

Hospital incident command system: tool for a TJC accreditation survey

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The unannounced Joint Commission (TJC) accreditation survey can prove just as unpredictable and challenging as any other incident. In this article, the authors describe a plan developed by a hospital's emergency response team that has proven successful in dealing with TJC and other surveys.

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While the idea of using the Hospital Incident Command System (HICS) for an accreditation survey is not a new one, the authors have noted that in their search for an established model, little has been published which clearly documents the application of the incident management system including the use of key tools, techniques, and forms during an unannounced accreditation survey. The purpose of this article is to share emergency management experience in developing a process that proved to be very successful and continues to be used today at the originating healthcare facility.

APPLICATION OF THE BASIC PRINCIPLES OF EMERGENCY MANAGEMENT INVOLVING A SYSTEMATIC ALL-HAZARDS APPROACH

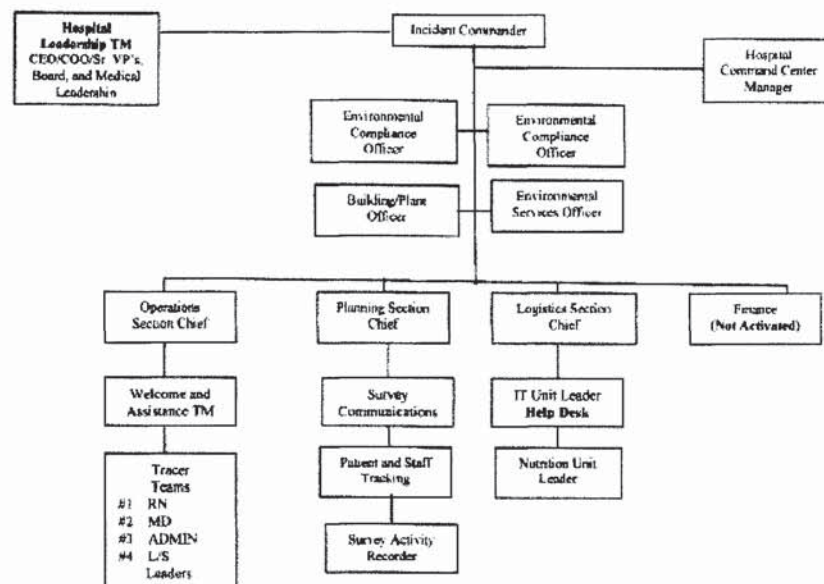
Similar to emergencies, events, or incidents, the Joint Commission (TJC) accreditation survey occurs on an unannounced basis

with little warning or advance notice and can prove just as unpredictable and challenging as any other incident. Survey issues range from "Indirect Impact" to "Direct Impact" to "Immediate Threat to Life" and must be dealt with appropriately requiring quick assessment and decision-making. So when the emergency management team was approached to develop an ongoing response plan for a Joint Commission accreditation survey, this was addressed as any other event requiring a prepared response.

With multidisciplinary team members on board and key objec-

tives identified, emphasis was placed on establishing a framework within which to work and developing a plan using emergency management techniques and tools. The group went through a process similar to a hazard vulnerability analysis (HVA) designed to identify key focus areas, assess and prioritize vulnerabilities, develop strategies, and implement action plans. The Survey Activity Guide, findings and results from mock tracers (similar to drills) and mock surveys (comparable to exercises) were used to develop strategies and tactics. Next steps included defining spe-

TJC Survey / ICS Command Structure
(Figure 1)



cific roles and responsibilities, creating job action sheets, and assigning a response team to support the functions needed.

USING THE FOUR PHASES OF EMERGENCY MANAGEMENT

The process also involved using the four phases of emergency management: mitigation, preparedness, response, and recovery. The mitigation phase focused on how to reduce the risks and vulnerabilities identified using mock tracer and mock survey results. The preparedness phase emphasized personnel assignment and job action sheet development based upon subject matter expertise. The response phase highlighted the process to follow upon notification including hospital incident command activation and response team initiation. The recovery phase employed strategies designed to return the institution to normal following survey conclusion. The final step in the process is to conduct a "hotwash" which includes an after action discussion and performance evaluation. The results from the "hotwash" serve as the basis to identify success factors, assess lessons learned and gener-

ate recommendations for improvement.

