

Changes in The Joint Commission survey process, 2017

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The Joint Commission has been working on several improvement initiatives for its survey process. A series of these inter-related process improvement initiatives is referred to collectively as Project Refresh. The purpose of Project Refresh is to make the accreditation process more relevant, transparent, and clear for healthcare organizations.

REMOVING UNNEEDED STANDARDS OR ELEMENTS OF PERFORMANCE (EPs)

One of the Refresh Projects that will affect infection prevention and control (IPC) teams has focused on the standards and elements of performance (EPs). The purpose

was to identify and eliminate EPs that were no longer considered necessary to assess quality and safety because they had either become a routine part of operations or clinical practice or were duplicative of other EPs. Consequently, several EPs were

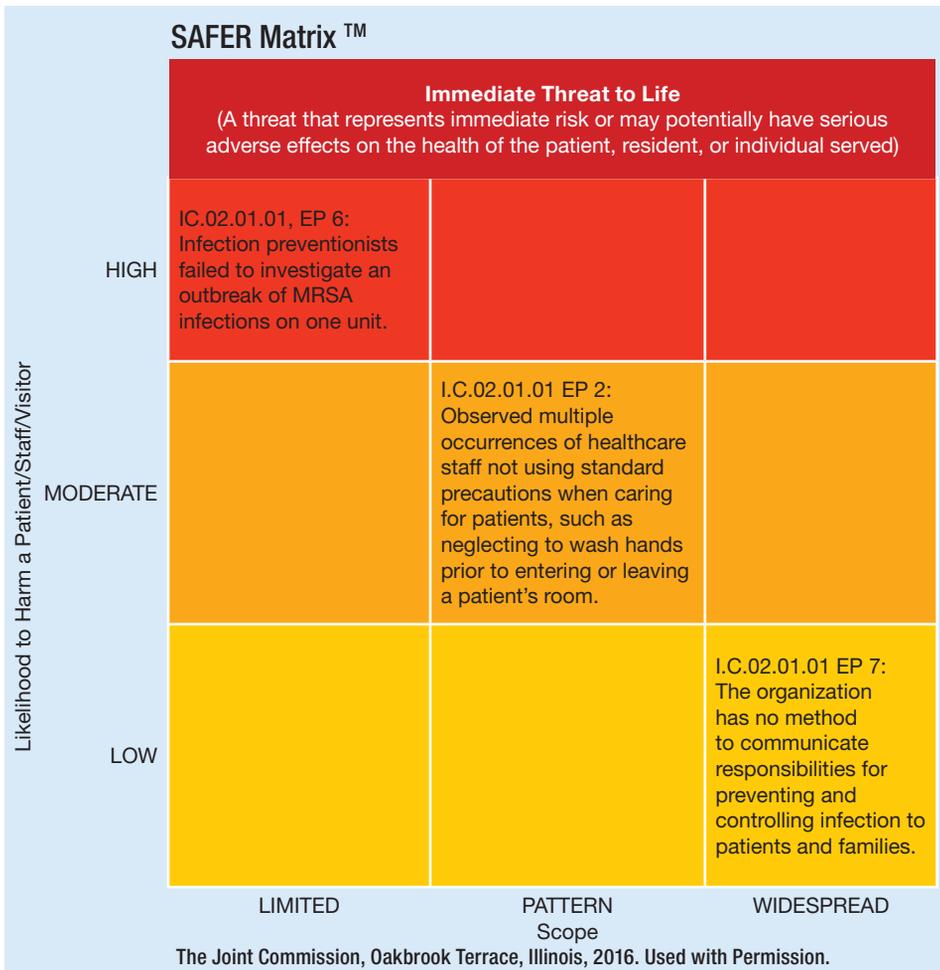
deleted from the infection control chapter. All infection prevention teams will want to review the new 2017 standards and EPs to be aware of these changes.

THE NEW SAFER METHODOLOGY FOR SCORING

A very important Project Refresh initiative, called Survey Analysis for Evaluation Risk™ (SAFER™), is an approach to transform the identification and communication of risk levels associated with deficiencies cited during surveys. The SAFER Matrix™ was developed to assist surveyors in assessing and categorizing risk issues and to provide additional risk information to help organizations prioritize and focus corrective actions. The SAFER Matrix™ is designed to establish a single comprehensive method of categorizing the findings of risk associated with standards and EPs in both written and visual form.

HOW WILL THE SAFER™ METHODOLOGY AFFECT INFECTION PREVENTION AND CONTROL?

IPC issues that are identified during survey will be placed in the SAFER Matrix™ according to their *likelihood of harm to the patient, visitors, or staff*, (e.g., low, moderate, or high) and the *scope of the issue* (e.g., whether it is a limited event, a pattern, or is widespread). The figure to the left provides an example of where different findings might be placed in the SAFER Matrix™. This example illustrates



placement of IC.02.01.01 findings as observed by surveyors during a particular survey. The Matrix will be one important tool in the survey process along with others to determine survey decisions. Organizations will receive a SAFER Matrix™ that includes all of their survey findings beginning in January.

DEFINITIONS FOR THE SAFER MATRIX™

Likelihood to Harm a Patient/Staff/Visitor

- **High:** Occurrence of harm is likely; that is, the finding could directly lead to harm without need for other significant circumstances or failures.
- **Moderate:** Occurrence of harm is possible; that is, the finding could cause harm directly but is more likely to cause harm as a contributing factor in the presence of special circumstances or additional failures.
- **Low:** Occurrence of harm is rare; that is, the finding undermines safety/quality or contributes to an unsafe environment.

Scope

- **Limited:** Unique occurrence that is not representative of routine/regular practice (considered an outlier) and has the potential to impact only one or a very limited number of patients, visitors, staff.
- **Pattern:** Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients, visitors, staff; the finding involves process variation.
- **Widespread:** Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most/all patients, visitors, staff.

The example observations in the figure on page 46 are not static in their placement and may be situational, based on other related contributing findings, such as lack of use of current evidence-based guidelines, lack of initial and/or ongoing competency and training, or high-level disinfection and/or sterilization process breaches — observations that may escalate potential contributors toward a higher risk on the SAFER Matrix™.

The intensity of follow-up actions for the IPC service will increase from the yellow to the red squares of the matrix.

As infection preventionists, it might be useful to think of the risk issues you encounter daily in your organization by applying the same criteria of *likelihood of harm and scope of the issue* as you develop your risk assessment, your IPC plan, and focused intervention strategies to improve care and patient safety and reduce infection risk for patients, visitors, and staff. 

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Resource

The Joint Commission. *The SAFER Matrix: A New Scoring Methodology* (April 2016). Available at: https://www.jointcommission.org/safer_matrix_new_scoring_methodology/.