

# Understanding Joint Commission Standards for Volunteers

2022 California Hospital Volunteer Leadership Conference

February 23 | 10 a.m. – 10:45 a.m.



# Presenter

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The Joint Commission

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**THANK YOU  
HEALTHCARE HEROES**



# Objectives

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

1. Recognize the important role that volunteers play in healthcare
2. Understand the applicability of the Joint Commission's standards and survey process to volunteers
3. Identify the trends in 2021 hospital surveys

# Joint Commission Mission and Vision

## VISION AND MISSION OF THE JOINT COMMISSION

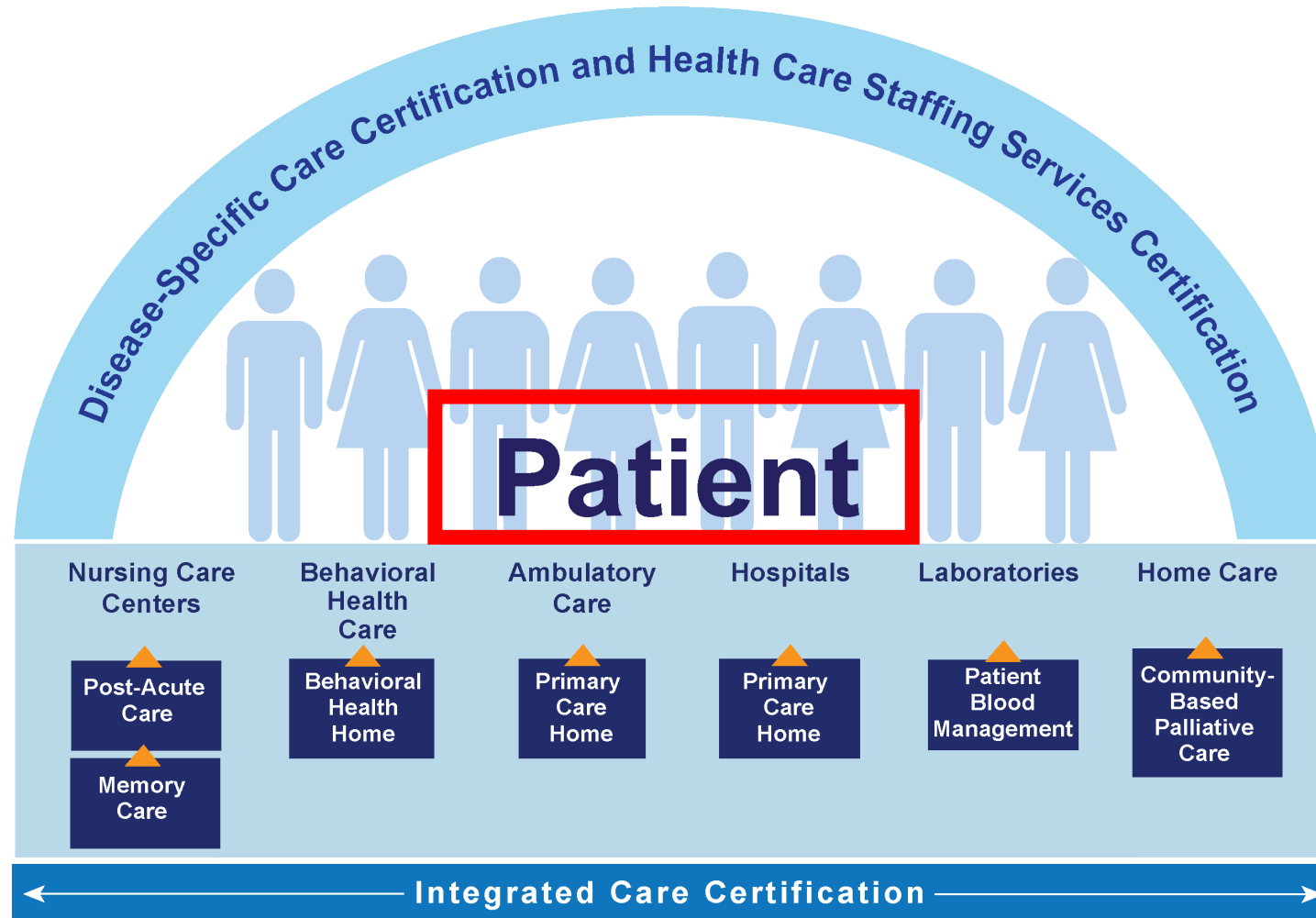
### Vision

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



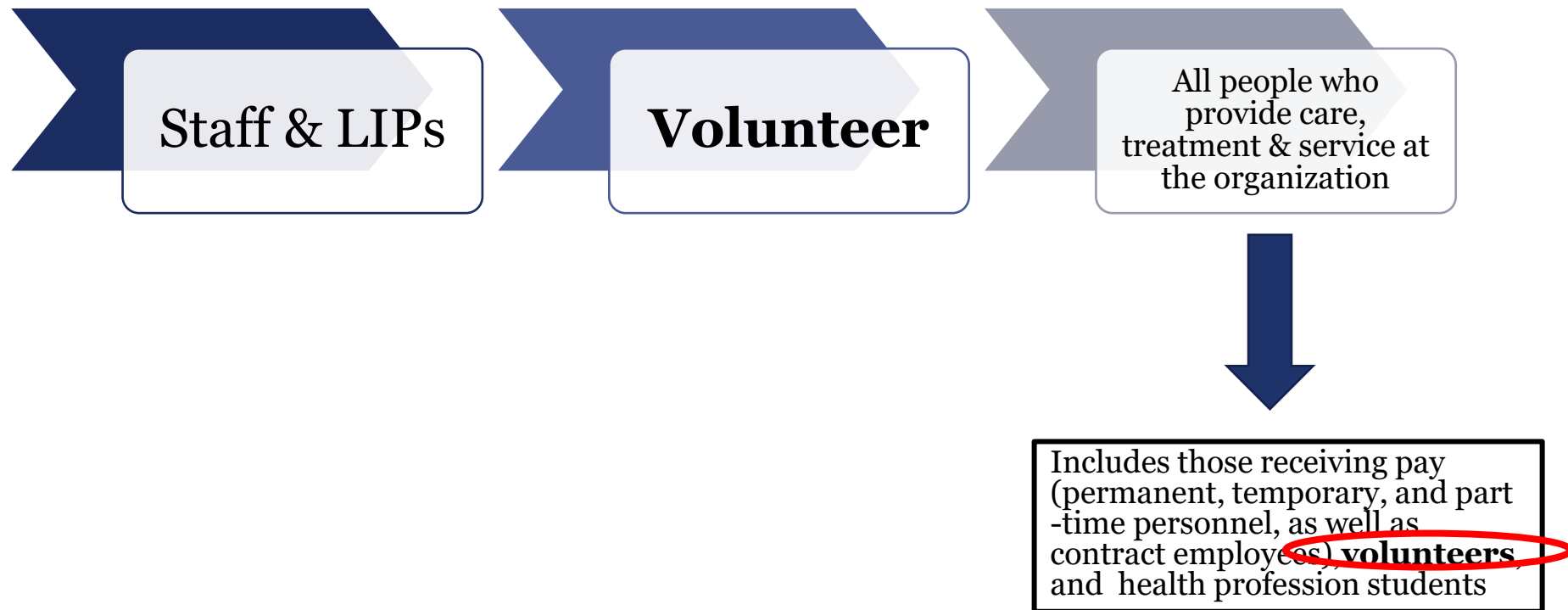
# Role of Volunteers

SMALL AND RURAL  
HOSPITALS HAVE  
30-150 VOLUNTEERS



# Volunteers Addressed in Joint Commission's Standards and Survey Process

# Joint Commission's Definition of a Volunteer



# 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	<ul style="list-style-type: none"><li>– Fire response plan</li><li>– Fire drills</li></ul>
EM	<ul style="list-style-type: none"><li>– Emergency plan</li></ul>
IC	<ul style="list-style-type: none"><li>– Hand-hygiene</li><li>– Staff screening for exposure to infectious diseases</li><li>– Influenza vaccination program</li><li>– Sterilization medical equipment</li></ul>
IM	<ul style="list-style-type: none"><li>– Privacy of health information</li></ul>
LS	<ul style="list-style-type: none"><li>– Provides and maintains systems for extinguishing fires</li></ul>
MM	<ul style="list-style-type: none"><li>– Unauthorized individuals are prohibited from obtaining medications</li></ul>
