surveyor has a concern regarding a particular process, such as staff orientation or ongoing inservices, the home care surveyor can ask the hospital surveyor to bring these issues to the discussion.

The focus in the competence assessment session is on *all* accreditation programs and not just the hospital. With the new integrated focus, fewer home care personnel records are reviewed versus in years past. For example, in past surveys, the home care department may have had up to 15 personnel records reviewed. Today the total number of home care records reviewed will be much smaller (unless a specific problem is identified in the records selected for review) as records reviewed during this session will encompass *all* accreditation programs and not just home care.

In planning for this session, the home care or hospice director should consider what components of a staff member's personnel record are not kept in the hospital's main personnel record. For example, documentation of competence assessment activities and attendance at inservices may be kept only at the home care office. If possible, request which home care files will be reviewed so that the information can be brought to the hospital. At the very least, make the hospital aware that

the information can be faxed to the hospital upon request.

### **Environment of Care Session**

As with the competence assessment session, only one surveyor will facilitate the environment of care session for *all* accreditation programs. If the home care or hospice surveyor will not be conducting the session, the surveyor will inform the surveyor who will be leading the session about relevant home care and hospice issues and topics to discuss. Therefore, it is important that home care management participate in this session, even if via conference call.

The first part of the Environment of Care (EC) session will be spent in group discussion. The second part of the session is to trace an EC risk from "cradle to grave" that ideally covers the multiple programs being surveyed, or may be limited to one program.

An example of an EC risk that could be traced to include home care is hazardous waste management. The surveyor could trace the activities of a "full" sharps container beginning stored in the staff member's automobile trunk, to storage in the home care pending pick up by the hospital's housekeeping staff. The risk can then continue to be traced from the housekeeping staff's transport to the hospital for storage prior to pick-up by a licensed biomedical waste company for final disposal.

### **Life Safety Code Building Tour**

The Life Safety Code building tour is applicable to hospices providing facility-based hospice care (i.e., a patient in the facility at the time of survey receiving hospice care for pain or symptom man-

agement or respite services). If the hospice uses its own hospital for inpatient care or respite care, the hospital surveyor will conduct the Life Safety Code building tour for the hospice surveyor and the building tour for hospital will not be duplicated.

### **Daily Briefings**

Consistent with all new survey activities, the home care and hospice daily briefing is performed in the same meeting and time as the hospital's daily briefing with its surveyors. All program surveyors ideally will participate at the main location, but if a logistical problem exists, the surveyors will participate via conference call.

### **Accreditation Decisions**

In January 2001, the Joint Commission enacted interim weighted decision rules to protect a hospital from having a Preliminary Denial of Accreditation decision rendered based solely on findings of the home care or hospice survey. These interim weighted decision rules have been changed so that the hospital is no longer protected and can receive an adverse accreditation decision if an accreditation decision for its home care or hospice program meets rules leading to a Conditional Accreditation or Preliminary Denial of Accreditation. This denial would be based on the home care program not following the Joint Commission's:

- Immediate Threat to Life Policy,
- Information Accuracy and Truthfulness Policy, or
- Accreditation Participation Requirements.

The Joint Commission's rationale for this policy change is

that the finding raises concern about the organization's leaders who would permit such an event (or events) to occur (JCAHO, 2004c).

### Accreditation Decision Report

If the home care surveyor(s) end the survey before the hospital surveyors or vice versa and the interim exit conference is held at a different location from the hospital surveyors, access to an Internet connection should be made available to the surveyor(s) who ends first. In this way the survey report can be transmitted electronically to the team leader (usually a hospital surveyor). This interim exit report is merged with the hospital team's report to generate a single survey report for the entire organization.

In a complex organization of a hospital-based home care provider, there are no longer separate reports for home care

and for the hospital. Once the final report has been prepared, the CEO exit briefing and exit conference is conducted with all surveyors present.

### Summary

The new survey process represents a significant change from the past survey process, especially for hospital-based home care and hospice organizations. This series of three articles provided an overview of the tracer methodology and the new survey process. Because the majority of survey time is spent on patient tracer activities, the most important part of planning for a survey under the new survey process is to focus on providing high-quality, safe patient care. ■

*Mary McGoldrick Friedman, MS, RN, CRNI, is Home Care and Hospice Consultant, Home Systems, Inc, Marietta, GA (mmf@mind-spring.com).*

### REFERENCES

- Friedman, M. M. (2004). Tracer methodology and the new Joint Commission home care and hospice survey process: Part 1. *Home Healthcare Nurse, 22*(10), 710-714.
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). (2004a). *2004-2005 Comprehensive Accreditation Manual for Home Care*. Glossary. (GL-3). Oakbrook Terrace, IL: Author.
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). (2004b). *Joint Commission Perspectives*. (p. 8). Oakbrook Terrace, IL: Author.
- Joint Commission on Accreditation of Healthcare Organizations. (JCAHO). (2004c). *Shared Visions—New Pathways Q&A: New Pathway: Complex Organizations*. Retrieved March 22, 2004 from <http://www.jcaho.org/accredited+organizations/home+care/survey+process/complex+organizations/index.htm>.

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