CONSTANT READINESS:
RECOMMENDATIONS FOR JOINT COMMISSION STANDARDS

Elevate Your Program to the Next Level!

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THE JOINT COMMISSION

PAST, PRESENT, AND FUTURE OF THE JOINT COMMISSION

NATIONAL PATIENT SAFETY GOALS

JOINT COMMISSION STANDARDS

FOCUS ON USING STANDARDS TO TAKE VOLUNTEER PROGRAMS TO THE NEXT LEVEL OF EXCELLENCE!

PAST HISTORY OF THE JOINT COMMISSION

- Established in 1951
- Private, non-profit organization.
- Considered the Gold Standard of accreditation
- Accreditation qualifies organizations for important third-party payments that can make or break the financial bottom line.
- Seven of the Joint Commission’s programs are recognized and approved by the federal Centers for Medicare and Medicaid Services, meaning that certain health care organizations accredited by the Joint Commission meet Medicare and Medicaid certification requirements and may participate in and receive payment from these programs.

VOLUNTARY ACCREDITATION: Over 21,000 healthcare organizations pay to be surveyed to achieve accreditation.

PERSPECTIVE OF JOINT PARTNERSHIPS

Website: www.jointcommission.org

PRESENT: THE JOINT COMMISSION TODAY

MISSION: "The mission of the Joint Commission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value."

Source: www.jointcommission.org

VISION:
"All people always experience the safest quality, best-value health care across all settings."
CONSTANT READINESS:
RECOMMENDATIONS FOR JOINT COMMISSION STANDARDS

TJC FREQUENTLY ASKED QUESTIONS (FAQ):

How to use the Standards FAQs  Source: www.jointcommission.org

- "One of the most visited sections of The Joint Commission website is Standards FAQs."
- The FAQs can be found under the Standards tab.
- The questions are organized by accreditation/certification manual and by chapter to which they pertain.

To view all the FAQs for a particular manual:

1. Choose the manual from the drop down menu on the page and click the "Go" button or hit enter
2. You will then see a complete listing of FAQs for the manual selected.

To limit your search for standards FAQs by keyword:

1. Choose the manual from the drop down menu on the page and enter a word in the optional box, e.g. Credentialing
2. Click the "Go" button or hit Enter

If there are any FAQs with the keyword entered, they will be displayed in the results. If no FAQs are displayed you will see this message, "No results found for your selection"

Two other important items to help use the standards FAQs are:

1. If an FAQ is new or updated it will display at the top of the manual page for 30 days.
2. Each FAQ has status. You can view the status definitions by "mousing" over the "Status Definitions?" link on the top of standards FAQs page."

You can also enter the word "volunteer" in any of the standards' search boxes, to see if there are any new references to volunteer services. (There are none as of April, 2016.)

SURVEY INFORMATION


♦ System Tracers focus on high-risk system processes (medication management, infection control and use of data)

♦ S3: The Strategic Surveillance System
  o "Provides a series of risk assessment and comparative performance measure reports to help hospitals improve their care processes and helps hospitals prioritize the actions to take for improvement." Source: www.jointcommission.org
    ♦ Tool 1 – Performance Risk Assessment
    ♦ Tool 2 – Performance Measure Compare –ORYX® core measure data reports
Surveys can be conducted in a 18-39 month window of time.

**Scoring Changes (2008)**
- Only category A and C Elements of Performance will remain.
- **Category A** = yes or no (TJC requirement is present or absent.) 100% compliance is needed to meet the requirement.
- **Category B** (eliminated)
- **Category C** = multiple observations of non-compliance necessary for the Elements of Performance to be scored as Partial Compliance or Insufficient Compliance

**Three point Elements of Performance Scoring Scale:**
- Satisfactory Compliance
- Partial Compliance
- Insufficient Compliance

**Sample list of types of surveyors (may be more or less depending on type and size of facility and scope of services):**
- Administrator
- Physician
- Nurse
- Home Health
- Ambulatory
- Safety Code Specialist
- Generalist

**VOLUNTEER FOCUS AREAS:**
- Information Desk
- Patient Transportation (Admitting, etc.)
- Nursing Services and sleeping floors
- Gift Shop (safety review not Human Resources review)
- Surgery Waiting
- Pet Therapy
- Spiritual Care/Chaplaincy

**According to TJC, the hospital is responsible for:**

**Planning:**
- Defining the qualifications, competencies, and staffing necessary to provide for the organization's care, treatment, and services.