PC	<ul style="list-style-type: none"><li>– Patient protection from abuse and neglect</li><li>– End-of-life care</li></ul>

# New Standards

## January

- Workplace Violence
- Performance Improvement
- Resuscitation
- Water Management

## July

- Emergency Management

# New Requirements – Workplace Violence

## Effective January 2022

- Leadership oversight and accountability for Workplace Violence Prevention Program (LD.03.01.01, EP 9)
  - Lead by designated individual and multidisciplinary team
  - P&P to prevent and respond
  - Process to report, analyze, and trend incidents
  - Process to follow-up and support victims and witnesses
  - Report incidents to the board

## R<sup>3</sup> Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 30, June 18, 2021

Published for Joint Commission–accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email delivery](#).

### Workplace Violence Prevention Standards

Effective January 1, 2022, new and revised workplace violence prevention standards will apply to all Joint Commission-accredited hospitals and critical access hospitals. According to US Bureau of Labor Statistics data, the incidence of violence-related health care worker injuries has steadily increased for at least a decade. [Incidence data](#) reveal that in 2018 health care and social service workers were five times more likely to experience workplace violence than all other workers—comprising 73% of all nonfatal workplace injuries and illnesses requiring days away from work. However, workplace violence is underreported, indicating that the actual rates may be much higher. Exposure to workplace violence can impair effective patient care and lead to psychological distress, job dissatisfaction, absenteeism, high turnover, and higher costs.

