Understanding Joint Commission Standards for Volunteers

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2021 CA Hospital Volunteer Leadership Conference

February 17, 2021

CALIFORNIA HOSPITAL ASSOCIATION

Leadership in Health Policy and Advocacy

The Joint Commission

Joint Commission Mission and Vision

VISION AND MISSION OF THE JOINT COMMISSION

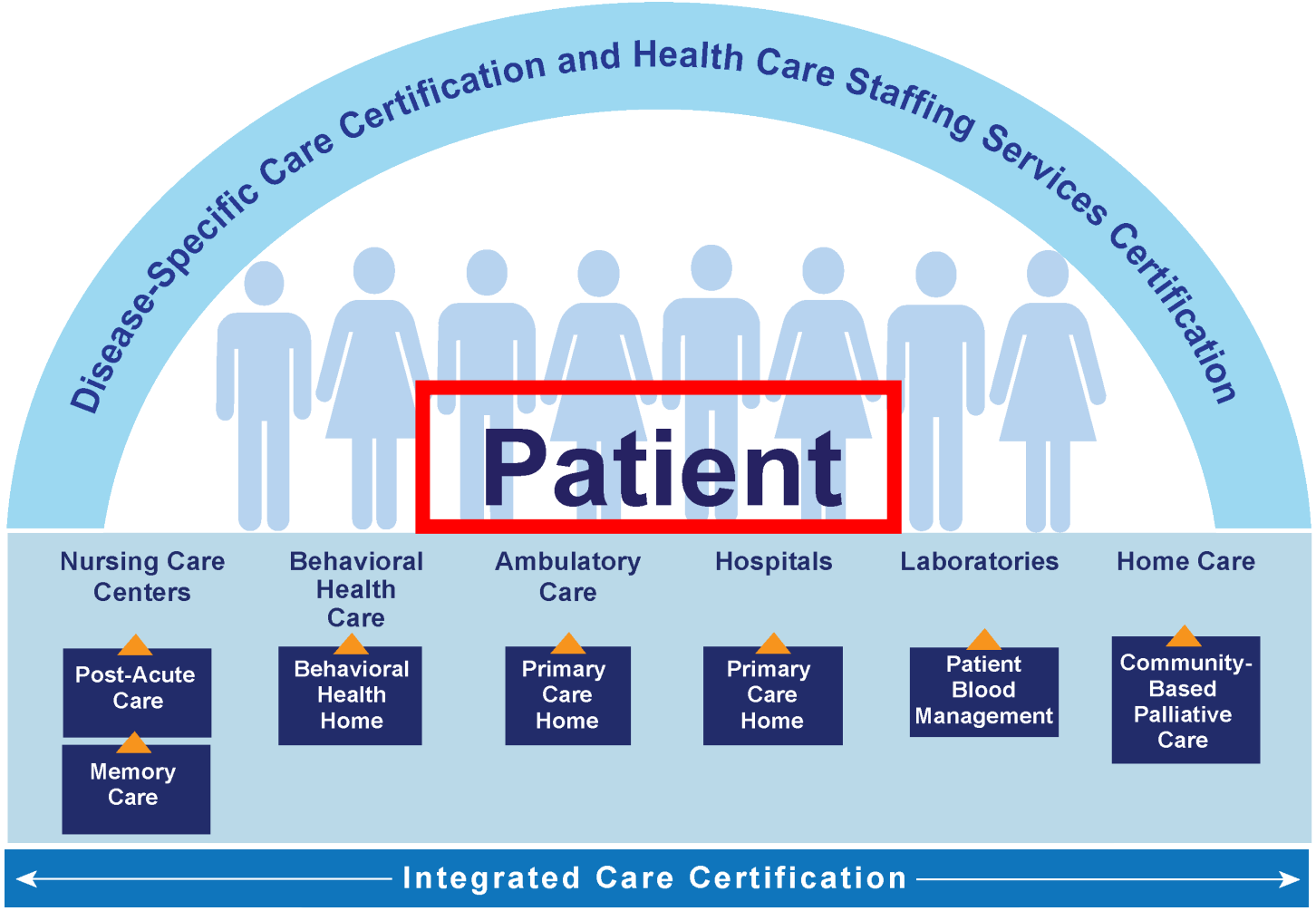
Vision

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.

The Joint Commission: Improving Patient Care Across the Continuum



Joint Commission Levers

- **Accreditation Activities**
  - Standards and Survey Processes
  - R3 Reports
  - SIG/FAQs
  - Continuous Customer Engagement
  - Heads Up Reports
- **Risk Reduction**
  - Sentinel Event Alerts
  - Sentinel Event Review Process
  - Complaint Analysis
  - Topic specific portals
- **Education and Publication**
  - Published Books and Journals
  - Seminars/Webinars/Conferences
- **Communication**
  - Joint Commission Online
  - Website postings and news releases
  - Quick Safety/Advisories
- **Center for Transforming Healthcare**
  - Targeted Solutions Tools
  - Center projects
- **Performance Measurement**
  - Pioneers in Quality Portal
  - Quality Check
- **Government Advocacy**
- **Collaboration with Agencies and Professional Organizations**

Objectives

At the end of this session, participants will be able to:

1. Understand the important role that volunteers play in healthcare
2. Identify state and national trends in risks identified during hospital surveys
3. Describe standards and survey process changes expected for 2021
4. Discuss emerging issues impacting safety and quality of healthcare across the country

The Joint Commission

Role of Volunteers

"As healthcare transforms to better meet the needs of patients and communities, volunteers play a strategic role in that evolution."

--American Hospital Association

AVACARE MEDICAL BLOG

Why Hospitals Need Volunteers Now More Than Ever

The busier people become, the less time we're able to set aside to volunteer. organizations need volunteers any less than they used to. Hospitals are one on volunteers from their community to complete essential tasks.

Why do hospitals depend on volunteers? Let's count the ways...

CAHHS
CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS
VOLUNTEERS
The Heart of Health Care

Since 1954 the Volunteer Services Department of the California Association of Hospitals and Health Systems (CAHHS) has promoted and supported health care volunteerism in the state's hospitals and health systems.

For more information, contact the CAHHS Volunteer Services Department at (916) 552-7544 or volunteers@calhospital.org.

VIRGINIA HOSPITAL CENTER AUXILIARY

An organization of dedicated volunteers who find fulfillment in serving others

A Proud 80-year Tradition

The Auxiliary has always been an integral part of the Hospital. Bertha Kelly, the prime organizer of the Auxiliary, was also the first Vice President of the Arlington Hospital Association, incorporated in 1934 for the purpose of building a Hospital for the County. Auxiliary fundraising enabled the Hospital to buy the land on which the current Hospital stands; and through the years monies (more than $1 million) raised by the Auxiliary have helped the Hospital continually improve both medical care and patient comfort.

