The SAFER Matrix: A New Scoring Methodology

Project REFRESH (see related articles on pages 3 and 5), the Joint Commission’s multiphase process improvement project, includes a transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys. This Survey Analysis for Evaluating Risk (SAFER) approach provides organizations with additional information related to risk of deficiencies to help prioritize and focus corrective actions. The development of this approach was driven by the Joint Commission’s focus on providing its accredited and certified organizations with an on-site and post-survey experience that allows the organization to see areas of noncompliance at an aggregate level—one that shows significant components of risk analysis including the likelihood to harm and the scope of a cited deficiency.

Beginning June 6, 2016, psychiatric hospitals that use Joint Commission accreditation to meet the Centers for Medicare & Medicaid (CMS) deemed status requirements will be provided with a SAFER matrix (shown on page 3) within their Accreditation of Survey Findings Report. All other accreditation and certification programs will begin receiving this matrix in their reports after January 1, 2017.

Likelihood to Harm and Scope of Cited Deficiencies

The SAFER matrix replaces the current scoring methodology, which includes Category A and Category C as well as direct and indirect impact elements of performance (EPs). In place of using those predetermined EP categorizations, surveyors will perform a real-time, on-site evaluation of deficiencies, placing each one within the SAFER matrix according to the likelihood of the issue to cause harm to patients, staff, or visitors and according to how widespread the problem is based on surveyors’ observations (that is, the scope). A single observation could reveal a widespread problem, such as a general failure to perform recommended high-level disinfection or proper storage of endoscopes. Combined, these characteristics give a more clearly defined sense of the risk of

Continued on page 3
a deficiency. As the risk level of a deficiency increases, the placement of the standard and EP moves from the bottom left corner (lowest risk level) to the upper right (highest risk level).

The SAFER matrix shown at right demonstrates the placement of an EP at the intersection of the likelihood to harm a patient, staff, and/or visitor and the scope of the deficiency. In this example, a surveyor placed Environment of Care (EC) Standard EC.01.01.01, EP 1, in the row “Moderate,” as it was determined (based on the deficiency observed) that it could occasionally cause harm to a patient, visitor, or staff member, and in the column “Pattern,” as the issue was noted multiple times throughout the survey and could impact a few or some people and/or settings.

Impact on Scoring and Post-Survey Follow-up
Replacing the scoring model will also result in changes to post-survey follow-up activities. As a result of the elimination of the “A” and “C” designations, Opportunities for Improvement (single observations of noncompliance at Category C EPs) will no longer exist. All observations of noncompliance will be documented within the matrix. In addition, Measures of Success (MOS), quantifiable measures typically related to an audit determining whether an action is effective and sustained for certain Category C EPs, will no longer be required.

The submission time frame for Evidence of Standards Compliance (ESC) will also change because EPs will no longer be identified as direct impact (with 45 days for submission) or indirect impact (with 60 days for submission). Instead, all cited deficiencies will be assigned a single time frame of 60 days for corrective action. For deficiencies of a higher risk-level in the matrix, additional information will be required within the ESC regarding sustainment of corrective actions. The higher risk deficiencies also will be provided to surveyors for possible review or on-site validation on subsequent surveys.

Please note that, while Immediate Threats to Life (ITLs) will be noted with the SAFER matrix, the identification and follow-up process for ITLs will not change.

The Joint Commission will provide additional targeted, specific information to psychiatric deemed hospitals in preparation for the June 6, 2016, launch of the SAFER matrix. All other accreditation and certification programs will receive information throughout the remainder of the year in preparation for their January 1, 2017, launch. Questions may be directed to your organization’s assigned Account Executive.
The SAFER™ Matrix and Changes to the Post-Survey Process

As announced in the May 2016 Perspectives, The Joint Commission is conducting a series of interrelated process improvement projects known as Project REFRESH. This multiphase undertaking includes the Survey Analysis for Evaluating Risk™ (SAFER™) matrix, a transformative approach for identifying and communicating risk levels associated with deficiencies cited during accreditation surveys and certification reviews. As a reminder, all accreditation and certification programs will begin receiving the SAFER matrix in their reports as of January 1, 2017.