**Providing competent staff:**
- Through traditional employer-employee arrangements or through contractual arrangements with other entities or persons.
Orienting, training, and educating staff:
- Ongoing in-service and other education and training to increase staff knowledge of specific work-related issues

Assessing, maintaining, and improving staff competence:
- Ongoing, periodic competence assessment to evaluate staff members' continuing abilities to perform throughout their association with the organization.

PATIENT CARE CATEGORY:
- Volunteer services administrators must determine which volunteer duties are in the "patient care" category.
- There must be standards and documented compliance of volunteers who perform the identified duties and tasks covered under the Provision of Care, Treatment, and Services (PC) Chapter.
- Four questions regarding core processes or elements can be used to determine which volunteers fall into the "patient care" category:
  1. Does this volunteer assess patient needs in any way?
  2. Does this volunteer plan patient care, treatment and services in any way?
  3. Does this volunteer provide any care, treatment and services that the patient needs?
  4. Does this volunteer coordinate patient care, treatment and services in any way?

FUTURE PREDICTIONS FOR VOLUNTEER SERVICES
- Fewer Standards and Elements of Performance will explicitly include the word "volunteers."
- More Standards and Elements of Performance will explicitly use the word "staff" which includes volunteers who provide patient care and services.
- More focus will be on reviewing documentation that training and compliance is maintained and documented by Volunteer Administration.
- More questions will be asked by surveyors of volunteers and volunteer services administrators than ever before.

FOCUS AREAS FOR 2015 STANDARDS
- TJC Patient Safety Center’s website, [www.jcipatientsafety.org](http://www.jcipatientsafety.org)
- Any area where volunteers have direct contact with patients especially patient sleeping floors
Since 2007, the infection control standard requires hospitals to offer influenza vaccinations to staff, which includes volunteers, and licensed independent practitioners with close patient contact.

In 2007, the orientation standard required that the organization determine what elements of orientation needed to occur before staff provided care, treatment and services and what elements could take place while staff was providing care, treatment and services.

2016 NATIONAL PATIENT SAFETY GOALS:

- The National Patient Safety Goals focus: Reducing the risk of health care associated infections (through proper hand-washing) and improving patient identification accuracy
- Many of these areas have applicability to volunteers. More information is available through www.jointcommission.org and the Centers for Disease Control at www.cdc.gov.

Life Safety Chapter:

- Includes the National Fire Protection Association Life Safety Code® 101
  - Danger to Life from Fire.
  - The Code addresses those construction, protection, and occupancy features necessary to minimize danger to life from fire, including smoke, fumes, or panic.

Leadership Chapter:

- Volunteers who are asked questions by a surveyor should ask to see their identification. Surveyors will have Joint Commission badges.
- Organizational leadership requirements can apply to volunteer managers. Use this section as a guide to align volunteer management processes with TJC requirements.

Infection Control and Prevention (IC.02.04.01)

- Vaccination against influenza offered to staff (providing care, treatment, or service on-site) with focus on improving vaccination rates working towards the 2020 goal of 90% according to CDC performance measures
- Annually evaluate reasons for volunteers declining the influenza vaccination

Sample Joint Commission Survey Questions

- What is the name of your hospital administrator?
- What is the mission of the hospital?
- Do you feel safe volunteering?
- What would you do if a violent person threatened you while volunteering?
- What would you do if you discovered a fire here in your service department?
- What would you do if you heard a code for a fire in the building (but not in your area)?
- What are you expected to do if there is a community disaster?
- What would you do in the event of suspected child abduction?
- What would you do if you thought that a hospital employee was doing something illegal?
Questions: Volunteer Administrator or Volunteer:
- Are your over-the-counter medicines (OTC) sold in your Gift Shop within their freshness dates?
- Are OTC medicines like Tylenol or Advil sold directly to inpatients from the Gift Shop?
- Volunteer Administrator or Volunteer: Are your Gift Shop shelves made out of safety glass?
- Volunteer Administrator or Volunteer: Are your shelves stocked no higher than eighteen inches from the ceiling for fire safety?
- Volunteer Administrator or Volunteer: Do you use flammable holiday decorations in your Gift Shop?
- Volunteer Administrator or Volunteer: How is your helium tank secured for safety in the shop?