Most importantly, Auxiliary members have given millions of hours in service to the Hospital community. Early volunteer efforts included sewing the Hospital's linens, furnishing the nurses quarters, and staffing a patient library.

As the Hospital has grown, the tasks have changed. What hasn't changed is the basic mission of all Auxiliary members: provision of caring and knowledgeable service for patients and staff of, and visitors to Virginia Hospital Center.

The Important Role of Volunteers in Today's Hospitals

Posted by Johnson Memorial Health on Jul 28, 2015 10:00:00 AM

Find me on: 

Volunteers play an important role in today's hospitals. They help the hospital run smoothly, and allow doctors and nurses to spend their time focusing on providing the best healthcare for their patients. Volunteers assist hospital employees in caring for patients and visitors. There are variety of areas that depend on volunteers, encompassing all skill sets.

Testimonials from Volunteers

Volunteers at Ronald Reagan UCLA Medical Center

I have been volunteering with UCLA health services since I was a sophomore in high school. I started out working in patient escort and eventually got the opportunity to volunteer in the neurobiology department. Now in my junior year of college, I am grateful for the rewarding insight volunteering has given me into the medical field and the great networking opportunities that have led me into research. It has been a great experience volunteering and I would highly recommend to anyone interested in the health field or to anyone wanting to lend a helping hand.

- ***Nicole, Patient Escort and Neurobiology***

Every Thursday morning when I volunteer I know that I will meet at least one patient who will either touch my heart, make me smile or give me something to reflect upon. It is such a privilege for me to listen to a patient's story (I found out that everybody has one) and interact with people from so many cultures and walks of life. Behind one door there could be a homeless man and behind the next one the CEO of a big corporation. When I can answer a question, solve a problem or just make a patient feel less lonely, I know that I have been helpful. Volunteering has been the most rewarding experiences of my life.

- ***Gisele, Patient Liaison***

Volunteering at UCLA Ronald Regan Medical Center has been a tremendously rewarding experience for me. As a volunteer in the Spiritual Care Department, I have had the privilege of being involved in delivering Shabbat bags to the Jewish inpatients in the hospital every Friday before the Jewish Sabbath. Under the loving guidance of Rabbi Pearl Barlev, I have had the opportunity to develop the patience, sensitivity, and professionalism that are required in patient care. The hard work and dedication of those in the volunteer office as well as others working in the hospital facilitate a pleasant and growth-oriented environment for those who are interested in volunteering.

- ***Natalie, Spiritual Care***

Joint Commission's Definition of a Volunteer

Staff = Volunteer

As appropriate to their roles/responsibilities:

All people who provide care, treatment, and service the organization,

including those receiving pay (permanent, temporary, and part-time personnel, as well as contract employees), **volunteers**, and health profession students.

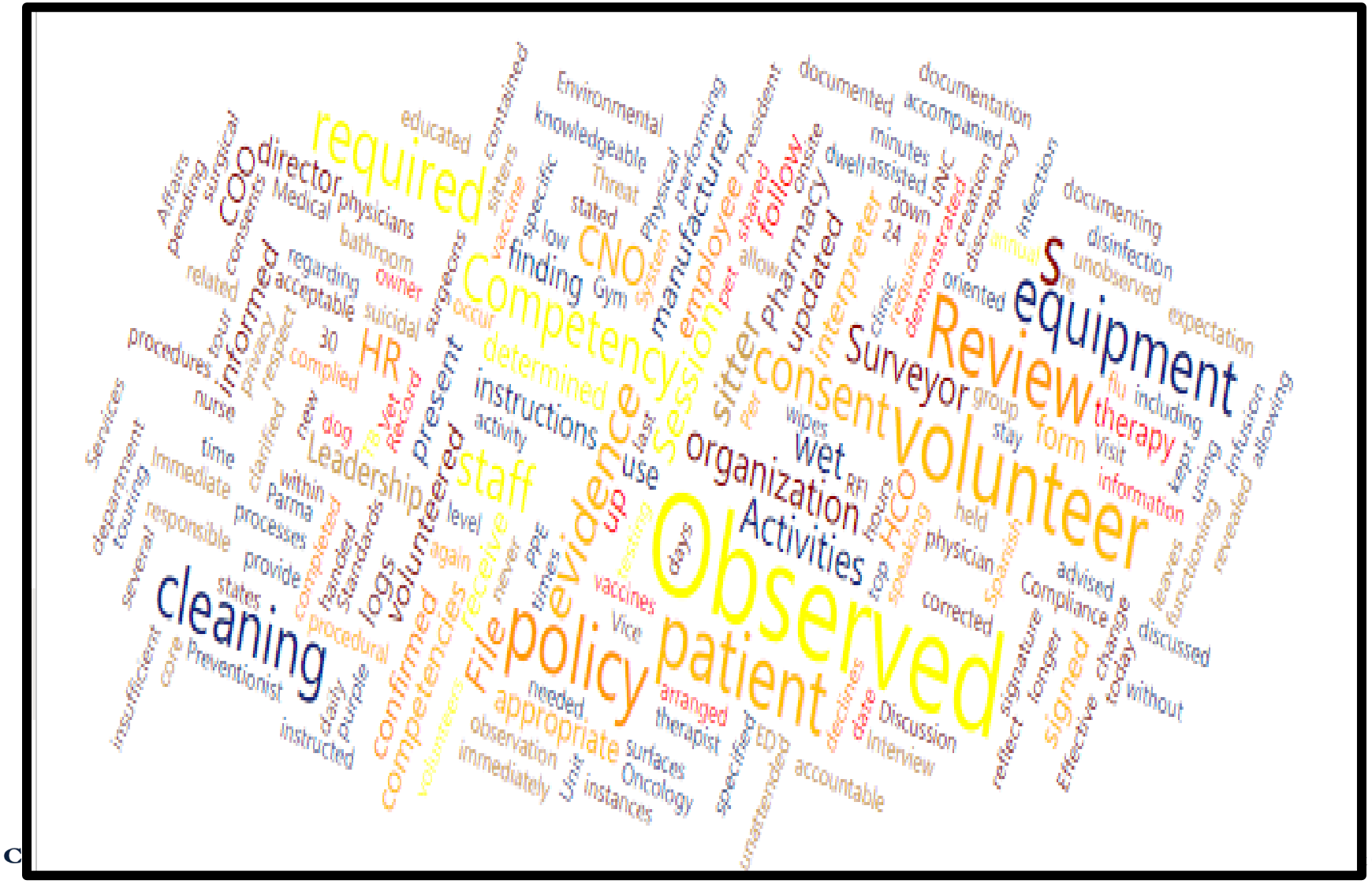
Joint Commission's Standards Chapters

- Environment of Care (EC)
- Emergency Management (EM)
- **Management of Human Resources (HR)**
- Infection Control and Prevention (IC)
- Information Management (IM)
- **Leadership (LD)**
- Life Safety (LS)
- Medication Management (MM)
- Medical Staff (MS)
- National Patient Safety Goals (NPSGs)
- Nursing (NR)
- Provision of Care (PC)
- Record of Care, Treatment and Services (RC)
- Rights and Responsibilities of the Individual (RI)
- Transplant Safety (WT)
- Waived Testing

