Joint Commission BHC NACBH Update 2018

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2/20/18

The Joint Commission

PTAC Update

Standards and Survey Procedures (SSP) – Dissolved Effective January 1, 2017

2017 PTACs on hold during planning for Advisory Structure

Strengthening of the Joint Commission's Advisory structure:

- Development of an enhanced Behavioral Health Advisory Group
- Enhanced collaboration with key national stakeholder groups
- Use of Technical Advisory Panels, or TAPs
- Notice of standards field reviews

BHC Advisory Council

Integral Part of TJC overall advisory structure

Provides valuable input on BHC accreditation products, services and activities of the Joint Commission Enterprise to promote patient safety and quality:

- Resources
- Industry Trends
- TJC Impact on Patient Experience
- Standards, Policies and Products
- Communication Strategies
- New Product and Service Development
- Strategic Direction

Advisory Council

Structure:

- 15 Individuals
- Representation from Providers, Associations, Payers, other
- Representation across all programs, services, & settings
- Term of 2 years (Inaugural term 2 or 3 years (50/50))
- Maximum of 3 consecutive 2 year terms
- 1 in person meeting; 3 conference calls per year

2017 Top Compliance Issues CAMBHC

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Note: *The data determined for the behavioral health care program were derived from an average of 567 applicable surveys.*

What's New

CAMBHC Manual and Standards:

- Safety Systems for Individuals Served (SSIS) Chapter
- Standards Consolidation/Movement in HRM, IC & RI Chapters
- Revised Medication Management Standards impacting MM, EC, IC to align with recent evidenced based practices
- Alignment of EC & LS Chapters with US Centers for Medicare & Medicaid and 2012 Life Safety Code

Revised Life Safety Standards for Behavioral Healthcare

Residential Occupancy Requirements

Lodging or Rooming Houses	• Means of Escape Requirements (LS.04.01.20) • Protection Requirements (LS.04.01.30) • Building Services (LS.04.01.50)
Hotels and Dormitories	• Means of Egress Requirements (LS.04.02.20) • Protection Requirements (LS.04.02.30) • Special Provisions (LS.04.02.40) • Building Services (LS.04.02.50)

Source: The Joint Commission. *Comprehensive Accreditation Manual for Behavioral Health Care*. Oak Brook, IL: Joint Commission Resources, 2018.

Suicide Prevention in Healthcare Settings

The Joint Commission

Recommendation for Residential, Partial Hospitalization, Day Treatment and Intensive Outpatient Programming Facilities

- These settings are not required to be ligature resistant.

-These organizations should conduct a risk assessment to identify elements in the environment that residents could use to harm themselves, visitors and/or staff. Those items that have high potential to be used to harm one's self or others should be removed and placed in a secure location (for example, putting sharp cooking utensils in a locked drawer) when possible. Staff should be trained to be aware of the elements of the environment that may pose a serious risk to resident who could develop serious suicidal ideations. Staff should be aware of how to keep a resident safe from these hazards until the resident is stabilized and/or able to be transferred to a higher level of care.

Suicide Prevention in Healthcare Settings

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Recommendation for Residential, Partial Hospitalization, Day Treatment and Intensive Outpatient Programming Facilities

- These organizations should have policies and procedures implemented to address how to manage a patient in these levels of care who may experience an increase in symptoms that may result in self harm or suicidality.

Survey Timeliness

January 2018 Data:

- 87% of Initial Surveys within 90 days of ready date
- 57% of Resurveys on time; 27% late less than 30 Days; 25% are more than 30 days late
- 5 additional CAMBHC surveyors completed NFRO last week; This equals 5 of the 20 surveyors or 3.90 FTE of a Total of 12 FTE budgeted for hire in 2018

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CTS.03.01.09

Measurement-Based Care and Keys to Complying with the Revised Standard

NACBH Best Practices Committee

February 20th, 2018

The Revised Requirement (Effective January 1, 2018)

Standard CTS.03.01.09 – The organization assesses the outcomes of care, treatment, or services provided to the individual served

- EP 1 – The organization **uses a standardized tool or instrument to** monitor~~s~~ the individual's progress in achieving his or her care, treatment, or service goals

*New text

The Revised Requirement (continued)

- EP 2 – The organization gathers and analyzes the data generated through standardized monitoring, and the results are used to inform the goals and objectives of the individual's plan for care, treatment, or services as needed
- EP 3 – The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort

*New text

Complying with Standard CTS.03.01.09

The revised standard is intended to promote the use of "measurement-based care"

Measurement-based care is a process of using objective data as feedback during the course of services in order to monitor progress toward the desired outcome. Data are used to:

- Inform care for the individual served, and
- Support quality improvement efforts for the organization

What Kind of Instruments Meet the Requirement?

The instrument should:

- Have well-established reliability and validity for use as a repeated measure
- Be sensitive to change
- Be appropriate for use as a repeated measure
- Be capable of discriminating between populations that may or may not benefit from services (if appropriate)
  - e.g., clinical/non-clinical, healthy/non-healthy functioning, typical/non-typical, etc.

