

# Joint Commission BHC NACBH Update 2019

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# What's New & Improved

- Advisory Council
- Survey Timeliness
- Safety Culture Session
- Continuous Customer Engagement
- Suicide Risk Reduction Standards
- Pain Management Standards
- Measurement Based Care

**New &  
Improved**



# Advisory Council Work To-Date

- Measurement-Based Care for BHC Providers
- Evaluating the Quality and Safety of Telehealth Services
- Pain Management Standards for Behavioral Health Care Organizations
- *Leading the way to zero™* for Behavioral Health Care Organizations
- Payor Panel Presentation
- Safety in the Environment and Suicide Prevention
- BHC Program Identification of Opportunities for Improvement
- Enhancing Substance Use Disorder Treatment

# Survey Timeliness

January 1<sup>st</sup> through June 30<sup>th</sup> 2019 Data:



- 95% of Initial Surveys are occurring within 30 days of ready date
- 5% are occurring within 31-60 days of the ready date
- 86% of Resurveys are on time or early
- 14% of Resurveys are occurring 1-30 days after due date

# Safety Culture Session

- Safety Culture Assessment was incorporated into the survey process in October of 2018
- Joint Commission defines *safety culture* as the “product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization’s commitment to quality and individual/patient safety.”
- An organization will be expected to include its most recent Safety Culture Survey with the required documents listed in the Survey Activity Guide. The surveyors will want to review this prior to the opening conference (or as early in the survey process as possible).
- On Survey Day One, the survey team will provide a link to the five-minute video “Leading the Way to Zero.” The team will ask the organization to make the audiovisual arrangements necessary to show the video during the Leadership Session.
- Surveyors will be tracing safety culture as a part of other survey activities and asking questions to assess safety culture.

# Suicide Risk Reduction NPSG 15.01.01



The screenshot shows a web browser displaying the Suicide Prevention Portal on the Joint Commission website. The browser's address bar shows the URL: [https://www.jointcommission.org/topics/suicide\\_prevention\\_portal.aspx](https://www.jointcommission.org/topics/suicide_prevention_portal.aspx). The page features a navigation menu with categories: Accreditation, Certification, Standards, Measurement, Topics (highlighted), About Us, and Daily Update. The main content area is titled "Suicide Prevention Portal" and includes a search bar, social media sharing options, and a timestamp: "Thursday 10:46 CST, July 11, 2019".

The page content is organized into several sections:

- Suicide Prevention Portal**: A blue header box with the page title.
- Information on NPSG.15.01.01**: A list of links including "December 2018 Perspectives" and "R3 Report".
- The Suicide Prevention Portal is a resource for organizations seeking to be in compliance with NPSG 15.01.01 (changes effective July 1, 2019) and the Suicide Risk Recommendations from the Suicide Risk Reduction Expert Panel:**: A central text box providing context.
- Compliance with NPSG 15.01.01**: A list of links for Environmental Risk Assessment, Validated/Evidence Based Screening Tools, Validated/Evidence Based Suicide Risk Assessment Tools, and Safety Planning Upon Discharge.
- Compliance with Suicide Recommendations**: A list of links for various perspectives from May 2019 to November 2017.
- Resources**: A list of links for "General Suicide Reduction Tools" and "Resource Compendium".
- 4-1-1 on Survey Enhancements**: A circular graphic with four quadrants representing different survey areas: "4-1-1 on Survey Enhancements", "suicide prevention", "suicide risk reduction", and "suicide risk assessment".

The footer contains contact information, a site map, privacy and cookies link, copyright notice for 2019, and social media icons.

# Pain Management – New CAMBHC



## Standards/EPs

- CTS.02.01.09, EP 3: For acute 24-hour settings: The organization assesses pain, then treats or refers individuals served for treatment.
  - Note 1: “Acute 24-hour settings” includes inpatient crisis stabilization or medical detoxification.
  - Note 2: Treatment strategies for pain include nonpharmacologic, pharmacologic, or a combination of approaches.
- HRM.01.05.01, EP 11: Staff performing pain screening participate in education and training on screening individuals for pain.
- HRM.01.05.01, EP 12: For acute 24-hour settings: Practitioners providing direct care, treatment, or services participate in education and training on pain assessment and pain management consistent with the scope of their license.
  - Note: “Acute 24-hour settings” includes inpatient crisis stabilization or medical detoxification.
- MM.01.01.01, EP 2: For organizations that prescribe medications: The organization facilitates practitioner access to the Prescription Drug Monitoring Program databases.