Joint Commission Standards Chapters Most Impacting Volunteer Services

Chapter	Key Areas
EoC	– Fire response plan – Fire drills
EM	– Emergency plan
IC	– Hand-hygiene – Staff screening for exposure to infectious diseases – Influenza vaccination program – Sterilization medical equipment
IM	– Privacy of health information
LS	– Provides and maintains systems for extinguishing fires
MM	– Unauthorized individuals are prohibited from obtaining medications
PC	– Patient protection from abuse and neglect – End-of-life care

Word Cloud for Volunteer Findings Since 2019



Joint Commission Standards that Generated Findings Addressing Volunteer Services Since 2019

Standard	Description
HR.01.01.01, EP1	The hospital defines staff qualifications specific to their job responsibilities.
HR.01.01.01, EP4	The hospital obtains criminal background checks on applicants, and documents them, as required by law and regulation or hospital policy.
HR.01.01.01, EP5	Staff comply with applicable health screens as required by law and regulation or hospital policy. Health screening is documented.
HR.01.04.01, EP1	The hospital orients its staff to key safety content it identifies before staff provides care, treatment, and services, as well as documents completion of orientation.
LD.04.01.05, EP4	Staff are accountable for their responsibilities.

HR.01.01.01

EP1: The hospital defines staff qualifications specific to their job responsibilities

- Qualifications are not specifically required for volunteers unless spelled out by organization in policy/procedure/document, and based upon specific duties assigned
- Volunteers are included definition of "staff." Annual flu shots and TB testing for volunteer staff depends on tasks being performed by volunteer and potential exposure to patients
- **Sample observation**: While conducting Competency System Tracer and review of volunteer file providing interpreter services to limited English proficient patient, it was noted there was no evidence of having her language skills assessed by the Interpretive Services Department (ISD) as required by hospital policy. This was also noted by the representative of the ISD department and other leadership at the session

HR.01.01.01

EP4: The hospital obtains criminal background checks on applicants, and documents them, as required by law and regulation or hospital policy

- Organization should determine if the law or regulation requires contractors and volunteers to undergo criminal background checks
- Organization should confirm and document if this is required – If the law/regulation is silent, we will defer to organizational policy on topic
- **Sample observation**: During competency system tracer, it was observed that there was no evidence in volunteer employee's human resource file that a background check had been completed prior to the employee starting work at hospital. Hospital reported they conducted a background check but were not able to locate results

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HR.01.04.01

EP 1: The hospital orients its staff to key safety content it identifies before staff provides care, treatment, and services, as well as documents completion of orientation

- The organization should determine and document what key safety content should be provided to volunteers during orientation
- **Sample observation**: During tracer activity a physical therapist advised the surveyor that a volunteer assisted with cleaning of equipment after patient use. Organization was not able to provide evidence that volunteer was oriented to specific processes of cleaning equipment, including required use of PPE and the dwell time where the equipment needed to be kept wet as specified by the manufacturer's instructions.

LD.04.01.05

EP 4: Staff are held accountable for their responsibilities

- Correlates to National Patient Safety Goal (NPSG.15.01.01): A hospital identifies safety risks inherent in its patient population
- If volunteers are used as sitters for behavioral health purposes, they should receive training defined by organization to ensure volunteer is adequately trained on roles/responsibilities to protect safety of patient and volunteer
- If an employee who is a paid employee had the same or similar responsibilities it would be expected that the training requirements would be similar or the same

LD.04.01.05

EP 4: Staff are held accountable for their responsibilities

- **Sample observation**: This finding is related to the Immediate Threat. Interview of a volunteer who was functioning as a patient sitter in the ED revealed that she would allow a suicidal patient who was on 1:1 observation to be unobserved in the bathroom to respect his privacy. She was responsible for his 1:1. Review of her HR file determined that a sitter "never leaves the patient unattended". Leadership had not held her accountable to this expectation. The organization immediately re-educated a core group of sitters to follow sitter competencies

How are the Standards Evaluated?