Questions for Volunteer Administrator:
- What is the responsibility that Nursing has to train and supervise volunteers?
- Do you have a policy that states this?
- How are volunteers' work performances evaluated?
- Who supervises the volunteers?
- Do you conduct background checks on your direct patient care volunteers?
- How do you screen students?
- What type of medical screening do you require? (TB, drug screens, etc.)
- Where do you maintain your volunteer files?
- Where do you maintain your volunteer medical information (such as annual TB test results)?
- How do you document your orientation training (or annual training)?
## TERMINOLOGY AND ACRONYMS

Source: Hospital Accreditation Standards (HAS) and www.jointcommission.org

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>APR</td>
<td>Accreditation Participation Requirement</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control and Prevention (Atlanta, Georgia)</td>
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<tr>
<td>CSGs</td>
<td>Clinical/Service Groups</td>
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<tr>
<td>e-App</td>
<td>Electronic Application for Accreditation</td>
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<td>EP</td>
<td>Elements of Performance</td>
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<td>ESC</td>
<td>Evidence for Standards Compliance (report)</td>
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<td>FMEA</td>
<td>Failure Mode and Effects Analysis</td>
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<td>H.A.I.</td>
<td>Health Care Associated Infection</td>
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<td>MDRO</td>
<td>Multiple Drug Resistant Organism</td>
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<td>MOS</td>
<td>Measure of Success</td>
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<td>NPSGs</td>
<td>National Patient Safety Goals</td>
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<td>PDA</td>
<td>Preliminary Denial of Accreditation</td>
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<td>PFA</td>
<td>Priority Focus Area</td>
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<td>PFP Output</td>
<td>Priority Focus Process (PFP) Output automated tool that integrates data to identify clinical/service groups and Priority Focus Areas (PFAs)</td>
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<td>PI</td>
<td>Performance Improvement</td>
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<td>POA</td>
<td>Plans of Action</td>
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<tr>
<td>PPR</td>
<td>Periodic Performance Review: compliance assessment at midpoint of accreditation cycle</td>
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<tr>
<td>PRA</td>
<td>Performance Risk Assessment: Strategic Surveillance System (S3 system) tool</td>
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<td>QM</td>
<td>Quality Management</td>
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<tr>
<td>RFI</td>
<td>Requirement for Improvement</td>
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<tr>
<td>S3</td>
<td>Strategic Surveillance System</td>
</tr>
<tr>
<td>S3-PRA</td>
<td>Management tool for systems improvement through strategic objectives</td>
</tr>
<tr>
<td>Sentinel Event</td>
<td>Any unexpected event occurrences involving death or serious physical or psychological injury or risk thereof. The most frequently reported events include patient suicide, operative/post-operative complications, wrong site surgery, medication error, and delays in treatment.</td>
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<tr>
<td>SIG</td>
<td>Joint Commission Standards Interpretation Group</td>
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<td>SII</td>
<td>Standards Improvement Initiative</td>
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<td>SVNP</td>
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<td>WHO</td>
<td>World Health Organization</td>
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2016 National Patient Safety Goals (NPSG)

How can volunteers help their healthcare institution meet patient safety goals jointly accepted by the Joint Commission, the Center for Disease Control and/or the World Health Organization?

♦ Suggestions for applicability for volunteers/volunteer programs are in italicized text.

♦ Recommendation: Consult with your Risk Management director and other staff responsible for Joint Commission standards review for interpretation of how volunteers can be involved in helping the hospital achieve these goals.

NATIONAL PATIENT SAFETY GOALS
(Easy to understand language)

GOAL 1 (NPSG 01.01.01): Identify patients correctly (2 identifiers)

Applicability to Volunteer Services:
Volunteers providing any direct care or service (such as patient transportation) must use two patient identifiers that are consistent with identifiers used by paid staff such as Name and Date of Birth. The patient’s room number or physical location may not be used as identifiers.

