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Clinical Director, Standards Interpretation
Director, Medication Management**

Robert Campbell, PharmD, BCSCP, currently serves as the Clinical Director, Standards Interpretation Group for Hospital and Ambulatory Programs at The Joint Commission. In this role, Dr. Campbell is responsible for providing interpretation of Joint Commission standards in the Hospital, Ambulatory and Office Based Surgery Accreditation programs, with special emphasis on standards issues. He provides direction and leadership to surveyors and Standards Interpretation Group (SIG) staff addressing interpretation of standards. He also participates as a consultant in the development and revision of standards and supports ongoing accreditation services and special projects.

Dr. Campbell also serves as the Director of Medication Management for the Joint Commission Enterprise. In this role, he functions as the subject matter expert for medication management related topics; assists with interpreting the intent of standards, as well as the development and revision of standards; provides guidance to organizations and Surveyors; and supports the accreditation and certification process across the Joint Commission Enterprise. Dr. Campbell continues to function as a Surveyor for The Joint Commission in the Hospital Accreditation and Critical Access Hospital Accreditation Programs, as well as a Reviewer in the Medication Compounding Certification Program to assess compliance with accreditation and certification program standards. He is a member of the Accreditation Council for The Joint Commission and a member of the National Coordinating Council for Medication Error Reporting and Prevention.

Prior to joining The Joint Commission, Dr. Campbell worked in health care organizations and held leadership positions with oversight responsibilities for performance improvement, accreditation readiness, risk management, infection control, medical staff services, and inpatient and outpatient pharmacy services.

Dr. Campbell is Board Certified in Compounded Sterile Preparations by the Board of Pharmacy Specialties and is licensed as a Registered Pharmacist in Florida. In addition, he holds a Green Belt in Six Sigma.

The Joint Commission 2021 Offsite Survey / Medical Staff Update

Robert Campbell, PharmD, BCSCP, CJCP
Director, Clinical Standards Interpretation Group
Director, Medication Management



Joint Commission Mission and Vision

VISION AND MISSION OF THE JOINT COMMISSION

Vision

All people always experience the safest, highest quality, best-value health care across all settings.

Mission

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.




Virtual or "Offsite" Event Timeline



Off-Site Surveys and Reviews


Program	Current Event Types	Onsite Follow-up Required
Ambulatory	Deemed initial and resurveys Ambulatory Surgical Centers (ASC)	Y (ASC)
	Early survey process (ESP); telehealth and free-standing sleep centers	N
Behavioral Health	Initials and resurveys including Opioid Treatment	N
Disease Specific Certification	Core initials and recertifications Comprehensive Initials	N Y (in 12 months)
Healthcare Staffing	Initials and recertifications	N
Hospital/Critical Access Hospital	Initials and resurveys (Deemed and Non-deemed)	Y
	ESP	N
Laboratory	Initials and resurveys	N (following a change in requirements)
Nursing Care Center	Initials and resurveys	Y
Home Care	Deemed initials and resurveys, DMEPOS (equipment) and Pharmacy	Y
	Non-deemed initials and resurveys, ESP	N




Off-Site Surveys and Reviews

Key Components

- Outreach to Eligible Organizations**
 - Initial Qualtrics survey sent December 18
 - Qualtrics outreach expanded due to eligibility expansion
- Dry run test of technology
 - WiFi
 - Zoom
- Document upload
 - SharePoint
- Offsite and Onsite follow-up by program






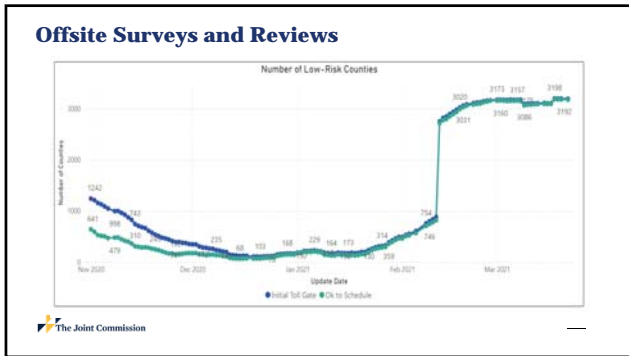
Offsite Surveys and Reviews

Key Components

- Offsite Survey Activity Varies by Program – Hospital Example

Time	Activity
8:00 – 9:00 a.m.	Opening & Organization Orientations/Leadership
9:00 – 10:00 a.m.	Emergency Management System Tracer
10:00-10:15 a.m.	Break (Camera off)
10:15-12:00 p.m.	Patient Tracer Activity
12:00-1:00 p.m.	Lunch (camera off)
1:00-1:30 p.m.	Staff Interview
1:30-2:30 p.m.	Closed Record Review: Transfers, Discharge, etc.
2:30-2:45 p.m.	Break (camera off)
2:45-3:45 p.m.	Data Management/Infection System Tracer
3:45-4:15 p.m.	Special Issue Resolution
4:15-4:45 p.m.	Interim Exit (as applicable)





The screenshot shows the website navigation menu with 'Resources' highlighted. A sub-menu is open under 'Resources', showing 'Research' as a selected item. A red box highlights 'Research' in the sub-menu, and a red arrow points to it. A purple arrow points to the 'Resources' menu item in the main navigation bar.