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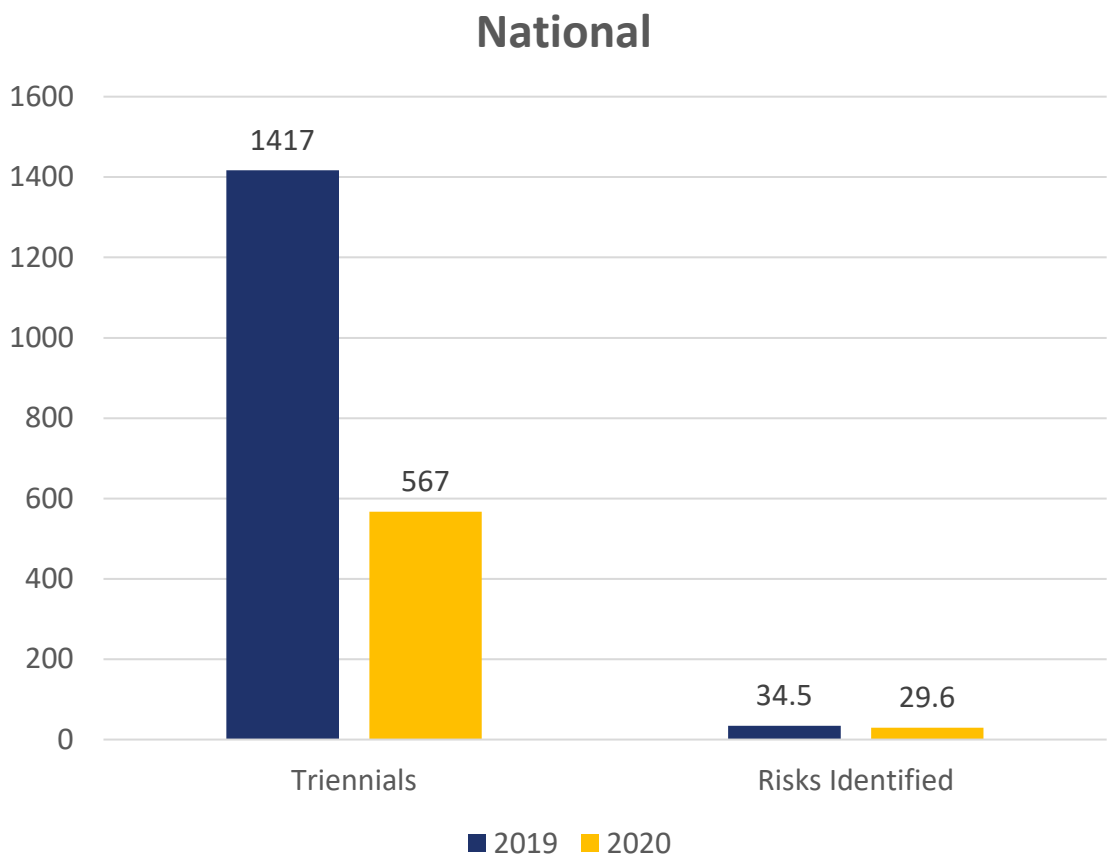
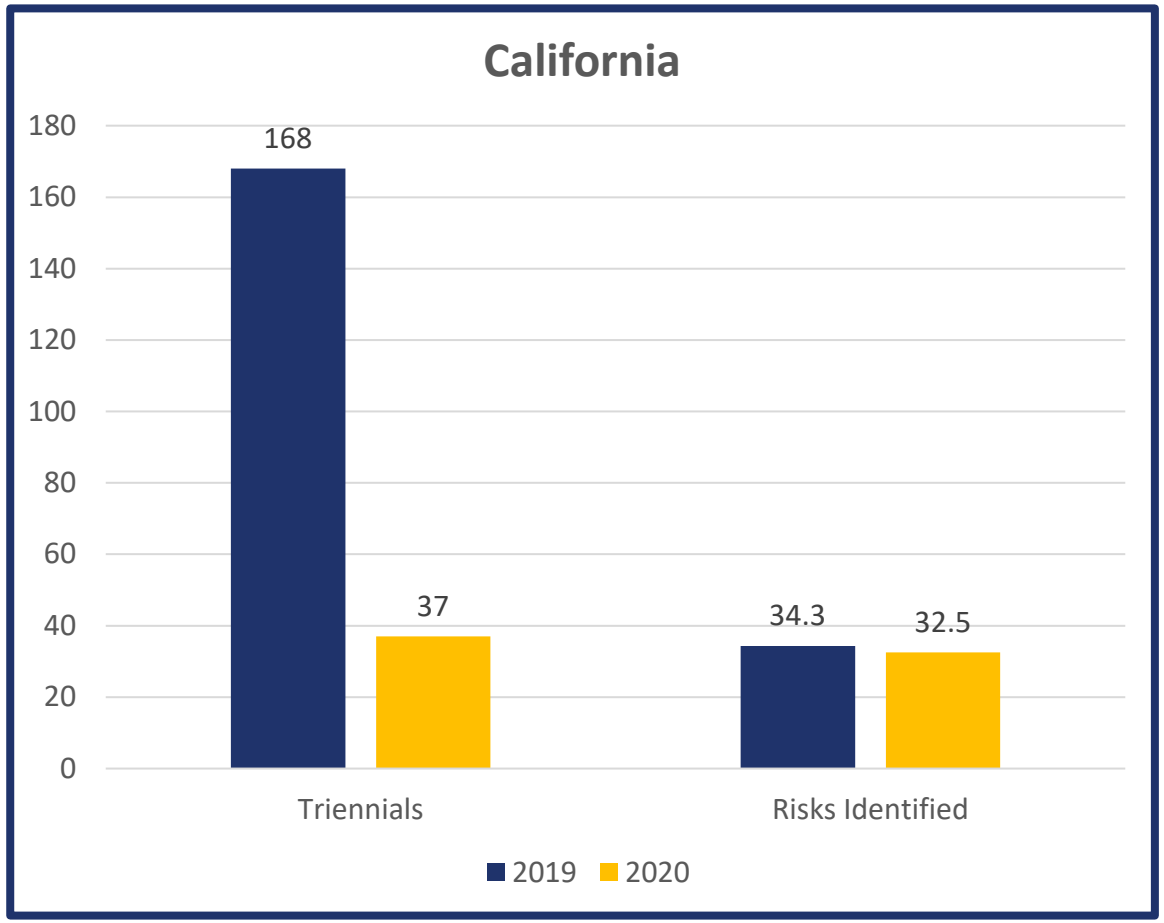
State and National Risk Trends

Hospital Survey Activity: 2019 and 2020 Comparisons





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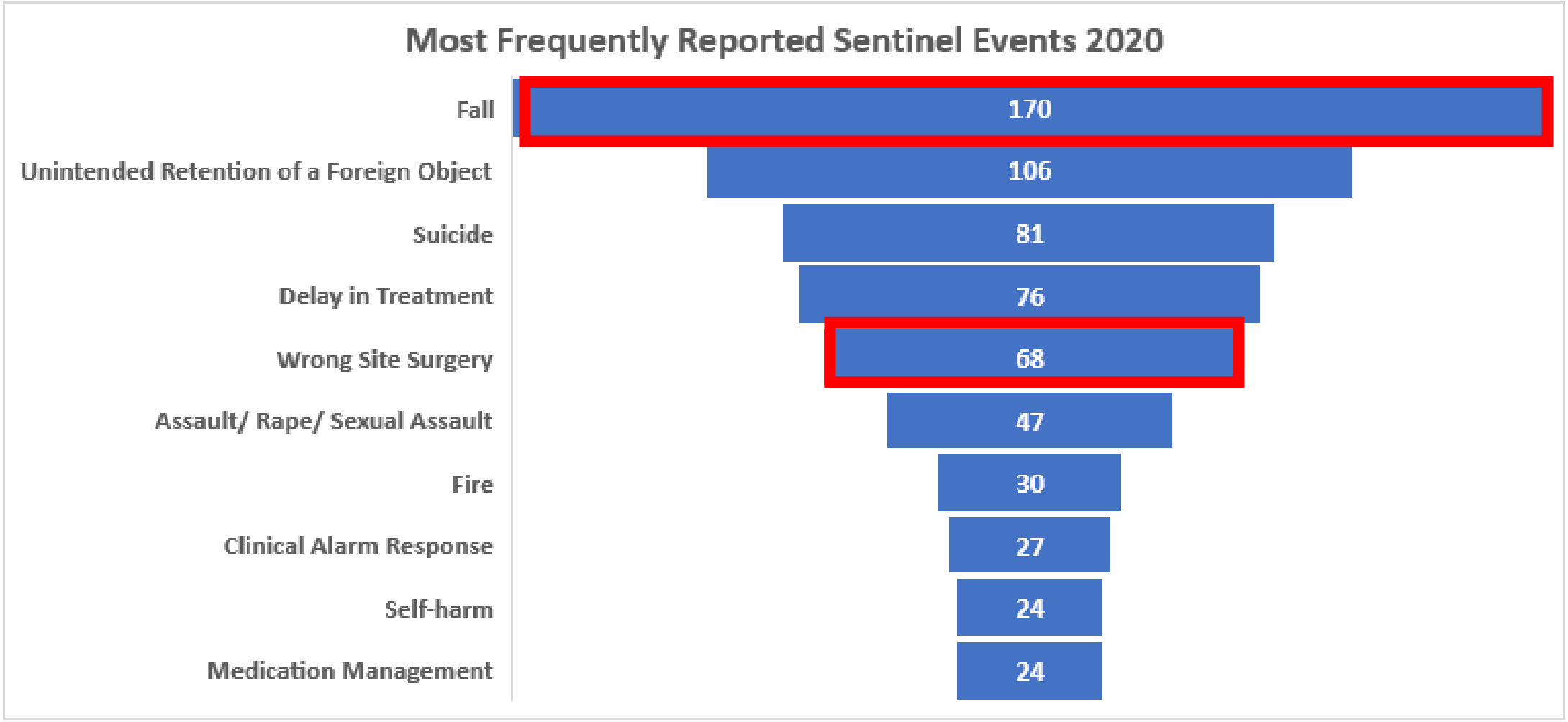
Top 10 2020 Hospital Survey Findings: National and California