The high incidence of workplace violence prompted the creation of new accreditation requirements. The new and revised Joint Commission standards provide a framework to guide hospitals in developing effective workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education to decrease workplace violence.

The accreditation manual's Glossary now defines workplace violence as "An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."

# New Requirements – Workplace Violence

## Effective January 2022

- Provide ongoing education, training, and resources to leaders, staff, and licensed practitioners (HR.01.05.03, EP 29)
  - At time of hire, annually, and whenever changes to the program occur
  - Includes what constitutes workplace violence
  - Roles and responsibilities of leadership, clinical staff, security, and law enforcement
  - De-escalation, nonphysical intervention, physical intervention, and response to incidents (vary by job responsibilities)
  - Reporting process

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# New Requirements – Workplace Violence

## Effective January 2022

- Establish a process to continually monitor, report and investigate incidents of workplace violence (EC.04.01.01, EP 1)
- Based on established processes, report and investigate incidents of workplace violence involving patients, staff, or others within its facilities (EC.04.01.01, EP 6)

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# Workplace Violence – Resources available at [www.jointcommission.org](http://www.jointcommission.org)

The screenshot shows the top navigation bar of The Joint Commission website. The 'Resources' menu item is circled in red, with a blue arrow labeled '1' pointing to it. Below the navigation bar, the 'Resources' section is displayed. The 'Patient Safety Topics' link is circled in red, with a blue arrow labeled '2' pointing to it. Within the 'Patient Safety Topics' grid, the 'Workplace Violence Prevention' link is circled in red, with a blue arrow labeled '3' pointing to it.

The Joint Commission

Our Websites: ▾

Search this site. 🔍

Login

Accreditation & Certification ▾ Standards ▾ Measurement ▾ Performance Improvement ▾ Resources ▾ About Us ▾

Obtain useful information in regards to patient safety, suicide prevention, pain management, infection control and many more.

**Resources**

- Cybersecurity Alert
- Patient Safety Topics >**
- News & Multimedia >
- For Nurses >

**Patient Safety Topics**

Emergency Management	Patient Safety	The Physical Environment
Health Equity	Report a Patient Safety Concern or Complaint	<b>Workplace Violence Prevention</b>
Infection Prevention and Control	Sentinel Event	
Pain Management	Suicide Prevention	

# Workplace Violence: Sample of Resources

Workplace Violence Prevention Compendium of Resources to Support Joint Commission Accredited Hospitals in Implementation of New and Revised Standards

Take a stand: No more violence to health care workers

R<sup>3</sup> Report

Quick Safety

Issue 47 | January 2019

De-escalation in health care

**Issue:**

The need for using de-escalation techniques has become more prevalent as violence in health care settings increases. De-escalation is a first-line response to potential violence and aggression in health care settings.<sup>1</sup> The Centers for Disease Control and Prevention (CDC) has noted a rise in workplace violence, with the greatest increase in health care settings.<sup>2</sup> *American Journal of Nursing* reported a patient's family member's violent behavior in an emergency department.<sup>3</sup>

The purpose of this alert is to provide information and resources on de-escalation techniques; this information and resources are intended to help health care workers and their organizations.

It should be noted that workplace violence incidents often contend with common workplace safety issues. Health care workers have concluded that workplace violence incidents often contend with common workplace safety issues.

- Prevent
- Avoiding
- Reducing
- Maintaining
- Improving
- Enabling
- Helping

- Pushing
- Pinching
- Shoving

## Sentinel Event Alert

A complimentary publication of The Joint Commission

Issue 59, April 17, 2018

### Physical and verbal violence against health care workers

"I've been bitten, kicked, punched, pushed, pinched, shoved, scratched, and spat upon," says Lisa Tenney, RN, of the Maryland Emergency Nurses Association. "I have been bullied and called very ugly names. I've had my life, the life of my unborn child, and of my other family members threatened, requiring security escort to my car."<sup>1</sup>

Situations such as these describe some of the types of violence directed toward health care workers. Workplace violence is not merely the heinous, violent events that make the news; it is also the everyday occurrences, such as verbal abuse, that are often overlooked. While this *Sentinel Event Alert* focuses on physical and verbal violence, there is a whole spectrum of overlapping behaviors that undermine a culture of safety, addressed in *Sentinel Event Alert* issues 40 and 57;<sup>2,3</sup> those types of behaviors will not be addressed in this alert. The focus of this alert is to help your organization recognize and acknowledge workplace violence directed against health care workers from patients and visitors, better prepare staff to handle violence, and more effectively address the aftermath.

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.