GOAL 1 (NPSG 01.03.01): Identify patients correctly
Make sure that the correct patient gets the correct blood when they get a blood transfusion

Applicability to Volunteer Services:
No applicability to volunteers. This is a healthcare staff function.

GOAL 2 (NPSG 02.03.01): Improve staff communication
Get important test results to the right staff person on time

Applicability to Volunteer Services:
Recording test results is a staff function. This goal addresses effective handing off of information between staff.

This concept would apply to volunteers sharing information with staff or volunteers who need to know that information before they leave the department or as is appropriate according to the situation.

GOAL 3 (NPSG 03.04.01, NPSG 01.03.01, NPSG 01.03.01): Use medicines safely

Applicability to Volunteer Services:
Volunteers do not ever administer medications to patients as this is strictly a staff function.
GOAL 6 (NPSG 06.01.01): Use alarms safely (heard and responded to on time)

Applicability to Volunteer Services:
Volunteers report IV and other equipment alarms immediately to staff.

GOAL 7 (NPSG.07.01.01): Prevent infection (hand cleaning)

Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

World Health Organization Hand Hygiene Guidelines
Hand hygiene can also be found on the Center for Disease Control and Prevention website:
http://www.cdc.gov/handhygiene/

1. Indications for hand washing and hand antisepsis

A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water (IA) (66).
B. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items 1C-J (IA) (74,93,166,169,283,294,312,398). Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described in items 1C-J (IB) (69-71,74).
C. Decontaminate hands before having direct contact with patients (IB) (68,400).

2. Hand-hygiene technique

A. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry (IB) (288,410). Follow the manufacturer’s recommendations regarding the volume of product to use.
B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet (IB) (90-92,94,411). Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis (IB) (254,255).
C. Liquid, bar, leaflet or powdered forms of plain soap are acceptable when washing hands with a non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used (II) (412-415).
D. Multiple-use cloth towels of the hanging or roll type are not recommended for use in health-care settings (II) (137,300).

Fingernails
QUESTION: “The CDC guidelines say that health care personnel should not wear artificial nails and should keep natural nails less than one quarter inch long if they care for patients at high risk of acquiring infections (e.g. patients in intensive care units or in transplant units). The WHO guidelines prohibit artificial nails and extenders for all healthcare workers. Will Joint Commission actually be requiring this?”

ANSWER: “Each organization must follow the IA, IB and IC recommendations from the guideline it chooses (CDC or WHO). Therefore, if WHO is chosen, no direct care providers should have artificial nails or extenders. If CDC is chosen, providers in high-risk areas must not wear artificial nails. Please note that many organizations following CDC guidelines have chosen to expand the ban on artificial nails to all care providers in the interest of safety. Regarding the length of natural nails, each organization may choose its own approach since the level of recommendation in both the CDC and WHO guidelines is "II", thereby making compliance optional.”

Elements of Performance for NPSG.07.03.01
6. January 1, 2010: Based on the results of the risk assessment, the hospital educates staff and licensed independent practitioners about health care associated infections, multi-drug resistant organisms, and prevention strategies at hire and annually thereafter.

Note: The education provided recognizes the diverse roles of staff and licensed independent practitioners and is consistent with their roles within the hospital. (See also HR.01.05.03, EP 4)

Applicability to Volunteer Services:
- Volunteers must be trained about and utilize Center for Disease Control or World Health Organization-approved hand hygiene techniques to help reduce health care associated infections.
- As of 2010, training about health care associated infections, multi-drug resistant organisms, and prevention strategies is provided during initial orientation and annually thereafter.

GOAL 7 (NPSG.07.06.01) Pre-Publication 01-01-2017: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

Applicability to Volunteer Services:
No applicability to volunteers. This is a healthcare staff function.

GOAL 15 (NPSG.15.01.01): Identify patient safety risks

Find out which patients are most likely to try to commit suicide

Applicability to Volunteer Services:
Volunteers who observe high-risk behaviors or who hear a patient make any references to suicide must immediately report their observations to appropriate staff.

