Forget the big push to get ready for a survey by the Joint Commission on Accreditation of Healthcare Organizations. All surveys are now unannounced, so organizations must be ready every day.

Banner Desert Medical Center, Mesa, Ariz, with 600 beds, last surveyed in February 2006, has switched into continuous-readiness mode.

“There has been no let-down. We are doing as much now as we did before our survey,” says Nancy Woomer, RN, BSN, CPHQ, quality clinical coordinator for the 600-bed hospital.

Banner Desert uses 3 main methods to stay ready.

**RED teams**

Each month, a RED team (meaning Ready Every Day), clad in red t-shirts, surveys a hospital unit. There are 5 RED teams made up of 7 volunteer members, including managers, front-line staff, clinical pharmacists, and therapists. Each member is responsible for one of 7 readiness tools:

- environment of care
- performance improvement
- infection control
- HIPAA (privacy rules under the Health Insurance Portability and Accountability Act)
- chart review
- human resources (employee files)
- pharmacy.

The tools have a total of about 150 questions based on Joint Commission standards, Centers for Medicare and Medicaid Services rules, and other requirements.

“We become like the surveyors,” says Elaine Anderson, RN, MSN, MEd, CNOR, director of perioperative services and endoscopy, a RED team member who focuses on infection control. “I go through the unit and observe and talk to the staff. I list any deficiencies, such as did they wash their hands before and after donning gloves.”

**Feedback loop**

On the day of the review, the team gathers for a brief meeting with the unit manager. They ask about the unit and any improvements made since the last survey. The team then disperses through the unit to observe and interview the staff.

“We ask the staff at all levels—unit secretaries, certified nursing assistants, and so on,” Woomer says.

Team members mark their scores on the tools. At the end of the review, the RED team leader gathers the tools, reviews findings with the unit manager, and gives the manager a copy of the tools. The manager uses the tools to communicate the findings with the staff.

“This is a great time to give positive reinforcement and follow up with any education that needs to happen,” she says.

The leader then gives the tools to Woomer, who records the data for each question in a database.

“This is a rich source of information on how we’re doing,” she says. Woomer
presents the data regularly to the quality council, patient safety and environment of care committees, and senior leaders.

“It’s a nice feedback loop,” she notes. “The staff and unit manager are getting feedback right away, and we’re also taking the information to the top of the organization.”

At least twice a year, Woomer meets with RED team members to review updates and give them a chance to ask questions.

As another way to inform the staff, Woomer issues periodic “hot spots” to inform the staff about standards (sidebar, p 21).

**Periodic performance review**

Banner Desert participates in the Joint Commission’s periodic performance review (PPR), a requirement of the accreditation process. The PPR is the organization’s self-assessment of standards compliance and areas needing improvement. Hospital leaders take sections of the standards to review. Woomer collects the results and uses them to make any needed changes to the RED team tools. The PPR is then reported to the Joint Commission.

**Patient and system tracers**

JCAHO surveyors conduct the survey using patient tracers, in which they follow a patient’s care from beginning to end, quizzing the staff, reviewing charts, and judging compliance with standards.

To stay ready, unit managers at Banner Desert are expected to conduct practice tracers at least once a month with their staffs. Woomer also leads regular tracers for administrators.

“That engages them in seeing how care is provided in their area of responsibility,” says Woomer. “They can ask questions and get involved. It opens their eyes to areas we may have concerns about.”

**Prepared for patients, not surveyors**

“With these 3 mechanisms we are able to involve a lot of people at all levels in continuous readiness,” she says. “Our culture has really changed. People are getting it. They understand that it is the patient we are getting ready for, not the surveyors, and we take care of patients every day.

“If we do well with our patients, we are going to satisfy every regulation and standard they can measure us against.”
Banner Desert Medical Center uses “hot spots” like these to inform the staff on current standards.

**Contact precautions**
- Gloves required every time you enter the patient room; do not wear outside of room.
- Gown if contact is anticipated with patient, environment, or equipment.
- Mask with eye shield if patient is coughing and not reliably covering mouth.
- Dedicate equipment; avoid bringing equipment into the room that is for multipatient use. Examples: vital signs machine, stethoscope, glucometers, computers on wheels (COWS).
- Hand hygiene before entering the room and after glove removal or exiting the room.
- Pay close attention to what your gloved hands touch in the room to avoid contaminating the environment.
- If transport outside the room is essential, notify receiving department so precautions can be maintained.
- Plan of care may allow patient to be out of room if the patient is reliable with hygiene, wound drainage is contained, and the patient can perform hand hygiene before leaving room.

**Why is this so important?**
- 60% of *Staphylococcus aureus* isolates are now resistant to methicillin; 18% of enterococci are resistant to vancomycin.
- 80% of patients with methicillin-resistant *Staph aureus* (MRSA) come in from the community and serve as a reservoir for transmission to other patients.
- Hands of health care workers are the most efficient way to transmit microorganisms.
- Contact pathogens like MRSA, vancomycin-resistant enterococci, and *Clostridium difficile* have been cultured from hard surfaces months after the patient was discharged (in improperly cleaned rooms).
- Effective barrier use by all members of the health care team prevents cross-transmission. Include education on hand hygiene for family and visitors and hold them accountable.

*Source: Banner Desert Medical Center, Mesa, Ariz. Used with permission.*