Resource/Tool	Brief Description	W/P Program	Policy & procedure	Safety Culture Leadership	Worksite Analysis Risk Assessment	Data Collect Analysis, Re	Education
Agency for Healthcare Research and Quality (AHRQ)							
December Webinar: Reducing Workplace Violence with TeamSTEPPS®	AHRQ-sponsored webinar on workplace violence: "Reducing Workplace Violence with TeamSTEPPS®" featured Mei Kong, R.N., M.S.N., assistant vice president and chief operating officer at New York City Health and Hospitals Coney Island, and Joseph Sweeney, director of hospital police and workplace violence prevention coordinator at New York City Health and Hospitals Bellevue.  The webinar examines how teams can manage and care for aggressive and disruptive patients while maintaining quality and safety. Clinical teams can learn how to reduce risk of injury, meet regulatory standards, and become proactive members of the team by identifying behavioral triggers and underlying emotional or psychological issues that may cause a person in crisis to escalate to violent behavior. Clinical teams can apply their new knowledge, skills, and attitudes and use TeamSTEPPS tools to address difficult situations. At the conclusion of this webinar, participants will be able to:		X	X			X
<b>Sponsors &amp; Creators:</b> Agency for Healthcare Research and Quality (AHRQ), Department of Defense (DoD), Health Research & Educational Trust (HRET), and American Hospital Association (AHA)  <a href="https://www.ahrq.gov/teamstepps/webinars/previous-webinars-2016.html">https://www.ahrq.gov/teamstepps/webinars/previous-webinars-2016.html</a>	<ol style="list-style-type: none"> <li>1. Integrate TeamSTEPPS and nonviolent interventions to improve communication and teamwork to safely manage disruptive and aggressive patients.</li> <li>2. Reduce workplace violence with early intervention methods for de-escalation.</li> </ol>						

# December 28, 2021 CMS Guidance Memo on Surveying Compliance with Federal Mandate that Healthcare Workers are Vaccinated

- Within 30 days of the memo's release, facilities must demonstrate that policies and procedures are implemented for ensuring all facility staff are vaccinated for COVID and that 100% of staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC to be compliance with the rule.
  - If a facility is found to be non-compliant within 30 days, the guidance lays out 60 and 90-day follow-up benchmarks to avoid enforcement actions.
- The guidance specifies that federal, state, accrediting organizations, and CMS-contracted surveyors are expected to be surveying for compliance with these requirements as part of initial certification, standard reaccreditation, and compliant surveys 30 days following the release of the memo.

# Timelines for Implementation

- **1/27/2022 – 2/27/2022**
  - Establish and implement policies and procedures
  - All staff have at least one dose of vaccine
  
- **2/28/2022 – Forward**
  - Establish and implement policies and procedures
  - All exemptions must be processed
  - Staff must be 100% Vaccinated

## COVID-19 CMS Vaccination Requirements - List of Related FAQs and Resources

Print

### What resources does The Joint Commission offer to assist with managing the challenges related to COVID?

[Back to FAQs](#)

*Any examples are for illustrative purposes only.*

Beginning January 27, 2022 for applicable deemed program surveys in progress on that day, The Joint Commission will begin surveying to the COVID-19 Health Care Staff Vaccination interim final rule published by the Centers for Medicare & Medicaid Services in the November 5, 2021 Federal Register and additional guidance posted on 12/28/2021 in the original 25 states, District of Columbia and territories. The CMS COVID-19 vaccination requirements apply to organizations that elect to use Joint Commission accreditation for deemed status purposes.

As a result of the U.S. Supreme Court's decision on January 13, 2022, health care organizations in the 24 states that were not previously subject to the [Omnibus Health Care Staff Vaccination](#) rule now are, and they will need to establish plans and procedures to demonstrate compliance utilizing the phased-in approach per the timelines specified in the Center for Medicare & Medicaid Services' memorandum issued January 14, 2022. [Ref: QSO-22-09-ALL memorandum](#).

The following is a list of related FAQs:

[COVID-19 CMS Vaccination Requirements - Applicable Entities](#)

[COVID-19 CMS Vaccination Requirements - Applicable Staff](#)

[COVID-19 CMS Vaccination Requirements - CMS Definition of 'Fully Vaccinated'](#)

[COVID-19 CMS Vaccination Requirements - Exemptions](#)

[COVID-19 CMS Vaccination Requirements - Good Faith Efforts](#)

[COVID-19 CMS Vaccination Requirements - Required Documents, Policies and Procedures](#)

[COVID-19 CMS Vaccination Requirements - Determination of Compliance](#)

Additional Resources

[COVID-19 Guidance and Resources](#)

[Related FAQs](#)

[CMS: Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination](#)

Manual: Hospital and Hospital Clinics

Chapter: Leadership

New or updated requirements last added: January 14, 2022

Last reviewed by Standards Interpretation: January 14, 2022

First published date: January 14, 2022

## COVID-19 CMS Vaccination Requirements - Applicable Staff

Print

### Which individuals must comply with the CMS COVID Vaccination requirements?

[Back to FAQs](#)

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On January 20, 2022, CMS published in the [QSO-22-11-ALL](#) memorandum that the state of Texas not previously subject to the [Omnibus Health Care Staff Vaccination](#) rule now apply. Health care organizations in the state of Texas need to demonstrate compliance utilizing the phased-in approach per the timelines specified in the Center for Medicare & Medicaid Services' memorandum issued January 20, 2022.

