



## Were You Aware? C&A Newsletter Column Recap 2009 Year End Edition

### December 2009 – Were You Aware?

1. UPDATE! The following appeared in the November 2009 edition of “Were You Aware:”

*“Organizations risk Preliminary Denial of Accreditation if the hospital does not have a current license or certificate as required by its state, or if a component that performs laboratory services (waived or non-waived) does not have a CLIA certificate. Be sure that all surveyable components have current required licensure or certifications.”*

In the December edition of *The Joint Commission Perspectives*, TJC announced a new PDA process for this type of situation, which allows the organization to, through the clarification process, avoid going to the Accreditation Committee for a final decision of PDA if the license or certification is obtained in the interim period. See *Perspectives* for the full detail. **Updated from November 2009**

2. On a related note, TJC also announced in the December edition of *Perspectives* that it has eliminated the PDA rule for organizations that have two consecutive Conditional Accreditation Survey results.
3. TJC considers all cellular-based products, both human and non-human, to be under the scope of the tissue and transplant safety standards. For example, while the FDA considers bovine and porcine heart valves to be “medical devices,” TJC would expect that the requirements under the Transplant Safety (TS) standards be followed for these products. (Courtesy of a response from the TJC Standards Interpretation Group)
4. TJC requires that organizations develop plans of action for all partially or fully non-compliant standards identified during the Periodic Performance Review (PPR) process. (Courtesy of a response from the TJC Standards Interpretation Group)
5. CMS’ and TJC’s telemedicine requirements apply whenever a Licensed Independent Practitioner (LIP) is providing interpretations, care or directing care for a patient. If the LIP is simply providing consultative advice to a physician at the originating site and is not actually directing (either in a shared or full manner) the care for the patient, the requirements would not apply.

## November 2009 – Were You Aware?

1. If an organization has a service that receives patients for treatment, i.e., an outpatient infusion center, from community practitioners not on the hospital's medical staff, TJC advises that the organization must minimally assure that the ordering LIP is licensed to practice. TJC also suggests consulting the specific state for any additional rules or regulations. (Courtesy of a response from the TJC Standards Interpretation Group)
2. Organizations providing outpatient services in rented space determined to be Business Occupancy, are responsible for assuring the applicable Life Safety requirements (i.e., fire alarm and fire sprinkler maintenance) for the rented space. The property manager may maintain these documents, but it would be advisable for the outpatient service to request and maintain copies. Additionally, such renters are not required to maintain documentation related to adjacent space (i.e., fire extinguishers in common corridors), however, it would be best practice to report and document any concerns about such systems to the property manager. (Courtesy of a response from the TJC Standards Interpretation Group)
3. Organizations risk Preliminary Denial of Accreditation if the hospital does not have a current license or certificate as required by its state, or if a component that performs laboratory services (waived or non-waived) does not have a CLIA certificate. Be sure that all surveyable components have current required licensure or certifications. **See update – December 2009**
4. Surgical and procedural documentation must evidence that the time-out was conducted prior to incision. (Courtesy of a response from the TJC Standards Interpretation Group)
5. Joint Commission has eliminated the ORYX requirements for the behavioral health care, home care and long term care accreditation programs effective January 1, 2010. The requirements under APR.04.01.01 will be deleted – with the exception of APR.04.01.01, EP27, for hospices that elect TJC for deemed status. See the November edition of *The Joint Commission Perspectives* for more information.
6. Organizations using contracted staff for the provision of care, treatment or services, must assure human resources functions and staff competencies in accordance with Leadership (LD) and Human Resources (HR) requirements. Following are some things specifically related to the HR requirements that healthcare organizations should be aware of. See the August 2009 edition of *The Joint Commission Perspectives* for additional information.
  - a. Orientation and training for contracted staff may be limited to key areas such as applicable emergency management, infection control, organizational safety and security. Orientation need not exactly mirror that of employed staff.
  - b. The organization may rely on the contractors human resources files once appropriate due diligence has been performed to assure the files meet TJC standards and the contracting organization's requirements.
  - c. The contracting organization may accept primary source verification conducted by the contracted service.

