

## Joint Commission

# Joint Commission aligning with CoPs

**A**fter a 15-year absence, language on the RN circulator in the OR could be back in the Joint Commission hospital accreditation standards. It's one of the changes the Joint Commission is making to bring its requirements in line with the Medicare Conditions of Participation (CoPs). The changes, posted Jan 5, pertain to hospitals using Joint Commission accreditation for "deemed status" purposes, in other words, to meet Medicare regulations.

The revisions were effective Jan 1, though they are still considered a draft. The new requirements will be reviewed by surveyors but will not be scored until July 2009, according to the Joint Commission. They are still subject to change, based on discussions between the Joint Commission and the Centers for Medicare and Medicaid Services (CMS).

In practice, hospitals are probably already meeting most of the requirements, but some may need to modify their practice to meet added Joint Commission requirements, such as timing of medical record entries.

For some OR managers, changes in the surgical and anesthesia requirements will be déjà vu because they revisit standards from the early 1990s.

Over the years, the commission's standards and Medicare CoPs have grown apart, as the commission made its requirements broader and less prescriptive. Now the Joint Commission and other accrediting bodies are having to reapply to CMS for deeming authority. As part of that process, the commission must make its standards conform more closely to the CoPs.

Here are highlights of the updates as of Jan 9.

### Timing of medical record entry

In a requirement clinicians may find pesky, a time will now need to be documented for all medical record entries, including orders. This appears in the Joint Commission's Record of Care, Treatment and Services chapter at RC.01.01.01 EP 19. Previously, the commission required entries to be dated but not necessarily timed.

"This requires the extra step of jotting the time in the progress note or on an order, which often is not a habit," says John Rosing, MHA, FACHE, of Patton Healthcare Consulting, who consults on accreditation issues. "Hospitals typically haven't forced this to be done because it didn't seem worth the effort," given that state validation surveys are rare. Now this effort will need to be stepped up.

Documenting the time is a patient safety issue because it makes the sequence of orders clear to the staff, Rosing points out.

There have been errors, for example, when a physician writes a new order in a series, and the order is sent to the pharmacy, but the pharmacy mistakenly fills a previous order.

Though the timing requirement "is good from a patient safety standpoint, it is tedious for clinicians to get into the habit of adding the time, and hospitals will likely struggle implementing it," he observes.

### OR management and staffing

Added in the Human Resources chapter (HR.01.02.01) are several OR staffing requirements long absent from Joint Commission standards:

- ORs are supervised by an RN or physician with a background in surgical services.

- Licensed practical nurses and surgical technologists serve as scrub persons only when supervised by an RN.
- Only RNs perform circulating duties in the OR.
- A qualified RN who is immediately available to respond to emergencies supervises LPNs and STs who assist in circulating duties. A note defines “immediately available” to mean the RN cannot be outside the OR suite or engaged in duties that prevent the RN “from immediately intervening and assuming circulating duties.”

Over the years, to the frustration of perioperative nurses, Joint Commission language on OR staffing has become more generic, simply stating: “The hospital defines staff qualifications specific to their job responsibilities.” The update restores the older, more specific OR requirements.

In all, 39 states have laws or regulatory language on the RN circulator, and 22 have acceptable language, according to AORN.

### **History and physical**

There are minor changes on the timing of the history and physical (H&P) and update prior to surgery in the Provision of Care, Treatment, and Services chapter at PC.01.02.03. The new language says a patient will have an H&P no more than 30 days prior to, or within 24 hours after, inpatient admission or registration but prior to surgery or (in an added phrase) “a procedure requiring anesthesia services.”

Don’t read that “anesthesia services” phrase too literally, Rosing advises. The phrase applies not only to general anesthesia, regional anesthesia, monitored anesthesia care (MAC), and deep sedation but also to procedures such as GI endoscopies that use moderate sedation. In other words, an H&P and update are needed for procedures involving any services in the continuum from moderate sedation to general anesthesia.

### **Anesthesia evaluation**

Several requirements are added for anesthesia evaluation before and after surgery:

- PC.03.01.03. EP 10: A time frame is added to the preanesthesia evaluation to say the evaluation must be completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or anesthesia.
- PC.03.01.07. Two requirements are added for postanesthesia evaluation:
  - EP 7. The evaluation is completed by an individual qualified to administer anesthesia within 48 hours after surgery and anesthesia.
  - EP 8. The evaluation is completed in accord with law, regulation, and policies and procedures approved by the medical staff.

“Here, unlike the requirement for the H&P, the word ‘anesthesia’ is limited to general and regional anesthesia, MAC, and deep sedation but does not include moderate sedation,” Rosing says. In moderate sedation cases, hospital policy may allow patients to be discharged from the recovery area under criteria set by the medical staff.

“If the anesthesiologist or the surgeon giving moderate sedation has departed from the area, then under the policy, a qualified RN is able to use the criteria to complete the evaluation and discharge the patient,” he explains.

### **Lab policies on surgical specimens**

In what Rosing calls a “sleeper” at PC.03.01.08, under handling of specimens from surgery, a new requirement says the lab has a written policy on which tissue specimens require only a macroscopic examination and which require both macro- and microscopic examination. With all of the changes in surgery and diagnostic capability, not all labs may be up to date with their policies, and it’s not something the Joint Commission has previously focused on, he says.

“It’s a reminder to pull out your policy and make sure it reflects current practice,” he adds.

### **OR record requirements**

In the Record of Care chapter, a new requirement is added to RC.01.01.03 at EP 15, to require a “complete and up-to-date operating room register,” which includes a list of required items. In effect, this is the OR log or equivalent report that operating rooms already do.

### **The Joint Commission and CMS**

The Joint Commission and other accrediting groups are having to reapply for deeming authority because of reforms passed by Congress in 2008.

In order to participate in Medicare and Medicaid, hospitals must certify that they meet Medicare's CoPs. They may do this either by being surveyed by a state agency or, as is common, by using an accrediting body, such as the Joint Commission, that has been granted deeming authority by CMS. In essence, this means the government considers accredited hospitals to meet Medicare and Medicaid requirements. Though states are supposed to check up on hospitals' compliance with the standards through validation surveys, these surveys are infrequent.

The Joint Commission said in December it was on target to submit its deeming application to CMS early this year. Meanwhile, its hospital deeming authority remains in effect until July 15, 2010. Any hospital's accreditation and deemed status earned before that date will remain in effect for the full term of the hospital's accreditation, the commission says. ❖

*John Rosing will present breakout sessions on Joint Commission standards at the Managing Today's OR Suite Conference Oct 7 to 9 in Las Vegas. The conference brochure will be posted in March at [www.ormanager.com](http://www.ormanager.com).*