National (N=567)		California (N=37)	
EC.02.06.01, EP1	Safe Environment	EC.02.06.01, EP5	Safe Environment
LS.02.01.35, EP4	Sprinklers as Support	EC.02.05.05, EP6	Utility Testing
IC.02.01.01, EP1	IC Practices	IC..02.01.01, EP1	IC Practices
EC.02.01.35, EP14	Fire Extinguishing	IC.02.02.01, EP2	HLD/Sterilization
MM.06.01.01, EP3	Med Administration	LS.02.01.35, EP4	Sprinklers as Support
IC.02.02.01, EP2	HLD/Sterilization	EC.02.02.01, EP5	Haz Chemical Risks
EC.02.02.01, EP5	Haz Chemical Risks	LS.02.01.10, EP11	Fire-rated Doors
EC.02.05.01, EP9	Utility Labels	LS.02.01.35, EP5	Sprinkler Heads
LS.02.01.10, EP14	Wall Penetrations	EC.02.05.11, EP23	Fire Extinguishing
EC.02.05.05, EP6	Utility Testing	IC.02.02.1, EP4	Storing Medical Equipment

Survey Observations Specific to the Pandemic

- 11 observations with the word "pandemic"
  - 10: Breached in the organization's PPE COVID Policy
  - 1: Instrument sterilization in COVID patient
- 1 of the 11 findings was in a CA hospital
  - *"A patient was not wearing a mask while being transported through hospital corridors from the operating room to post-anesthesia care in accordance with the hospital's COVID-19 safety policies and procedures.*

Sentinel Event Data – 2020



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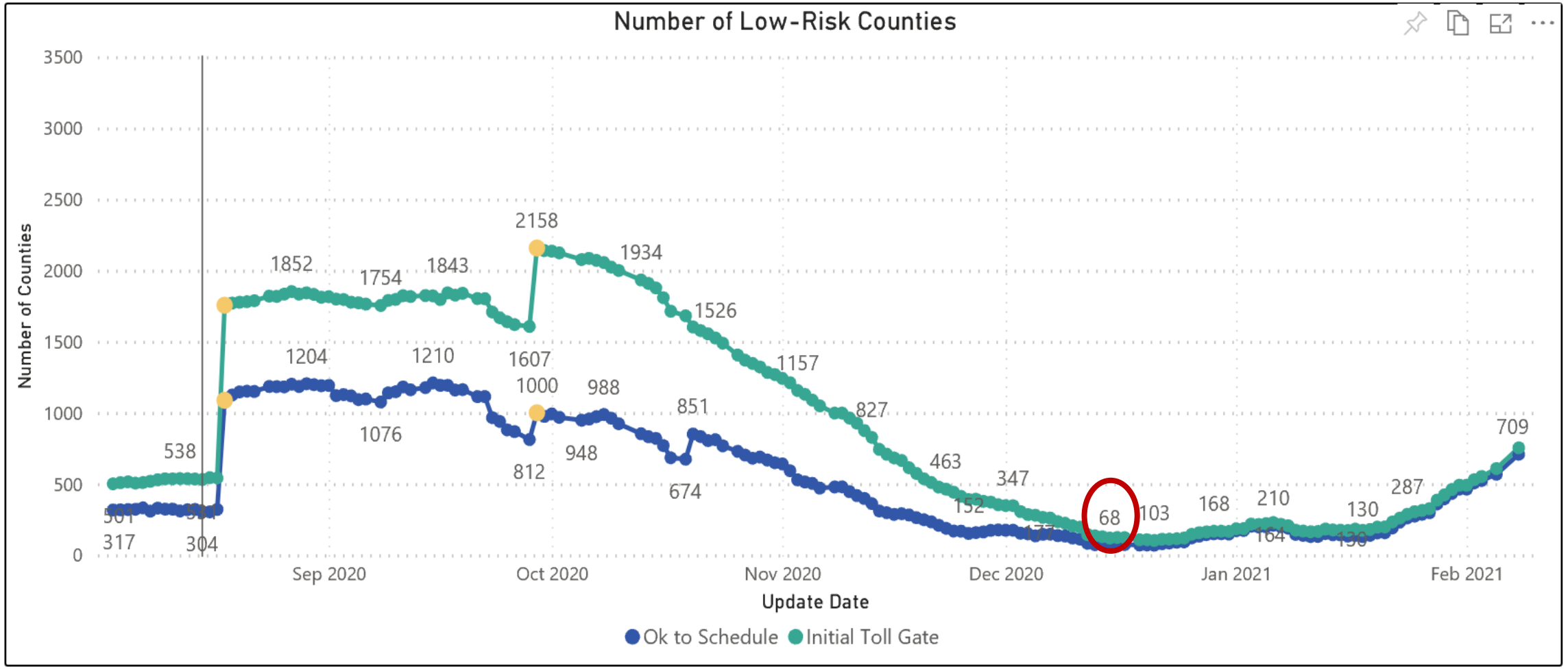
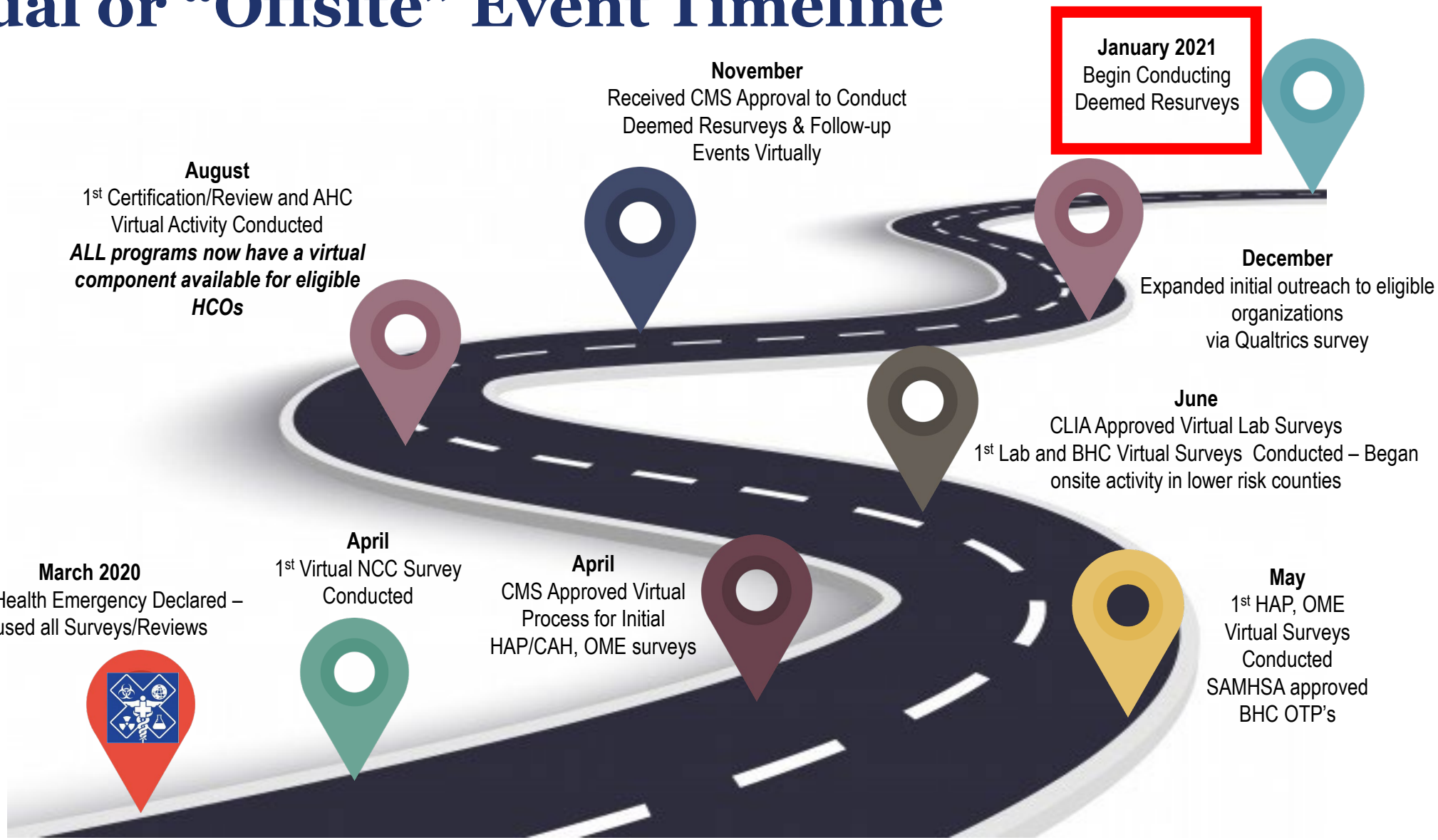
Standards and Survey Process Changes in 2021

