



Were You Aware? C&A Newsletter Column Recap

April/May 2012

1. Over the last several months, CMS has published some updates to the Interpretive Guidelines for hospitals. Those (and all) Survey & Certification Memos can be found on the [Policies & Memos to State Regions](#) page on CMS' website. Highlights of updates published in the last few months include:
 - a) **Medication Administration (482.23(c) and (c)(1); S&C-12-05-Hospital Memo dated 11/18/11)**
 - i. Timing of Medication Administration
 1. Removed reference to "30-minute rule"
 2. Hospitals must establish policies re: timing of medication administration and address specific circumstances outlined in the CMS memorandum
 3. Evaluation of medication administration timing policies
 - ii. Standing Orders – Defining policy re: S&C memo 10/24/2008
 1. Policies must address use of standing orders involving medication administration and include the process for development, approval, monitoring, initiation, authentication, etc. of standing orders
 2. Patient-specific orders must be initiated by an LIP
 3. Specific criteria for initiation of standing orders
 4. i.e., Specific clinical situation – Rapid response scenario
 5. Must assure professional staff are practicing within scope of practice
 - b) **Hospital Equipment Maintenance Requirements (482.41(c)(2) – S&C-12-07-Hospitals dated 12/2/2011)**
 - i. Allows alternate equipment maintenance schedules in certain circumstances
 1. Must be based on maintenance strategies and an evidence-based assessment process
 2. Cannot be adjusted for equipment critical to patient health & safety (i.e., life support, resuscitation equipment)
 3. Maintenance methods cannot be adjusted
 - c) **Life Safety Code – Waiver Instructions (S&C-12-21-LSC, dated 3/9/2012)**
 - i. Allows hospitals & nursing homes to request waivers (without need to demonstrate undue hardship) to allow them to use the 2012 LSC (rather than 2000) related only to:
 1. LSC 18/19.2.3 – Means of Egress – Wheeled equipment & fixed furniture
 2. LSC 18/19.3.2.5 – Cooking Facilities – Allow certain alternative type of kitchen cooking requirements

3. LSC 18/19.5.2 – HVAC – Allow direct vent gas fireplaces in patient sleeping rooms; solid fuel burning fireplaces in other areas
4. LSC 18/19.7.5 – Furnishings, Mattresses, Decorations – Allow combustible decorations on walls, doors, ceilings
- ii. C&A Note: We have not yet seen how this process will be handled/determined by CMS, State Agencies & TJC. More to come!
- d) **Requirements for Orders for Outpatient Services (482.56(b), 482.57(b) – S&C-12-17-Hospitals dated February 17, 2012)**
 - i. Rehab, Respiratory (& other) Outpatient Orders
 1. Does NOT require the physician to be credentialed or privileged by the hospital
 2. DOES require that the ordering practitioner:
 3. Be responsible for the care of the patient
 4. Be licensed in state/jurisdiction where he/she sees the patient
 5. Is practicing within scope of license
 6. DOES require board-approved policy
 - e) **Patient Privacy & Medical Record Confidentiality (482.13(c)(1), 482.13(d)(1), 482.24(b)(3) – S&C-12-18-Hospitals dated 3/2/2012)**
 - i. Consistent with HIPAA requirements to limit incidental uses & disclosures, i.e., using dividers and space where confidential information is discussed, limiting access to areas where white boards display patient information, etc.
 - ii. Also addresses access to, and release of, medical records
2. TJC is now provides a mobile (via smartphone) notification of onsite survey activity! Organization contacts can sign up via their TJC Extranet site.

C&A Update: Important - Clarification on CMS Requirements Re: Outpatient Orders

1. C&A would like to clarify an item that appeared in our "Were You Aware" column of the February 2012 edition of the C&A Newsletter. Please see the underlined changes to our original column (below). Please also review the full CMS S&C Memo when establishing organizational policy.

CMS has provided clarification and revised interpretive guidance on the issue of orders for rehabilitation and other outpatient services. In its Survey & Certification Memo dated February 17, 2012, CMS clarified that it is not its intent to limit those permitted to order or make referrals for such services only to practitioners credentialed and privileged by the organization.

As is fully outlined in the [S&C Memo](#), orders for outpatient services can be accepted from LIPs that are not credentialed by the hospital as long as the hospital has a process for assuring the orderer is responsible for the care of the patient, is licensed in the state/jurisdiction where he/she sees the patient and is practicing within their scope. This process needs to be authorized by the medical staff and defined in policy and approved by the governing body.

