

## Helping Colleagues in Need

We know so many hospitals/healthcare organizations have been affected by the recent weather events. One of our client partners, Trinity Health in Minot, ND, is currently dealing with catastrophic flooding.

"Rebuilding Our Lives" is an assistance fund set-up to financially help the Trinity Health employees affected by the historic Minot flood.

If you would like to donate please [click here](#) for further details.

## Publication Spotlight

Score Ongoing Accreditation Readiness - SOAR to Success - **puts**

C&A E-Newsletter

June 28, 2011

## Were You Aware?

1. There have been recent updates to TJC FAQs and interpretations. Here are a few of particular interest:
  - A. A previous FAQ related to the timing of labeling medications has been removed from the FAQ library. Note that NPSG.03.04.01 does not prohibit the use of pre-labeling. Each organization may determine the safest time for labeling medications. Surveyors will look to see that the organization has made a thoughtful determination regarding the appropriate process (including timing) for labeling medications.
  - B. Detailed guidance has been provided on the use of unlicensed individuals serving as scribes for physicians. It is important that healthcare organizations have processes for identifying where and when scribes are used in their organizations and assuring compliance with requirements – specifically those in the Human Resources, Record of Care, Information Management and Leadership chapters.
  - C. While reviewing its telemedicine requirements to identify any needed changes related to the recent revisions to those requirements by CMS, TJC has provided an FAQ outlining how organizations can use the credentialing and privileging documents from a TJC-accredited telehealth organization.
2. Organizations have four options in conducting their annual Periodic Performance Review (PPR):
  - A. Full PPR – conduct an organizational self-assessment against TJC's standards & elements of performance and submit the results to TJC

**you in charge** of your assessment process, all **on your own schedule**.

Each version will help you and your facility become familiar with **new requirements and scoring changes while preparing for your Periodic Performance Review**.

[Click Here](#)  
to order now!

## Need Help With Your PPR?

In order to ensure that your organization maintains a thorough and accurate PPR, our consultants evaluate **policies & procedures** and conduct **tracers** to assist with the **scoring, completion & submission** of your PPR.

Contact us at [info@courtemanche-assocs.com](mailto:info@courtemanche-assocs.com) or (704) 573-4535.

- B. Option 1 – conduct an organizational self-assessment but do not submit the results to TJC and attest that the assessment has been completed and that plans of action and required measures of success have been identified
- C. Option 2 – have a limited or full-length PPR survey conducted by a representative of The Joint Commission and receive a written report of findings; then submit the PPR with plans of action and associated measures of success
- D. Option 3 – have a limited or full-length PPR survey conducted by a representative of The Joint Commission but receive only an oral, not a written, report of findings; findings, plans of action and measures of success are not submitted to TJC

### 3. A few notes on these options:

- A. Options 1 and 3 are usually selected by organizations that have concerns regarding the discoverability of PPR information submitted externally.
- B. For Full PPR, Option 1 and Option 2, surveyors may review MOS at full survey.
- C. For Full PPR and Option 2, organizations have their plans of action and MOS approved by TJC. Organizations using these options can experience the benefit of identified issues that have not exceeded the plan of action timeframe not counting toward the accreditation decision during full survey.

### 4. Resources:

- A. The Joint Commission Website – Standards FAQs [http://www.jointcommission.org/standards\\_information/jcfaq.aspx](http://www.jointcommission.org/standards_information/jcfaq.aspx)
- B. The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2011

## Were You Aware 2011 Recap

## Medical Staff Bylaws - Free Checklist!

In the [August 2010 C&A e-Newsletter](#), we provided an article on the new elements of performance related to requirements for

medical staff bylaws. The requirements under MS.01.01.01, as well as several other elements of performance, detail out key provisions and processes that must be specifically addressed in medical staff bylaws. There are some organizations that may still be struggling with assuring that the bylaws of the medical staff contain these key elements.

Toward that end, C&A is happy to provide access to a checklist we've provided to assist organizations in determining compliance and potential gaps.

[Click Here to enjoy this tool!](#)

## **Are We Missing the Point for Effective Communication With Patients?**

**A review of the new Joint Commission Patient-Centered Communication expectations and the impact of related CMS Patient Rights requirements.**

**By: Marty Piepoli, MSW, LISW/CP, Senior Consultant**

Though most of the literature points to multiple reasons for non-compliance by patients and related medication or treatment errors, the importance of good communication and health literacy cannot be overstated. Each day patients and clients are overwhelmed by the multiple systems for access, cultural barriers and a healthcare language that, at times, is confusing to the providers that we entrust to interpret and make sense of the healthcare delivery system.

In support of these efforts to address cultural diversity and effective communication, The Joint Commission has developed and released new Patient Centered Care Communication standards, effective this past January. The new standards are in support of the recent direction set forth in the revised CMS Conditions of Participation under the Patient Rights section, which were published on November 19, 2010.

We invite you to join us on August 8<sup>th</sup> at 11am for a 2 part session to explore these new regulatory requirements and address practical solutions for your organization. The first portion of the webinar will focus on the patient centered care communication standards that require organizational review under the Human Resources, Provision of Care, Record of Care and the Rights & Responsibilities chapters, while also examining the new expectations for the Patient's Rights CoP, especially the new visitation requirements. The second portion of the webinar will

address strategies for compliance, performance expectations, focus on policy and procedure revisions, monitoring and accountability. In order to obtain a more realistic sense of implementation, a healthcare professional in the area of Patient Relations will join us to examine their approach to compliance with tips for the participants to utilize. Join us on August 8<sup>th</sup> for this next C & A Webinar on Patient Rights. For more information, please contact Lauren at 704-573-4535 or [lauren@courtemanche-assocs.com](mailto:lauren@courtemanche-assocs.com).



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