The JCAHO will conduct 30 random announced validation surveys between now and March 2006 in an attempt to evaluate its survey process.

The commission will contact randomly selected hospitals within seven days of the end of their triennial survey, according to the JCAHOnline newsletter, which was posted on the JCAHO Web site at the end of July. Hospitals may decline to participate, and those that do participate may do so at no charge, the JCAHO said in the newsletter.

The validation survey will be the same length as the hospital’s triennial survey and will not affect the organization’s accreditation standing, unless an “immediate jeopardy” situation is identified.

Surveyors will share a verbal aggregate report at the end of the survey, he says, and the results will not be made public.

Surveyors also will not have access to the most recent survey findings, according to the JCAHO Web site. Surveyors will have access to the results of the survey completed prior to the most recent one, the JCAHO said.

The JCAHO distributed the same information to surveyors a week prior to the public notice on the commission’s Web site.

Survey results kept private
Hospitals will not receive a report of the validation survey findings, JCAHO spokesperson Mark Forstneger says.

Can’t attend JCAHO’s Executive Briefings?
We’ll be there for you. We’ll send you a fax express with any breaking news from the conference in Rosemont, IL, on September 1. Also don’t miss a special report on JCAHO changes for 2006 in your December issue.

Learning objective: After reading this article, you will be able to
1. explain how to use tracers to conduct your period performance review (PPR)
2. identify how to focus your PPR efforts on critical areas
3. describe how to involve staff in the PPR process

Intensive mock tracers and a focused PPR helped one New Jersey hospital come away from its July survey with no requirements for improvement.

Meadowlands Hospital Medical Center in Secaucus, NJ, credits the PPR and clearly defining data for its measures of success for acing its survey, says Wren Lester.

JCAHO to conduct validation surveys
30 random hospitals to be surveyed through March 2006

Survey tracker
Tracers, PPR approach give one hospital perfect JCAHO survey

Vol. 16  No. 9
September 2005
Team will be consistent
The survey team will consist of three surveyors—a physician, nurse, and *Life Safety Code®* (LSC) specialist. The LSC specialist will be on site for one day, the JCAHO said.

The three surveyors will work together for all 30 validation inspections, which should help make the survey process consistent, says *Elizabeth Di Giacomo-Geffers, RN, MPH, CNA, BC*, a healthcare consultant in Trabuco Canyon, CA.

“They know each other,” she says. “Each one knows how each one is going to survey.”

May strain resources
Some hospitals have expressed concerns that a separate survey will strain already thin resources by requiring additional manpower soon after a full triennial survey. However, the JCAHO doesn’t believe that to be the case.

“A separate validation survey will provide the Joint Commission with a more accurate assessment of its triennial survey process and impose fewer burdens on the selected hospitals than a concurrent validation survey,” Forstneger says.

Certain factors may change from the organization’s survey to the validation survey, says *Paula Swain, RN, MSN, CPHQ, FNAHQ*, of Swain and Associates consulting in Charlotte, NC. There may be different patients to trace and different physicians or staff on site during the validation survey, she says.

But organizations could take something from the validation surveys, Swain says.

“It could be used as a learning tool,” Swain says. “You would be provided some consultative benefit, and you could test your ever-ready status.”

Don’t address prior concerns
The JCAHO stresses that these validation surveys are for internal quality improvement efforts, not for addressing organizational concerns from previous surveys, Forstneger says.

If organizations have concerns about survey findings, they should alert their surveyor during the process or contact their JCAHO account representative or the Office of Accreditation Field Operations at 630/729-5000, Forstneger says.

Also, the evidence of standards compliance process gives organizations a 90-day window to clarify survey findings, Forstneger says.

According to the JCAHO, that 90-day window will shrink to 45 days on January 1, 2006.
PPR approach

the hospital’s corporate director of performance improvement (PI).

“We were very prudent in defining very clear numerator v. denominator [for the measures of success], Lester says. “Some facilities have a vague measure.”

Chart your success

The hospital selected PPR option 1—in which the organization uses the JCAHO’s printed PPR tool and discusses standards-related issues with the commission without giving any specifics—and set up “chapter” teams of leaders and department heads to do a full analysis of the Comprehensive Accreditation Manual for Hospitals (CAMH), Lester says.

The hospital’s JCAHO surveyors suggested that teams could also be organized around the priority focus areas, Lester says.

When the chapter teams gave an element of performance a score of 1—partial compliance—or 0—noncompliant—they developed a measure of success. The hospital measured all indicators for 12 months, broke the data down by month, and posted each measure on a graph to identify problems and improvements, Lester says.