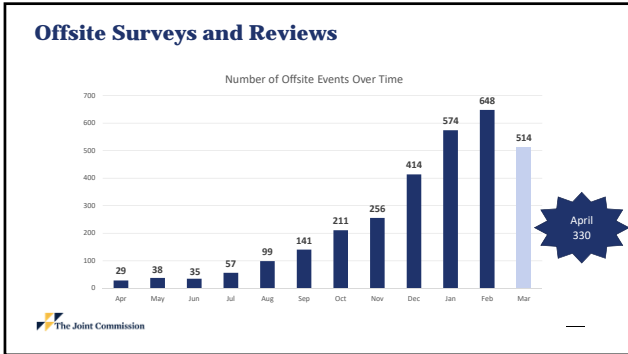
The Joint Commission

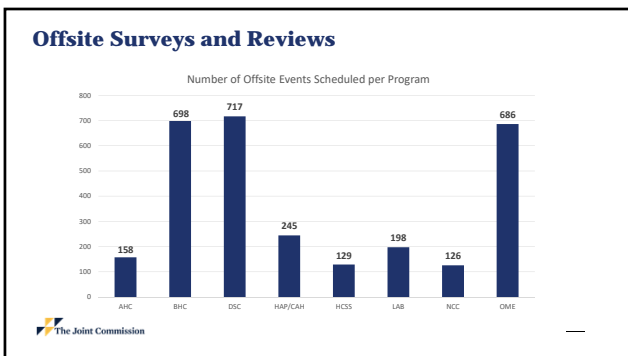
The screenshot displays a dashboard with the following information:

- Select a State and a County:** State: [dropdown], County: [dropdown]
- Current Percent Positive Rate for COVID Screening:** 19.10%
- Total Cases:** 379
- New Cases in Last 14 Days:** 238
- New Cases per 1000 Residents (Reported) (2-Week Period):** 21.31
- Trend in New Cases:** 2.71

Two line charts are included: 'Cases per 1000 Residents (Adjusted)' showing an upward trend from Jan 2020 to Aug 2020, and 'Change in New Case Trend' showing fluctuations in new cases from Jul 2020 to Aug 2020.

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Off-Site Surveys and Reviews – Course Corrections

- Transition from Offsite to Onsite
- Memo 1 March (all except DSC and BHC)
- Announcing outreach will stop
- HCOs are to outreach to AEs if they are not able to support a survey

Subject Line: Update on Surveys Conducted During the COVID-19 Pandemic

Dear Colleagues,

Over the last nine months, traditional onsite survey activity has been delayed or interrupted due to the restrictions and strain on the healthcare system caused by COVID-19. During the past few months, our Account Executives have reached out to customers to determine their readiness for survey. Now that the incidence and case loads across the country are decreasing, effective March 15, 2021, we will be returning to our usual procedures prior to the pandemic. Organizations will no longer be receiving a phone call or email from their Account Executive when it has been determined the area is low risk for our accreditation survey team to visit. All available resources will be utilized to conduct onsite, unannounced accreditation surveys.

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Offsite Surveys and Reviews

Department of Research assisting in measurement/ analysis of offsite surveys and reviews compared to traditional events

- Analysis of Scoring Patterns- Overall, based on limited sample, virtual survey experiences appear analogous to the offsite survey experience with respect to scoring and risk level of RFI placement....



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Offsite Surveys and Reviews

What our Customers are Saying

- Did the virtual event provide a helpful and accurate evaluation of your organization's ability to provide safe and quality care?



- For future surveys/reviews would you prefer an onsite or virtual event?



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Pandemic Related Medical Staff Items



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CMS 1135 Blanket Waiver Resources

CMS 1135 Blanket Waiver Resources

Yellow highlights are new material Date as of 5/13/2020

Organizations must have their Emergency Operations Plan activated to utilize the guidance in this document. The Joint Commission expects healthcare organizations to comply with all Elements of Performance. In view of the circumstances, the Joint Commission will not cite noncompliance with these Elements of Performance for the period of time during any local, state, or federal declared State of Emergency for COVID-19. The Joint Commission continues to recommend all healthcare organizations use their independent medical judgment on a case by case basis to the best interest of patient safety.