## October 2009 – Were You Aware?

1. C&A's Synergy Enhancement services provide the assessment processes and development of tactical plans to address Joint Commission's forty-third *Sentinel Event Alert* – "Leadership Committed to Safety." To learn more about or join our Synergy Enhancement pilot, contact Darlene Christiansen, Vice President of Synergy Enhancement at [darlene@courtemanche-assocs.com](mailto:darlene@courtemanche-assocs.com).
2. Evidence of Standards Compliance (ESC) must now include the title of the individual in the organization who is responsible for implementing in the plan of correction in addition to identifying, by title, the person responsible for policy, procedure or process changes and the titles of those trained in the corrective action. This is to be done in the "who" portion of the ESC. C&A provides a template for developing ESC – register for our Free Library to access a copy (register online at: <http://www.courtemanche-assocs.com/login.aspx>).
3. As noted in the October edition of *The Joint Commission Perspectives*, TJC has made changes to the hospital requirements for telemedicine to meet current CMS requirements. TJC is continuing dialogue with CMS regarding these requirements – but for now, healthcare organizations ("originating sites") that use telemedicine services are required to credential and privilege licensed independent practitioners (LIPs).
4. Of the 25 top scoring standards for the first half of 2009 (664 organizations surveyed), three challenging standards were in Life Safety (LS) and five were in Environment of Care (EC). Other challenging areas were National Patient Safety Goals & Universal Protocol (four challenging standards), and Record of Care and Provision of Care with three in each area. (All 25 top scoring standards are displayed in the tables provided here: <http://www.courtemanche-assocs.com/freeLibrary/challenging%20standards%20non-compliance.ppt>). In terms of the LS and EC standards, here are some quick tips:
  - a. Maintain appropriate egress in corridors and stairwells by removing clutter.
  - b. Assure fire safety by maintaining the integrity of fire and smoke doors and barriers and filling all penetrations.
  - c. Maintain, inspect and test fire alarm and suppression systems in accordance with the Life Safety Code®. Assure fire alarm systems are tied to the local fire department and that documentation of all inspections, testing, etc. is well-maintained and easily accessible.
  - d. Assure building hazards are addressed including the identification and correction of any inaccessible or inoperable fire dampers.
  - e. Maintain, inspect and test emergency power systems, including, but not limited to generators, battery-powered lights, automatic transfer switches. Assure that when systems are worked on or fixed, they are again tested to be sure the fix worked.
  - f. Maintain, inspect and test medical gas systems. Be sure that medical gas panels are accessible and alarms audible and monitored.

- g. Create a safe and functional environment – especially in high risk areas such as behavioral health and pediatrics. Perform risk assessments to validate that equipment, furnishings and other items in the environment do not pose a hazard to the particular patient population served.
  - h. Maintain security in high risk areas as well – such as mother/baby, behavioral health, pharmacy and surgical areas. Assure access is appropriately limited and unauthorized guests are appropriately challenged.
5. There are no exceptions to the CMS requirement that verbal/telephone orders be authenticated within 48 hours or in accordance with state law. Captain David Eddinger of CMS recently confirmed via telephone that this holds true even when an order is given and the patient is discharged within the 48 hour timeframe.
  6. Captain Eddinger also provided some general guidance on the timeframe for orders written for pre-procedure testing, care treatment and services, noting that such orders should be within 30 days of the procedure and that there should be a mechanism to determine if the patient’s condition has changed within that timeframe. We agree with the recommendation that orders should be provided as close to the scheduled procedure as is possible to reduce potential risk associated with changes in the patient’s condition.