The graphs even went up on the walls in each unit so staff could track progress, Lester says.

Tracers help PPR

The hospital focused its PPR and measures of success on the priority focus areas established 18 months ago, Lester says.

Tip: Check the Jayco extranet site—accessed at www.jcaho.org—periodically to make sure your priority focus areas are current, Lester says.

For example, medication management was one priority focus area. Staff conducted medication management tracers using high-volume medications dispensed from the pharmacy, Lester says.

Staff chose two or three patients, traced them up to the nursing units to see how the medications were dispensed, and then traced them back to the pharmacy to watch the ordering and filling process, Lester says.

Nursing staff also observed pharmacists filling orders to gain a better understanding of the process, and pharmacists also watched nurses on the floors, Lester says.

“The nursing staff had never been down in the pharmacy,” Lester says. “They didn’t know what was going on down there.”

Get help for tracers

An intensive mock tracer regimen helped prepare the hospital staff for survey, but it also helped identify areas of noncompliance, Lester says. Four officials from sister hospitals teamed up with staff from Meadowlands to trace different units twice a week.

Those conducting tracers used a mock tracer tool that Meadowlands developed (see pp. 5–6 for a sample tool). Staff could check off whether an area was compliant or noncompliant, Lester says.

Every unit was traced at least five times prior to survey, Lester says, and each mock surveyor had a specialty area on which he or she could focus. For example, an infection control (IC) professional focused solely on IC standards, while others could concentrate on their areas of expertise, she says.

Those areas of focus allowed staff to understand what a surveyor would look for and also helped gauge compliance in each chapter of the JCAHO standards.

“Doing the mock tracers was where the rubber hit the road,” Lester says.

Educate staff about systems

The mock tracers also served to educate staff who were placed in charge of overseeing each chapter of the CAMH by involving them more in the
**PPR approach**

PPR and survey-preparation process.

“Let’s take the standards out of the boardroom, and let’s take them down to the department [level] where they are implemented,” Lester says. “Our JCAHO teams went on tracers to understand the systems those standards spoke about.”

That understanding would help hospital officials in the event they needed to challenge survey findings because they would know how a system worked in relation to a standard, Lester says.

**Use jars to educate**

Staff also had access to “JCAHO jars” on each unit, says Denise Richardson, RN, MSN, vice president of patient care services. Each jar contained questions about the JCAHO survey process.

Staff could reach in the jars whenever they had a moment, grab a question, and quiz other staff, Richardson says. The questions also helped staff keep important lessons fresh while doing their job.

“Regardless of the outcome, I believed we put processes in place to improve patient safety,” Richardson says.

**Highlight your policies**

Each staff member also received a guide outlining 30 important policies, Lester says. Each policy was boiled down into a three- to four-sentence highlight so staff would know the key points to tell surveyors, she says.

The vice president of nursing and PI manager compiled the top policies based on JCAHO Sentinel Event Alerts, Joint Commission Perspectives articles, consultant recommendations, and other hospitals’ experiences, Lester says.

For example, some of the hot policies included advance directives, informed consent, and the National Patient Safety Goals (NPSG), Lester says.

“It worked well because it didn’t seem so daunting to the nurses, that they could see [the policy] in short form,” Lester says.

**Focus your talks**

About two to three weeks prior to survey, Richardson held informal focus groups in her office for all staff, from housekeeping to unit clerks to nurses. She discussed the NPSGs, the staff’s PI goals, and any other JCAHO issues, she says.

“I wanted people to be very comfortable,” Richardson says. “The groups generally ranged from four to 12 people at a time, and by the time the surveyors arrived, the staff felt confident and wanted to speak with them.”

With surveys becoming unannounced in 2006, being able to spend as much time preparing staff will be difficult, but Meadowlands will continue with its formula for success with ongoing mock tracers and chart reviews, Richardson says.

“We cannot just sit on our laurels,” Richardson says. “We have to keep in place everything we have achieved. It’s very easy to fall back, but we have every intention not to let that happen.”