Element	Standard	Top text	Comments
02	10.03.03.01	13 The organization verifies that the patient received the medical equipment and supplies. Verification of delivery is documented.	10.03 waiver signature and proof of delivery requirements for DME when a signature cannot be

Requirements for Granting Privileges During a Disaster

- Can only be used when Emergency Operations plan is activated.
- Is **not** time limited
- Medical staff must have a process in place to oversee the performance of each volunteer LIP.
- Limited identification requirements

Reappointment and Re-privileging Time Period During a Disaster

- If an established provider's privileges are scheduled to expire during the time of the declared national emergency, The Joint Commission will allow an automatic extension of medical staff reappointment beyond the 2-year period under the following conditions:
 - A national emergency has officially been declared
 - The organization has activated its emergency management plan
 - Extending the duration of providers' privileges during an emergency is *NOT* prohibited by State Law
- After the state of emergency ends (national, federal, or local level depending upon which allows the most time to address), organizations have 60 days to complete these requirements. The organization determines how the extension will be documented.



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Survey Process Update

By-Laws Review



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Bylaws Review Tool

- WHAT? New standardized tool for survey
- WHO? Anyone Field Representative and organization
- WHERE? Located in the Survey Activity Guide
- WHEN? Use prior to Medical Staff Session, if not used at the organization in the past
- WHY? Standardized review of the Bylaws

The bylaws must contain Elements of Performance 12 through 37 of MS.01.01.01
 - See the Bylaws Review Tool



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Medical Staff Bylaws Review Tool

EP	Description	Expectation	Yes	No	Notes
1	Every requirement set for the in MS.01.01.01 EPs 12-17 must be in the bylaws. Note: details of processes may reside in other documents (policies, rules & regs, etc.)	Always an additional criterion if an HRP is created for any MS.01.01.01 EPs 12-17.			
2	The structure of the medical staff	Self-explanatory			
3	Qualifications for appointment to the medical staff	Self-explanatory			
4	Process for privileging and re-privileging LIP, which may include other practitioners	Only basic steps required, but includes all categories of privileges including temp, disaster, life-med (as applicable) *			
5	Duties and privileges related to each category of the med staff	Such as for active, courtesy, etc. <i>Duties and privileges, not clinical privileges</i>			
6	Req. for completing/documenting HRP by physician or qualified individual— including time frames (30 days before 24 hours after, and requirement for update, and any countersignature requirement.	Consistent with CoP and PC 01.02.03 EP 4 & 5. Note: Must be in Bylaws or in a document approved only in the same manner as the Bylaws <i>Only for decedent surveys</i>			

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Medical Staff Bylaws Review Tool

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15	Duties and privileges related to each category of the med staff	Such as for active, courtesy, etc. <i>Duties and privileges, not clinical privileges</i>			
16	Req. for completing/documenting HRP by physician or qualified individual— including time frames (30 days before 24 hours after, and requirement for update, and any countersignature requirement.	Consistent with CoP and PC 01.02.03 EP 4 & 5. Note: Must be in Bylaws or in a document approved only in the same manner as the Bylaws <i>Only for decedent surveys</i>			

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Medical Staff Bylaws Review Tool

16	Req. for completing/documenting HRP by physician or qualified individual— including time frames (30 days before 24 hours after, and requirement for update, and any countersignature requirement.	Consistent with CoP and PC 01.02.03 EP 4 & 5. Note: Must be in Bylaws or in a document approved only in the same manner as the Bylaws <i>Only for decedent surveys</i>			
17	Description of those members of the medical staff eligible to vote	Self-explanatory			
18	Process by which org MS selects or elects and removes MS officers	Self-explanatory Only basic steps required *			
19	List of all the officer positions for the medical staff	Self-explanatory			
20	The MEC's function, size, and composition; authority delegated to MEC to act on MS behalf; how such is delegated or removed	Self-explanatory			
21	Process for selecting or electing and removing MEC members	Self-explanatory Only basic steps required *			

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Medical Staff Bylaws Review Tool

***Only basic steps must be included in the Bylaws.** Details may be in the Rules and Regulations or policies, as applicable. For instance, information on disaster privileging is required in the Bylaws such as that disaster privileges may be granted when the Emergency Operations Plan has been activated in response to a disaster and the individuals responsible for granting disaster privileges (see EM.02.02.13 EP 2), but the details of primary source verification, etc. are not required in the Bylaws and may be in policy or the Emergency Operations plan.

EP 1-11 may be in the bylaws, but they are not required to be. While discussion of Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation and their use may be contained in the Bylaws, they are not a required part of the Bylaws of the Medical Staff.

Additional Medical Staff Bylaws Standards						
STD	EP	Description	Expectation	Met	Not Met	Comments
EM.02.02.13	2	Bylaws must identify individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.	Self-explanatory. Typically found in MS.01.01.01 EP 14.			



The Joint Commission Disclaimer

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Questions