# Continuous Customer Engagement

## What is it?

- Continuous Customer Engagement is a data-driven connection between Healthcare Organizations (HCOs) and the Joint Commission through various channels of communication.
- This connection can be a reaction, interaction, effect or overall customer experience, which takes place online and offline.





# Improving Surveyor Consistency

← RESET

Field Director  
All


Surveyor Name  
All

Program  
All

Surveyor Group/Type  
All

Survey Type  
Full Survey Type

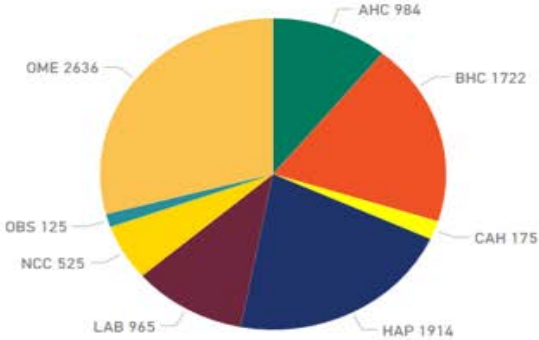
Time period to display  
1/1/2017 12/31/2020


The Joint Commission

**NOTE: Variation Flags** are set to highlight surveyor scoring patterns that are at least three standard deviations away from the surveyor's peer group

Surveyor	Prog	SAFER Flag	Chapter Flag
CAH		0.59	0.08
HAP		0.34	0.60
BHC		1.46	0.41
HAP		-0.67	-1.08
AHC		-0.48	-0.18
OBS		-0.93	3.45
HAP		2.05	4.33
AHC		-0.10	-0.26
CAH		0.10	-0.21
HAP		-0.54	-0.12
HAP		-0.35	-0.54
OME		-0.27	-0.44
OME		-0.24	-0.70
LAB		-0.18	0.32
AHC		-0.21	-0.45
OBS		-0.77	-0.66
HAP		-0.50	-0.42
CAH		1.48	-0.07
HAP		0.30	0.24
HAP		1.74	0.89
HAP		0.19	4.28
AHC		-0.76	-0.86
OBS		-0.28	-1.38
CAH		1.09	-0.01
HAP		-0.24	-0.06

### Number of Programs Surveyed



Use the **gold drop down menus** above to select a surveyor.

Use the **blue drop down menus** to pick a program and peer group for comparison.

Number of Surveys (Peer Group)	Number of Surveys (Surveyor)
9046	9046
Total Number of RFIs (Peer Group)	Total Number of RFIs (Surveyor)
102.92K	102.92K
Total Obs 172.62K	
Avg RFIs per Survey (Peer Group)	Avg RFIs per Survey (Surveyor)
11.38	11.38

**Employment Details for Selected Surveyor**

Last Name	Gender	Surveyor Peer Group	Employment Start Date	Manager Name	Full or Part-Time Code

