As many of you are aware, BRH had its triennial accreditation survey on-site visit by The Joint Commission (TJC) on July 13-14. An accreditation survey is not simply a two-day event. The survey itself can take several months to complete, and we are now in the middle of that process. The purpose of the survey is to evaluate the hospital against national standards for safety and quality, and to help us ensure that we are meeting the expectations set forth by the Center for Medicare and Medicaid Services (CMS). TJC helps us gain and maintain compliance with their standards and with CMS’ standards. We hire TJC to provide this service, and they act as a liaison between us and CMS.

The first part of the survey process is the on-site visit from TJC surveyors. Our on-site visit team consisted of four surveyors: two registered nurses (surveying the hospital’s processes and operations), one engineer (surveying the physical plant), and one behavioral health specialist (surveying RRC’s processes and operations). During the on-site portion of the survey, the surveyors observe or review a “snapshot” of processes and procedures that impact patient care, treatment, and services provided by the organization. Based on this “snapshot,” they identify areas where corrective action is necessary to bring our practices in line with expectations.

Following the on-site portion of the survey, the surveyors’ recommendations are reviewed by the central Joint Commission office in Chicago. The Chicago office issues an official report to the on-site portion of the survey. We then have the opportunity to provide any documentation that existed, but may not have been readily available, during the on-site visit, to support our compliance with specific standards. After all of this is reviewed, the finished survey report for on-site survey activity is generated. This becomes our guiding document for corrective action.

Depending on the nature and extent of a citation, we have 45-60 days to create and implement corrective action plans to bring ourselves into full compliance with the areas that were identified by the surveyors as weak. In some cases, corrective action requires a self-audit for compliance for several months. TJC’s central office reviews our reports of corrective action and, if they find those sufficient, accepts our corrections with no further action necessary. In some cases, TJC needs to return to reassess whether we have put our corrective action into place before they can close out the survey process.

This year, TJC will be returning to reassess our compliance with our corrective action plans. We expect them sometime in mid- to late-August, but the date of the survey is not provided to us in advance.

In cases where TJC returns to a hospital for another on-site visit, it is likely that CMS will also appear for an on-site survey (carried out by surveyors from the state Department
of Health and Social Services office). Like TJC, the CMS surveys are unannounced. When state surveyors arrive on behalf of CMS, the survey process can be much more grueling than the Joint Commission survey. It generally lasts for five days, and involves more surveyors. In contrast to a TJC survey where we hire the company to consult with us and assist us, the CMS survey is more exacting. CMS surveyors will be assessing the organization’s completion of corrective action from the TJC survey, as well as performing a general assessment of compliance with CMS standards.

We received 28 citations from our on-site visit. Twenty of those citations have corrective action in place; eight are still in the planning stage. To put these numbers into context, there are over a thousand Joint Commission standards we are expected to follow, and many of those standards reference many hundreds of other standards from other regulatory and governing bodies we are expected to follow (OSHA, AORN, AAMI, ACOG, ASA, CDC, etc.), including hundreds of pages of standards interpretation language from CMS. We received 24 citations during our 2012 TJC survey, and 27 citations during our 2009 TJC survey. As I explained earlier, these citations represent a “snapshot” of two days of observation and review. On another day, the citations may have been more, fewer, or different.

Our job in the coming days and weeks is to be highly responsive not only to the areas that were cited, but to proactively correct any areas where compliance is weak. Among other things, future surveyors will be looking closely at our infection control practices, our surgical handling practices, and our surgical and procedural practices.

Completion of corrective action based on the recommendations from our TJC survey are a top priority for the hospital, second only to the provision of patient care. We want to be in full compliance with TJC and CMS standards prior to any follow up surveys, and we have a valuable (but brief) window of opportunity to achieve that. I encourage you to be in contact with your department manager or director to find out how you can help ensure that we are in full compliance during future surveys;

your participation in this process is essential to our success. The outcome of the coming surveys will have significant impact for the hospital.

I would like to offer my sincere thanks to all of those who have worked so hard to correct findings from the moment our TJC surveyors arrived on site three weeks ago. The amount of work that has happened since the on-site visit has been impressive. I will continue to provide Buzz updates on our progress. Thank you all for your work and dedication to safeguarding the safety and quality of patient care during this busy time.

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**BRH Staffers Attend GE API Healthcare Client Forum**

*By Emma House*

Below is a picture from the GE API Healthcare Client Forum 2015, which took place in Milwaukee, WI from July 27-30. The picture was taken one night during a performance by keynote speaker/musician Phil Vassar.

Emma House, Charlee Gribbon, Kelly Mercer, and Karen Taug were all in attendance and BRH was recognized (again) as having participants who traveled the farthest distance to attend: over 2,900 miles! API and GE began a partnership over 18 months ago with exciting and innovative plans for the future of healthcare.

BRH has been using the Time and Attendance and Staffing and Scheduling modules (aka LaborWorks) and while at the client forum, BRH was able to assess additional API solutions, including Patient Classification, Human Resources/Payroll, ShiftSelect, Business Analytics, and Talent Management.
Shout Out!

- Case Management staff for some great documentation on a patient’s wishes that helped solve a complicated problem with a family dispute later on!
- Dr. Carl Heine for going above and beyond the call of duty in the care of a patient who needed to get to the airport ASAP!

Alarm Test Coming!

By Mike Lopez

On August 26, we will be testing the Salmon Creek Dam alarms and communications with other response organizations.

Bartlett Regional Hospital Salmon Creek Dam Emergency Action Plan

The Salmon Creek Dam is a concrete arch dam on the Salmon Creek, northwest of Juneau, Alaska.

Built in 1914, it is the world’s first constant-angle arch variable radius dam.

Approximately 2,165 people would be at risk in the identified Flood Zone

One purpose of this plan is to establish procedures for sheltering persons who would be endangered in the event of the failure of the Salmon Creek Dam. Evacuees will approach Bartlett Regional Hospital via two routes: Hospital Drive and Salmon Creek Lane.

The plan is designed to accomplish these functions with minimum confusion and maximum speed.

Do you know what to do, if the Salmon Creek Dam siren goes off?

What is your role if the Hospital activates its disaster plan?

Ref: Bartlett Regional Hospital Salmon Creek Dam Emergency Action Plan

Coming Soon!

B.E.H.R. CARE
Bartlett Electronic Health Record
Compliance Corner
By Beth Mow

How can you help protect patients’ confidential information?
• Always close out, log out, or lock computer screens when you are not using them.
• Turn paper charts face-down.
• Do not hold conversations about patients in public areas.
• Before giving out information about a patient over the phone, ensure the person on the other end of the line is who they say they are.
• Is there an appropriate Release of Information in place?
• A Release of Information (ROI) authorizes you to share information; however it does not necessarily require you to do so.
• Do not release information if you feel uncomfortable, tell the requestor that you will get back to them.
• Provide only the minimum amount of information necessary.
• When transporting records, place them in a sealed envelope.

If unsure - Please ASK your supervisor or Compliance Officer whether or not the information is appropriate to release.

Compliance Hotline: 796-8618

HR Notes

Flex Spending Account Deadlines--UPDATE

For those of you participating in the Medical Flex Spending Plan, the last day for spending is approaching.

With the new grace period, you have until September 15 to spend on medical and until October 31 to submit for reimbursement from your June 2014-July 2015 Flex Spending Account.

BRH Receives Donation Referral Award

LifeCenter Northwest recognized BRH for having demonstrated a strong commitment to effective processes by achieving a 100% complaint rate in recognizing patients who meet clinical referral triggers.