*Illustration by Dave Harbaugh*
Sample mock tracer checklist

Patient name: ____________________________  Medical record#: __________________

Diagnosis: __________________________________________

Surgical/invasive procedures: _________________________

Restraint use:  ❑ Yes  ❑ No  Blood use:  ❑ Yes  ❑ No

Clinical service groups involved in care:  Tracer to department

❑ Medical specialty: ____________________________

❑ Nursing. ____________________________  ❑ Yes  ❑ No
  ❑ Maternal child. ____________________________  ❑ Yes  ❑ No
  ❑ Med/surg. ____________________________  ❑ Yes  ❑ No
  ❑ Peds ____________________________  ❑ Yes  ❑ No
  ❑ Psych ____________________________  ❑ Yes  ❑ No
  ❑ Medical ICU/Surgical ICU ____________________________  ❑ Yes  ❑ No
  ❑ Rehab ____________________________  ❑ Yes  ❑ No
  ❑ Lab ____________________________  ❑ Yes  ❑ No
  ❑ Pharmacy ____________________________  ❑ Yes  ❑ No
  ❑ Surgery ____________________________  ❑ Yes  ❑ No
  ❑ Emergency room ____________________________  ❑ Yes  ❑ No
  ❑ Cardiopulmonary ____________________________  ❑ Yes  ❑ No
  ❑ Imaging ____________________________  ❑ Yes  ❑ No
  ❑ Radiation therapy ____________________________  ❑ Yes  ❑ No
  ❑ Dietary ____________________________  ❑ Yes  ❑ No
  ❑ Nutrition ____________________________  ❑ Page dept.
  ❑ Naturopath ____________________________  ❑ Page dept.
  ❑ Pain management ____________________________  ❑ Page dept.
  ❑ Case management/social services ____________________________  ❑ Page dept.
  ❑ Pastoral care ____________________________  ❑ Page dept.

> p. 6
### Sample mock tracer checklist (cont.)

**Chart review for selected patient:**

- History and physical (30 days or less or with addendum)  
  current or within 24 hours [ ] Yes [ ] No _______________________________
- Consents signed [ ] Yes [ ] No _______________________________
- Read-back verified/document [ ] Yes [ ] No _______________________________
- Restraint documented [ ] Yes [ ] No _______________________________
- Document is legible [ ] Yes [ ] No _______________________________
- Orders dated/timed/signed [ ] Yes [ ] No _______________________________
- Correct abbreviation usage [ ] Yes [ ] No _______________________________
- Multidisciplinary care planning [ ] Yes [ ] No _______________________________
- Pain management is well-documented [ ] Yes [ ] No _______________________________
- Advance directive is documented  
  per procedure [ ] Yes [ ] No _______________________________
- Diagnosis or indication for all meds [ ] Yes [ ] No _______________________________
- Assessments completed per policy [ ] Yes [ ] No _______________________________
- Falls assessment/protocol followed [ ] Yes [ ] No _______________________________
- Patient/family education documented [ ] Yes [ ] No _______________________________
- Post-op note immediately after surgery [ ] Yes [ ] No _______________________________
- Pre-op checklist complete [ ] Yes [ ] No _______________________________
- Patient involved in site marking [ ] Yes [ ] No _______________________________
- Site marked [ ] Yes [ ] No _______________________________
- Time-out done [ ] Yes [ ] No _______________________________
- Presedation/preanesthesia assessment documented [ ] Yes [ ] No _______________________________
- Consult—written order [ ] Yes [ ] No _______________________________

**Comments:**

*Source: Meadowlands Hospital Medical Center, Secaucus, NJ. Reprinted with permission.*
Get in line with JCAHO abuse-prevention rules

Learning objective: After reading this article, you will be able to
1. identify the JCAHO’s standard to protect patients from abuse
2. list three different types of abuse

Statistics have shown that an estimated 1 million to 2 million people age 65 or older in the United States have been injured, exploited, or mistreated by a caregiver. Between birth and age three, infants and toddlers are victimized at a rate of 16.4 per 1,000 children in the same age group.

Therefore, it is no surprise to healthcare organizations that the JCAHO continues to drill down on hospitals’ abuse and neglect procedures. The JCAHO expects hospitals to have processes in place to identify victims of abuse.

JCAHO guards against abuse
Ethics, rights, and responsibilities standard RL2.150 defines the patient’s right to be free from mental, physical, sexual, and verbal abuse; neglect; and exploitation.

The two elements of performance under this standard require hospitals to protect patients from these forms of abuse by other patients, staff, volunteers, students, and others with access to them. The hospital also is required to investigate all allegations, suspicions, or observations of abuse.

Develop abuse criteria
The provision of care standard PC.3.10 discusses the assessment of the patient who may be a victim of abuse and includes seven elements of performance with which hospitals must comply.