The SAFER matrix will replace the current scoring methodology based on predetermined categorizations (Category A or Category C; direct or indirect impact) of elements of performance (EPs), allowing surveyors and reviewers to perform real-time, on-site evaluations of deficiencies and their associated risk. Surveyors and reviewers will place each Requirement for Improvement (RFI) within the matrix according to the likelihood of the issue to cause harm to patients, staff, or visitors and according to the scope of a cited deficiency. This approach provides one comprehensive visual representation of the survey or review findings and is designed to help organizations prioritize and focus corrective actions.

Figure 2 on page 3 explains how RFI placement on the matrix drives the organization’s post-survey follow-up process. As shown, the submission time frame for Evidence of Compliance (ESC) for all findings placed within the matrix is 60 days (the 45-day submission required for EPs formerly cited as direct impact will be eliminated). Findings identified as high risk (those placed in the dark orange and red boxes) will require additional information within the ESC to demonstrate that an organization will sustain the corrective actions. These findings will also be proactively shared with surveyors and reviewers for potential review on subsequent on-site surveys up to and including the next full survey event.

With the move to the SAFER matrix,
**Figure 1. SAFER Matrix**

<table>
<thead>
<tr>
<th>SAFER Matrix™ Placement</th>
<th>Required Follow-up Activity</th>
</tr>
</thead>
</table>
| **HIGH/LIMITED, HIGH/PATTERN, HIGH/WIDESPREAD** | • 60-day Evidence of Standards Compliance (ESC)  
  - ESC will include Who, What, When, and How sections  
  • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis  
  • Finding will be highlighted for potential review by surveyors on subsequent on-site surveys up to and including the next full triennial survey |
| **MODERATE/PATTERN, MODERATE/WIDESPREAD** | • 60-day Evidence of Standards Compliance (ESC)  
  - ESC will include Who, What, When, and How sections  
  • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis  
  • Finding will be highlighted for potential review by surveyors on subsequent on-site surveys up to and including the next full triennial survey |
| **MODERATE/LIMITED, LOW/PATTERN, LOW/WIDESPREAD** | • 60-day Evidence of Standards Compliance (ESC)  
  - ESC will include Who, What, When, and How sections |
| **LOW/LIMITED** | • 60-day Evidence of Standards Compliance (ESC)  
  - ESC will include Who, What, When, and How sections |

**Note:** If an Immediate Threat to Health and Safety, also known as Immediate Threat to Life (ITL), is discovered during a survey, the organization immediately receives a Preliminary Denial of Accreditation (PDA) and, within 72 hours, must either entirely eliminate the ITL or implement emergency interventions to abate the risk to patients (with a maximum of 23 days to totally eliminate the ITL). Please see “The Accreditation Process” (ACC) chapter within the Comprehensive Accreditation Manual for more information.
The SAFER™ Matrix and Changes to the Post-Survey Process (continued)

Continued

the current 10-day post-survey clarification opportunity will remain. The clarification process will continue to serve as an opportunity to submit clarifying evidence if an organization was in compliance with a particular standard at the time of survey. However, the clarification process is not intended to be an opportunity to challenge the professional judgment of the surveyors and reviewers or to dispute the placement of findings on the SAFER matrix.

Some aspects of the post-survey process will not remain. In addition to eliminating the Category A, Category C, and direct and indirect impact designations, the SAFER approach will eliminate the use of Measures of Success (MOS). The sidebar at right provides details on how the MOS requirement will be eliminated. In addition, because Category C EP designations will be eliminated, Opportunities for Improvement (single observations of noncompliance at Category C EPs) will also be eliminated.

The SAFER matrix is meant to be utilized as a tool in the survey process to illustrate potential risk areas at the organization. It will not be used in isolation to drive or determine if certain decision rules will be applied. The SAFER matrix also will not impact the process used on site to determine a Condition Level Deficiency or the declaration of an Immediate Threat to Health and Safety.

---

### Removal of MOS

Measures of Success (MOS), quantifiable measures typically related to an audit determining whether an action is effective and sustained for certain Category C EPs, will be eliminated for all accreditation and certification organizations effective January 1, 2017.

Organizations that have an MOS due in 2016 are still required to submit the MOS. However, organizations that have an MOS that is due on or after January 1, 2017, are not required to submit it.

If these organizations wish to enter or print the data for their own internal improvement efforts, the MOS tool will stay open on their extranet site through the end of 2016.

Although the MOS tool will close as of January 1, 2017, organizations are encouraged to continue to monitor the effectiveness of their corrective actions through future measurement as they find value in doing so.

For more information, please contact your organization’s assigned Account Executive or review the resource documents located on the extranet site under the Survey Process tab.