The vaccination requirements apply to all eligible staff, both current and new, working at a facility regardless of clinical responsibility or patient contact, including:

- Facility Employees
- Licensed Practitioners
- Students
- Trainees
- **Volunteers**
- Contracted Staff
- Staff who perform duties offsite (e.g., home health, home infusion therapy, etc.) and to individuals who enter a CMS regulated facility (Example: A physician with privileges in a hospital who is admitting and/or treating patients onsite)

The regulation does not apply to full-time telehealth workers or remote employees.

# How are the Standards Evaluated?



# How Has the On-site Survey Been Modified to Survey During the Pandemic?



## Organization

- Limit attendees at sessions
- Feel free to set up conference calls to let more staff join the discussion

## Surveyors will

- Use technology for record reviews, if necessary
- Wear masks all of the time & other PPE if required
- Not go into a COVID patient room



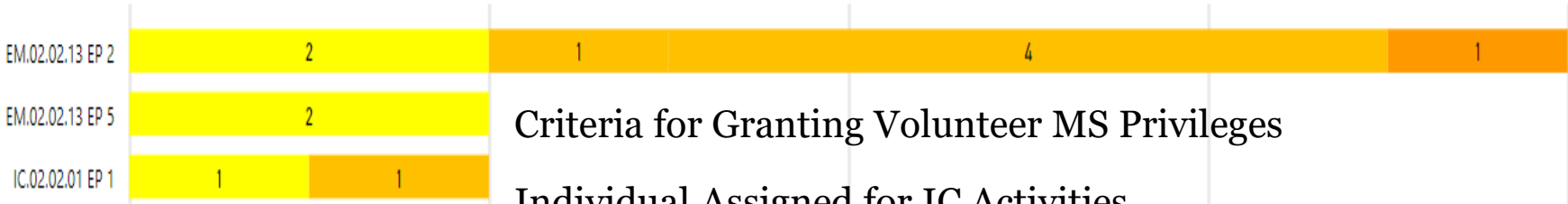
# Survey Findings

# 2021 Hospital Survey Findings with the Word Volunteer

N=19 hospitals



SAFER ● L-L ● L-W ● M-L ● M-W



Granting Volunteer MS Privileges

Criteria for Granting Volunteer MS Privileges

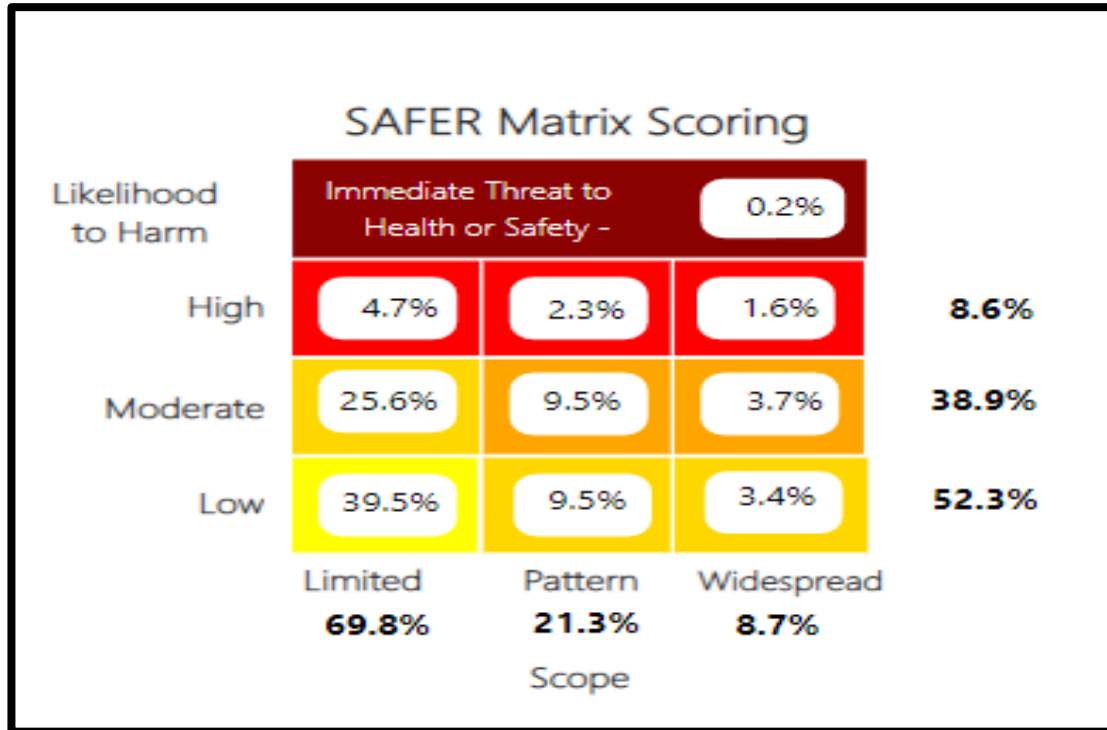
Individual Assigned for IC Activities

# Joint Commission Standards that Generated Findings Addressing Volunteer Services in 2021

Standard	Description
EM.02.02.13 EP2	Granting disaster privileges did not address volunteer LIPs
HR.01,4,01 EP1	Orientation to volunteers did not address their job duties
IC.02.02.01, EP1	A volunteer could articulate how to disinfect equipment but there was not evidence that the process was implemented
EM.02.02.15, EP2	Emergency Operations Plan did not address volunteers
IM.02.01.01, EP14	A computer screen with patient information could be seen by staff, including volunteers

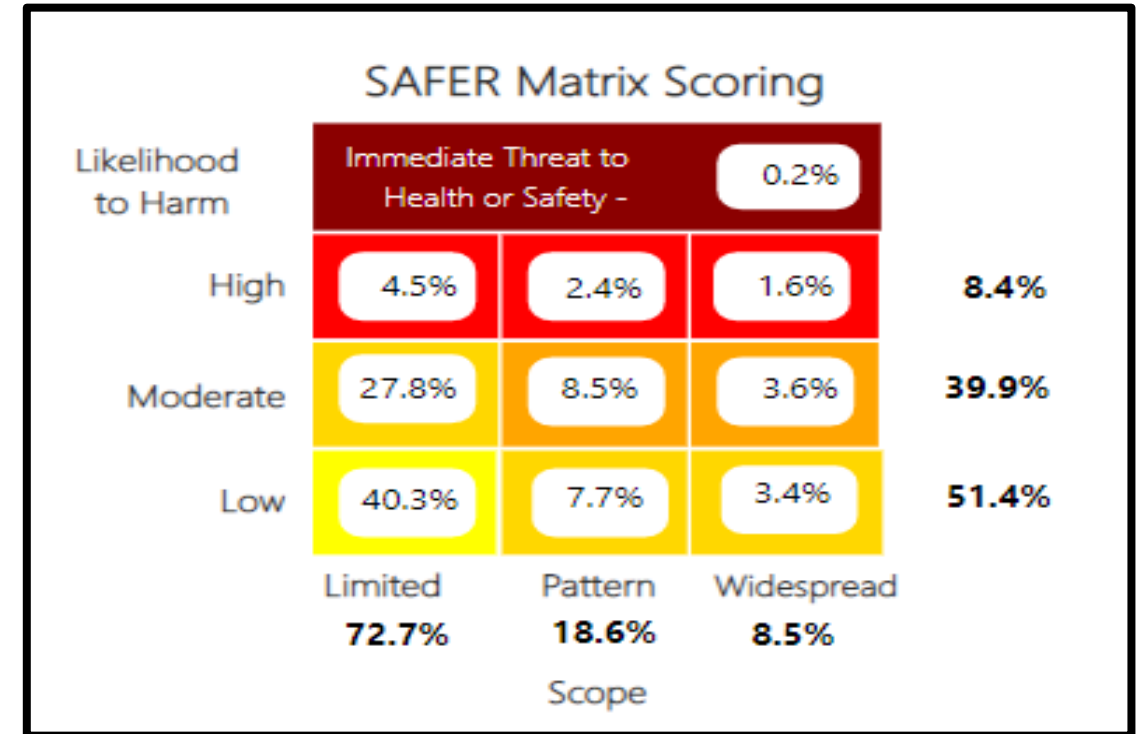
# 2021 Hospital SAFER® Matrix: National and California