Off-Site Surveys and Reviews



Virtual or "Offsite" Event Timeline



March 2020
Public Health Emergency Declared – Paused all Surveys/Reviews

April
1st Virtual NCC Survey Conducted

April
CMS Approved Virtual Process for Initial HAP/CAH, OME surveys

May
1st HAP, OME Virtual Surveys Conducted
SAMHSA approved BHC OTP's

June
CLIA Approved Virtual Lab Surveys
1st Lab and BHC Virtual Surveys Conducted – Began onsite activity in lower risk counties

August
1st Certification/Review and AHC Virtual Activity Conducted
ALL programs now have a virtual component available for eligible HCOs

November
Received CMS Approval to Conduct Deemed Resurveys & Follow-up Events Virtually

December
Expanded initial outreach to eligible organizations via Qualtrics survey

January 2021
Begin Conducting Deemed Resurveys

Offsite Surveys and Reviews

Program	Current Event Types	Onsite Follow-up Required
AHC	Deemed initial and resurveys ASC Early survey process (ESP); telehealth and free-standing sleep centers	Y (ASC) N
BHC	Initials and resurveys including OTP	N
DSC	Core initials and recertifications Comprehensive initials	N Y (in 12 months)
HCSS	Initials and recertifications	N
Hospital/CAH	Initials and resurveys (Deemed and Non-deemed) ESP	Y N
Laboratory	Initials and resurveys	N (*following a change in requirements*)
NCC	Initials and resurveys	Y
OME	Deemed initials and resurveys; DMEPOS and Pharmacy Non-deemed initials and resurveys, ESP	Y N

Offsite Surveys and Reviews

Key Components

- Offsite Survey Activity Varies by Program – Hospital Example

Day 1: Clinical Surveyor(s)

Time	Activity
8:00 – 9:00 a.m.	Opening & Organization Orientation/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)

New Standards Scheduled for Implementation in 2021

Standard	Program	Month
Maternal Health	**Hospital**	**January**
Accreditation Participation Chapter	Ambulatory Health Care Behavioral Health Care Critical Access Hospital Home Care Hospital Laboratory Nursing Care Center Office-Based Surgery	July
Applicability of MM.04.01.01	Office-Based Surgery	July
Environment of Care and Life Safety Changes	Behavioral Health Care	July
Emergency Standard EM.03.01.03	Home Care	July
New Life Safety Business Occupancy Requirements	Behavioral Health Care Critical Access Hospital Hospital	July
Revised Requirements for Organizations Performing Operatives or High-Risk Procedures	Ambulatory Health Care Office-Based Surgery	July
Updates to the Patient Blood Management Certification Program Requirements	Critical Access Hospital Hospital	July

