Joint Commission Survey 2014

Relevance to INTERMACS

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Joint Survey Standards

- Elements of Performance for DSPM.3
  - The program selects valid, reliable performance measures that are relevant to the target population and based on clinical practice guidelines or other evidence-based practice
  - The program collects data related to processes and/or outcomes of care
  - The program collects patient satisfaction data relevant to its target population
  - Data are aggregated at the program level
  - The program reports aggregated data results to the JC at defined intervals
  - The program communicates to staff and organizational leaders the identified improvement opportunities
  - The program incorporates identified improvement opportunities into the performance improvement plan
  - The program demonstrates improvement in processes and patient outcomes

  Are derived from INTERMACS Quarterly Reports.
Elements of Performance
DSPM.3

• Adverse Events:
  • Bleeding
  • Infection
  • Stroke
  • Readmission
  • Device Malfunction

• Outcomes of Care:
  • Survival Rate (all cause mortality)
  • Functional capacity
  • Any result provided by the national registry

All of these can be derived from INTERMACS Quarterly Reports.
Elements of Performance

DSMP.4

• The program tracks data variances at the patient level
• The program evaluates variances that affect program performances and outcomes
  • VAD patient data in a nationally audited registry to evaluate outcomes

  *Note: INTERMACS is currently the only nationally audited registry for VAD.*
  • The program uses data analysis to modify performance improvement activities in
  • support of clinical practice guidelines

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Elements of Performance DSMP.5

• The program evaluates patient satisfaction with and perception of quality of care at the program level
• Patient satisfaction data are utilized for program-specific performance improvement activities

INTERMACS provides a framework to collect and monitor regulatory responsibilities with the Joint Commission in the domain of outcomes

We have adopted the INTERMACS data fields into our Electronic Medical Record for Inpatient and Outpatient care (Epicare).

Joint Commission requires reporting on all approved (INTERMACS) implanted LVAD’s as well as devices under IDE in clinical trials.
Hot Buttons on Our Recent Survey
VAD Education

- VAD education for all staff
  - Individual policy for training staff members in various departments
  - Proof of annual VAD training (hands on/written) for all Areas where patient is going to be cared for.
  - Computerize learning modules distributed to all ancillary staff who may encounter a VAD patient in the hospital setting including ED, Radiology, Admission, Laboratory areas
- Cardiac rehab PT/OT staff should have specific VAD training to expedite patient recovery
- VAD social worker documentation of attending annual VAD education/in-service can be 2-4 hours per hospital facility
- Proof of product updates such as HM II Pocket controller rolled out to all patient care providers
VAD equipment

- Specific policy to address patient’s equipment brought in from home
- How do you track all equipment
  - UPMC utilizes Peri-App
  - HW database maintenance site
  - Thoratec Connect™
- We utilize bar codes on all patient and loaner equipment to track batteries, controllers, AC adapters and power modules and have the ability to search by patient
- Manufacturer device alert policy
  - HM II EPC controller to PC
  - Bend relief outflow connector
  - Need to demonstrate how patients and hospital risk management team is notified about product alerts.
Emergency Plan for VAD patients

- Create a memo of understanding with an optional local VAD center to accept VAD patients in lieu of emergency
- Establish an emergency plan with staff to transfer patients to another center
- Determine appropriate staff to accompany patients and care for patients while at center
Tracer Review

- Current consent – moving towards procedure specific consents
- Orders for Pre/Post/DC VAD were reviewed and discussed
  - If VS ordered q15m x 2 hr then hourly, ensure documentation reflects orders
- Antibiotic given within time frame
  - pre-op 1 hour of cut time and post-op as ordered
- Time out policy must be documented in OR record
- Proof of social work and palliative care consult prior to VAD implant

**Joint Commission requires reporting on all approved (INTERMACS) implanted LVAD’s as well as those in IDE clinical trials.**
Credentialing

- Specific VAD education/expertise for the Cardiologist, Surgeons, CRNP, PA must be documented in the credentialing documents.
- HR department holds, controls and writes the credentialing requirements for these providers and will be audited on the Joint Commission Survey.
- Surveyor requested proof of staff licensure, education, and VAD annual competency.