National



N=1,408

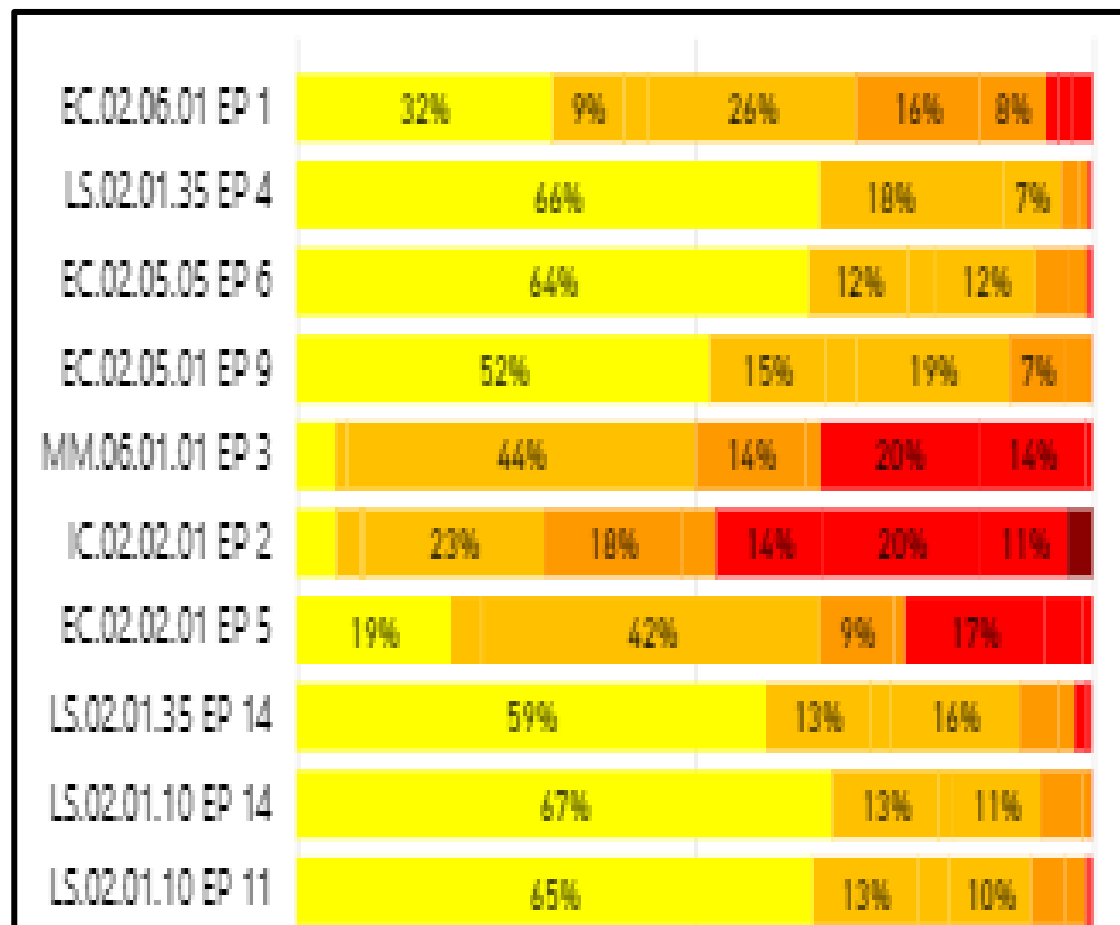
California



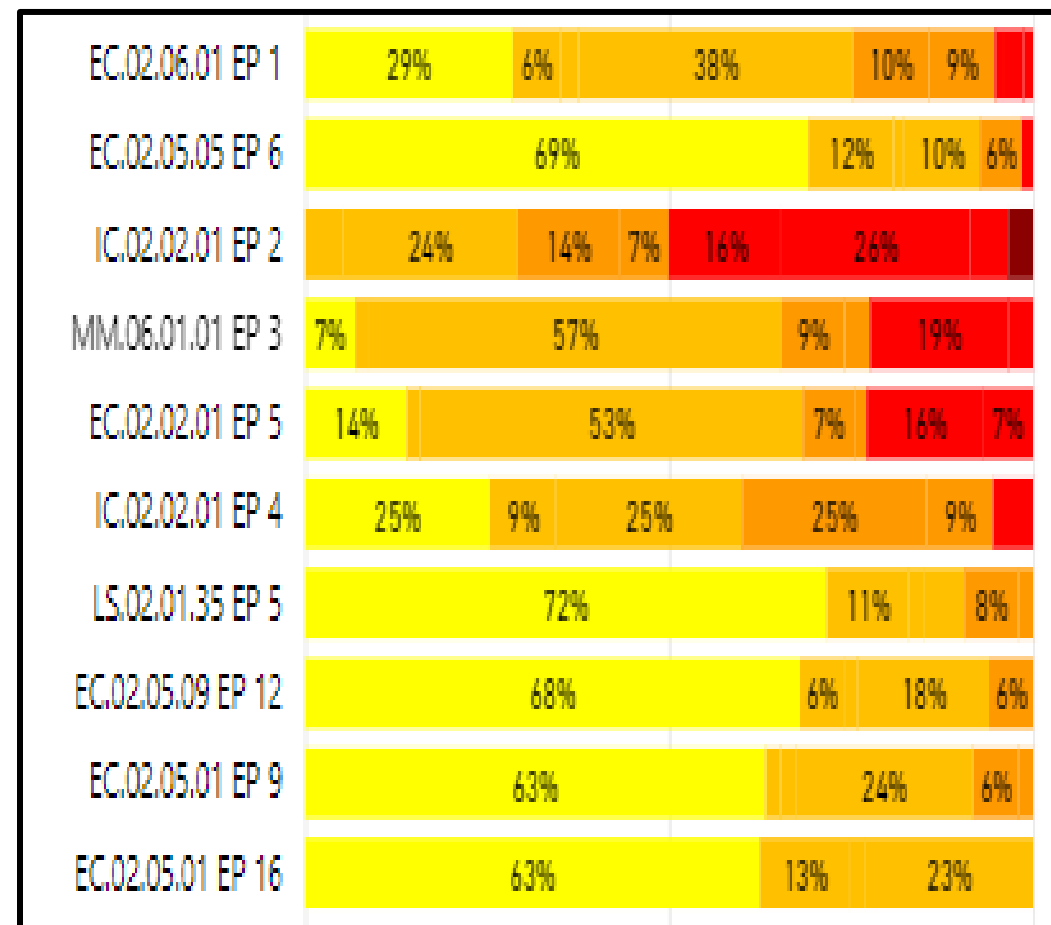
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# Top 10 Hospital Survey Findings: 2021 vs 2020