## September 2009 – Were You Aware?

1. The Joint Commission will conduct follow-up surveys for organizations that receive a Condition Level Requirement for Improvement (RFI) during survey. This decision rule, known as “FOLL\_U,” is effective for all organizations whose survey began on or after July 1, 2009. RFIs related to the CMS Conditions of Participation (CoPs) are noted on the organization’s survey report and indicate whether the deficiency is at the Standard Level or Condition Level.
2. The Centers for Medicare & Medicaid Services (CMS) conduct random validation surveys on approximately 5% of all accredited organizations. This includes organizations surveyed by the three approved accrediting organizations – The Joint Commission, Det Norske Veritas Healthcare (DNV) and the Healthcare Facilities Accreditation Program (HFAP). The purpose of these surveys is to validate appropriate assessment of healthcare organizations’ compliance with CMS Conditions of Participation. TJC accredits over 4,200 hospitals; DNV currently accredits approximately 40 hospitals; and HFAP accredits around 200 hospitals.
3. Joint Commission’s Sentinel Event policy requires Measure of Success (MOS) follow-up activity for organizations that have had a submitted Root Cause Analysis accepted by TJC. Resulting risk reduction strategies associated with a TJC Element of Performance are expected to have a compliance rate based on the requirements of that EP. For “A” category EPs = 100%; for “C” category EPs = 90%. If a risk reduction strategy can’t be linked directly to a standard or National Patient Safety Goal, the compliance expectation must be at least 85%.
4. When submitting Evidence of Standards Compliance (ESC) after survey, organizations must implement their action plans prior to their submission deadlines for Requirement for Improvements identified

during survey. For those Elements of Performance requiring a Measure of Success, TJC is no longer requiring full compliance upon ESC submission deadline. Required compliance is expected to be demonstrated by an average of the data gathered over the four month MOS period. **Updated from May 2009**

5. Check out recent postings to TJC's FAQ site, including:
  - a. TJC published an updated FAQ on June 15<sup>th</sup> noting that defibrillators are considered life-sustaining equipment and, therefore, should be included on your life support equipment inventories, maintained and tested. Remember your AEDs!
  - b. Summary lists are required in all outpatient settings where there will be recurring visits. The list must be started by the third visit and needs to be readily available to all practitioners. The summary list must be updated as necessary to include all components of care a patient may be receiving, i.e., physical therapy, cancer care, etc.
6. TJC Survey reports now indicate the level of criticality for all scored EPs. Review your report carefully to determine if any Situational Decision Rules (Criticality Tier 2) have been identified. All survey reports containing Tier 2 (2 in a triangle) RFIs are reviewed by TJC Central Office and a decision is made whether the finding supports an adverse decision rule, such as Conditional Accreditation or Preliminary Denial of Accreditation, or if the finding should be addressed through the normal ESC process. Work closely with your Account Representative when reviewing your report.
7. ECRI Institute, in its July 2009 "Hazard Report Update," noted its current recommendation that blanket warmers have a maximum temperature of 130 degrees Fahrenheit and solution warming cabinets at maintained at no more than 110 degrees Fahrenheit.

## June 2009 – Were You Aware?

1. According to the June edition of The Joint Commission Perspectives, wrong site surgeries continue to be the number one reported sentinel event, followed by suicides and operative and post operative complications. Encourage a review of your Universal Protocol policies and procedures.
2. There have been additional scoring changes to the 2009 accreditation manuals. These are outlined in Perspectives as well.
3. Organizations are required to provide The Joint Commission, through their Account Representative, with information regarding changes to their application within 30 days of that change. This includes information related to change in ownership or location, significant increases or decreases in volume, additions or deletions of a type of service or site of care, and acquisition or deletion of an organizational component. Joint Commission will review this information and make a determination if an extension (or intra-cycle) survey is necessary.
4. Large, complex healthcare organizations may have received incorrect information from Account Reps in the past about services to list on their applications. To correct this and avoid APR.01.03.01 or an

extension survey, report this to Mark Pelletier, Executive Director of Accreditation and Certification Operations to bring applications up to date.

5. If the writing of the discharge summary is delegated to someone other than the attending physician, both the author of the discharge summary as well as the LIP responsible for the patient must authenticate, date and time the entry.
6. While Joint Commission is accepting some items as “observed but corrected” during survey, not every correction removes the Requirement for Improvement. Major, systemic issues and those that pose a concern for patient care or safety will still result in an RFI. During survey, organizations should consider whether to correct an issue or whether the situation is truly compliant and should be pursued with the surveyors.

