

**Keynote
Speaker
Announced**

Ann Scott Blouin, RN, PhD, FACHE, Executive Vice President for the Division of Accreditation & Certification Operations at The Joint Commission, will be the Courtemanche & Associates' 2012 Annual Conference **"Developing a Culture of Change: The Picture of Compliance"** keynote speaker!

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C&A E-Newsletter

December 19, 2011

Battling the Flu in Healthcare Organizations!

Standard IC.02.04.01 Update Influenza Vaccination

Influenza vaccination for licensed independent practitioners and staff working in healthcare has been and continues to be a major safety issue in the United States. The Centers for Disease Control & Prevention (CDC), the U.S. Department of Health & Human Services (HHS), the Society for Healthcare Epidemiology of America (SHEA), and the Association for Professionals in Infection Control & Epidemiology APIC) are representative of the government and professional organizations emphasizing increased patient safety through decreased patient exposure to the influenza virus while receiving healthcare.

As an accrediting body, The Joint Commission has taken an active role in supporting the national focus on influenza vaccination through the review and revision of standard IC.02.04.01. These revisions, based on current scientific evidence, are effective July 1, 2012, for the hospital, critical access hospital, & long-term care accreditation programs. This standard and its requirements will be implemented in a phased approach beginning July 1, 2012, for the ambulatory care, behavioral health care, home care, laboratory, Medicare/Medicaid certification-based long-term care, and office-based surgery accreditation programs.

The elements of performance under standard IC.02.04.01 require the following (The Joint Commission Perspectives, December, 2011, pages 4-5)

1. Establish an annual influenza vaccination program.
2. Educate licensed independent practitioners* and staff about the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.
3. Offer vaccination against influenza to licensed independent practitioners and staff and provide the vaccination at accessible sites and times.

Survey Webinar!

Join us
January 9, 2012 for our
"How to Handle a CMS Survey" Webinar.

Whether it's "for cause" or a full survey, knowing what to expect from an unexpected CMS visit is critical to success!

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4. Include in their infection control plan the goal of improving their influenza vaccination rate.
5. Set incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020.
6. Have a written description of the methodology used to determine their influenza vaccination rate.
7. Evaluate (at least annually) the reasons given for declining the influenza vaccination.
8. Improve their vaccination rate according to their established goals at least annually.
9. Provide influenza vaccination rate data to key stakeholders at least annually.

Organizations are encouraged to begin working towards integrating these modified and new requirements into their existing structures as soon as possible. The engagement of leadership, medical staff and clinical staff in the development of these policies and processes will be key in successful implementation.

References:

1. http://www.jointcommission.org/standards_information/prepublication_standards.aspx
2. Joint Commission E-Alerts. Posted December 2, 11.. Standard IC.02.04.01 Influenza Vaccination for Licensed Independent Practitioners and Staff, Voice Recorded Slide Presentation downloaded via Joint Commission E-Alert link December 4, 2011.
3. The Joint Commission Perspectives. December, 2011. Pages 4-5.
4. <http://www.cdc.gov/flu/>

Take Your Opportunity to Provide Input to TJC!

The Joint Commission Field Review - Proposed National Patient Safety Goal on "Overuse"

The Joint Commission is seeking input from Hospitals and Critical Access Hospitals regarding the proposed National Patient Safety Goal on overuse addressing treatments, procedures, and tests. This is an excellent opportunity to provide your organizational feedback from the perspective of your leadership, medical staff, and all clinical departments and staff to The Joint Commission. Although the usual comment period is 6 weeks, this Field Review will remain open for 8 weeks due to the Holidays.

The comment period began November 29, 2011, and will end January 24, 2012. The Field Review can be accessed by following this [link](#).

Were You Aware?

1. Surveyors aren't Scrooge revisited! When they advise that we can't have holiday decorations in our corridors, surveyors are reminding us of the fire safety hazards created by combustible materials. Organizations are encouraged to assure that policy regarding decorations is enforced and that the specifications for any UL-rated décor are maintained in the event of a surveyor or fire inspector inquiry.
2. Among the requirements for storing oxygen cylinders is that empty and full cylinders be identified and stored separately from one another. It is important to note that non-empty or partially-full cylinders are considered to be full and should be stored with full cylinders.
3. Both CMS and TJC require that the practitioner performing the operative or high-risk procedure write or dictate a post operative progress note immediately after the procedure (Refer to RC.02.01.03, EP5 and CMS 482.51(b)(6), Tag A-0959). A few important things to note:
 - a) If a progress note (usually referred to as the brief post-op note) is documented in the medical record at the conclusion of the procedure the full report may be written or dictated in a timeframe determined by the organization.
 - b) If the LIP performing the procedure accompanies the patient to the next level of care (recovery room), the post-procedure report can be written/dictated at that time.
 - c) The post-op note/post-op report must be written and signed by the practitioner performing the procedure. It would not be acceptable for a resident of physician assistant to document the post-procedure note.
4. Long shifts, busy home schedules, high-performance roles – all can lead to worker fatigue. In the healthcare setting, that can have a significant impact on patient safety. See TJC's latest [Sentinel Event Alert](#) for research on the effects of fatigue on performance and recommendations on addressing this issue.
5. Review of contracts for clinical services continues to be a focus during regulatory and accreditation surveys. It is important that contracts outline the scope of services and clearly defined performance expectations. Medical staff and clinical leaders must have input into the selection of contracted services. There needs to be a process of evaluation and improvement when

necessary for all contracted clinical services. Our [Contracted Clinical Services Checklist](#) can be used when reviewing your contracting processes.

[Were You Aware Recap](#)

Is it a Work Order? PFI? Do I Document That? What Does the Code Say?

Managing the Life Safety of your facility is becoming increasingly more complicated from a regulatory perspective, with new interpretations of code requirements, how surveyors interpret the requirements, and lastly, what does your AHJ require based on where your facility is located. Does the state or local municipality have specific do's and don'ts for documentation?

The document review has become such an important part of the Life Safety Surveyor TJC review, that it was one of the many reasons for expanding the number of Life Safety Surveyor days. From what we have heard from clients during survey, organization and being able to demonstrate a command of vital information related to Fire Safety, Emergency Power, Medical Gases is an imperative for starting the LS portion of the survey on solid footing.

We invite you to join C&A for a 75-minute webinar presentation on February 13, 2012 to look at the importance of accurate documentation from the e-SOC requirements to effectively conducting and documenting EC and LS testing requirements. This program will give you the "how to's" and provide you with some first-hand insights from a Facilities Manager who has recently completed a successful survey.

Contact us at info@courtemanche-assocs.com or **(704) 573-4535** to find out how to register or [Click Here](#) to view the entire brochure complete with dates, topics & more information!



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