

## UNC Hospitals

### Joint Commission Triennial Survey

Because of the findings described below, JC has placed UNC Hospitals in a probationary status pending the correction of these findings, as validated by a re-survey of those areas. Once the report is finalized, our accreditation status will be identified as “preliminary denial.” If the validation survey determines that all findings have been corrected or mitigated, we will then be considered “accredited with follow up.” (The “follow up” is a final survey in approximately four months to verify that we have sustained our correction/mitigation measures.) If the validation survey determines we have not corrected or mitigated those findings, we will lose our accreditation and would need to reapply to regain that status.

#### Survey Process and Results

- UNC Hospitals underwent its Joint Commission (JC) triennial accreditation survey on July 8-17
- 13 surveyors examined clinical care and processes, as well as our physical plant.
- The survey included all of our hospital facilities (the “main” in Chapel Hill, Hillsborough and WakeBrook) and hospital based clinics.
- Unlike past accreditation surveys, JC is now operating under a new protocol in which every issue is cited, even if the deficiency can be immediately addressed and corrected. (In past surveys, JC provided “consultative findings” and would not cite a deficiency unless observed more than once)
- On July 1, JC also implemented new requirements in support of its recent initiatives on suicide prevention. Given the care we provide each week to hundreds of behavioral health patients, this was an area of significant focus. As you know, we operate over 100 inpatient beds in our psychiatric units, with the majority of patients under involuntary commitment orders.

#### Findings

In most respects, we did very well in the survey, particularly considering the size and complexity of our hospital, as well as the challenges of a physical plant that is almost 70 years old.

Nonetheless, JC’s preliminary findings identified deficiencies in three significant areas – physical plant and environment issues where behavioral health patients are treated and housed, documentation of suicide screening and assessment (with appropriate mitigation measures, as warranted), and medication management:

#### Physical Plant/Environmental Findings and Mitigation Measures:

- Although physical plant renovations were planned, we had not yet purchased or installed certain items required to address ligature risks, and surveyors did not accept the adequacy of mitigation measures in place pending those renovations.
- Examples include ligature resistant hardware and furniture in behavioral health areas of the emergency department and inpatient units (e.g., door handles, hinges, phone cords, chairs, beds, bathroom doors in private rooms, etc.).

### Suicide Screening, Assessment and Mitigation:

- While all patients admitted to UNC Hospitals are screened for suicide risk, the JC did not accept the adequacy of the screening and assessment tools and processes we had in place for our behavioral health patients.
- There was a finding that we were not consistently implementing appropriate mitigation measures for patients identified as high risk

### Medication Management:

- For patients with fluctuating medication needs (often with unstable conditions in our intensive care units), some physician orders were found to be incomplete and documentation did not adequately reflect the care provided.

While we have submitted requests for clarifications and correction of errors for some findings in the preliminary report, most of the above findings likely will remain in our final report.

### **Addressing Survey Results and Timeline**

- Both during and immediately after the conclusion of the survey, UNCH leadership and staff began addressing deficiencies noted by the surveyors.
- With the receipt of the preliminary report, we initiated the more formal process of creating plans of correction for each finding, as required by the JC survey process. Each of the findings now has been or will be addressed prior to the submission of these plans to the JC this coming week.
- For the few equipment items that cannot be addressed immediately because those items are not immediately available, mitigation measures have been put in place. (For example, on our psychiatric units in Chapel Hill, bathroom doors in private rooms will be replaced with foam doors to eliminate ligature risk. Those doors are on order but will not arrive for several weeks – we are therefore removing the current bathroom doors pending the arrival and installation of foam doors.)
- JC will conduct three surveys to verify these measures and corrections. As with all JC surveys, we have a general timeframe but no specific dates (and surveyors may show up anytime in that timeframe, although typically it is towards the end of the stated period):
- Some of our findings were designated as “conditional level” (i.e, conditions tied to Medicare Conditions of Participation which are part of eligibility for Medicare certification) and will be resurveyed within 45 days of the end of our survey on July 17.
- A “validation survey” will occur within 60 days of the issuance of a final report for the purpose of confirming that we have addressed all of the original survey findings, consistent with the plans of correction we have submitted.
- Assuming both of the above surveys conclude we have successfully addressed or mitigated all findings, a third survey will be done in approximately four months to ensure ongoing compliance.

UNCH leadership and staff have been working diligently to address all findings, and JC has offered the possibility of an expedited validation survey. Pursuant to our request, it is possible that the validation survey could occur immediately or shortly after the re-survey of the conditional level findings, thus giving us the opportunity to move more quickly to “accreditation with follow up” status. Note, however, that the validation survey cannot be scheduled by JC until the final report is issued, so timing remains uncertain. In addition, it is possible that CMS (Centers for Medicare and Medicaid Services) could choose to conduct its own survey once the results of the JC survey are finalized. CMS routinely conducts its own surveys for a subset of JC accredited institutions as a validation measure of the work of JC.

The timeline below summarizes actions already taken and our best estimates of the earliest possible timing of future surveys. *Note that for dates followed by a question mark these events could occur days or even weeks later than the date listed:*

July 8-17 – JC Triennial Survey

July 30 – Preliminary findings and report received

August 2 – UNCH requests expedited validation survey

August 9 – Submission of requests for report corrections and finding clarifications.

August 13 – Anticipated submission of plans for correction for each finding

August 13-14? – JC responds to requests for corrections and clarifications

August 14? – JC Accreditation Council meets to approve final report

August 14-15? – UNCH’s accreditation status as “preliminary denial” with summary of findings is publicly posted on JC’s Quality Check website

August 19 - 28 – Anytime during this period, JC will conduct the first survey of conditional level findings. If JC is able to accommodate the expedited (“back-to-back”) survey request, the validation survey will occur immediately following the condition level findings survey

August 28 – Last possible date for the conditional level findings survey

Mid to late September – Last possible dates for validation survey (60 days from issuance of final report), if back-to-back survey request was not accommodated by JC

Mid to late December – Last possible dates for survey to confirm ongoing compliance with corrections (four months from issuance of final report)