## May 2009 – Were You Aware?

1. Organizations must be in full compliance with all plans of action associated with Requirements for Improvement (RFIs) by the time the Evidence of Standards Compliance (ESC) is submitted – 45 days for direct impact Elements of Performance (EPs) and 60 days for indirect impact EPs. **See update – September 2009**
2. TJC requires the same timeframe for plans of action for items of non-compliance identified on your Periodic Performance Review (PPR) that it does for Evidence of Standards Compliance. **Updated from April 2009**
  - a. Direct impact requirements are expected to have a plan of action that provides for compliance within 45 days.
  - b. Indirect impact requirements are expected to have a plan of action that provides for compliance within 60 days.
  - c. For Standards that have both direct and indirect EPs that are non-compliant, the 45 day timeframe applies.
3. The TJC standards changes that go into effect on July 1, 2009 include a complete replacement of the restraint and seclusion requirements. PC.03.05.01 through PC.03.05.19, as outlined in the March standards changes provided on TJC’s website, will replace (for organizations using TJC for deemed status) PC.03.02.01 through PC.03.03.31. These revised standards reflect CMS requirements that do not differentiate between medical-based and behavioral-based decision-making for use of restraints and seclusion.
4. The Joint Commission has posted revisions to the National Patient Safety Goals (NPSG) for field review. The proposed changes include deletion of some requirements, relocation of requirements from the NPSG to Standards and rewording of EPs. Organizations can view the changes and provide feedback to TJC by visiting the following link: <http://www.jointcommission.org/Standards/FieldReviews/>.
5. Element of Performance 5 in MM.05.01.011 – a requirement that patients be educated about medication dose packaging systems – is being eliminated as of July 1, 2009. Organizations had difficulty understanding the intent of this requirement or how to comply with it.

6. All 50 states have statutes that identify the legal requirements of physicians in the informed consent process. The communication process related to the purpose, risks, benefits and alternatives of treatments and procedures is both an ethical and legal obligation of the physician. Visit the American Medical Association website for more information and resources:  
[http://www.icgc.org/icgc\\_document/policies\\_and\\_guidelines/informed\\_consent\\_access\\_and\\_ethical\\_oversight](http://www.icgc.org/icgc_document/policies_and_guidelines/informed_consent_access_and_ethical_oversight).

## April 2009 – Were You Aware?

1. Hospitals face fines and potential loss of Medicare funding when physicians and staff “pre-chart.” In a recent case in California, anesthesiologists were found to have documented surgical records prior to procedures being conducted or completed. While the facility was able to correct the practice and was determined by CMS to meet standards, this is a practice that is seen in other organizations. Pre-charting is never acceptable.
2. Plans of action identified in your Periodic Performance Review (PPR) are to have a 45-day completion date. According to a recent response from the Standards Interpretation Group, organizations may request more time for those challenging plans of action. SIG may consider giving the organizations 45 days from the day of the call for completion of the action plan. **See update – May 2009**
3. The Joint Commission encourages organizations to address issues related to standards interpretation, organizational compliance and other concerns related to the survey process during the survey. Organizations should contact their TJC Account Representative who will assist them in identifying the appropriate individual to assist with their concerns.
4. The Joint Commission has reduced the number of additional Standards and Elements of Performance related to the CMS Conditions of Participation and applied the scoring categories to those EPs. Those requirements will be effective July 1, 2009 and can be found on Joint Commission’s website at <http://www.jointcommission.org/AccreditationPrograms/Hospitals/>.
5. While there will be no additional National Patient Safety Goals for the coming year, TJC is reviewing the Goals as part of the Standards Improvement Initiative and will soon post revisions for Field Review. Keep checking TJC’s website for that request for feedback.
6. Approximately 95% of the nation’s inpatient hospital beds are accredited by The Joint Commission.

## March 2009 – Were You Aware?

1. That you can use the “Special Issue Resolution” time on TJC’s survey agenda to address surveyor findings that look as though they are going to be scored? When the organization feels it is in compliance, the best time to address concerns or misunderstandings is during the survey. Request time during “Special Resolution.” Review your process with the surveyor. Use policies, procedures, staff job descriptions, education and competencies, governing and medical staff bylaws, medical records, etc. to demonstrate compliance. If the surveyor does not indicate that they are removing the finding, ask to have it flagged for further review at TJC.