Step 1: Surveyor Overview

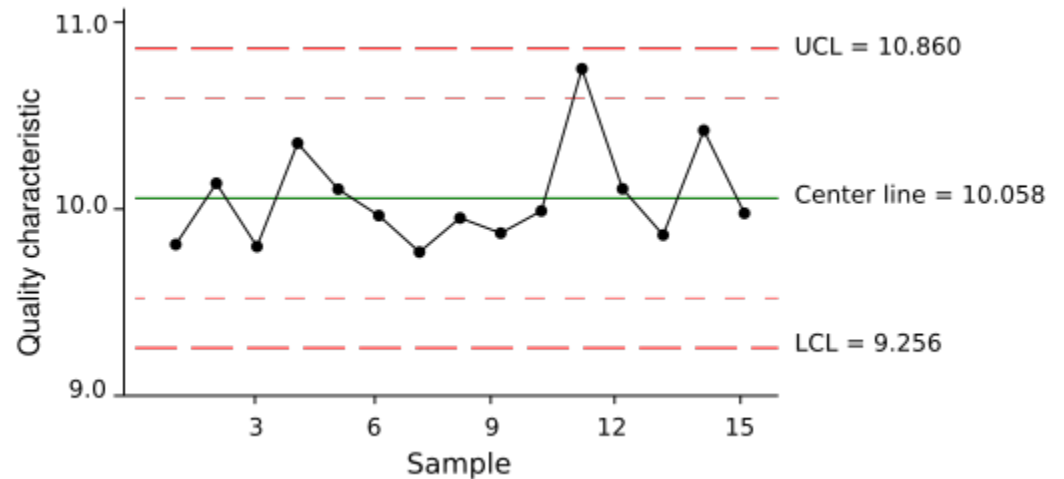
Step 2: Comparison with Peers

Step 3: Observation Details

Step 1: Surveyor Overview

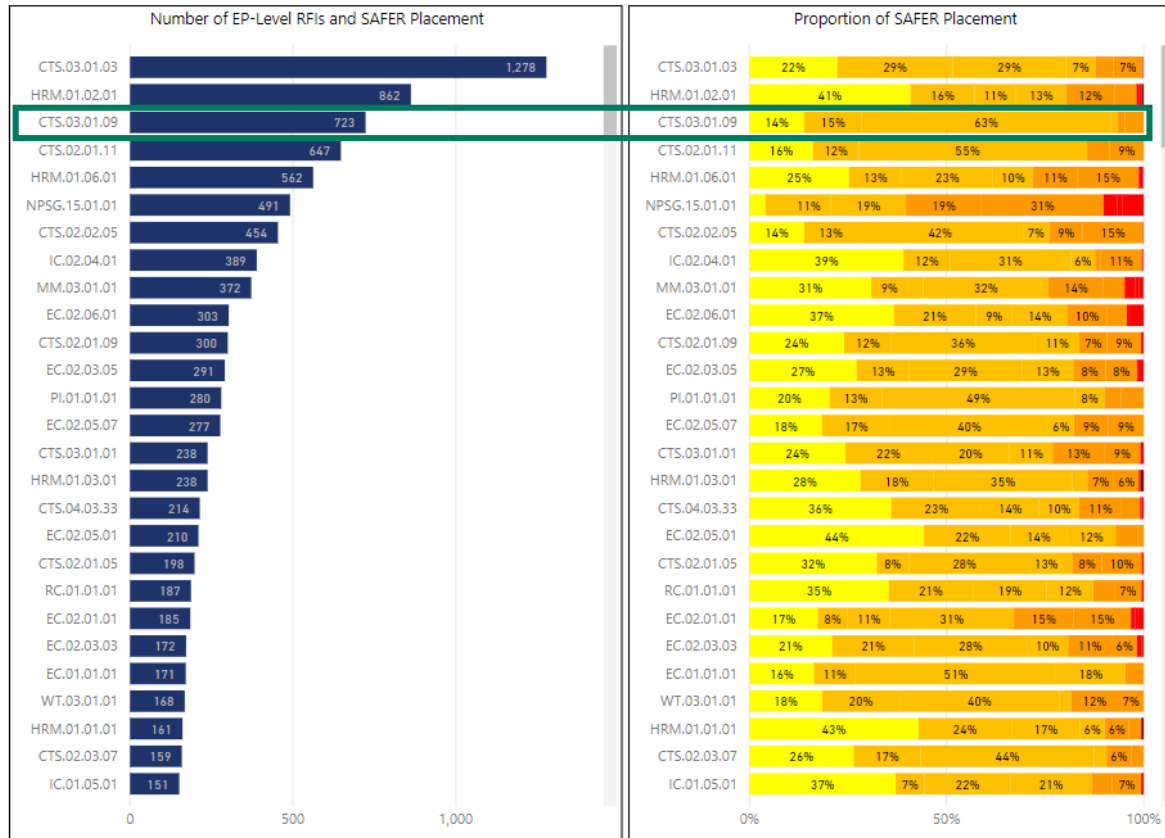
## CTS.03.01.09

# Measurement-Based Care Standard



# Behavioral Health Care – Compliance with Standard CTS.03.01.09

June 2018 – May 2019



- CTS.03.01.09 was the third most frequently scored BHC standard over the last 12 months
- 723 compliance issues were identified on 55% (672 of 1,231) of full survey events from June 2018 through May 2019.
- The majority of these compliance issues (445) were related to the failure to select a standardized instrument (EP1).

# TJC MBC Survey Focus

Ultimately... the survey evaluation comes down to:

- Does the organization have an instrument that is appropriate for measurement-based care?
- Do they administer it consistently at multiple intervals in the care process?
- Do they actually look at the data and do something in response to it?

# Questions