The team also focused on specific challenges to consider which dealt mostly with overall state of readiness, unpredictability of issues, and an appropriate depth of response team members from a predetermined pool who were trained and able to fill and cross cover critical positions in the command center. Testing during mock surveys provided the platform to examine set processes and after action review of lessons learned during mock tracers and mock surveys served to overcome some of the identified obstacles and to better prepare for future incidents.

ASSIGNMENT OF THE INCIDENT MANAGEMENT TEAM

When the emergency management team began developing the incident command chart, it was clear there had to be modifications made to the organizational structure. The five basic management functions of Command, Operations, Planning, Logistics, and Finance (not activated) remained unchanged. However, new Command and Section support roles were created to better address the

specific needs of this scenario. (Figure 1)

Command

2 Environmental Compliance Officers
1 Environmental Service Officer
1 Physical Plant/Life Safety Compliance Officer

Operations

1 Survey Communications Leader
4 Tracer Team Management Leaders (Admin- MD- Nurse- Life Safety)

Planning

1 Welcome & Assistance Team Leader
1 Patient/Staff Tracking Leader
1 Survey Activity Recorder

Logistics

1 IT Support Leader
1 Nutrition Support Leader

Development of Specially Crafted Job Action Sheets (JAS)

The new Command and Section support roles required development of specially crafted job action sheets. (See Figure 2)

Utilization of HICS Forms Including An Incident Action Plan (IAP) To Meet Key Objectives During Specified Operational Periods

The Command Center utilized specially designed forms including the Incident Log and Tracer Team Location Log as seen in Figure 3 and Figure 4 respectively.

DEVELOPMENT OF COMMAND OBJECTIVES

- Keeping staff informed on the location of Survey teams.
- Notifying area managers of any events that require immediate attention.
- Locating and providing policies and procedures upon request of surveyors.
- Locating data files or any other documents requested by surveyors.
- Notifying care areas of specific items of interest to surveyors to prepare staff.
- Notifying managers if they are needed for chart audits.
- Providing information and support (refreshments) in a timely manner.
- Reporting staff encounters to HR.
- Briefing managers in a timely manner to contribute to an overall state of readiness.

As is the case with every successful process, good communication is a key factor. This requires a simple but reliable notification plan which involved the use of an automated alert system that supported several media types including paging, text messaging, and sending e-mail messages. Notification was

sent to department managers, physicians, and the hospital at large upon the arrival of The Joint Commission surveyors. Managers then utilize a call down tree to advise unit and department staff, activate job action cards and review the survey schedule.

Two Environmental Compliance Officer positions were developed to go through the institution to check areas and departments and notify the Command Center of any issues or concerns. Escorts, runners, and scribes played significant roles including tracer location and activity as seen in Figure 4, recording and reporting essential information and ensuring the surveyor requests are quickly managed and resolved. In this way the Command Center acted as a repository for both receiving and sending information as well as a hub for briefing and debriefing on activities and issues. The Command Center also monitored, tracked, and communicated all survey activities and recorded this information using a "TJC Survey Incident Log" as seen in Figure 3.

In an effort to share information in a timely manner, a communication plan was developed that involved sending automated alert

system messages at certain intervals including day start and day end times as well as certain intervals within the day including mid-day. Any important or urgent messages that required immediate attention were also sent using this system.

FUTURE APPLICATION

This approach has now been used several times and each time presents opportunities to refine the process, review lessons learned, and implement strategic improvements. Just as we remain in a constant state of readiness for an accreditation or any other regulatory agency survey, we work to ensure that our command center and those that support it are also always ready to serve. And the use of the incident command system is the framework necessary to ensure our success.

