

# **Triennial Survey by The Joint Commission**

8/31/2021 -9/2/2021

Abatement survey – 9/22/2021

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NIH CC CEO

# Timeline

- Survey – Tuesday thru Thursday 8/31-9/2
- Imminent threat to health and safety identified related to high level disinfection & sterilization
- 23 calendar days for abatement activities
- Week #1 – sweep of entire CC for instruments / sterile supplies
- Week #2 – education and training
- 17 September – notified The Joint Commission that abatement efforts completed, readiness for abatement survey
- 22 September – follow-up survey confirmed that imminent threat had been abated

The Joint Commission  
**SAFER™ Matrix**  
 Program: Hospital

Failed to meet 18 standards

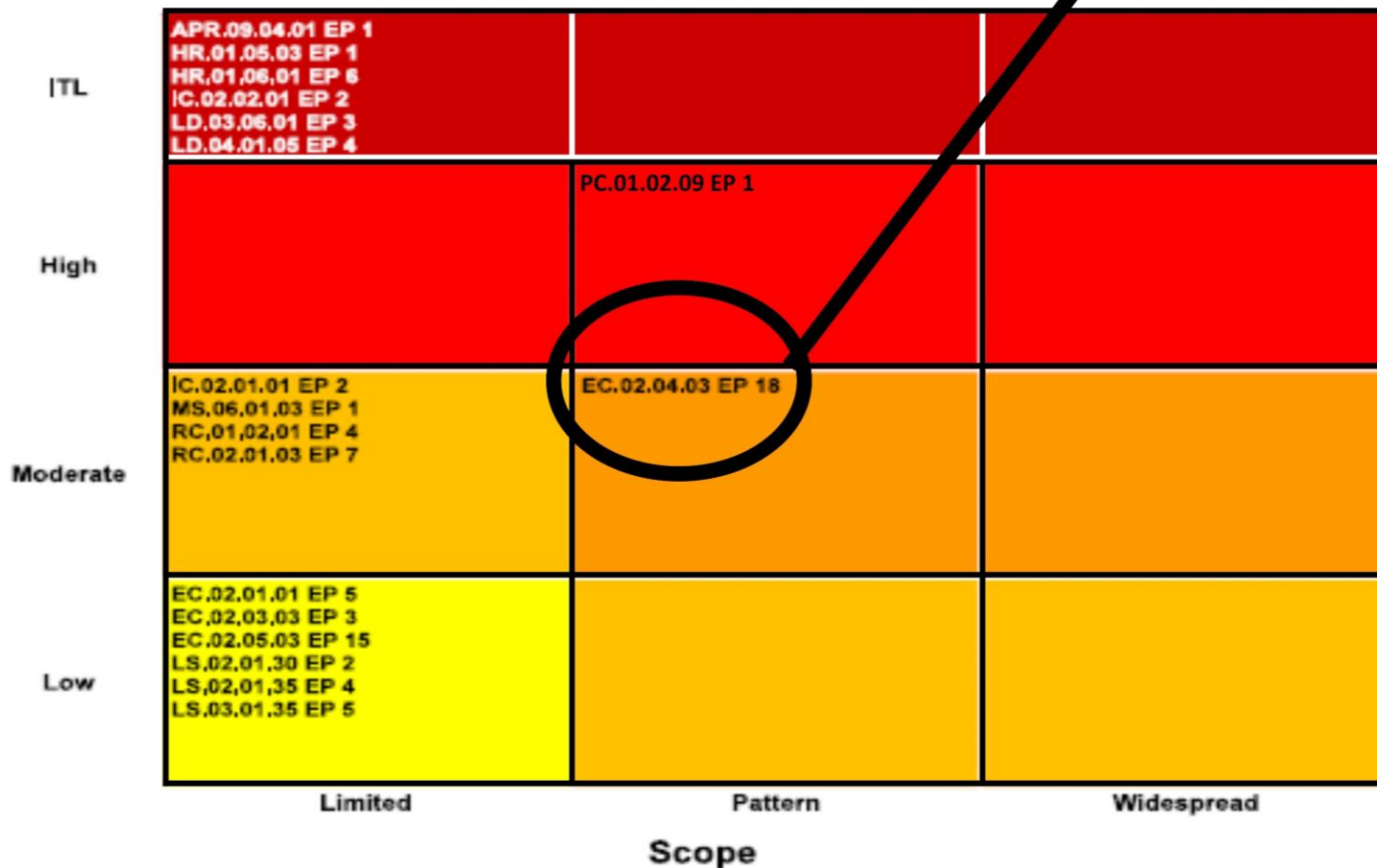
Likelihood to harm a Patient / Visitor / Staff