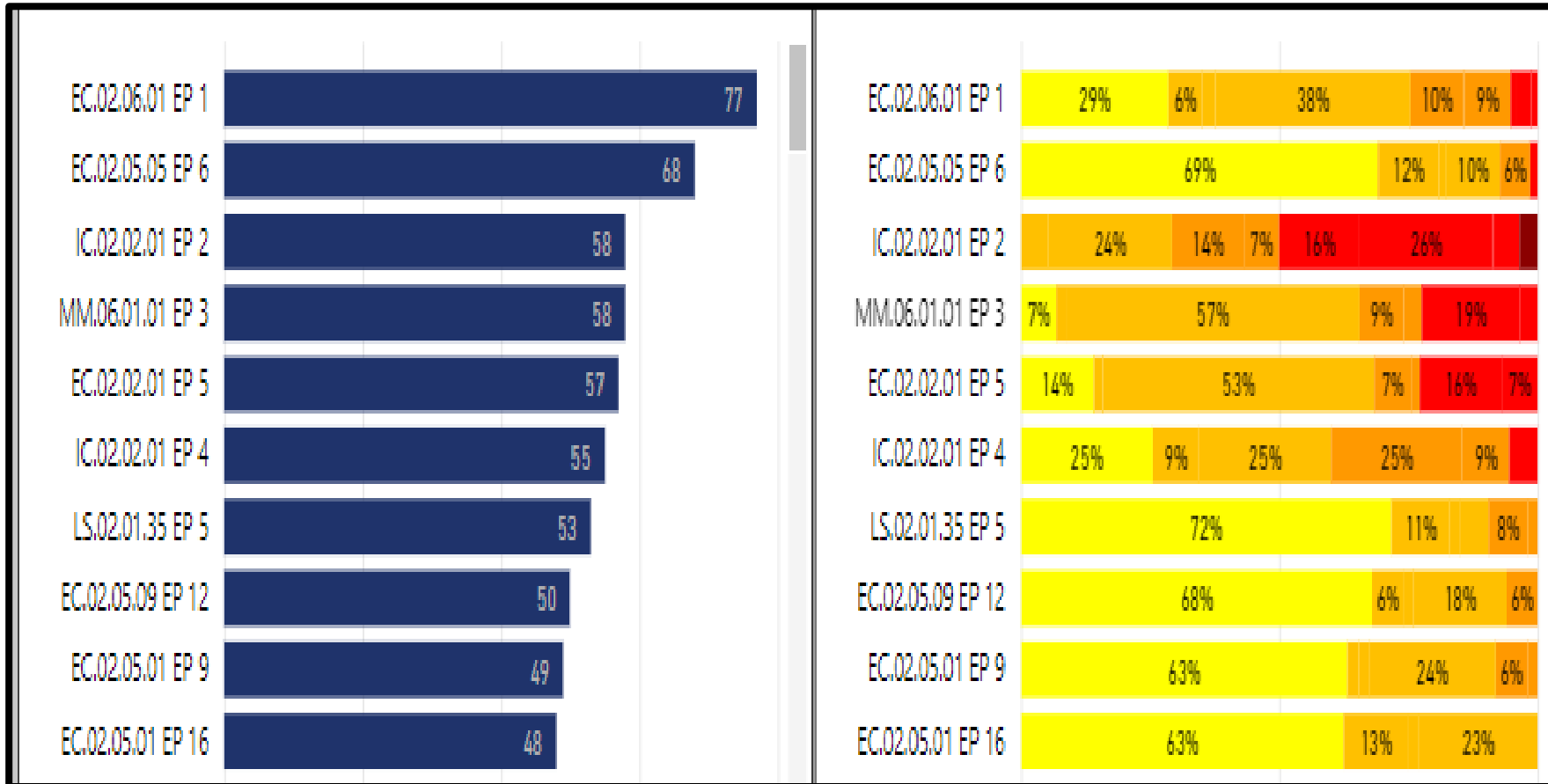
## National



## California



# 2021 California Top 10 Hospital Findings



- Safe Environment
- Non-high-risk Utility Systems
- High-level Disinfection
- Medication Administration
- Hazardous Chemicals
- Medical Equipment Storage
- Sprinklers
- Cylinders
- Utility System Control Labels
- Ventilation Systems

N=110  
 Average # of RFIs per Survey = 31.9



# Contact Information

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# Thank You!