Measures NOT Complying with Standard CTS.03.01.09

A measure that assesses the use of evidence-based care or clinical practice guidelines

A perception of care questionnaire or patient satisfaction survey

A measure of medication/treatment compliance

An assessment of outcome ***after*** the completion of service, even if it compares a baseline score to a subsequent point of measurement (e.g., intake/termination, admission/discharge)

Selecting a Standardized Instrument

In June 2017, The Joint Commission posted a list of instruments that could be used to meet the new standard

- https://manual.jointcommission.org/BHCInstruments/WebHome
- We do NOT endorse any instrument
- The list is NOT intended to be exclusive

There are currently 51 instruments listed on the Joint Commission site

- Many are non-proprietary
- Cover a broad range of settings
- Include individual instruments, as well as comprehensive systems

How We Evaluate Compliance With the Standard

Evaluating Compliance for EP 1

Standard CTS.03.01.09 – The organization assesses the outcomes of care, treatment, or services provided to the individual served

- EP 1 – The organization uses a standardized tool or instrument to monitor the individual's progress in achieving his or her care, treatment, or service goals
- EP 2 – The organization gathers and analyzes the data generated through standardized monitoring, and the results are used to inform the goals and objectives of the individual's plan for care, treatment, or services as needed
- EP 3 – The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort

Questions surveyors may ask… (EP 1)

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Instrument selection

- What instrument (or instruments) did you select to objectively monitor the progress of the individuals you serve
- Why did you select the instrument(s)?

Organizational Leaders Understand the Instrument

- How/When do staff administer the instrument? With what frequency is the instrument re-administered to individuals served?
- How do you know if positive (or negative) change occurs? What numeric value on the instrument signals "reliable change"?
- Are there populations of individuals that you serve who are not expected to complete the instrument? If yes, how

Questions surveyors may ask… (EP 1)

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Organizational Implementation of the Instrument

- What education/training was provided to staff in preparation for implementation? How was training provided?
- Are staff who are supposed to use an interpret the data aware of the instrument's key elements (e.g., when to administer, range of scores, reliable change)
- Are all populations served by the organization being measured by at least one objective instrument?

Questions surveyors may ask… (EP 2)

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Using the Data to Monitor Progress

- Patient Tracer (Record Review)
  - Do client records contain evidence that the instrument was correctly administered?
  - Do progress notes indicate that results were discussed with the individual served (especially if deterioration was observed)?
  - Is there any evidence that changes in treatment goals or objectives are related to, associated with, or supported by data?
- Patient Tracer (Conversations with clients)
  - Do clients understand how the instrument is used to monitor their progress?

Questions surveyors may ask… (EP 2)

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- Patient Tracer (Conversations with clinicians)
  - Can clinicians describe how they have used the data to inform or modify treatment goals and objectives?
  - How is progress or deterioration documented by clinicians?
- Patient Tracer (Treatment Teams and Supervisors)
  - Can supervisors readily identify cases where data indicated that the client was not making progress?
  - Do treatment teams and/or supervisors discuss these "at-risk" cases with clinicians?
  - Are data used to inform or trigger discussions about the level of service or changes to treatment plans and goals?

Questions surveyors may ask… (EP 3)

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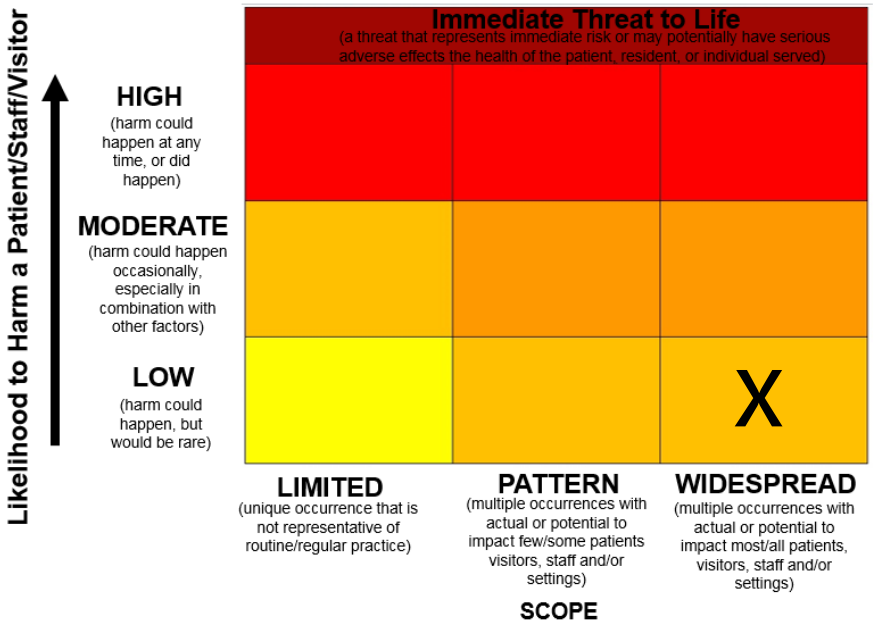
Evaluating the Outcomes of Care

- Are data aggregated and evaluated by the organization?
- Are data used to identify quality improvement opportunities?
- Are data used to evaluate clinician performance?
  - If so, how is this done in a manner that is consistent with safety culture?
- What other ways has the organization used the data?

SAFER Placement

Generally speaking, non-compliance on for this standard should be placed in the LOW risk category

Failure to implement the standard consistently will most frequently be placed in the WIDESPREAD risk category



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Additional Standards to Consider

Observations associated with instrument selection, monitoring treatment progress and the use of data may also lead to questions that could be scored under:

- Leadership
- Performance Improvement
- Record of Care

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Review and Conclusion

Ultimately… the survey evaluation comes down to:

- Does the organization have an instrument that is appropriate for measurement-based care?
- Do they administer it consistently at multiple intervals in the care process?
- Do they actually look at the data and do something in response to it?