

**CONTINUOUS SERVICE READINESS:  
BEST PRACTICE FOR JOINT COMMISSION SURVEYS**

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## **Introduction**

Joint Commission survey readiness has always been a concern for Facilities Management personnel in the healthcare industry. With the advent of the unannounced survey, many in Facilities Management leadership wondered how they would maintain their hospitals in a state of continuous readiness. The process employed by Texas Children's Hospital; Continuous Service Readiness (CSR) established a level of communication, collaboration, collegiality, and accountability within the organization that had not previously been seen.

This paper will review the process that Texas Children's Hospital developed to create a climate and culture of continuous readiness for unannounced Joint Commission surveys. This paper identifies the steps followed in creating the Continuous Service Readiness culture at the hospital level and then drills down to the Environment of Care level. Finally, this paper highlights selected data tracking tools that were developed for the Environment of Care.

## **Development of the Continuous Service Readiness Process**

The development of the Continuous Service Readiness (CSR) process at Texas Children's Hospital began in late 2004. A group of directors were identified as standards owners and were tasked with verifying that all standards were in compliance. As this verification process moved forward, it became evident that a new process would be required when The Joint Commission moved to unannounced surveys. This process would foster the development of a more assertive leadership style with regards to standards compliance and lead to increased organization-wide education.

### Hospital Continuous Service Readiness Steering Committee Members

- Ambulatory Services
- Facilities Operations
- Food & Nutrition Services
- Home Health
- Nursing
- Pharmacy
- Quality & Outcomes Management
- Surgical Services

The elements of the hospital CSR process included: weekly clinical tracers, monthly Environment of Care tracers, monthly tracer reporting, a standards implementation report, performance improvement and a Joint Commission Resources mock survey.

Leaders in Facilities Operations at Texas Children's Hospital developed a similar process that focused specifically on the Environment of Care. The process began with identification and development of a multi-disciplinary team from various departments.

### Environment of Care Continuous Service Readiness (EOC CSR) Committee Members

- Biomedical Engineering
- Emergency Management
- Facilities Planning & Development

- Facilities Operations
- Infection Control
- Safety
- Security
- Surgical Services

The development of the team began with an in-depth training session on Environment of Care standards and tracer methodology. Once team members had been trained in the standards, actual mock surveys, building tours, and tracers were held. Mock surveys were scheduled on a quarterly basis, and building tours and tracers were conducted during the other eight months of the year.

### **Mock Survey**

Each mock survey review session was held with the entire EOC CSR team present. Questions regarding the management plans, data collection and maintenance practices were reviewed in detail. The maintenance review was conducted in such a manner as to simulate the experience of a real Joint Commission survey. Members of the team were placed into groups and given the opportunity to question others regarding standards compliance. Each mock survey was scored and results were sent back to the participants with requirements that all corrective actions were to be completed within forty-five (45) days.

The mock surveys drove significant improvement in data collection, preparation and presentation. Members of the CSR team also improved their ability to function under the increased pressure of a mock survey, thus making them much more comfortable for the actual Joint Commission survey.

As with any process it must be viewed as a continuous loop, ensuring all items are closed and improvements implemented during the process. Texas Children's Hospital needed to develop a number of tools to collect data, measure performance, and provide feedback to team members and the overall hospital CSR committee.

### **Building Tours**

The building tour process was conducted in the same manner as the Life Safety Code Specialist would do for The Joint Commission. Areas were selected randomly and above ceiling inspections were performed. Our above ceiling inspection included following a smoke compartment wall from outside wall to outside wall. We found this process to be more beneficial than just checking above a set of smoke doors. As part of this tour, we reviewed exit signage, egress pathways, stairwells, chute doors, corridor clutter and staff knowledge of fire protection features. Any deficiencies were noted and reported back to the EOC CSR Committee and scored as satisfactory compliance, partial compliance, or insufficient compliance. This led to significant improvements in the Building Maintenance Program at Texas Children's Hospital.

### **Tracers**

Environment of Care tracers were conducted by focusing on a single standard or element of performance and then drilling down to the lowest level. Items selected for tracing included interim

life safety measures (ILSM's), fire alarm system maintenance, building maintenance program, and generator maintenance/performance.

For example: When tracing ILSM's we began with a high-level review of the policy and then requested documentation to verify compliance with the policy. Our review was very specific in that if the policy stated a protocol or procedure to be followed evidence of compliance had to be provided. This documentation was carefully reviewed and then followed out into the field to determine if the ILSM's were implemented at the construction site as stated and performed as required. Construction site personnel were interviewed to determine their level of compliance with the ILSM's. Most of these tracers revealed that improvements in documentation, implementation and follow-through were required. These areas were subsequently re-traced at a later date to ensure that the required process improvements had been implemented.

## **Education**

Education on the standards, elements of performance and scoring is critical to the success of the CSR process. Typically, this knowledge is held by a few personnel in the organization and has led to mixed results in The Joint Commission surveys. In our EOC CSR process we focused on education for the entire team and utilized the Hospital Accreditation Standards (HAS) manual as a tool for each mock survey and tracer. This increased education helped staff become more comfortable with the standards and developed a greater understanding of the requirements of each element of performance.

It is also worth noting that the standards are constantly changing and on-going education is a must. It is important to take advantage of training offered by ASHE, JCR, or NFPA and to equip ourselves with the necessary resource materials to aid in performing the CSR function. The Hospital Accreditation Standards published by The Joint Commission and NFPA 101 are two documents that every facility manager should have in their resource library.

## **Summary**

Texas Children's Hospital has utilized the CSR process for more than six years and has seen dramatic improvement in standards compliance. This continuous improvement in performance hinges on developing a process that is manageable, educational, collaborative, and measurable. Leadership accountability and ownership are paramount if the process is to succeed.

The CSR process has become a way of life-an integral part of part of the culture of Facilities Operations and other Environment of Care departments at Texas Children's Hospital. In May of 2011, Texas Children's received a perfect survey (no RFI's) in the areas of Environment of Care and Life Safety. We strongly encourage other hospitals across the country to adopt this process and place their facilities in a state of *Continuous Service Readiness*.