

***Joint Commission Update  
Important Changes for HIM***

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**Objectives**

- Review the new TJC survey and scoring process that took effect January 1, 2009
- Review new requirements for “deemed” status hospitals – effective July 1, 2009
- Review “hot topics” for 2009

## Scoring Rules & Categories

- 2 = satisfactory compliance
  - 1 = partial compliance
  - 0 = insufficient compliance
  - NA = not applicable
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- Category A – “yes” or “no” – Scored 0 or 2
  - Category C – number of times EP not met
  - 2 = 1 or fewer
  - 1 = 2 occurrences
  - 0 = 3 or more

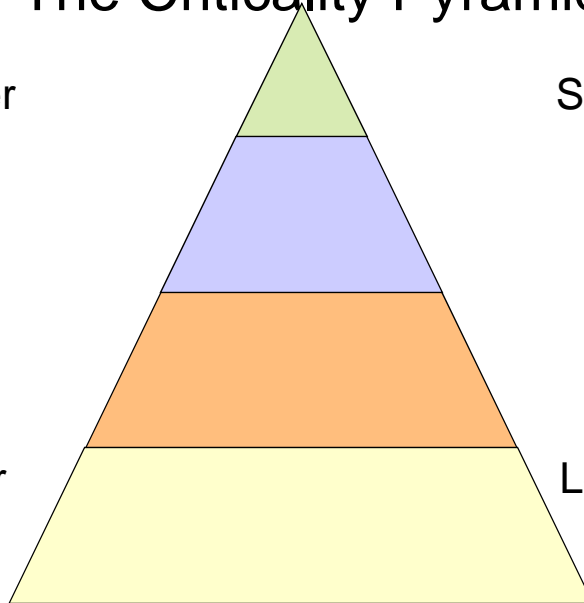
## The Criticality Pyramid

Higher

Shorter

Lower

Longer



## Criticality

- **Criticality** is defined as the immediacy of risk to patient safety or quality of care as a result of noncompliance with a Joint Commission requirement (for example, an EP, NPSG, Universal Protocol)
- Immediate Threat to Health and Safety
- Situational Decision Rules
- Direct Impact Requirements
- Indirect Impact Requirements

What does the pyramid mean to you?

- **Immediate threat to life – You are in BIG Trouble!**
- **Situational decision rule – You are in BIG trouble!**
- **Direct impact requirement – You are in trouble.**
- **Indirect impact requirement – You are in a little bit of trouble.**

## Deemed Status Makes a Difference!

- **Effective July 1, 2009**

- **History and Physical**
- MS.01.01.01, EP 20, 482.22( c) (5) – bylaws define requirements for completing and documenting H&P, who is qualified to do so
- MS.03.01.01, EP 6 – define content
- EP 8, 9, 10 – define who can perform, counter signatures
- EP 11 – define non-inpatient locations where H&P is required
- PC.01.02.03, EP 4, 482.22(c )(5)(i) – 30 days prior to or within 24 hrs. of inpatient admission and surgery
- RC.01.03.01, EP 4, 482.24( c)(2) – H&P is recorded within 24 hrs. after admission, registration and prior to surgery or procedure requiring anesthesia

## Deemed Status cont.

- **Orders**
- PC.02.01.03, 482.12(c )
- EP 1 – MD orders obtained before care
- EP 7 – Care provided using most recent patient order
- EP 14 – Respiratory services provided only on, and in accordance with MD/DO orders
- RC.02.03.07, 482.24( c)(2)(vii) – Verbal/telephone orders are authenticated within 48 hrs. of order being given; practitioner that is covering can sign
- RC.02.03.07 – Documentation includes the time the order was received

## Deemed Status cont.

- **Anesthesia**
- PC 03.01.03, 482.52 (b) (1) - Pre anesthesia eval completed and documented by individuals qualified to provide anesthesia within 48 hrs. prior to surgery or procedure.
- **Must include:** notation of anesthesia risk, anesthesia and drug allergy history, any potential anesthesia problems, patient's condition prior to induction of anesthesia (**new**)
- PC.03.01.07, EP 7, 482.52(b)(3) – Post anesthesia eval no later than 48 hrs post surgery and document by qualified provider of anesthesia and per approved medical staff policy
- **Must include:** respiratory function (rate, airway patency, oxygen saturation, cardiovascular function (pulse rate and BP), mental status, temp, pain, nausea, vomiting, postop hydration (**new**)