Develop criteria to identify the victim. Such criteria may include the following:
- Injuries inconsistent with what the patient reports to have happened (e.g., burns, welts, bites, and scratches)
- Unusual patterns of injury (e.g., hairbrush, rope, or belt marks

Obtain a referral list of private and public agencies to use as resources. Educate your staff about them and other reporting mechanisms, including appropriate law enforcement agencies and child or adult protective services. Immediately notify hospital personnel of any suspected abuse within the hospital itself.

Identify types of abuse
To meet the intent of the JCAHO standards, an organization must define the types of abuse and neglect to which a person may be subjected. The JCAHO defines abuse and neglect as follows:

- **Abuse:** Intentional maltreatment of an individual that may cause injury, either physical or psychological. The following are various types of abuse:
  - Mental abuse—Includes humiliation, harassment, and threats of punishment or deprivation.
  - Physical abuse—Includes hitting, slapping, pinching, or kicking. Also includes controlling behavior through corporal punishment.
  - Sexual abuse—Includes sexual harassment, coercion, and assault.

- **Neglect:** The absence of minimal services or resources to meet basic needs. Neglect

About the book
Abuse prevention includes withholding or providing inadequate food and hydration (without physician, patient, or surrogate approval), clothing, medical care, and good hygiene. It also may include placing the individual in unsafe or unsupervised conditions.

The following additional definitions may be helpful when evaluating compliance with these standards:

- **Exploitation**: An unjust or improper advantage or use of another person or their property for one’s own profit or advantage (e.g., using a victim’s financial means for another’s gain).

- **Abused elder adult**: Any aged person or disabled adult subjected to intentional infliction of physical or psychological injury by a relative, caregiver, or adult household member. Neglect occurs when the caregiver fails to provide reasonable measures to prevent such occurrences.

- **Abused or neglected child**: A person under the age of 18 whose physical or mental health or welfare is harmed or threatened with harm by physical acts or omissions by the parent or other people responsible for the child’s welfare or by any other person.

- **Imminent danger**: Foreseen danger that will likely result in irreparable physical or mental harm unless conditions are changed. For example, an elderly woman has presented to the emergency room with multiple bruises and is fearful for her life. If left in the current environment, staff believe the patient may suffer additional harm.

- **Domestic violence**: The occurrence of any of the following: battery; simple battery; simple assault; assault; stalking; criminal damage to property; unlawful restraint; or criminal trespass by a present or past spouse, parents of the same child, parents and children, stepparents and stepchildren, foster children and foster parents, or others living or formerly living in the same household.

- **Protective services**: A range of sociolegal, assistive, and remedial services that facilitate the exercise of individual rights and provide certain supportive and surrogate mechanisms. Depending on the nature and extent of individual needs, protective services may range from counseling to full guardianship.

**Screen for abuse and neglect**

Physicians and staff should screen patients for any signs or symptoms of abuse or neglect. Procedure should drive reporting of suspected abuse or neglect.

In most organizations, social workers help with assessment and care of an abused or neglected patient.

Staff can easily reference the various symptoms attributed to the abuse or neglect with an abuse grid, which highlights different signs of abuse. Having an easy reference such as the grid makes the screening much easier for staff. It also reminds staff to conduct the screening in the time frame outlined in the hospital’s policy and procedure.

Then, once the patient is admitted, hospital staff should always be aware of new signs of abuse. Some hospitals laminate the criteria grids and place them in charting areas, at nursing stations, and in procedure books. Making reference tools available for staff is one of the easiest ways to ensure that initial screening occurs in a timely fashion.

**Get competencies up to date**

The second element of performance in standard PC.3.10 requires organizations to educate appropriate staff about abuse and neglect and to ensure that staff know how to refer the patient appropriately.

Therefore, JCAHO surveyors will continue to ask about staff competency during tracers. They may ask for a medical record that contains an assessment conducted for abuse or neglect.

If they do so, they will look for the completeness of the assessment and determine whether the criteria used to identify the abuse were consistent with the organization’s policy.

Once satisfied with the assessment, they may take the opportunity to ask staff how they were educated to identify victims of abuse or neglect.
Use JCAHO survey prep methods to meet CMS requirements, survive CMS survey

**Learning objective:** After reading this article, you will be able to:
1. describe the difference between the Centers for Medicare & Medicaid Services (CMS) and JCAHO surveys
2. identify the necessary steps to take when a hospital receives a deficiency
3. explain methods to prepare for a CMS survey

Preparing for a JCAHO survey should help get your facility ready for a CMS inspection, but the format and length may be a little different from the familiar JCAHO assessments.