2. That Joint Commission's modification dated January 1, 2007 related to pharmacist review of IV contrast media is still in effect? This modification can be found in the January 2007 edition of Joint Commission Perspectives" and allows organizations to "define, through protocol or policy, the role of the licensed independent practitioner in the direct supervision of a patient during and after IV contrast media" being delivered. The modification further encourages organizations to review the American College of Radiology Practice Guidelines for the Use of Intravascular Contrast Media, 2001, in developing such policies.
3. Of Joint Commission's announcement that it will not score Requirements for Improvement for Medication Reconciliation during 2009. Organizations should use their existing processes for this important safety initiative while TJC evaluates its requirements. Surveyors will continue to observe Med Rec processes during 2009 and provide educational feedback, but findings will not count towards the accreditation decision of the organization.
4. Among the top scoring standards for hospitals during the first half of 2008 were deficiencies to the Life Safety Code, compliance with critical test values and results, authentication of verbal and telephone orders and proper storage of medications. See the March issue of Joint Commission Perspectives for more information.
5. That the current version of the Comprehensive Accreditation Manual for Hospitals, both manual and E-dition versions, define "staff" in the Glossary. This is important in understanding the applicability of requirements in the Human Resources chapter. TJC defines staff: *"As appropriate to their roles and responsibilities, all people who provide care, treatment, or services in the organization, including those receiving pay (for example, permanent, temporary, and part-time personnel, as well as contract employees), volunteers and health profession students. The definition of staff does not include licensed independent practitioners who are not paid staff or who are not contract employees."*

## February 2009 – Were You Aware?

1. Of the following interpretations from TJC's Standards Interpretation Group related to site marking under the Universal Protocol:
  - Obvious wounds and lacerations treated in the ED setting do not need to be site marked unless only selected areas are being treated. However, the time out process would apply.
  - Anesthesia should mark the location of the block before placing the block.
  - Site marking must be done prior to the patient being brought to the procedure area and can be done in the physician's office.
2. When post-operative notes and orders for post-operative medications and care are written and signed pre-operatively, it is considered "pre-charting" and, if sanctioned by leadership, could trigger APR.01.02.01, which speaks to falsification. Post-operative notes and orders may be begun prior to the procedure, but must be completed, signed, dated and timed by the LIP after completion of the procedure.

3. That Joint Commission published corrections to the accreditation manuals in the February 2009 edition of TJC Perspectives. Several of the changes related to the removal of the requirement for Measures of Success for certain Elements of Performance.

## January 2009 – Were You Aware?

1. Patients prone to severe alcohol abuse may be tempted by alcohol-based hand sanitizers, according to the American Journal of Health-System Pharmacy. For organizations with a high risk population, consider removing wall-mounted sanitizers and providing personal sized sanitizers for staff.
2. The timeframe requirement for a proactive risk assessment (often using an FMEA approach), under LD.04.04.05, has been extended from once every 12 months to no longer than every 18 months under The Joint Commission Comprehensive Accreditation Manual for Hospitals. The proactive risk assessment requirement for home care organizations has been removed from the Comprehensive accreditation Manual for Home Care.
3. The Joint Commission has published FAQs for the 2009 National Patient Safety Goals and Standards as well as a revised Survey Activity Guide for 2009. Check out their website.
4. TJC has clarified its position on the risk related to adult-strength medications on a pediatric code cart to note that the situation is considered an immediate threat to life when “only the higher (adult) strength of a medication is stocked in a crash cart, and the organization’s policy, protocol, dosing charts, or routine practice in handling pediatric codes is based on the less concentrated pediatric strength.” (from The Joint Commission Perspectives, January 2009)
5. In preparation for its application to the Centers for Medicare & Medicaid Services (CMS) for deemed status, TJC will be making some changes to its accreditation process. The standards changes include some language changes to provide specificity as well as some new requirements. Included in these changes, for example, are new and revised requirements related to restraint and seclusion, the provision of anesthesia and handling patient complaints and grievances. The full draft changes are available on TJC’s website.