March 2012

1. The Centers for Medicare & Medicaid Services has released its [Financial Report for FY2011](#). The report is quite detailed and contains over 35 pages related to CMS' oversight of accreditation organizations. While C&A will incorporate key information into its future newsletters and educational offerings, here are several interesting highlights:
 - a) TJC offers the most accreditation programs (6); AOA/HFAP offers 3; all other accrediting organizations offer 2 or less. Three accrediting organizations provided deemed status to hospitals in FY2010: TJC (3,841 facilities), AOA/HFAP (186 facilities); DNV (117 facilities).
 - b) 85% of hospitals are "deemed" through accreditation by an accrediting organization with 15% "non-deemed" and surveyed by the State Agency for compliance with CMS COPs.
 - c) CMS validates the work of accrediting organizations through two types of validation surveys – sample validation and focused or for-cause surveys. Three percent (3%) of hospitals experienced a validation survey in FY2010.
 - d) The hospital disparity rate (missed Condition-Level findings) between accrediting organization findings and State Agency (surveying for CMS) findings continues. Here's a snapshot:
 - i. All Accrediting Organizations (FY2010):
 1. Overall disparity = 38%
 2. Physical Environment disparity = 31%
 3. Health disparity = 17%
 - ii. Overall Disparity Rate by Accrediting Organization (FY2008-2010):
 1. AOA/HFAP = 80%
 2. DNV = 43%
 3. TJC = 34%
 - e) After Physical Environment, the disparity has been found most frequently in the following COPs: Governing Body, Infection Control, Quality Assurance, Nursing Services, Food/Dietetic and Surgical Services.
2. Practitioners granted initial or new clinical privileges must undergo focused professional practice evaluation (FPPE) at that hospital to assure competency. Additionally, any triggered evaluation (issue-based) FPPE must also be performed at the organization. This assures that FPPE is conducted within the physical environment, using the equipment and resources available, where care is to be provided. Some organizations have sought to use evaluation data from other hospitals to meet this requirement. That would not meet the intent of this standard.
3. Hospitals, especially those within larger healthcare systems, are encouraged to review any affiliated ambulatory settings, physician practices, etc. that either fall under the hospital's accreditation application or might be perceived as belonging to the hospital. These affiliated entities are not always involved in ongoing accreditation readiness and survey preparation activities and often do not meet requirements. Begin by assuring that related entities do, indeed, meet TJC's criteria for inclusion in survey (see the Organizational & Functional Integration Criteria in the Accreditation Process chapter of the TJC manual). Once inclusion in the survey process has been confirmed, consider the following:
 - a) Are clinical and administrative activities integrated with the hospital – i.e., are policies and procedures consistently implemented?
 - b) Are applicable credentialing and privileging processes implemented?
 - c) Have staff been oriented and trained for their specific roles and care setting? Are competencies assessed?

- d) Are any contracted services defined, performance expectations identified and evaluations conducted?
- e) Do key planning activities, i.e., emergency management, environment of care, infection prevention and control, involve the ambulatory and/or offsite locations?

February 2012

1. CMS has provided clarification and revised interpretive guidance on the issue of orders for rehabilitation and other outpatient services. In its Survey & Certification Memo dated February 17, 2012, CMS clarified that it is not its intent to limit those permitted to order or make referrals for such services only to practitioners credentialed and privileged by the organization. As is fully outlined in the [S&C Memo](#), orders for outpatient services can be accepted from non-credentialed LIPs as long as the hospital has a process for assuring the orderer is licensed in the state and practicing within their scope. This process needs to be defined in policy and approved by the governing body.
2. The Joint Commission has launched its new E-Application. In addition to the improvements made to the E-App, TJC is also requiring organizations to update their applications at 9, 18 and 27 months post-survey. Organizations are reminded that they must also still meet the requirements under APR.01.03.01 and report any “changes in ownership, control, location, capacity or services offered” within 30 days of the change.
3. Just a reminder that the tracking and logging requirements for tissue and transplant products begins at the point of entry into the hospital. So, if those products are received by the Receiving Department as they arrive on the loading dock before being transported to the responsible department, the tracking process begins with Receiving. That would include verification of package integrity and required temperature monitoring as applicable.
4. Hospital organizations acquiring physician practices are encouraged to consider the regulatory implications in the initial stages of that process. If the physician practice will meet TJC’s organizational and functional criteria for survey applicability under the hospital, then the practice must meet accreditation requirements. This is often a challenge for previously independent physician offices. Issues including the physical environment of the practice, infection control practices, medical record content and responsibilities of professional and support staff should be reviewed. (2012). Be compliance-ready: what to consider when acquiring a physician practice. *Journal of Healthcare Management*, 57(1), 12-16.
5. Patient identification is starting to re-emerge as a hot topic for organizations. Issues include staff being unable to articulate the organization’s designated identifiers, not using the identification process, not labeling specimens in the presence of the patient. This might be an area where a “mini-tracer” can identify circumstances related to non-compliance so that process improvements can be made.

January 2012

1. We’re starting off the New Year with an old topic! With continued focus on infection prevention and control, a few reminders:
 - a) Be sure that appropriate staff can speak to the process for monitoring temperature, humidity, air exchanges and any other key environmental factors and that documentation of such monitoring is available. Items to consider:
 - i. Temperature of kitchen dishwashers

- ii. Temperature & humidity in surgical settings
 - iii. Air exchanges in central processing areas
 - b) Laryngoscope blades are to be sterilized or processed using high-level disinfection. They then must be packaged in some way to maintain integrity
 - c) Check out the article in this edition of C&A e-News for an annual IC planning calendar!
2. Some revisions to the TJC accreditation requirements have recently been published. See the [pre-publication standards](#) for:
- a) LD.03.01.01 which broadens the culture of safety requirements to include “behaviors that undermine a culture of safety.”
 - b) MM.02.01.01 requiring organizations to consider “populations served” when selecting and procuring medications
 - c) Under the Ambulatory Health Care Accreditation program, see new requirements related to patient notices, for ambulatory surgical centers using TJC for deemed status.
3. Hospitals seeking TJC Advanced Certification for Palliative Care may be eligible for a grant from the LIVESTRONG® foundation. See this [link](#) to TJC’s website for more information.
4. C&A has updated its [resource](#) to provide a summary of topics requiring education for hospital staff members and LIPs. We hope you will enjoy this useful resource!