“The entire survey was like an old Joint Commission survey,” says Judy Sikes, PhD, CPHQ, director of accreditation and medical staff services at Parkview Medical Center in Pueblo, CO. “It certainly wasn’t built on tracer methodology.”

Parkview underwent a full CMS survey in June, and the whole process spanned a little more than two weeks, compared to a few days for a JCAHO survey.

‘They look at everything’
The first to tour the hospital were the Life Safety Code® (LSC) surveyors. They were at the hospital for one week, and then returned the following Tuesday and Wednesday to finish their work, Sikes says.

The surveyors—from the state health department—were thorough in their evaluation.

“They look at everything—a corner out of a ceiling tile or a door that didn’t shut right,” Sikes says.

For example, surveyors cited Parkview for a fire door that failed to latch completely when the alarm sounded, Sikes says. The hospital was able to fix that and most of the surveyors’ findings before they left, but the organization will still receive written deficiencies in those areas, she says.

Another issue that required the hospital to submit an action plan was a drive-through canopy at the building’s main entrance, Sikes says. The surveyors said the canopy needed to have sprinklers built in.

The canopy was part of a new project and was supposed to have sprinklers, Sikes says. As part of the action plan she will submit to CMS, Sikes will provide the work order for the sprinklers to resolve the problem, she says.

**Surveyors question staff**
The CMS nursing and patient-care survey team came to the hospital the week after the LSC surveyors left, Sikes says. The team did not find any deficiencies, and its approach was educational.

“If every survey were done like our patient-care survey, no one would mind being surveyed,” Sikes says.

This survey, like the LSC one, did not follow the JCAHO’s tracer methodology. Surveyors did chart reviews and went to every floor that had patient care to ask employees questions, Sikes says.

For example, one surveyor asked how staff make sure no one gets into the surgery suite without having a history and physical (H&P) recorded on the chart, Sikes says.

**Tip:** Pay close attention to H&P requirements because CMS’ regulations differ from the JCAHO’s. CMS requires staff to do an H&P update within seven days of a patient’s admission, but the JCAHO requires staff to complete one within 24 hours of admission.

Questions? Comments? Ideas?

Contact Managing Editor Matt Bashalany

**Telephone:** 781/639-1872, Ext. 3726

**E-mail:** mbashalany@hcpro.com
JCAHO announces PPR submission due dates

Hospitals must submit their periodic performance review (PPR) by the anniversary date of their last full survey beginning in 2006, according to guidelines released by the JCAHO.

For example, if a hospital’s last full survey was October 1–2, 2003, the PPR would be due to the JCAHO by October 2, 2006, according to the July Joint Commission Perspectives. The PPR would be due by October 2 each year after until the next full survey.

The JCAHO in May made the PPR an annual requirement for 2006 and beyond, coinciding with the move to unannounced surveys. Organizations currently complete a PPR at the midpoint of their accreditation cycle.

Unannounced surveys could affect the PPR submission deadline. If a hospital’s PPR is due March 15, 2006, and the hospital has an unannounced survey February 15, 2006, then the PPR would not be due until February 15, 2007.

In other words, no PPR would be required in 2006, according to the commission.
Six ways to tackle unapproved abbreviations

PL director shares tips to success

Learning objective: After reading this article, you will be able to
1. list six ways to reduce the use of unapproved abbreviations at your organization

One-quarter of U.S. hospitals received requirements for improvement for unapproved abbreviations in 2004, according to JCAHO data. But six steps helped one New Jersey hospital ace the abbreviation portion of its July survey.

JCAHO surveyors did not find any instances of unapproved abbreviations while inspecting Meadowlands Hospital Medical Center in Secaucus, NJ, says Wren Lester, the hospital’s corporate director of performance improvement.

“It’s about application,” Lester says. “It’s about diligence. You’ve just got to hammer it down.”

The following six tips may help your hospital come survey time:

- **Check the JCAHO Web site to find out about the latest unapproved abbreviations.** The JCAHO recently eliminated a requirement that hospitals choose three additional abbreviations along with the nine already required, and the accreditor is considering adding other abbreviations, acronyms, or symbols in the future.

- **Use the absolute bare minimum abbreviations necessary to comply with the JCAHO,** Lester says. Her hospital started out with nearly 18 unapproved abbreviations a year ago, but leaders soon realized the daunting task required to gain compliance with every single one, she says.

- **Get the hospital’s medical director to embrace the concept of unapproved abbreviations.** Present the topic during the medical executive committee meetings and grand rounds, Lester says. Make the topic a standing agenda item on meeting minutes.

