



Ambulatory Management

Joint Commission Preparation Webinar Series
Human Resources: July 23, 2020





Zoom Best Practices



- Join the meeting via Zoom first
 - Use of computer audio is highly encouraged
 - If using the phone to connect audio, prompt the meeting to call you
 - Use your webcam (if possible)
- Please remain muted unless invited to speak
- Please send in questions via the Chat
- **This session will be recorded and the recording distributed**



Purpose & Learning Objectives



- **Purpose:** Ensure ambulatory practices are prepared for the upcoming Joint Commission Survey by having structures and processes in place to meet accreditation standards. Participation in the webinar series will familiarize practices with the survey process.
- At the conclusion of today's activity participants will be able to:
 - Discuss requirements for all HR files per Joint Commission regulation
 - Review how to ensure documentation is complete
 - Describe the process if a surveyor requests a file

Contact hours will be available for individuals who participate in the entire session and claim credit through the on-line evaluation form.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.



Human Resources Joint Commission Standards

Nicole Diarbakerly

Operations Manger, Human Resources





Topics



- HR Standards Overview
- Closer look at 4 standards
- What happens during a survey
 - HR Excellence Every Day Team
 - Department File
 - Human Resources File
 - Competency Assessment Session



- Surveyors cite all validated observations of non-compliance as an RFI

		<i>Immediate Threat to Life</i>		
Likelihood to Harm a Patient/Staff/Visitor	HIGH			
	MODERATE			
	LOW			
		LIMITED	PATTERN	WIDESPREAD
		Scope		



HR Standards Overview



- The hospital has the necessary staff to support the care, treatment, and services it provides.
- The hospital defines staff qualifications.
- The hospital verifies staff qualifications.
- The hospital determines how staff functions within the organization.
- The hospital provides orientation to staff.
- Staff participate in ongoing education and training.
- Staff are competent to perform their responsibilities.
- The hospital evaluates staff performance.



1: Licensure



- The hospital verifies staff qualifications
 - When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed.
- Together we ensure compliance
 - HR verifies at time of hire and renewal. HR will reach out to you if someone is non-compliant.
 - You will ensure the person is not working until in compliance.



2: Scope of Practice



- The hospital determines how staff functions within the organization.
 - Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation.
- Together we ensure compliance
 - HR will provide assistance to departments when reviewing and/or updating job descriptions. Click [here](#) for more info.
 - You will review job descriptions of staff to be sure tasks assigned match what is within the legal or regulatory scope of their credentials. Please also continue to observe actual day to day practice in your area to be sure staff are working within the scope of their credentials.



3: Competency Assessment



- Staff are competent to perform their responsibilities.
 - This standards reviews how we determine competencies, how they are initially assessed and then how they are assessed and documented ongoing. We also need to have a method to address competency issues.
- Together we ensure compliance
 - HR will provide training through the [Leadership Academy](#) and provide sample tools on [Ask myHR](#). HR is available to advise managers one-on-one.
 - You will formalize and document a departmental orientation process that indicates staff are competent to do their job at the conclusion of the orientation. You, or another person competent in the competency being addressed, will assess staff competence during performance evaluation and at other intervals as needed.



4: Performance Evaluations



- The hospital evaluates staff performance.
 - The hospital evaluates staff based on performance expectations that reflect their job responsibilities.
- Together we ensure compliance
 - HR will provide you with tools to document and can provide additional support regarding how to use the tools and provide feedback. [Leadership Academy](#) also offers training.
 - You will complete performance evaluations and have a process to handle unsatisfactory performance.



HR Excellence Every Day Team



- Stacey Almeida
- Michele Andrews
- Elizabeth Behrmann
- Megan Bradley
- Nicole Diarbakerly
- Alisa Gaughen
- Susan Horan
- Mike Irgens
- Mary Anne MacKenzie
- Jennifer Prendergast
- Allison Robinson
- Elizabeth Ruzzo
- Bonnie Welch
- Alicia Woo





Competency Assessment Session



- Timing: Towards the end of the survey
- Participants: Hospital leaders, nursing leaders, selected department heads, volunteer services manager, Police & Security, HR staff and managers of files requested.
- Objectives: The surveyor will learn about our competency assessment process and learn about our orientation, education and training processes. The surveyor will look for evidence that we meet the standards within our employee files and from conversations with staff throughout the visit.



File Requests



- You will hear from a member of the HR EED team that you have a file selected via the MGH HR File Request mailbox.
- You will be given an audit sheet to use to review your departmental file.
- You will be given details regarding the competency assessment session.
- You will be communicated with if we cannot find documentation in the HR file.
- We will work on this together!



Department File



MGH Manager Employee File Review Worksheet – Joint Commission Review

This internal document was created to help you collect departmental information for this employee highlighting evidence the Joint Commission surveyors will likely ask us for. The HR Excellence Every Day team is available to assist you in any way. HR will also collect information from the HR file* and will work with you in reviewing for evidence of the items below. You may be asked to produce additional documentation.