Universal Protocol (UP.01.01.01): Prevent mistakes in surgery

Applicability to Volunteer Services:
No applicability to volunteers. This is a healthcare staff function.
ELEMENTS OF PERFORMANCE

- The Joint Commission specifies the elements of performance they expect to be in compliance under each standard.

FOCUS ON VOLUNTEERS

- Special attention to volunteers "providing care, treatment and services" (who work in the same capacity as staff and provide care, treatment and services)
- Direct contact and access to patients
- Screening, qualification, and education of these volunteers = level of attention that is given to employed staff to insure the safety, security, and the highest quality of care for patients.
- BEST PRACTICES: Train all volunteers thoroughly before they start. By providing comprehensive training, volunteers can be cross-trained for new areas.
- MINIMUM: Volunteers who do have patient access must be educated regarding all elements of performance related to "staff" before beginning their volunteer service.

DISCLAIMER AND RECOMMENDED RESOURCES

- Following these recommendations will help achieve compliance, but are not an assurance that a Joint Commission survey will be passed.
- All volunteer programs and policies should be reviewed by the institution's Joint Commission compliance staff member, Human Resources, and Legal Affairs for ongoing compliance and process improvement.
Environment of Care (EC)

- EC.01.01.01 (Minimize Risks)
- EC.02.01.01 (Manage Safety and Security Risks including ID badges)

Use of Paper Patient during Emergency Exercises
TJC FAQ Updated November 24, 2008
Source: www.jointcommission.org

Question: “What are the requirements for ID badges?”

Answer: “The Joint Commission standard EC.02.01.01 requires that the organization identifies individuals entering its facilities. The organization is expected to determine who requires identification and how the process is implemented. If the policy requires all staff and independent practitioners to wear ID badges, then all staff (including Physicians) would need to comply. Photo IDs, name on badges (first, last, both, one or the other, etc.) may be necessary as some states have specific standards. There is no specific Joint Commission requirement for photo identification, nor is there required badge information. Check with the local or state Authority Having Jurisdiction for additional guidance. [EC.02.01.01]” Source: 2016 FAQs at www.thejointcommission.org

- EC.02.01.03 (Smoking)
- EC.02.02.01 (Hazardous Materials and Wastes)
- EC.02.03.01 (Fire Risks)
- EC.02.03.03 (Fire Drills)
- EC.02.06.01 (Safe, Functional Environment)
- EC.03.01.01 (Staff Environment of Care Roles and Responsibilities)

Emergency Management (EM)

- EM.01.01.01 (Emergency Planning)
- EM.02.01.01 (Emergency Operations Plan)
- EM.02.02.01 (Emergency Communications)
- EM.02.02.05 (Emergency Security and Safety)
- EM.02.02.07 (Management of Staff)
- EM.02.02.13 (Volunteer Licensed Independent Practitioners)

Use of Paper Patient during Emergency Exercises
TJC FAQ Updated November 24, 2008 Source: www.jointcommission.org

Question: “Can paper patients be used in lieu of mock patients during an external disaster exercise?”

Answer: “Organizations are finding it increasingly difficult to conduct disaster exercises with mock victims, sometimes because of a shortage of volunteers. Because volunteer victims have been injured during the course of an exercise, liability concerns have increased. Many of the youth groups that were consistently involved in exercises are now declining to participate. In response to the issues, the Joint Commission has allowed paper patients to replace live victims. Paper
Management of Human Resources (HR)

- Standard HR.01.02.05 (Verifying Staff Qualifications including Criminal Background Check and Health Screening)
- HR.01.02.07 (Staff Functioning)
- HR.01.04.01 (Orientation)
- HR.01.05.03 (Ongoing Training and Education)
- HR.01.06.01. (Staff Competence)
- HR.01.07.01. (Staff Performance)

Human Resource Standards Applicability to Contracted and Volunteer Personnel

TJC FAQ Updated Revised May 10, 2011

Question: "Do the standards in the human resource chapter apply to contracted and volunteer personnel? If yes, how is compliance with the standards surveyed?"

Answer: (Updated 2016) Yes. The standards in the human resource chapter apply to contract and volunteer staff providing patient care, treatment or services in the organization.