- **Create posters with the hospital’s unapproved abbreviation list.** Hang them in the nursing lounges, operating rooms, and physician lounges. Also laminate cards with the abbreviations and put them in patient charts, and print the abbreviations on every order sheet so physicians can see them when ordering, Lester says.

- **Have nursing staff reject orders with unapproved abbreviations.** Tell them to call a physician to seek clarification if an order has an unapproved abbreviation, Lester says. If nurses fail to catch this, pharmacists should call to clarify the order.

- **Create a list of unapproved abbreviations used by each physician.** Assign a code or number for each physician so their names remain anonymous, but publish the physicians’ codes and the abbreviations used during the medical executive committee meeting, Lester says.

For more information, call 800/650-6787 and mention the source code for the show.
Retired goals, falls program among changes for 2006

Two JCAHO goals to move into standards

The JCAHO will survey two retired National Patient Safety Goals (NPSG) under the hospital accreditation standards beginning January 1, 2006, according to the commission.

The goals requiring organizations to remove concentrated electrolytes from patient-care units and to improve the safety of infusion pumps will move into the environment of care and medication management chapters, respectively, in 2006, JCAHO spokesperson Mark Forstneger says.

Surveyors will inspect infusion pump safety under standard EC.6.20, element of performance #2, which requires hospitals to document performance and safety testing of all equipment before initial use, says Forstneger.

Likewise, concentrated electrolytes will move into standard MM.2.20, element of performance #9, which requires organizations to remove concentrated electrolytes from care areas or units unless patient safety is at risk because the electrolyte is not immediately available.

Both moves were expected when the commission announced its 2006 NPSGs in May, but the JCAHO had not previously said under which standards the retired goals would be surveyed.

Patient falls changes

The JCAHO replaced a requirement under Goal #9 mandating organizations assess and periodically reassess a patient’s fall risk—including evaluating any medication risks—with a requirement for hospitals to implement a falls-reduction program and evaluate its effectiveness.

The new wording allows organizations flexibility when designing its program, Forstneger says.

The JCAHO still expects hospitals to assess and reassess a patient’s fall risk—including the medication evaluation—unless it can prove the process would not be useful or appropriate based on the setting or population served, he says.
Directions:

- Fill out your contact information in the space provided. Include your e-mail address because we will send you an electronic certificate upon successful completion of the exam.

- Complete the exam by circling the letter that corresponds to the correct choice for each question. The questions are based directly on content from the July–September issues of BOJ, to which you may refer as you take the exam.

- Fax both the exam and evaluation to us by November 15, 2005. To qualify for three (3) nursing contact hours, you must answer at least 80% of the questions correctly—that’s 24 correct answers out of the 30 questions.

- We’ll e-mail you a certificate of completion that you may use for display and documentation of three continuing education (CE) credits toward your nursing certification. HCPro, Inc., is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. The BOJ editorial advisory board have signed a vested interest form declaring no commercial/financial stake in this activity.

If you have any questions or concerns, please contact customer service at 800/650-6787. Fax or mail your exam and evaluation by November 15, 2005, to Briefings on JCAHO CE Exam, P.O. Box 1168, Marblehead, MA 01945. Fax: 781/639-2982, Attn: Robin Flynn, CE Manager.

Name: _____________________________________________________ Nursing license number:______________________________

Facility: ______________________________________________________________________________________________________

Address (city, state, ZIP): _______________________________________________________________________________________

Telephone: ________________________________________________________ Fax: ________________________________________

E-mail: ____________________________________________________________

July 2005

1. The JCAHO’s two new National Patient Safety Goal (NPSG) requirements, which must be implemented by January 1, 2006, are to
   a. reduce length of stay and improve patient flow
   b. promote hand hygiene and reduce hospital-acquired infections (HAI)
   c. avoid patient harm caused by worker fatigue and establish a patient safety culture
   d. implement “hand-off” communications and label medications in procedural settings

2. Which two NPSG requirements will the JCAHO retire into the 2006 standards manual?
   a. Use of two patient identifiers and surgical site marking
   b. Patient-controlled analgesia infusion pump free-flow protection and concentrated electrolytes
   c. Clinical alarms and surgical site marking
   d. Hand hygiene and HAI's

3. Despite the JCAHO’s announcement of the 2006 NPSGs, why is it important to continue to focus on the 2005 goals?
   a. Surveyors will not survey the 2006 goals until 2006
   b. The 2006 goals are not as important as the 2005 goals
   c. An organization cannot be expected to worry about both annual lists of goals at once
   d. The JCAHO expects organizations to focus on one list of goals at one time