ITL	APR.09.04.01 EP 1 HR.01.05.03 EP 1 HR.01.06.01 EP 6 IC.02.02.01 EP 2 LD.03.06.01 EP 3 LD.04.01.05 EP 4		
High		PC.01.02.09 EP 1	
Moderate	IC.02.01.01 EP 2 MS.06.01.03 EP 1 RC.01.02.01 EP 4 RC.02.01.03 EP 7	EC.02.04.03 EP 18	<b>High praise          for staff          engagement,          culture of          safety</b>
Low	EC.02.01.01 EP 5 EC.02.03.03 EP 3 EC.02.05.03 EP 15 LS.02.01.30 EP 2 LS.02.01.35 EP 4 LS.03.01.35 EP 5		
	Limited	Pattern	Widespread
	<b>Scope</b>		

The Joint Commission  
**SAFER™ Matrix**  
 Program: Hospital

EC.02.04.03. EP 18

Likelihood to harm a Patient / Visitor / Staff



# **EC – QA Logs of MRI Equipment**

- Identified during tracer
- MRI quality control checks not being documented consistently enough
- Confirmed by RADIS Department Chief

The Joint Commission  
**SAFER™ Matrix**  
 Program: Hospital

PC.01.02.09

Likelihood to harm a Patient / Visitor / Staff

ITL	APR.09.04.01 EP 1 HR.01.05.03 EP 1 HR.01.06.01 EP 6 IC.02.02.01 EP 2 LD.03.06.01 EP 3 LD.04.01.05 EP 4		
High		PC.01.02.09 EP 1	
Moderate	IC.02.01.01 EP 2 MS.06.01.03 EP 1 RC.01.02.01 EP 4 RC.02.01.03 EP 7	EC.02.04.03 EP 18	
Low	EC.02.01.01 EP 5 EC.02.03.03 EP 3 EC.02.05.03 EP 15 LS.02.01.30 EP 2 LS.02.01.35 EP 4 LS.03.01.35 EP 5		
	Limited	Pattern	Widespread

**Scope**

# PC.01.02.09

- Hospital uses written criteria to identify patients who may be victims of assault, abuse, and neglect
- Identified during tracer in pediatric day hospital, confirmed by staff that we were not compliant
- We have written policy and tool for in-patients which now must be extended to all out-patient venues as well

**IC.02.02.01. EP 2**

**The Joint Commission  
SAFER™ Matrix**

Program: Hospital

Likelihood to harm a Patient / Visitor / Staff

ITL	APR.09.04.01 EP 1 HR.01.05.03 EP 1 HR.01.06.01 EP 6 IC.02.02.01 EP 2 LD.03.06.01 EP 3 LD.04.01.05 EP 4		
High		PC.01.02.09 EP 1	
Moderate	IC.02.01.01 EP 2 MS.06.01.03 EP 1 RC.01.02.01 EP 4 RC.02.01.03 EP 7	EC.02.04.03 EP 18	
Low	EC.02.01.01 EP 5 EC.02.03.03 EP 3 EC.02.05.03 EP 15 LS.02.01.30 EP 2 LS.02.01.35 EP 4 LS.03.01.35 EP 5		
	Limited	Pattern	Widespread
	Scope		



# **IC.02.02.01 High Level Disinfection and Sterilization+ 2 Human Resources Standards + 2 Leadership Standards**

- Identified during tracer
- High level disinfection and sterilization – pitted instruments, instruments with evidence of oxidation identified in several clinics on days 2 & 3 of survey
- The 2 Human Resource standards related to training
- Because of the systemic nature of the findings, leadership standards

# Abatement (Week #1)

- Led by Sterile Processing, Hospital Epidemiology, and Clinical Center Nursing Department
- Every supply room, every cabinet, every desk drawer
- Instruments that should have been discarded were discarded
- Instruments that could be refurbished for reuse were set aside for that purpose
- On hand supplies reduced to those necessary for 2-3 weeks only

**The late COL Virgil T. (Tom) Deal – You can't wring your hands while rolling up your sleeves.**

# Abatement (Week #2)

- Teaching and training
- Standardized text document and PowerPoint presentation
- Train the trainer and then chain teaching
- Follow-up visits to clinics / procedure areas where the issues were noted by the surveyors
- All stakeholders met to make assessment of progress. One final stop for re-check of the cardiac catheterization laboratory. Then Dr. Lang contacted The Joint Commission.

# Not Done Yet

- Work on clean utility rooms
- Move Sterile Processing to its new home in the B1 area
- Decide where (organizationally) Sterile Processing belongs
- Reassess how we do annual Focused Standards Assessment

# Dissecting the Blind Spot

- Overconfidence – thought we were ahead of this when we centralized high level disinfection and sterilization 4 years ago
- Insularity – always an issue here but worse so during the pandemic – Focused Standards Assessment done without an orthogonal view
- Sterile processing may be positioned incorrectly (currently is part of Materials Management & Environment Services)

**Questions?**