An Inside Look at Successful RFI Clarification
Understanding of the elements of performance can make a successful survey

Introduction

Requirements for Improvements (RFIs) from Joint Commission accreditation surveys are an ongoing concern for hospitals today. When the number or type of RFIs leads to adverse action, hospitals and other healthcare programs have a very short window (10 days) to submit clarifications. To reduce a hospital's RFI count, it is of critical importance for accreditation professionals to understand exactly what drives RFI findings. And that driver is the element of performance.

This white paper is for survey coordinators and accreditation readiness professionals who wish to expand their knowledge related to successful clarification out of an adverse action survey report.

The clarification process post TJC accreditation survey is based on the surveyor's observations in relationship to the elements of performance under a given standard. It is not the standard or the rationale upon which the hospital's performance is judged, it is only the element of performance. Therefore, the hospital must build into its operational and clinical processes, methods to comply with the elements of performance. Regardless of what a surveyor might say or what a surveyor's expectations may be, compliance with the element of performance under review is the single most important issue at time of TJC survey.

Hospitals have found that surveyor interpretation of standard compliance varies widely. Inexperienced surveyors, or surveyors that simply don't thoroughly understand the standard and the related elements of performance nested under the standard, may render a finding or series of findings, that result in a Requirement for Improvement - even when there is no actual noncompliance with the standard. This reaction on behalf of the surveyor or survey team is always well meaning, however some surveyors, just like some hospital employees, are new. New personnel need time and training to become seasoned at what they are doing. Just like every other profession, newly trained staff can make mistakes.
Another consideration is the frequency and amount of change in the standards and related elements of performance within the Joint Commission, which is causing internal divergent theory on some standards interpretation. This is played out in the field when surveyors do not understand the standard as the Joint Commission’s Standards Interpretation Group (referred to as the SIG) does. What does this mean? That your survey report may well reflect an artificial level of compliance. On multiple survey reports, there has been little correlation to an organization’s RFI count and their true level of standard compliance.

In addition to this, higher RFI counts are becoming more frequent. A higher RFI count means more opportunities for clarification exist. Higher RFI counts usually result from a misinterpretation of the standard (and related element of performance) or a misunderstanding of the facts. What is meant by this? As mentioned above, it is not uncommon for a surveyor to misinterpret or have his/her own bias about standards interpretation. Don’t become alarmed if the surveyor’s interpretation of a standard differs from your understanding of the standard. Divergence is natural and it will happen.

You always have the option to discuss these differences with the surveyor during the survey process. Here are some things you can do while the surveyor is on site:

- Ask the surveyor to help you understand his/her viewpoint
- Ask to speak with the Joint Commission’s Standards Interpretation Group (SIG) in Chicago for clarity on the subject
- Provide evidence of audit data that demonstrates ongoing compliance in a given area
- Move past the issue and determine that you will get clarification should it show up as an RFI on your survey report. But remember it is much easier to stop an RFI at the door before the survey team leaves, than to clarify it later.

Once a hospital receives the final survey report, individuals responsible for accreditation management should know that Requirements for Improvement can be successfully clarified when any of the following occurs:

- The surveyor applied the incorrect element of performance to the observation. An example of this is a finding of failure of staff to monitor a protectively restrained patient in the ICU every two hours. The finding is under standard PC.11.70 element of performance 2. Element of performance 2 under this standard requires a patient in restraints to be monitored at least every 2 hours or sooner. Because this was an ICU patient, there was evidence of continual physiological monitoring with a nurse at the patient’s bedside at least every half hour or sooner. The obvious problem was failure of the nurse to document the monitoring, which would fall under standard P.11.100 element of performance 2. Because there was a plethora of evidence of frequent monitoring, it can be determined that the surveyor applied the incorrect element of performance under the incorrect standard. And, once written, the clarification annotating the correct application of the element of performance, under the correct standard, cannot result in a revised finding or a new RFI.

- The surveyor’s observations are not consistent with the element of performance cited. An example of this would be a surveyor finding under standard MM.3.20, element of performance 6, stating the hospital was out of compliance because the pharmacy and medical staff allowed “hold” medication orders. In this instance, element of performance 6 simply requires the hospital to have a policy on hold orders, the EP does not specify
that there cannot be hold orders. The application of the surveyor’s own interpretation of this element of performance is incorrect, and can be successfully clarified.

- The surveyor incorrectly cites the hospital for not following its own policy. An example of this would be a finding under standard PC.2.120, element of performance 3 requiring the registered nurse to complete a nursing assessment within 24 hours of inpatient admission. In this scenario, the hospital’s policy required the nursing staff to initiate a nursing assessment within 8 hours of admission, with the assessment completed and documented within 24 hours of patient admission. The surveyor misinterpreted the hospital’s policy, and cited the organization because an assessment wasn’t completed within 8 hours. The hospital’s policy only required initiation of the assessment within 8 hours, but completion within 24 hours; for which they were compliant. However this brings up another issue:

- Under the scenario outlined above, the surveyor cited the hospital under standard PC.2.120 for failure to follow its policy on nursing assessment completion within 8 hours (when in fact the hospital was in compliance with its own policy of 24 hours) – however the finding is really related to another completely different standard and element of performance. Under standard LD.3.90, EP 2 (policies and procedures are consistently implemented), if the hospital truly was not following its own policy, the finding should be nested under the Leadership standard (keeping in mind this would apply if the hospital was not following its own policy, but was meeting the 24 hour standard for initial nursing assessments).

The above list is by no means a complete descriptor of ways in which RFIs can be clarified by element of performance application. There multiple ways, both straightforward and nuanced, that may improve clarification outcomes. In terms of compliance, hospitals are held accountable for:

- The Standards Manual
- Perspectives
- Published FAQs

This leaves a lot up to interpretation. A hospital has a much better chance for survey success if it has outlined processes of care in policies that make good clinical sense, which are consistently implemented. The lesson here is to make sure all processes are designed well, are clinically sound and reasonable, and are written to guide care and practice rather than to comply with a standard.

The RFI clarification process is arduous, time consuming and requires much investigation and auditing. The best chance for survey success is to plan appropriately by placing the emphasis on the areas of focus before survey. This is accomplished by doing the right thing and doing it well, in relationship to the elements of performance under a given standard. If attention is paid to compliance with the elements of performance well before survey, the organization has an excellent chance at a positive survey outcome. Secondarily, if the hospital can convince the surveyor of compliance because it is meeting its own policy, the policy reflects natural practice, and the processes that the policy addresses were designed well; the hospital has a good chance of decreasing the RFI count at time of survey. And sometimes it is advantageous to ask the surveyor to “help me understand why you feel this standard is noncompliant – help me understand why our process doesn’t meet the element of performance.” This is always a good way to help refocus a surveyor who is starting to go down a path that you feel is not reflective of the quality care your
organization provides. Another approach to take with the surveyor is to ask “what would you suggest we do differently that would meet compliance? As we review all of the elements of performance, we are not seeing how the determination of non-compliance was reached.”

The easiest path to compliance is proper preparation and becoming knowledgeable about the elements of performance, reviewing your organization’s actual processes and determining if there are any gaps between practice and the requirements of the element of performance. Once identified, developing and putting into place realistic, implementable action plans that reflect the natural processes of care and operations; will help drive the successful survey outcome your organization deserves.

For more information or questions regarding Requirements for Improvements or *The Greeley Company*, contact Sandi Reen, Client Relations Manager, at 888/749-3054, ext. 3263 or email sreen@greeley.com.

Full services, including assessments, survey preparation, and education opportunities are available from our team of Accreditation consultants.