References:

- Comprehensive Accreditation Manual for Hospitals**, Joint Commission, January 2010
- Inside the Joint Commission**, Decision Health, March 15, 2010
- Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure**, Homeland Security Federal Emergency Management Agency, September 2010
- The Joint Commission Survey Coordinator's Handbook**, 11th Edition, HCPro 2009
- The National Response Framework**, Department of Homeland Security, January 2008
- Standing Together. An Emergency Planning Guide for America's Communities**, Joint Commission on Accreditation of Healthcare Organizations, 2005.

**Job Action Sheet
(Figure 2)**

{Environmental Compliance Officer #1}

*****Read This Entire Position Checklist Before Taking Action*****

Reports to:	Incident Commander
Who Reports to you:	N/A
Responsibilities	To ensure patient care unit readiness
Minimum Required Qualifications	Experience with Joint Commission surveys, Nursing Unit or Nursing Administration background and experience LEGEND: SU -Soiled Utility CU -Clean Utility MR -Med Room H -Hallway PR -Patient Room MC -Med Cabinet N -Nourishment Room NS -Nursing Station SER -Storage/Equipment Rooms

Activation Phase: Steps taken to get your operations up and running

☐	Respond to notification that Surveyors are on site and provide estimated time of arrival to the hospital
☐	Report to Command Center, Room 154
☐	Receive briefing and any special instructions from Incident Commander or Command Center Manager
☐	Review Job Action Sheet
☐	Review locations and assignments
☐	Report back to Command Center after completion of each assigned unit

Incident Phase: Response actions that are part of this position's responsibilities during an incident (Operational Phase)

☐	[H] Ensure nurse servers locked.
☐	[H] Ensure no meds on COWS
☐	[H] Remove all stationary items from hallways, in front of fire extinguishers or exits.
☐	[H] Check that all meds locked, including nurse servers.
☐	[H, SU] Ensure no linen on floor anywhere. Soiled linen hampers must be covered.
☐	[H, MC] Ensure multi-dose vials have yellow expiration sticker filled out
☐	[H, MC] Ensure insulin vials are labeled with expiration dates
☐	[H, PR] Remove hydrogen peroxide, betadine, and alcohol from unlocked cabinets.
☐	[H, PR] Check sterile water and saline and if opened are dated and labeled good for 24 hours. If expired or not labeled then discard.
☐	[N] Check that there are no open cans or cartons of anything in nourishment refrigerator.
☐	[N] Ensure refrigerators and freezers are clean.

☐	[N] If patient food in refrigerator, ensure covered, dated (48 hours) and labeled with patient sticker. If not labeled then discard.
☐	[NS] Ensure glucometer strips and high/low solution dated when opened. If not labeled, do not discard.
☐	[NS, H] Ensure no charts, clipboards or any paper with patient information left in view of others.
☐	[SU, N, MR] Ensure <u>nothing</u> stored under sinks except cleaning solutions.
☐	[SU, N, MR, H] Ensure cleaning fluids labeled and make sure none left unattended on top of EVS carts.
☐	[CU, SER] Ensure all items 18 inches from ceiling in areas with sprinkler heads: Watch for cardboard boxes.
☐	[CU, SER] Ensure no equipment on floor anywhere. (Utility room, patient rooms, etc.)
☐	[CU, SER] Check O2 cylinders are in designated holders in clean utility room.
☐	[CU] Ensure clean linen cart covered.
☐	Ensure <u>no</u> door stops <u>anywhere</u> .
☐	Ensure no outdated blood tubes, culture bottles in procedure room drawers and cart.
☐	Contact Command Center with any specific issue or concern that requires additional support or resources to resolve

Post-Incident Phase: Responsibilities of this position after the occurrence of an incident (Demobilization phase)

[illegible]

SURVEY DAY _____
DATE _____

[illegible]

SURVEY DAY _____
DATE _____

[illegible]