



Were You Aware? C&A Newsletter Column Recap

December 2011

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 or 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.

November 2011

1. The Centers for Medicare & Medicaid Services (CMS) has published proposed rules that address some long-standing concerns from the hospital field related to several Conditions of Participation. The complete [proposed rules](#) are available for review and comments are due to CMS by December 23, 2011. Some of the key proposed revisions relate to:
 - a) Permitting health systems flexibility to have one governing body for multiple hospitals
 - b) Allowing an interdisciplinary care plan which includes nursing; rather than the current requirement for a specific nursing care plan
 - c) A broader approach to the use of standing orders
 - d) Removal of the 48-hour timeframe for authentication of verbal orders (defer to state and organization policy) and the continuance of the provision allowing another practitioner involved in care to authenticate verbal orders
 - e) Elimination of the requirement for a infection control log
 - f) Elimination of the requirement for a single individual to be responsible for outpatient services
2. TJC's latest statistics on reported Sentinel Events note that three of the top four events are related to surgical and procedural settings – unintended retention of a foreign body, wrong-patient, wrong-site, wrong-procedure and operative/post-operative complications. Some thoughts to avoid these situations:
 - a) Be “aviation-minded” in requiring the use of checklists – every time – for site marking, time out, surgical count procedures, etc.
 - b) Conduct risk assessments on surgical settings to determine patient safety and environmental risks. Consider types of procedures, new equipment, prep solutions and other materials, the age of the facility, availability of staff resources, etc.
3. Joint Commission surveyors have begun to use a [new document review list](#) on survey. The list is much more aligned with what CMS expects organizations to produce during survey. As always, we encourage organizations to have a “ready cart” with up-to-date versions of all of the plans, policies, procedures and data requested on this list. See future editions of C&A News for helpful hints on gathering and maintaining this information. Special thanks to our colleagues at the Choctaw Nation Health Services Authority for sharing this with us!
4. TJC has published a new [FAQ](#) on the processing requirements for laryngoscope blades. Be sure your organization complies with these requirements. As infection control continues to be a high-priority area, expect surveyors to be looking at this process.

September/October 2011

5. TJC has some very exciting initiatives underway, including:
 - a) Anticipated fall 2011 debut of a new and improved electronic application.
 - b) Implementation of an intracycle monitoring process that will include the transition of the Periodic Performance Review (PPR) to the Focused Standards Assessment (FSA) and two touch-point calls with your account executive, a Standards Interpretation Group representative and a member of the surveyor cadre during your triennial cycle.
 - c) Linking of core measure success with accountability through the accreditation process. See the new requirement at PI.02.01.03, EP1.
 - d) Launch of Primary Care Medical Home certification for hospitals, based on the PCMH model for Ambulatory Care.

- e) An optional offering that would provide for coordinated TJC accreditation and ISO certification by the SGS Group. Anticipated in 2012.
6. Some areas and processes may be viewed in a more in depth manner during your next TJC survey. Surveyors may take a “deep dive” into functions such as patient flow; cleaning, disinfection and sterilization, contracted services or professional practice evaluation. This is a way to use the tracer process to thoroughly review some of the more challenging issues facing organizations.
7. Infection Prevention & Control – a few thoughts:
- a) Carefully review all of the product information for cleaning and disinfecting solutions. These manufacturer’s recommendations provide requirements for the length of cycles, testing solution efficacy, test strip integrity, required solution temperature control, etc.
 - b) Assure that staff are aware of policies regarding the use and cleaning of protective garb such as scrubs, lab coats, shoe covers and head covers. These items [may harbor bacteria](#).
 - c) Reminder that the new [NPSG on Catheter-Associated Urinary Tract Infections](#) (CAUTI) is intended to be implemented over the course of 2012 with full implementation expected by January 1, 2013.

August 2011

1. We’ve reviewed the timeframes for submitting Clarifications & Evidence of Standards Compliance many times in Were You Aware, but feel it is important to address it once more!
- a) Organizations have ten (10) business days from the date their survey report is posted on their TJC Extranet site to submit Clarifications.
 - b) Evidence of Standards Compliance (corrective actions) are due either 45 calendar days (for direct impact Requirements for Improvement) or 60 calendar days (for indirect Requirements for Improvement)
 - c) We have recently received confirmation from TJC, that the clock continues to tick on the ESC timeframe while your Clarifications are being reviewed. So, it is important to simultaneously be considering corrective action strategies in case the Clarifications are not accepted.
2. Organizations are encouraged to review their Infection Prevention & Control Plans to be sure they meet regulatory requirements. Some things to remember:
- a) Assure that an annual risk assessment is conducted to identify and prioritize infection risks specific to your organization and patient population.
 - b) Base annual goals on those prioritized risks and other key indicators including those outlined in IC.01.04.01.
 - c) Be sure that the Infection Prevention & Control Plan includes the process for evaluation of the IC program.
 - d) Document the annual evaluation of the IC program and demonstrate the evaluation has been reviewed by the organization’s patient safety committee. Use the results of the evaluation in framing the following year’s plan.
3. Are you ready for 2012? TJC has published several new and/or revised requirements that have either immediate effective dates or an effective date of January 1, 2012. Check out these pre-publication standards on TJC’s [website](#).
- a) Telemedicine requirements – to be consistent with CMS’ requirements