## Deemed Status cont.

- **Home Health/Managed Care/Discharge Planning**
- PC 04.01.0, EP 25 – medical record documents lists of Medicare home health agencies and also includes list of home health agencies that have contracted with Managed Care organizations if patient enrolled in Managed Care. Discharge plan notes any discloseable financial interests between hospital and home health, SNF etc.
- PC 04.01.03, EP 10 & 11 – Reassessments for discharge planning per established timeframes and must include review of discharge plan

## Deemed Status cont.

- **Medical Record**
- RC 01.01.01, 482.24 (c)(1)
- EP 18 - All entries in medical record are **dated**
- EP 19 – All entries in medical record, including orders, are **timed**
- All medical record entries are legible, complete, **dated**, **timed** and **authenticated** in written or electronic form by the person responsible for providing or evaluating the service provided consistent with hospital p/p
- RC.02.01.01, EP 1 – Medical record contains: all orders, discharge diagnosis, discharge plan and discharge planning evaluation (**new**)

## Deemed Status cont.

- **Important Note:**
- Preprinted order sets require each page to be signed, dated, timed and each page signified page “X” of “X”; must also sign or initial pages of order sets where selection, changes have been made

## Deemed Status cont.

- **Discharge summary**
- RC.02.04.01, 482.24(c )(2)(vii)
- Added to content of discharge summary:
- Patient's condition and disposition at discharge, provisions for follow up care
- **Autopsy**
- RI.01.05.01, 482.22(d)
- EP 21 Hospital defines how it will obtain, document permission to perform autopsy

## Deemed Status cont.

- **Restraints:**
- Restraint and/or seclusion for violent or self-destructive behavior
- Restraint and/or seclusion for non violent / non self-destructive behavior
- See attachment

## Hot Topics



- Signing, dating and timing orders
- Updates to the history and physical
- Restraints
- Pain assessment and reassessment
- Do not use abbreviations

## Signing, Dating and Timing

- 3 strikes and you are out!
- What others are doing:
  - Open record reviews
  - Tagging entries
  - Pens that date and time
  - Use of extenders
  - Early morning “record patrol”
  - EMR



## Updates to the H&P

- Open record reviews
- Pre-printed forms
- No entry to ORs



## Restraints

- Electronic alerts for all restraints
- Daily record reviews
- Restraint teams



## Pain Assessment and Reassessment

- Open record reviews
- Reporting to CNE
- Hard stops on EMR



## Do Not Use Abbreviations

- Open record reviews
- Pharmacy will not accept orders
- Physician report card
- Loss of privileges
- Staff evaluations



## No More Wiggle Room

- Its up to EVERYONE!
- Survey your department regularly
- Review medical records on an ongoing basis
- Keep the NPSGs at the top of staff's minds
- Resolve issues identified at mocks/patient tracers immediately

## What others are doing

- Must haves: Copy of 2009 TJC accreditation manual and CMS conditions of participation and interpretive guidelines
- Check TJC web site often
- Tightened universal protocol and timeout procedures
- Increased auditing of open medical records
- Monthly reporting to nursing, medical staff and administration by unit, by provider of unsigned v/t orders
- Teams addressing issues with MD participation
- Daily review of orders
- Flagging of orders by nursing
- Constant reminders to doctors to sign/date/time orders
- Implementation of E-signature for all orders, E-progress notes, CPOE
- Review of H&Ps in pre-procedure areas
- Forms redesign
- Concurrent record analysis
- Weekly work group to address awareness, direct contact to physicians with outstanding v/t order pending
- Worked with clinical areas and Information Services to improve electronic documentation of medications/medication reconciliation
- Implemented computer activated wrist bands
- Revision of restraint forms to include new requirements
- Education and feedback to physicians via posters, newsletters, physician portal to record completion
- More involvement from senior leadership to hold medical staff, other hospital staff accountable
- TJC success on leaders' evaluation

## What is happening during surveys in 2009?

- Medications – security, temperature, weekend monitoring
- Medications – labeled properly
- EOC – blocked exits, hallways free from obstructions, ceiling penetrations, fire doors, medical gas valves
- Medical Records – time/date/authentication of orders; summary list; legibility, PRN orders with no indications for use, content of H&P
- Time out – all team not participating
- Labeling on and off the sterile field
- QA for Cidex solutions
- Training for those who perform conscious sedation
- HR files up to date

## References

- 2009 Joint Commission Accreditation Manual and Revisions Related to CMS
- [www.jointcommission.com](http://www.jointcommission.com)
- Conditions of Participation – Transmittal 37
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