Rural Health Clinic Accreditation

Organization

How to Use this Guide

This guide contains:

- Information to help you prepare for survey
- A description of each survey activity that includes objectives, an overview of the topics that will be covered, logistical issues, and suggested participants
- Activities are listed in the general order that they are conducted.

The Survey Activity List includes suggested duration and scheduling guidelines for each of the activities. At the beginning of the survey, there will be an opportunity for you to work with the surveyor to prepare an agenda for the visit that will fit with your day-to-day operations.

Please Note: Not all the activities described in this guide are contained in the activity list or on the agenda template. Many of the activities will take place during individual tracer activity. The surveyor will incorporate these into the on-site survey when they are applicable to your organization.

BEFORE THE SURVEY

Preparing for Surveyor Arrival

Advanced Planning
The surveyor arrives unannounced. During your survey window, check the Joint Commission Connect extranet site for notification of survey event

Planning in advance for the surveyor's arrival helps staff be better prepared for the survey. This will include reviewing the documents found on the Requested Document List.

Preparing for Survey

Prepare a plan for staff to follow when the surveyor arrives. The plan should include:

- Greeting the surveyor: Identify the staff usually at the main entrance of your organization. Tell them about The Joint Commission survey and what to do when the surveyor arrives. Explain the importance of verifying the surveyor's identity by checking their Joint Commission picture identification badge. Also log into your Joint Commission Connect extranet site to validate the surveyor's identity when possible.
- Who to notify: Identify leaders and staff to notify when the surveyor arrives, including the individual who will be the surveyor's "contact person" during the survey. Identify alternate individuals in the event that leaders and staff are unavailable. Create a list of their names and telephone numbers.
- A workspace for the surveyor: Ask the surveyor to wait in the lobby until an organization contact person is available. The surveyor will need a location that will serve as their "base" throughout the survey. This workspace should have a desk or counter area, an electrical outlet, telephone, and internet access.
- The Survey Readiness Guide is a tool that helps you plan the survey.
- Requested Document List: Your organization should be prepared to have documents available for the surveyor as soon as your organization validates their identity. If these documents are not 5a. 0 Td.6 (ha) e 51n (t)-6.6 (he)1069 (s)-2.1 (-2 (ou)1)-6.6 (5a.)1010.e,ris auReave

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Survey Readiness Guide

Actions to take when the surveyor arrives	Responsible Staff	Comments:
Greet surveyor		

Rural Health Clinic Requested Document List

As a Rural Health Clinic, you will need to have the following documentation available for the surveyor to review

Rural Health Clinic -- Sample Survey Agenda

Time	Activity
8:00 – 8:15 a.m.	Surveyor Arrival and Preliminary Planning Session x Introductions

DURING THE SURVEY

should respond if your safety plans are implemented while they are on site. Situations to cover include:

- x

Opening Conference and Orientation to the

different surveyor to investigate the issue or the surveyor on site will be assigned to investigate. Investigations include interviews; observations of care, treatment, and service delivery; and document review. Your cooperation is an important part of this process. Surveyors will discuss the findings with The Joint Commission administrative team and outcomes will be communicated to your organization when a decision is reached.

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The surveyor may arrive in the clinical area and need to wait for staff to become available. If this happens, the surveyor will use this time to evaluate environment of care issues or observe the care, treatment, or services beyor, 1ud Td[happenm62 1.e.i)12.7 (de)]TJ19.16 0 Tw 8.613 0 Tm( )TjEMC /2 /MC

Individual Tracer Activity / Infection Control

Participants
Individual(s) responsible for oversight of infection control processes and staff who can respond to topics related to infection control activities.

Duration
The duration for this activity is 60 minutes.

Overview
During this activity, the surveyor will explore your organization's infection prevention and control processes as patients receive care, treatment, and services.

The surveyor will explore how your organization does the following:

- Plans, implements, and evaluates your clinic's infection control goals
- Develops infection control goals; reviews the outcome(s) of infection, prevention, and control activities; annually evaluates infection control activities; and implements opportunities for improvement
- Implements processes to support infection, prevention, and control such as hand hygiene, low-level and high-level disinfection and sterilization of medical equipment, devices, and supplies
- Identifies and manages outbreaks of infectious disease
- Implements activities to support staff influenza vaccination
- Educates and trains staff on infection control policies and procedures

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- Address a means to shelter-in-place
- Include a system of medical documentation that protects patient information and maintains the availability of records
- Address the use of volunteers or other emergency staffing strategies

x The communications plan to verify that it meets the following requirements:
  - Includes contact information for staff and organizations/entities
  - Includes a primary and alternate means of communicating with staff and organizations/entities
  - Addresses how information about patients will be provided
  - Addresses how the clinic will provide information about its needs

x The training and testing program documentation to verify that the program:
  - Is reviewed and updated every two years
  - Includes training initially, every two years, and as needed
  - Includes annual testing program that meets the following:
    - Includes a community-based full-scale exercise when available, otherwise, a facility-based functional exercise once every two years
    - Includes in the opposite year, an exercise of the RHC's choice

x EM Program evaluation (after-action/improvement plans)

x Documentation that describes a unified and integrated EM program (if applicable)

The surveyor will then engage attendees in discussion about the RHC's emergency management activities.