- b) Accreditation Participation Requirement – changing the term (and some EPs) Periodic Performance Review to Focused Standards Assessment.
- c) Revised time interval for sprinkler testing
- d) Incorporating TJC’s expectations on accountability measures into the PI standards
- e) Patient visitation rights (again for consistency with CMS)
- f) Addition of NPSG.07.06.01 related to catheter-associated urinary tract infections

July 2011

1. There is an increased focus on sterilization and high-level disinfection processes. This is a hot topic during both CMS and TJC surveys. Organizations should assure that policies and procedures are consistent with regulatory requirements as well as guidelines from AAMI and the CDC. It is also important to assure that policies and procedures are consistently implemented across the organization, including specialty services such as ambulatory settings and endoscopy suites.
2. TJC surveyors have incorporated the new patient- centered communication standards into survey activities. If you missed our June 2011 newsletter article on this topic, [read it now!](#)
3. As the old saying goes, “First impressions are lasting impressions!” That is particularly true during survey time. Whether you are undergoing a CMS, TJC, Department of Health or other regulatory survey, these key “[survey etiquette](#)” ideas can provide management and staff with guidelines for successful interactions.
4. As TJC focuses on ORYX accountability measures, an 85% expected compliance rate has been established – effective January 1, 2012. (See the June 29th edition of Joint Commission Online for more information.) Organizations are encouraged to assess their current levels of compliance and implement action plans for indicators not yet at targeted goals.
5. The leadership and nursing standards (TJC Comprehensive Accreditation Manual for Hospitals) require that the nurse executive function at the leadership level of the organization, participate in decision-making and have defined responsibilities and authority. Organizations should review meeting minutes, job descriptions and/or contracts, organizational charts and other structures to assure compliance with these requirements.

June 2011

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
 - 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.

May 2011

1. The National Association for Psychiatric Health Systems website contains helpful information for healthcare facilities including the Design Guide for Behavioral Health Environments:
<http://www.naphs.org/index>
2. In December 2010, CMS published a [Survey & Certification Group memorandum](#) indicating, among other things, that any outpatient facility that does not provide sleeping accommodations or 24-hour medical treatment services and does provide anesthesia and has any patients that are incapable of self-preservation is to be considered “ambulatory healthcare occupancy.” Previously, it was understood that business occupancy would apply unless four or more patients were incapable of self-preservation.
3. The FDA has granted an extension to 2/2/2012 for hospitals to transition from the Steris System Processor 1 to an acceptable alternative. For more information, see:
<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm194411.htm>
4. CMS has published ([May 13 S&C Memorandum](#)), updates to the interpretive guidelines regarding recent revisions to the Conditions of Participation related to:

- a) Training for personnel (other than physicians) administering blood transfusions and IV medications
- b) Immediate reporting of medication errors, adverse drug reactions and incompatibilities
- c) Rehabilitation services ordering
- d) Respiratory services ordering

April 2011

1. The Affordable Care Act ([HR 3590](#)) in action:
 - a) On April 12th, Health and Human Services Secretary Kathleen Sebelius announced the “Partnership for Patients” a patient harm reduction initiative designed to save 60,000 lives over the next three years. Read the [press release](#) for all the details.
 - b) Under the Act, (section 9007) tax-exempt hospitals will need to complete a [Community Needs Assessment](#) at least once every three years, beginning with the organizations first taxable year after March 23, 2012. This assessment will include input from the community and assistance from individuals with knowledge/expertise related to public health issues.
2. CMS clarified, in [Transmittal 128](#) dated May 2010, the requirement for physician supervision of outpatient diagnostics. See, especially, pages 8-9 of this transmittal which notes physicians must have “direct” supervision and be immediately available for emergency response. This does not require that they be in the room during the diagnostic procedure.
3. Survey Coordinators, Risk Managers and other leaders have spent a lot of time over the past several years assuring that contracts for clinical services meet TJC expectations. C&A News provided some guidance on this topic in [August 2010](#). Organizations should also pay close attention to CMS Conditions of Participation when analyzing contracts as well. Any clinical service that is contracted must meet the same requirements as hospital-owned services. See, especially, the following tags:
 - a) Governing Body – A0083 – contracted services must comply with COPs, standards of care, etc.
 - b) Governing Body – A0084 – contracted services are evaluated
 - c) Governing Body – A0085 – list of contracted services
 - d) Nursing – A0398 – supervision and evaluation of non-employee licensed nurses
 - e) Also see requirements in Rehab Services, Radiologic Services, Laboratory Services, Dietetic Services, etc.
4. A note about survey process – be sure that you know whether or not your organization has indicated on its TJC application whether or not it uses TJC accreditation for CMS “deemed status.” Surveyors apply appropriate standards (i.e., include those identified “for deemed status purposes”) during survey based on what is submitted on the application. This is particularly important when assessing compliance with restraint and seclusion and other key requirements.