Employee Name		Employee ID Number	
Job Code and Title			
Manager		Date of Hire	

Item / Comment	This can look like... ("()" indicates the preferred item)	This can look like...			Notes
		Yes	No	N/A	
VERIFICATION OF HOSPITAL-REQUIRED CERTIFICATION/REGISTRATION Evidence manager verified upon hire and before expired if applicable (i.e. BLS etc).	<ul style="list-style-type: none"> Hard copy of cert/registration* 				
INITIAL COMPETENCY ASSESSMENT Should show evidence of any population specific competency training.	<ul style="list-style-type: none"> Department document assessing initial competency (most often a check list) * 				
ONGOING COMPETENCY ASSESSMENT Assessments for the past 3 years (or since the last Joint Commission survey) with evidence of any population specific competency training.	<ul style="list-style-type: none"> Department-specific competency assessment document * Competency assessment section of performance evaluation 				
DEPARTMENTAL ORIENTATION Typically in department file	<ul style="list-style-type: none"> Department-specific checklist * 				
ONGOING TRAINING Evidence of training required by the department or hospital (fire safety, privacy & confidentiality etc.) Training documentation during the training period, the most recent performance appraisal year, and for the past 3 years (or since the last Joint Commission survey) should be identified.	<ul style="list-style-type: none"> Required training section of older or customized performance evaluation document Hard copy certificate of completion 				You should collect any documentation of ongoing training not documented in either PeopleSoft or HealthStream.

*HR file contents: job description, education, work history, resume/application, initial PSV, current PSV, performance evaluations (past 3 years), hospital orientation, ongoing training, CORI results, Occupational Health summary



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HR TEST - Z Audit Documents - Search Results: 17 Document(s)

Query

Find

HR Employee File - All Docum

HR Employee File - Corrections

HR Employee File - Missing Err

HR TEST - Compensation Bene

HR TEST - Information Reques

HR TEST - Z Audit Documents

I-9 By Company

Legal Hold Search

test

HR TEST - Z Audit Documents

Icon	Document Type	Document Name	Document Date
	Z_Certification/Registration	Z_Certification/Registration - 10/2/2017 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2017
	Z_Compentency Assessment - Initial	Z_Compentency Assessment - Initial - 10/2/2014 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2014
	Z_Compentency Assessment - Ongoing	Z_Compentency Assessment - Ongoing - 10/2/2015 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2015
	Z_Departmental Orientation	Z_Departmental Orientation - 10/2/2014 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2014
	Z_Education	Z_Education - 10/2/2014 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2014
	Z_Hospital Orientation	Z_Hospital Orientation - 10/2/2014 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2014
	Z_Job Description	Z_Job Description - 10/2/2015 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2015
	Z_Ongoing Training	Z_Ongoing Training - 10/2/2017 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2017
	Z_Ongoing Training	Z_Ongoing Training - 10/2/2016 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2016
	Z_Ongoing Training	Z_Ongoing Training - 10/2/2015 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2015
	Z_Performance Appraisal	Z_Performance Appraisal - 10/2/2017 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2017
	Z_Performance Appraisal	Z_Performance Appraisal - 10/2/2016 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2016
	Z_Performance Appraisal	Z_Performance Appraisal - 10/2/2015 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2015
	Z_Primary Source Verification - At Hire	Z_Primary Source Verification - At Hire - 10/2/2014 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2014
	Z_Primary Source Verification - Current	Z_Primary Source Verification - Current - 10/2/2017 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2017
	Z_Resume/Application	Z_Resume/Application - 10/2/2014 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2014
	Z_Work History/References	Z_Work History/References - 10/2/2014 - Employee: SMITH, JOHN P. - EmpID: 100052078	10/2/2014





Surveyor will discuss



- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission standards
 - E.g. Primary Source Verification of Licensure
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
 - E.g. Process for ensuring appropriate staffing
- Performance improvement initiatives related to competency assessment for staff, licensed independent practitioners and other credentialed practitioners
- Orientation of all to our organization, job responsibilities and/or clinical responsibilities
 - E.g. Hospital orientation topics, departmental orientation
- Experience, education, and abilities assessment
 - E.g. Verification of education, reference checking process
- Ongoing education and training
 - E.g. Annual training, new process or equipment training
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Other topics and issues discovered during the tracer activity



File Review



- After the surveyor asks questions of the group we will transition into file review.
- You will sit next to the surveyor and a member of the HR EED team will be with you.
- You will show documentation from your departmental file and we will show documentation from the HR file. We will both work to answer questions.
- This process can move slowly so be prepared to spend some time waiting.



Together we ensure compliance



- Your [HR Business Partner](#) is a resource
- [Ask myHR](#) is a resource for materials
- [Leadership Academy](#) is a resource for additional training
 - E.g. Ensuring a Competent Workforce & Performance Management
- Feel free to reach out with questions
 - Nicole Diarbakerly 617-724-1001



Leadership Academy



MASSACHUSETTS
GENERAL HOSPITAL

LEADERSHIP ACADEMY

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Leading at the Edge
New Manager Luncheon
Research at MGH
Strategic Leadership



2020 Joint Commission Preparation Webinar Series



Date/Time		Topic
July 7 th	12:00-1:00pm	Joint Commission 101
July 14 th	12:00-1:00pm	Environment of Care, BioMed, Police & Security and Emergency Management
July 23rd	12:00-1:00pm (Thursday)	Human Resources
July 28 th	12:00-1:00pm	Safeguard High Risk Patients, Suicide
August 4 th	12:00-1:00pm	Infection Control
August 11 th	12:00-1:00pm	Provider Oriented Overview of Key Standards
August 18 th	12:00-1:00pm	Lab and Point of Care Testing (POCT)
September 1 st	12:00-1:00pm	Pharmacy



Contact Hours



- We will be offering CEUs for participation. Each session will be equivalent to one contact hour. To receive credit, you must complete all steps below:
- After participating in the Webinar, complete the evaluation* using this Link:
 - <https://www.surveygizmo.com/s3/5739370/JC-Prep-Webinar-3-Human-Resources>

*Only individuals who fully attend and complete the evaluation will be eligible to claim the Contact Hours.

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