This activity is divided into the following four parts:

Part 1: Actual emergencies or disaster incidents

- x What real emergency event(s) impacted your organization in the past 12–36 months in which the EOP was activated? What services were you able to provide during the event(s)?
- x Was the event(s) identified as part of their risk assessment (also known as hazard vulnerability analysis)?
- x What communication methods did you use to notify staff, patients, and others about the event(s)?
- x How did your organization collaborate with your community partners and/or relevant authorities during the event(s)?
- x How was staffing managed to meet patient care needs and was any additional staffing used during the event(s)?

Part 2: Emergency exercises

- x How or why were the exercises selected?
  - Annual operations-based exercise (either a full-scale, community-based or a functional, facility-based exercise) your organization conducted (or participated in) one year and the exercise of choice they conducted the opposite year?

Part 3: Education and training

- x What education and training provided to staff, volunteers, physicians, etc. in the past 12–36 months and how did you validate staff knowledge of emergency response procedures?

Part 4: Evaluation, after -action/improvement plans, and program updates

- x What did you learn from your review of real or simulated events including the following:
  - Were any gaps identified in their response procedures?

- What areas for improvement were identified and how were they incorporated into plans, policies, and procedures?

Competence Assessment and Credentialing and Privileging

Participants
Staff responsible for the human resources processes for tracking and documenting staff orientation, education, competencies; and physician and other licensed practitioner competencies, credentialing, and privileging.

Duration
The duration for this session is 75 minutes.

Overview
During this session, the surveyor will:

- Learn about your organization's competence assessment process for staff, physicians, and other licensed practitioners
- Learn about your organization's orientation, education, and training processes as they relate to staff, physicians, and other licensed practitioners

During this session:

Inform the surveyor of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in staff or credential files. The surveyor will identify specific staff, physicians, and other licensed practitioners whose files they would like to review.

The surveyor will discuss the following topics:

- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission standards
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
- Performance improvement initiatives related to competency assessment for staff, physicians, and other licensed practitioners
- Orientation of staff, physicians, and other licensed practitioners to your organization, and/or job responsibilities
- Experience, education, and abilities assessment
- Ongoing education and training
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Process for granting of privileges to physicians and other licensed practitioners
- Other topics and issues discovered during the tracer activity
- Employee health screening and health requirements (e.g., vaccinations, immunizations) for working in the organization; ask about the process for monitoring compliance with such requirements.

The surveyor will review personnel/credentialing files of esa1.04 108 244.48 BDC 4 0.002 TJ[(y)-2 (s)-2 (i)2.6

Leadership and Data Use Session

Participants
Organization leadership, the individual who manages your organization's information management system, quality managers, and other key staff.

Duration
The duration for this activity is 30 minutes.

Overview
During this session, the surveyor will explore leadership's responsibility for creating and maintaining your organization's systems, infrastructure,

Special Issue Resolution

Participants
Surveyor and requested staff

Duration
The duration is approximately 15 minutes and is scheduled toward the end of the day.

Overview
This time is available for the surveyor to explore any issues that may have surfaced during the survey and could not be addressed at the time they were identified (for example, staff were unavailable for interview, policy review, additional personnel file review required).

Depending on the circumstances, this may involve:

- The review of certain policies and procedures
- The review of additional patient records to validate findings
- Discussions with staff to obtain additional information or clarification
- Review of staff and credentials files
- Review of data, such as performance improvement projects and results
- Other issues requiring more discussion

Surveyor Report Preparation

Participants
Surveyor

Duration
The duration of this session is 45 minutes.

Overview
During this session, the surveyor will compile, analyze, and organize the data collected during the survey. This information will be used to develop a report (Summary of Survey Findings Report) that summarizes your organization’s compliance with applicable standards. Areas of non-compliance will be noted in the report as Requirements for Improvement (RFI).

Organization Exit Conference

Participants
CEO/Administrator (or designee), senior leaders, and staff as identified by the CEO/Administrator (or designee).

Duration
The duration of this session is 30 minutes.

Overview
The Summary of Survey Findings Report will be sent to your Joint Commission Connect extranet site. You may provide copies for all exit conference participants, if desired.

During this session, the surveyor will review the following:

- The Summary of Survey Findings Report
- Your SAFER™ matrix,
- Any Requirements for Improvement
- The clarification process
- Post-survey follow-up processes such as Evidence of Standard Compliance (ESC) and ESC submission

FOLLOWING THE SURVEY

Commission Connect extranet site. Please refer to the ESC Instructions document when completing the ESC reports. The ESC Instructions are accessible by clicking on the Evidence of Standards Compliance link.

- Upon the approval of your organization's ESC, your accreditation decision is posted to your Joint Commission Connect extranet site and to Quality Check (www.qualitycheck.org). Note: Your organization's CEO and primary accreditation contact will receive an automated email notification. This decision will be updated to Quality Check the following business day.

Resources

- The Joint Commission Connect extranet site can be accessed using a login and password (www.jointcommission.org). Please refer to the following information on your extranet site under the "Post-