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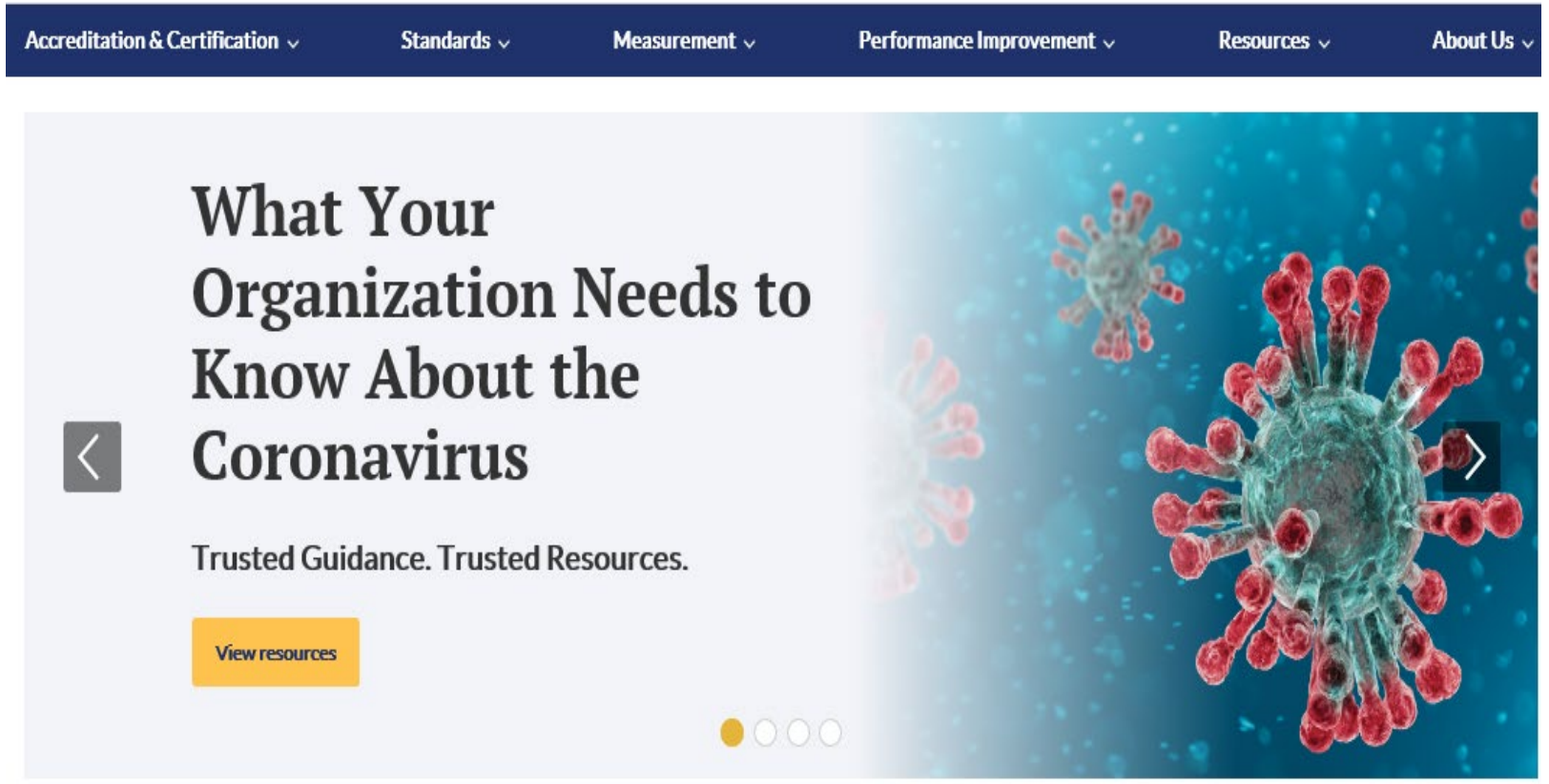
Emerging Issues Impacting Quality and Safety