4. What is one way to assist an organization in implementing the NPSGs?
   a. Keep up with JCAHO news and communication, such as e-mails
   b. Provide feedback through the JCAHO’s online tools
   c. Consider whether to move ahead with draft goals
   d. All of the above
5. An organization may choose to act on draft NPSGs by
   a. ignoring them
   b. reviewing them in committees
   c. waiting for direction from the JCAHO
   d. waiting until the final goals are announced

6. Physicians should be involved in the process of revising and implementing history and physical (H&P) forms because
   a. they may be upset if you don’t
   b. they take ownership in the process and lead the effort
   c. it’s illegal not to
   d. the JCAHO’s requirements for H&P demand that you do

7. Which of the following is a way to educate staff about implementing a new H&P form?
   a. Hand out copies of the current regulations regarding H&Ps
   b. Check charts for compliance
   c. Talk to nurses because they are the first line of defense with physicians team
   d. All of the above

8. Organizations that choose periodic performance review (PPR) option #3 are not required to
   a. have a written report, just a verbal one
   b. have a verbal report, just a written one
   c. complete the PPR
   d. pay for a surveyor visit

August 2005

1. What is the first step in the accountability pyramid model to improve patient flow?
   a. Assess flow problems
   b. Establish true leadership commitment
   c. Establish goals
   d. Set targets and manage performance

2. The JCAHO’s patient flow standard, LD.3.15, requires that leaders
   a. decide whether developing/implementing patient flow methods are necessary in their organizations
   b. address patient flow in their organizations if it becomes a problem
   c. develop/ implement plans to identify/remove barriers to patient flow organizationwide
   d. assign accountability for patient flow to another group/department

3. How can a common software program be used to create a game that educates staff about JCAHO requirements and
   survey procedures?
   a. It makes education interactive
   b. It can be customized by departments
   c. You can develop questions using materials already developed by the hospital
   d. All of the above

4. Why it is important to build JCAHO compliance into systems?
   a. The JCAHO requires it
   b. The JCAHO will require it in the future
   c. Less focus can then be on assessment and preparation for survey
   d. None of the above

5. The JCAHO’s revised accreditation participation requirement concerning the PPR stipulates that it must be completed
   a. midcycle in the organization’s accreditation cycle
   b. twice a year
   c. at the organization’s convenience
   d. annually

6. How do the JCAHO and the Centers for Medicare & Medicaid Services (CMS) requirements for completion of H&Ps differ?
   a. JCAHO requires completion within seven days or 48 hours after admission; CMS requires 30 days
   b. JCAHO and CMS requirements are the same
   c. JCAHO and CMS both require organizations to set requirements for completion
   d. JCAHO requires completion within 30 days; CMS requires within 7 days or 48 hours after admission

7. Compliance areas on which CMS surveyors have focused during recent surveys include
   a. wedges and doors
   b. chart documentation at transfer
   c. disaster plans that address bioterrorism
   d. all of the above
8. Identify ways to use results from patient satisfaction surveys.
   a. Improve services provided
   b. Present the findings to the hospital board of trustees as part of a balanced scorecard
   c. Compare your results to other organizations
   d. All of the above

9. Why are patient satisfaction surveys important?
   a. They help hospitals comply with a JCAHO requirement to measure the patient’s perception of care, treatment, and services provided
   b. They provide another form for staff to look at
   c. They don’t provide any value
   d. None of the above

10. Which JCAHO standard relates to patient satisfaction and gathering data?
    a. MM.6.10  c. LD.3.10
    b. RI.2.20  d. Pt.1.10

11. What are the JCAHO’s focus areas for survey?
    a. NPSGs
    b. Infection control
    c. Assessment and care
    d. All of the above

12. One of the necessary steps to take when a surveyor arrives unannounced is to
    a. Leave the surveyor unattended
    b. Call a “code survey” and notify key departments and officials, such as the chief executive officer (CEO)
    c. Let the surveyor begin surveying immediately
    d. Ask the surveyor to come back later when the CEO arrives

13. What is one way to prepare staff for an unannounced survey?
    a. Conduct tracer drills to familiarize staff with surveyor questioning
    b. Read over the JCAHO manual once and put it back on the shelf
    c. Organize documents, but don’t educate staff about survey process
    d. No preparation is necessary

September 2005

1. How can mock tracers help your PPR process?
   a. They can help identify areas of noncompliance
   b. They are not valuable
   c. They show the JCAHO you are serious about the survey process
   d. They let staff meet hospital leadership