March 2011

1. Medication ordering continues to be a challenge for organizations. Some key reminders related to medication ordering include assuring:
 - a) Policies and procedures define the various components related to medication ordering
 - i. Investigational, high-alert, pediatric dosing & chemotherapeutic agents, etc.
 - b) Policies state what constitutes a complete medication order
 - c) That “blanket orders” are prohibited
 - d) Medication orders meet regulatory requirements as well as hospital policy

- e) Medication orders are reviewed for appropriateness
 - f) There is a process for clarification of unclear orders
 - g) There is an “automatic stop” order for defined medications
 - h) There is a system in place to check for and avoid therapeutic duplication
 - i) There is an indication for all medications ordered, including PRN
 - j) If home medications are allowed, there must be a specific MD order
2. The Joint Commission (TJC) has revised standard expectations in several chapters to be in compliance with the Centers for Medicare & Medicaid (CMS) requirements. These revisions affected the environment of care, leadership, information management, life safety, provision of care and transplant safety chapters. The majority of revisions are in the environment of care chapter and are related to fire safety and emergency power requirements. Changes in the provision of care chapter are related to patients with emotional and behavioral disorders and development of care plans. To review all the revisions, [click here](#).
 3. CMS has published new expectations for patient visitation rights. Some of the patient visitation changes are that the hospital must have a policy stating the rights of patients to receive visitors. The policy should also address any situations that a visitor may be denied or restricted. In addition, patients must be aware of any denials or restrictions. In order to comply with these new regulations, organizations should create a policy in collaboration with their medical staff and legal department after carefully reviewing the new regulations. Organizations should also consider adding this information to the patient handbook that all patients receive. For additional information, refer to the **Federal Register** /Vol. 75, No. 223 / Friday, November 19, 2010 /Rules and Regulations, section H. TJC has followed suit and has provided an updated plan for implementation of some of the patient communication standards. See Joint Commission Online – January 12, 2011 for details.
 4. The American Nurses Association (ANA) and the Institute for Safe Medication Practice (ISMP) are working together to challenge CMS’ medication rule that states that medications must be administered within 30 minutes of their scheduled time. ANA and ISMP find that this restriction creates patient safety hazards. The two organizations surveyed more than 17,500 nurses for feedback and found that the majority found this regulation “unrealistic”. ISMP posted guidelines for timely medication administration which can be found at <http://www.ismp.org/newsletters/acutecare/archives/Jan11.asp>.

February 2011

1. Recent survey experiences have demonstrated some trending areas of focus:
 - a) Increased scrutiny of infection prevention and control activities, including the impact of renovation and construction, and outbreak management in preventing infection
 - b) Tracer activity related to nutrition and dietary issues
 - i. Review of diet orders, nutrition assessment and patient education
 - ii. Kitchen tour to include infection control issues, storage of food and food products, temperature logs, safe food handling
 - c) Keen attention to documentation of fire alarm and suppression system testing according to your inventory of each item
 - d) Continued review of H&P update documentation
 - i. Be sure to include the following components
 1. Original H&P was reviewed
 2. Physical exam was performed

3. Document changes noted or none (as appropriate to the patient)
 - e) Emergency management planning and evaluation
 - i. Be sure evaluation includes all components outlined in EC.03.01.03
 - f) Use of proactive risk assessment to identify and prioritize risks throughout the organization – especially infection prevention, environment of care and safety and security
 - i. Include all areas on your survey application in risk assessments or perform risk assessments by area
 - ii. Consider hospital-based ambulatory, behavioral health services, home care, rehabilitation and laboratories
 - g) Interdisciplinary care planning
 - i. Communication among disciplines should be evident
 - ii. Treatment goals must be defined and measureable
2. When an organization receives a CMS Condition-Level finding during a TJC survey, a follow-up survey will be conducted within 45 days of the accreditation survey
- a) Some guidance
 - i. Clarify findings when possible
 - ii. Simultaneously develop and implement corrective actions for all RFIs associated with the condition-Level finding
 - iii. Prepare staff and leadership for the follow-up survey