Resources Available at www.jointcommission.org/COVID



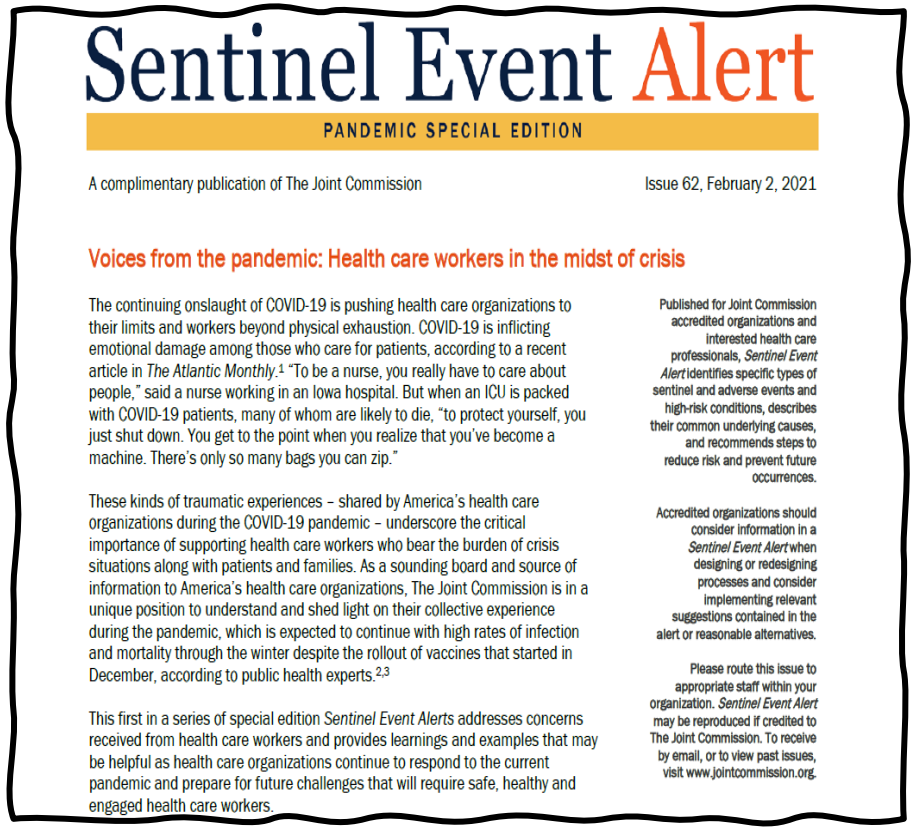
Emerging Issues

- COVID-19 Lessons Learned

Health Care Domain	Issue Summary
Health Systems	
Leadership	The health care organizations that have launched the most effective COVID-19 responses have demonstrated cascading leadership engagement that builds strong, empowered teams in a patient-centered culture of safety with preparedness as a priority.
Intergovernmental and Stakeholder Collaboration	A successful response strategy to manage a pandemic as complex as COVID-19 requires coordination and guidance across many stakeholders, particularly federal and state agencies, integrating their response efforts.
Emergency Readiness and Crisis Response	COVID-19 found many organizations inadequately prepared to respond, including health care organizations and state and federal systems. A crisis of this magnitude requires extensive advanced planning, risk calculation capabilities, and adequate systems to assess potential hazards and threats in advance.
Patient Safety and High Reliability	During a pandemic, and in any high-hazard, complex, stressful environment, patient and staff safety is priority one. High reliability organizations (HROs) prioritize safety over other performance pressures, operating for extended periods of time in such situations without serious accidents or catastrophic failures.
Infection Control	COVID-19 is highly transmissible, has a high mortality rate, and the entire population is susceptible. Given this, it is critical to reduce the spread of infection as much as possible.
Environment of Care	Organizations need to provide a safe and supportive environment in which to care for and treat patients and staff.
Alternate Care Sites	Organizations may be limited in their ability to predict or manage patient in-take and bed capacity during a pandemic. Depending on the severity of the emergency and the availability of community resources, Alternate Care Sites (ACS) as temporary screening and/or isolation locations may need to be established to address increased patient loads.
Virtual Health	Telehealth and other virtual health services have seen sudden explosive growth, driven by drastic limitations in access to face-to-face care, and CMS 1135 waivers which create unprecedented allowances for reimbursement, licensure, and documentation.
Interim Regulatory Changes for Virtual Health	Under special circumstances, the HHS Secretary can modify regulations around virtual health solutions in order to expand accessibility and expedite approval processes. Understanding how regulations shift during a crisis will allow providers to take advantage of virtual health tools to provide care more safely and quickly.
Backlog Demands	To halt the spread of COVID-19, many hospitals, health systems, and providers postponed elective and non-emergency patient procedures. There is now a significant backlog of care that, if not managed correctly, has the potential to overwhelm existing capacity.
Supply Chain	Many health care organizations experienced severe shortages of critical personal protective equipment as the incidence of COVID-19 cases grew. This left both employees and the population at greater risk of acquiring COVID-19, and in the future has the potential to be a material limiting factor on access to care.
Financial Support and Sustainability	The COVID-19 health crisis has been accompanied by a significant economic crisis in the health care industry. In addition to the substantial reduction in revenue due to COVID-19, health care organizations must address the surging demand for unplanned health care services.

Sentinel Event Alert--

Voices from the Pandemic: Health Care Workers in the Midst of the Crisis



Sentinel Event Alert

PANDEMIC SPECIAL EDITION

A complimentary publication of The Joint Commission

Issue 62, February 2, 2021

Voices from the pandemic: Health care workers in the midst of crisis

The continuing onslaught of COVID-19 is pushing health care organizations to their limits and workers beyond physical exhaustion. COVID-19 is inflicting emotional damage among those who care for patients, according to a recent article in *The Atlantic Monthly*.[1] "To be a nurse, you really have to care about people," said a nurse working in an Iowa hospital. But when an ICU is packed with COVID-19 patients, many of whom are likely to die, "to protect yourself, you just shut down. You get to the point when you realize that you've become a machine. There's only so many bags you can zip."

These kinds of traumatic experiences – shared by America's health care organizations during the COVID-19 pandemic – underscore the critical importance of supporting health care workers who bear the burden of crisis situations along with patients and families. As a sounding board and source of information to America's health care organizations, The Joint Commission is in a unique position to understand and shed light on their collective experience during the pandemic, which is expected to continue with high rates of infection and mortality through the winter despite the rollout of vaccines that started in December, according to public health experts.[2,3]

This first in a series of special edition *Sentinel Event Alerts* addresses concerns received from health care workers and provides learnings and examples that may be helpful as health care organizations continue to respond to the current pandemic and prepare for future challenges that will require safe, healthy and engaged health care workers.

Published for Joint Commission accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high-risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a *Sentinel Event Alert* when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.

Please route this issue to appropriate staff within your organization. *Sentinel Event Alert* may be reproduced if credited to The Joint Commission. To receive by email, or to view past issues, visit www.jointcommission.org.

What did we hear?

1. Fear of the unknown
2. Fear of getting sick
3. Fear of bringing the virus home
4. Fear of staff shortages and other issues

Ways to Support Health Care Workers

1. Foster open and transparent communication
2. Remove barriers to health care workers seeking mental health services
3. Protect worker safety using the National Institute of Occupational Health & Safety (NIOSH) Hierarchy of Controls Framework
4. Develop a flexible workforce
5. Provide clinicians & others with opportunities collaborate, lead and innovate

The Joint Commission

Emerging Issues

- Workplace Violence

Requirements for Workplace Violence Prevention in Hospital and Critical Access Hospital Accreditation Programs Field Review

Field Review Start Date: January 5, 2021
End Date: February 16, 2021

LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the hospital.

Elements of Performance (EPs) for LD.03.01.01

1. Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.

2. Leaders prioritize and implement changes identified by the evaluation.

4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.

5. Leaders create and implement a process for managing behaviors that undermine a culture of safety.

9. The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
- Policies and procedures to prevent and respond to workplace violence
- A process to report incidents in order to analyze events and trends
- A process for follow up and support to victims and witnesses by workplace violence, including trauma and psychological counseling, if necessary
- Reporting of workplace violence incidents to the governing body
(See also HR.01.05.03, EP 29)

Glossary:
Workplace violence: An act or threat occurring at the workplace that can include any of the following: verbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; or physical assaults involving staff, licensed practitioners, patients, or visitors.

The Joint Commission

Emerging Issues

- Disparities in Healthcare

Health Equity

The Joint Commission stands for racial justice and equity. Please read our statement.

Read our statement

Every day, hospitals and health care providers demonstrate what it means to honor people's needs — and their differences.

QuickSafety

An advisory on safety & quality issues

Issue 23 **April 2016**

Implicit bias in health care

"Of all forms of inequity, injustice in health care is the most shocking and inhuman."
— Martin Luther King, Jr., National Convention of the Medical Committee for Human Rights, Chicago, 1966

Issue:

On the eve of the 15th anniversary of two seminal reports from the Institute of Medicine (IOM) – *Crossing the Quality Chasm*[1] and *Unequal Treatment*[2] – we find that racial and socioeconomic inequity persists in health care. In *Crossing the Quality Chasm*, the IOM stressed the importance of equity in care as one of the six pillars of quality health care, along with efficiency, effectiveness, safety, timeliness and patient-centeredness. Indeed, *Unequal Treatment* found that even with the same insurance and socioeconomic status, and when comorbidities, stage of presentation and other confounders are controlled for, minorities often receive a lower quality of health care than do their white counterparts.

Professor Margaret Whitehead, head of the World Health Organization (WHO) Collaborating Centre for Policy Research on Social Determinants of Health, perhaps provides the most intuitive and clear definition of health inequalities (the term used in most countries, where it is generally assumed to refer to socioeconomic differences in health). She defines health inequalities as health differences that "are not only unnecessary and avoidable but, in addition, are considered unfair and unjust." She also states that "equity in health implies that, ideally, everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided."[3,4]

There is extensive evidence and research that finds unconscious biases can lead to differential treatment of patients by race, gender, weight, age, language, income and insurance status. The purpose of this issue of *Quick Safety* is to discuss the impact of implicit bias on patient safety. Bias in clinical decision-making does result in overuse or underuse problems that can directly lead to patient harm.

Contact Information

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Thank You!