

2019 Joint Commission Survey Results

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Phelps Hospital
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TJC 2019 Survey - 9/24-9/27

- Four day triennial unannounced Survey with 5 surveyors focused on Quality and Patient Safety
- We were surveyed for compliance with the Hospital, Behavioral Health, OASAS and OMH standards
- Total of 18 Surveyor days/ 20 days in 2016
- 37 total recommendations for improvement/18 total recommendations in 2016
- 20 citations were corrected on site
- All standard level findings- no conditional findings

New Scoring System

The Joint Commission

SAFER™ Matrix

Program: Hospital

Likelihood to harm a Patient/ Visitor/ Staff

ITL	ITL		
High	EC.02.05.01 EP 15 IC.02.02.01 EP 2 MM.06.01.01 EP 3 NPSG.15.01.01 EP 1 PC.02.01.19 EP 1		
Moderate	EC.02.02.01 EP 12 EC.02.04.03 EP 1 EC.02.04.03 EP 3 EC.02.05.01 EP 19 EC.02.05.01 EP 24 EC.02.05.05 EP 6 LS.02.01.10 EP 6 LS.02.01.10 EP 11 LS.02.01.10 EP 14 LS.02.01.20 EP 40 LS.02.01.35 EP 14 PC.01.02.03 EP 5	EC.02.01.01 EP 1 EC.02.02.01 EP 5	
Low	EC.02.05.01 EP 9 EC.02.05.01 EP 16 EC.02.05.09 EP 11 HR.01.01.01 EP 1 HR.01.06.01 EP 3 IC.02.02.01 EP 4 LD.04.01.01 EP 2 LS.01.01.01 EP 3 LS.02.01.10 EP 1 LS.02.01.35 EP 5 NPSG.03.04.01 EP 1 PC.01.03.01 EP 23	EC.02.05.07 EP 9 PC.01.03.01 EP 1 PC.01.03.01 EP 5	
	Limited	Pattern	Widespread

New Scoring System

The Joint Commission

SAFER™ Matrix

Program: Behavioral Health

Likelihood to harm a Patient / Visitor / Staff

ITL	ITL		
High			
Moderate			
Low	CTS.03.01.03EP 1		CTS.02.01.11EP 1 CTS.03.01.09EP 1
	Limited	Pattern	Widespread
	Scope		

Findings

Standard	Safer Matrix	Observation	Corrective Action
EC.02.05.01 EP16	High Limited	1 in 12 critical pressure relationships in the OR was negative pressure rather than positive pressure	Corrected during survey Risk Assessment Continuous audit to monitor compliance
IC.02.02.01 EP2	High Limited	A bottle of test strips used for quality testing did not have the opening date documented Inner peel pack of a sterilized instrument was folded over	Corrected during survey Risk Assessment Continuous audit to monitor compliance
MM06.01.01 EP3	High Limited	An ICU patient's level of sedation did not match the MD order.	Order set changed to include specific titration and an attestation that it matches the order Risk Assessment Continuous audit to monitor compliance

Findings

Standard	Safer Matrix	Observation	Corrective Action
NPSG 15 EP1	High Limited	On Psych unit there was an alcove out of view of the Nursing station with a dropped ceiling and a closet with hinges, and drain covers in the shower that were not ligature resistant.	Risk Assessment Corrective actions being implemented Continuous audit to monitor compliance
PC 02.01.19 EP1	High Limited	In Dobbs Ferry clinic, the Cardiologist performs stress testing without additional support staff if the patients condition worsened- additional help with AED, defibrillator, and medications may be needed	Risk Assessment To determine if this testing is to continue at this site- as it is low volume
EC02.01.01 EP1	Moderate pattern	Generator 3&4 were not secured from unauthorized access	Corrected during survey Continuous audit to monitor compliance

Findings

Standard	Safer Matrix	Observation	Corrective Action
EC.02.02.01 EP5	Moderate Pattern	Generator 3&4 had sulfuric acid based batteries which created a potential for exposure and there was not a plumed eyewash station available	Interim: Education and monitoring of staff conducting the battery testing utilizing proper eye protection LT plan: Replace batteries with sealed units and install battery monitors

Next Steps

- Action Plans due to TJC by 11/29/2019
- Leadership involvement with preventative analysis
- Monitoring of compliance for the high level citations will be reported out at PICG meeting
- Higher level findings will be surveyed on subsequent onsite surveys
- Always a potential for a CMS validation survey

Questions?