

Hospital Accreditation Program Critical Access Hospital Accreditation Program Document List

As a Hospital, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Surveyor Planning Session, which occurs on the first day of survey.

Note: The 12-month reference in the following items is not applicable to initial surveys.

- Performance Improvement Data from the past 12 months
- Documentation of performance improvement projects being conducted, including the reasons for conducting the projects and the measurable progress achieved (this can be documentation in governing body minutes or other minutes)
- Infection Control surveillance data from the past 12 months
- Analysis from a High Risk Process
- Environment of Care data including the Statement of Condition (SOC) from the last survey, as applicable
- Environment of Care, Plans for Improvement – access to an internet connection for surveyor acceptance
- Environment of Care Management Plans and annual evaluations
- Environment of Care multidisciplinary team meeting minutes for the 12 months prior to survey
- Emergency Operations Plan (EOP), Hazard Vulnerability Analysis, and Annual evaluation of the EOP
- Infection Control Plan
- An organization chart
- A map of the organization, if available
- List of all sites that are eligible for survey
- List of sites where deep or moderate sedation is in use
- List of departments/units/ areas/programs/services within the organization, if applicable
- List of patients that includes: name, location, age, diagnosis and length of stay.
- Lists of scheduled surgeries and special procedures, e.g. cardiac catheterization, endoscopy lab, Electroconvulsive Therapy, Caesarian Sections, including location of procedure and time
- List of unapproved abbreviations
- Name of key contact person who can assist surveyors in planning tracer selection
- Measures of Success (MOS) data identified in the Plan of Action from the PPR.
- ORYX data
- Organ donation and procurement conversion rates (Hospital)
- Medical Record Delinquency data
- Organization marketing materials

TheThe following documents may be requested if or when the survey team identifies an issue of concern related to the topic:

- List of all contracted services to include the nature and scope of services provided
- Agreement with outside blood supplier
- Written policy regarding the organization's grievance process

- Governing Body minutes to verify compliance with budget requirements
- Credentials files to verify appropriate clinical service leadership/oversight for Anesthesia, Respiratory or Emergency services
- Medical Staff Bylaws and Rules and Regulations
- Medical Executive Committee meeting minutes

What specific risks related to its environment of care have been identified by your organization?

Teach

How have roles/responsibilities for staff/volunteers been communicated by your organization.

Implement

What procedures and controls (both human and physical components) does your organization implement to minimize the impact of risk to patients, visitors, and staff?

Respond

What procedures does your organization implement to respond to an environment of care incident/failure?

How, when, and to whom are environment of care problems, incidents, and/or failures reported within your organization.

Monitor

How is environment of care performance (both human activities and physical components) monitored by your organization

What monitoring activities have taken place within the last 12 months (on re-surveys)?

Improve

What environment of care issues are currently being analyzed?

What actions have been taken as a result of monitoring activities?

The following matrix is provided to assist in determining patterns of management process or risk

category areas of concern and strengths.

SAFETY and SECURITY 2
 HAZMAT 2
 EMG. MGT 2
 FIRE 2
 MED/LAB. EQ. 1
 UTILITIES
 CONSTRUCTION 2
 PLAN
 TEACH
 IMPLEMENT
 RESPOND
 MONITOR
 IMPROVE

Note: 1 = Not applicable to Behavioral Health Care

2 = Not applicable to Long Term Care Medicare/Medicaid Certification-Based Option Surveys

If your organization wants to conduct a mock Environment of Care Session:

1. Identify a high risk process or category
2. Determine the location for that risk or category in your plans, e.g. safety, security etc.
3. Trace the risk or category through the phases in the first column: planning, teaching, implementing, responding, monitoring and improving
4. Note any gaps between what exists and what should be in place
5. Modify the process, as needed

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Be prepared to discuss your organization's performance addressing the emergency management requirements including performance in:

- Conducting the required proactive risk assessment (Hazard Vulnerability Analysis)

- Identifying your role in relation to the community's, county's, or region's emergency management program
- Identifying processes for the timely sharing of information with other health care organizations that provide services within the contiguous geographic area (*for hospitals and long term care organizations only*)
- Identifying an "all hazards" command structure that links with the community's command structure and
- Making any necessary improvements to its emergency management based on critiques of emergency management drills

Environment of Care Tracer (Approximately 30% of session time)

The surveyor observes and evaluates your organization's performance in managing the selected Environment of Care risk. They observe implementation of those particular management processes

determined to be potentially vulnerable or trace a particular risk(s) in one or more of the environment of

care risk categories your organization manages by:

- Beginning where the risk is encountered or first occurs. (i.e., a starting point might be where a particular safety or security incident occurs, a particular piece of medical equipment is used, or a particular hazardous material enters your organization)
- Having staff describe or demonstrate their roles and responsibilities for minimizing the risk, what they

are to do if a problem or incident occurs, and how to report the problem or incident

- Assessing any physical controls for minimizing the risk (i.e., equipment, alarms, building features)

- Assessing the emergency management plan for mitigation, preparedness, response, and recovery

strategies, actions and responsibilities for each priority emergency

- Assess the emergency plan for responding to utility system disruptions or failures (e.g., alternative

source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services)

- If equipment, alarms, or building features are present for controlling the particular risk, reviewing

implementation of relevant inspection, testing, or maintenance procedures

- If others in your organization have a role in responding to the particular problem or incident, having

them describe or demonstrate that role, and reviewing the condition of any equipment they use in responding

If the risk moves around in your organization's facility (i.e., a hazardous material or waste), the surveyor

follows the risk from "cradle to grave."