Contracted Staff: Organizations must manage contracted staff just as they must manage staff who are employees. The contract should specify that the contracted organization will provide only staff who are qualified in relation to their education, training, licensure, and competence as defined by the organization.

Volunteers: When volunteers perform patient care or services the organizations must manage volunteer staff just as they must manage staff who are employees.

Verification of Contract/Volunteer Information (when applicable):

- Education and training that is consistent with state law and regulation and organization policy.
- Evidence of license, certification, or registration.
- Evidence that individual’s knowledge and experience and competence are appropriate for his or her assigned responsibilities.

Requirements for Human Resources Management Standards

Updated | February 24, 2015

Source: TJC Website www.jointcommission.org FAQ: under Human Resources Management

Question: Do the Human Resources Management standards apply to Contract and Volunteer Personnel?

"The HRM standards are applicable to all individuals who directly or indirectly provide care, treatment, or services for the organization, including those receiving pay (e.g., permanent, temporary, and part-time personnel, as well as contract employees), volunteers, and students such as interns. Licensed independent practitioners working as employed or by contract are considered staff. The definition of staff can be found in the glossary of the BHC accreditation manual.

Contract or Volunteer Staff Information: The organization should have verified information, (where relevant) of their:
1. Education and training that is consistent with applicable legal and regulatory requirements and organization policy;
2. Evidence of license, certification, or registration, when applicable; and
3. Evidence that individual’s knowledge and experience and competence are appropriate for his or her assigned responsibilities as required by the contracting organization.
4. Orientation to the contracting organization
5. Evaluations of performance
6. Health status as required by job responsibilities, as defined by the organization, and as required by law and regulation.
7. Criminal background check or pre-employment verification of convictions for abuse or neglect, when required by law and regulation
8. References, when applicable

Evidence of verification may include:

- appropriate information for each contracted person maintained by the contracting organization
- copies of appropriate information for each contracted person obtained from the contracted organization/individual
- the results of an audit of appropriate information for contracted individuals conducted by the contractor. The organization determines whether to include a percentage or all contracted individuals in the audit.
- the results of an audit of personnel, health, and education records of contracted individuals conducted by the contracted organization. In this case the organization defines the specific information to be included in the audit and whether the audit is to include a percentage or all contracted individuals. Note: The audit must include an attestation as to the accuracy of the information. A simple attestation letter indicating that the information is current and on file at the organization site, without the audit is not sufficient.

The actual services provided by any contracted organization or individual must meet the intent of all applicable standards in all chapters in the manual that are surveyed for compliance.

Answer Revised May 10, 2011: "The standards in the human resource chapter apply to direct, contract, and volunteer personnel providing patient care and/or services on behalf of an organization, regardless of whether the contracted organization is accredited.

Patient care personnel can include, but are not limited to:

- nursing, therapy, dietary, pharmacy, activities staff, drug and alcohol counselors such as AA counselors, and nursing assistants/aides

Patient services personnel can include but are not limited to:

- homemakers, companions, sitters, chore workers, drivers, home medical equipment delivery and repair technicians, volunteers transporting patients

Non-patient care or service personnel that would not be included are, for example:

- volunteers who deliver the mail or flowers, staff the information desk, gift shop or library services, perform patient errands (e.g. writing and mailing letters or obtaining magazines and toiletries from the gift shop), conduct marketing or fund raising activities
**Contracted Personnel:** Organizations must manage contracted services and personnel just as they must manage services and personnel who are provided by direct employees. They can either define in the contract or in policy criteria for performance of the contracted service; or, review and adopt the contract organization’s policies and practices.

The human resource standards are applicable to any contracted service which provides any element of care or service which is eligible for survey with the following exception:

**Home Care:** The human resource standards do not apply to delivery of home medical equipment and pharmaceutical products via a contracted common carrier, i.e., UPS, FedEx, or similar, US Postal Service, local courier companies, etc., where there is no education and setup involved. The standards do apply when provided by a direct employee.

The contract should specify that the contracted organization will provide only staff who are qualified in relation to their education, training, licensure, and competence as defined by the organization.