2. How should you focus your PPR efforts?
   a. Look at where mistakes have occurred in the past
   b. Focus on priority focus areas
   c. Educate staff about the PPR
   d. None of the above

3. What is one way to involve staff in the PPR process?
   a. Give them a book to read
   b. Post measures of success data on the walls of each unit so staff understand improvements made
   c. Define PPR for staff
   d. There is no need to involve staff

4. What is one way to educate staff about unapproved abbreviations?
   a. Have an unapproved abbreviations fair
   b. Create posters and laminated cards with the hospital’s unapproved abbreviations
   c. Pick more abbreviations than the JCAHO requires
   d. None of the above

5. What is one difference between CMS and JCAHO surveys?
   a. The full CMS survey can last up to two weeks, whereas a JCAHO survey is a few days
   b. CMS surveyors don’t look at medication safety issues
   c. JCAHO surveyors use checklists to determine compliance
   d. JCAHO surveys are more strict

6. What should a hospital do when it receives notice of deficiency from CMS?
   a. Nothing
   b. Call and dispute the findings
   c. Submit a plan of correction within 10 days
   d. Ask for the JCAHO to resurvey the hospital
7. One method to prepare for a CMS survey is to
   a. lecture all staff about CMS
   b. give department heads a checklist and the Conditions of Participation and make sure all policies meet the agency’s requirements
   c. hold a CMS fair
   d. don’t prepare; the JCAHO survey prep will suffice

8. What is the JCAHO’s standard to protect patients from abuse?
   a. RI.2.150  c. LD.3.10
   b. MM.2.10  d. PC.8.10

9. What is one type of abuse that patients could face?
   a. Mental  c. Sexual
   b. Physical  d. All of the above

Evaluation

1. Did this CE activity relate to its stated learning objectives?

   _________________________________________________________________________________________________________________

   _________________________________________________________________________________________________________________

2. Was the format of this CE activity easy to use?

   _________________________________________________________________________________________________________________

   _________________________________________________________________________________________________________________

3. Did we avoid commercial bias in the presentation of our content?

   _________________________________________________________________________________________________________________

   _________________________________________________________________________________________________________________

4. Will this activity enhance your professional development?

   _________________________________________________________________________________________________________________

   _________________________________________________________________________________________________________________

5. How long did it take you to complete this activity (include reading, exam, and evaluation)?

   _________________________________________________________________________________________________________________

   _________________________________________________________________________________________________________________

Answer sheet

Please write the letter corresponding to the correct answer next to the question numbers below.

<table>
<thead>
<tr>
<th>July</th>
<th>August</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___</td>
<td>1. ___</td>
<td>1. ___</td>
</tr>
<tr>
<td>2. ___</td>
<td>2. ___</td>
<td>2. ___</td>
</tr>
<tr>
<td>3. ___</td>
<td>3. ___</td>
<td>3. ___</td>
</tr>
<tr>
<td>4. ___</td>
<td>4. ___</td>
<td>4. ___</td>
</tr>
<tr>
<td>5. ___</td>
<td>5. ___</td>
<td>5. ___</td>
</tr>
<tr>
<td>6. ___</td>
<td>6. ___</td>
<td>6. ___</td>
</tr>
<tr>
<td>7. ___</td>
<td>7. ___</td>
<td>7. ___</td>
</tr>
<tr>
<td>8. ___</td>
<td>8. ___</td>
<td>8. ___</td>
</tr>
<tr>
<td>9. ___</td>
<td>9. ___</td>
<td>9. ___</td>
</tr>
<tr>
<td>10. ___</td>
<td>10. ___</td>
<td>10. ___</td>
</tr>
<tr>
<td>11. ___</td>
<td>11. ___</td>
<td>11. ___</td>
</tr>
<tr>
<td>12. ___</td>
<td>12. ___</td>
<td>12. ___</td>
</tr>
<tr>
<td>13. ___</td>
<td>13. ___</td>
<td>13. ___</td>
</tr>
</tbody>
</table>

Name: _____________________________________________  Phone: ____________________________________
Facility: ________________________________________________________________________________________
Address: _______________________________________________________________________________________  City, State, ZIP: _________________________________________________________________________________

Please enclose a check for $39 payable to Briefings on JCAHO for each individual test submitted. Tests are due by November 15. Mail to:

Briefings on JCAHO
P.O. Box 1168, Marblehead, MA  01945
Telephone: 800/650-6787