### Requirements for Criminal Background Checks

**Updated | July 21, 2015**

**Source:** TJC Website [www.jointcommission.org FAQ: under Human Resources Management](http://www.jointcommission.org)

**What is the Joint Commission requirement for criminal background checks and for which type of individual must it be performed?**

Staff, students and volunteers who work in the same capacity as staff who provide care, treatment, and services, would be expected to have criminal background checks verified when required by law and regulation and organization policy. This means that if state law, regulation or organization policy requires background checks on all employees, volunteers and students, Joint Commission expects them to be done on all three categories.

If state law requires background checks on only specified types of health care providers (e.g. nursing assistants/child care workers), then Joint Commission would require background checks on only those specified in state law (unless organization policy goes beyond state law).

If state law requires background checks on all "employees", the organization should seek an opinion from the state on what categories of health care workers are considered "employees". If the state clearly does not consider volunteers or students to be employees, then Joint Commission would not require background checks on them (unless organization policy goes beyond state law and requires it).

If state law is ambiguous as to the definition of employee, the organization can define the scope of background checks to fit its own definition. As such, they may include or exclude students and volunteers, and Joint Commission would survey to hospital policy.

In the absence of a state law on criminal background checks, each organization can develop its own expectations, e.g., and organization elects to screen employees and not students/volunteers. Joint Commission would evaluate compliance with the organization’s internal policy only. There would be no Joint Commission expectation that an organization check categories of providers beyond what is required in their own policy, which must comply with law and regulation. All criminal background checks must be documented by the organization.
CONSTANT READINESS:
RECOMMENDATIONS FOR JOINT COMMISSION STANDARDS

Infection Control and Prevention (IC)
- IC.01.03.01 (Infection Risks)
- IC.01.04.01 (Hand Hygiene, Standard Precautions, Protective Equipment, Policies)
- IC.01.05.01 (Infection Prevention and Control Plan)
- IC.01.06.01 (Influx of Potentially Infectious Patients)
- IC.02.01.01 (Infection Prevention and Control Plan)
- IC.02.02.01 (Medical Equipment, Devices, and Supplies)
- IC.02.03.01 (Transmission of Infectious Diseases)
- IC.02.04.01 (Influenza Vaccinations) Effective July 1, 2012

Information Management (IM)
- IM.01.01.01 (Managing Information)
- IM.01.01.03 (Continuity of Information Processes)
- IM.02.01.01 (Privacy of Health Information)
- IM.02.01.03 (Security and Integrity of Health Information)

Leadership (LD)
- LD.01.07.01 (Staff Training)
- LD.02.02.01 (Conflict of Interest Among Leadership)
- LD.02.03.01 (Leadership Communication)
- LD.02.04.01 (Conflict Management)
- LD.03.01.01 (Culture of Safety and Quality)
- LD.03.02.01 (Use of Data and Information)
- LD.03.03.01 (Planning)
- LD.03.05.01 (Change Management)
- LD.03.06.01 (Staffing and Competencies)
- LD.04.01.01 (Laws and Regulations)
- LD.04.01.03 (Annual Operating Budget)
- LD.04.01.05 (Program/Department Management)
- LD.04.01.07 (Policies and Procedures)
- LD.04.01.11 (Space and Equipment)
- LD.04.02.01 (Conflict of Interest)
- LD.04.02.03 (Ethical Business Practices)
- LD.04.04.01 (Performance Improvement)
- LD.04.04.03 (Well-Designed Services)
- LD.04.04.05 (Safety Program)

Life Safety (LS)
- LS.01.01.01 (Life Safety Code)
- LS.01.02.01 (Building Construction)
- LS.02.01.30 (Fire Protection including Gift Shops)
- LS.02.01.35 (Systems for Extinguishing Fires)
- LS.02.01.70 (Fire and Smoke Prevention Requirements)
CONSTANT READINESS:
RECOMMENDATIONS FOR JOINT COMMISSION STANDARDS

Medication Management (MM)
- MM.01.01.01 (Medication Management Processes)

Medical Staff (MS)
- No direct applications to Volunteer Services

Nursing (NR)
- Quality practice recommendations, but no direct standards applied to Volunteer Services

Provision of Care (PC)
- PC.01.02.09 (Patient Protection and Prevention of Abuse and Neglect)
- PC.02.02.13 (End-of-Life Care)

Performance Improvement (PI)
- PI.01.01.01. (Performance Improvement Data Collection)
- PI.03.01.01. (Performance Improvement)

Record of Care, Treatment, and Services (RC)
- RC.01.02.01. (Medical Records)

Rights and Responsibilities of the Individual (RI)
- RI.01.01.01 (Patient Rights)
- RI.01.03.03 (Patient Rights regarding Recordings, Films, and Images)
- RI.01.05.01 (End of Life Decisions)
- RI.01.06.03 (Freedom from Neglect, Exploitation, and Abuse)

Transplant Safety (TS)
- TS.01.01.01 (Transplant Policies)

Waived Testing (WT)
- No direct applications to Volunteer Services
DOCUMENTATION AND EDUCATION

- Follow your organization's established policies and procedures for documenting work competence, work performance evaluations, training, appropriate health and background screenings, and ongoing performance/risk management improvement.

- Training and evaluating volunteers on an ongoing basis is a best practice recommendation.

- Documentation of those efforts is a Joint Commission requirement.

EXCELLENT RESOURCES

- The Joint Commission on the Accreditation of Healthcare Organizations, One Renaissance Boulevard, Oakbrook Terrace, Illinois, 60181. Main telephone number: 630-792-5000

- Customer service telephone number: 630-792-5800.

- The Joint Commission Web Site: www.JointCommission.org

- Current Year: Hospital Accreditation Standards (HAS). Oakbrook Terrace: Joint Commission Resources, Inc.

- Publisher contact information: Joint Commission Resources, One Renaissance Boulevard, Oakbrook Terrace, Illinois, 60181. Customer service: 877-223-6866.

- Many hospitals now use the online version which can be accessed through each staff member's personal computer.
  - Versions will be available for phones as well.
The Joint Commission recognizes the importance and impact that volunteers can have on health care safety, quality, and service excellence. **Constant Readiness** offers recommendations for volunteer administrators to use as a foundation for standards compliance that impacts volunteer services. Equipped with over 200 pages of insightful information and professional development resources, volunteer administrators gain a must-have reference tool and assistance in achieving a level of constant readiness.

Have you been wondering…?

♦ What did the Joint Commission change about expectations for transportation volunteers?
♦ Which volunteers need background checks, competency assessments, and/or evaluations?
♦ What are Second Generation Tracers and Levels of Criticality?
♦ How can you stay informed about the latest TJC updates impacting Volunteer Services?

Get these answers and more when you explore the past, present, and future standards discussed in **Constant Readiness, 2nd Edition**. Mary McCormack reviews the current standards for applicability to volunteer services administration and offers practical options for understanding and complying with Joint Commission expectations. Volunteer administrators and volunteer leaders will gain a must-have tool and assistance in achieving a level of constant readiness.

**Constant Readiness: Recommended Practices for Joint Commission Standards 2nd Edition provides:**

♦ 321 quality practice and process improvement recommendations
♦ 261 pages of insightful information
♦ 75 Joint Commission standards reviewed for applicability to volunteer services administration
♦ 69 professional development resources, publications, lists, and helpful websites
♦ 54 quotes to use in motivating and training volunteers about safety, excellence and risk management
♦ 40-page Constant Readiness Process Improvement Assessment Tool that includes:
  ♦ 70 mock-survey sample questions to help prepare volunteers and/or auxiliaries
  ♦ 123 pre-survey sample questions for volunteer services administrators and volunteer leaders
  ♦ 25 easy-to-navigate chapters and a detailed Table of Contents
♦ 16 pages provided for you to track your Constant Readiness Review Notes and Action Steps

**ORDERING INFORMATION**

♦ Association of Healthcare Volunteer Resources Professionals
♦ 312-422-3936
♦ www.todaysvolunteer.org
♦ Education/Publications, Catalog # 200821
JOINT COMMISSION REVIEW NOTES

| Jot down areas to be reviewed within 48 hours of returning to the office. Even if you make some preliminary notes and set timelines for review, this will get you started in keeping your program in a state of constant readiness! Quality, safety, and performance improvement are priorities! |

If you have a specific concern/or question or wish to share a success story, you may contact Mary directly at mary@keyspeaker.com |