

ANALYSIS OF JOINT COMMISSION STANDARDS

CHANGES EFFECTIVE JANUARY 1, 2009 TO PREPARE FOR THE JOINT
COMMISSION'S APPLICATION FOR DEEMED STATUS

**CAUTION: THIS ANALYSIS WAS MADE WITHOUT THE BENEFIT OF
INFORMATION AS TO THE SCORING CATEGORY OF THE NEW
ELEMENTS OF PERFORMANCE. THE ASSESSMENT OF IMPACT MAY
CHANGE BASED ON SUCH ASSIGNMENT OF CATEGORIES**

VERSION 2, MARCH 2009

Greeley
HCPro

NEW ELEMENTS OF PERFORMANCE

Number of New Elements of Performance	165	
Number with Potentially Significant Changes	60	36%

EPs

STANDARD	EP	Significant?	ANALYSIS	Related Categories
Environment of Care				
		4		
EC.02.02.01	14	No	Federal law already requires exposure monitoring for staff exposed to ionizing, not just radiology staff.	Imaging, Anesthesia, Urology, Perioperative Services
EC.02.02.01	15	Yes	This is a wide open requirement and departs from the Joint Commission's prior position that the hospital need do a risk assessment.	Imaging
EC.02.04.03	14	No	This is required by the Nuclear Regulatory Commission and does not indicate a change in typical hospital practice.	Imaging
EC.02.06.01	20	Yes	This is a wide open requirement and departs from the Joint Commission's prior position that the hospital need do a risk assessment.	All departments where patient care or service is rendered.
Human Resources				
		11		
HR.01.01.01	25	No	This does not represent a significant change.	Nutritional Services
HR.01.01.01	26	No	This does not represent a significant change.	Nutritional Services
HR.01.01.01	27	No	This does not represent a significant change.	Information Management
HR.01.01.01	28	No	This does not represent a significant change.	Pharmacy
HR.01.02.01	15	No	This does not represent a significant change.	Perioperative Services
HR.01.02.01	16	Yes	This has a potential for mis-interpretation. The Medicare Conditions of Participation clearly restrict this requirement to the operating room. However, surveyors may tend to expand this inappropriately to other settings that don't have "circulators", such as the GI lab.	Perioperative Services
HR.01.02.01	17	No	Unlike EP.17, this requirement is clearly restricted to the operating room	Perioperative Services
HR.01.02.01	18	No	This does not represent a significant change.	Perioperative Services
HR.01.02.01	19	Yes	It is important to maintain documentation of training and competence for registered nurses and other in transfusions and IV management.	Nursing
HR.01.02.07	6	Yes	Although this is not an issue for the inpatient setting, this is subject to misinterpretation for care given in the ambulatory setting. It remains important to define nursing care as the nursing department, not performing technical duties including collecting data or administering medications. (Many outpatient settings do not have supervision by registered nurses.)	Nursing, Ambulatory Care
HR.01.04.01	3	No	This does not represent a significant change.	All Departments
Infection Control				
		1		
IC.01.01.01	4	Yes	This is a throwback to prior models of infection prevention. Please assure that the job description or other document (such as the infection control plan) gives these specific duties to the person responsible for the infection control program.	Infection Control
Information Management				
		1		
IM.02.02.01	4	No	This does not represent a significant change.	Information Management
Leadership				
		17		
LD.01.02.01	3	No	This does not represent a significant change.	Infection Control
LD.01.05.01	7	Yes	It is not clear what this means. The medical staff is typically responsible for its own organization with the approval of the governing body. It is not clear who the single responsible physician should be. We recommend that this be the chief of staff, staff president or some other elected officer. We also recommend that this provision be spelled out in the bylaws.	Medical Staff
LD.04.01.03	14	No	This does not represent a significant change.	Leadership

STANDARD	EP	Significant?	ANALYSIS	Related Categories
LD.04.01.03	15	No	This does not represent a significant change.	Leadership
LD.04.01.03	16	Yes	This reflects back to the certificate of need days. There may be items of \$600,000 that are not on current long term plans.	Leadership
LD.04.01.03	17	Yes	It is not common in many states to submit capital plans to a planning agency.	Leadership
LD.04.01.05	6	No	It is not clear what this means.	Emergency Services
LD.04.01.05	7	Yes	There now needs to be a clear medical director of these services.	Anesthesia, Nuclear Medicine, Respiratory Care
LD.04.03.01	2	Yes	This will be misinterpreted by some to think that each hospital has to have an emergency department. However, Medicare defines emergency services as the ability to stabilize folks who show up at your door. Also, social work is listed (while not listed in the accreditation manual).	Leadership
LD.04.03.01	25	No	This does not represent a significant change. (Remember that this need not be an emergency "department" under federal rules.)	
LD.04.03.07	5	No	42 CFR §482.27 is the Laboratory Conditions of Participation. This is already a general expectation.	Laboratory
LD.04.03.09	10	No	As long as the lab is CLIA registered, which it must be, it meets this regulation.	Laboratory
LD.04.03.09	23	Yes	Many hospitals do not have a centralized list of contracted services, even though they are ultimately able to track one down.	Performance Improvement
LD.04.04.01	5	Yes	Many hospitals do not have a list of improvement projects and a status. We recommend a routing, ongoing report of improvement projects.	Performance Improvement
LD.04.04.01	6	Yes	Need to crosswalk your improvement efforts with those of the local QIO	Performance Improvement
LD.04.04.01	7	Yes	This is strange language. It will be important to list performance improvement "projects" as part of the annual approval of the QA / PI plan.	Performance Improvement
LD.04.04.01	8	Yes	I'm not sure how involved each of these entities is in the infection training program and the PI programs.	Medical Staff, Nurse Executive, Chief Executive Officer
▼ Life Safety Code		1		
LS.01.01.01	4	No	This does not represent a significant change.	
▼ Medication Management		9		
MM.01.01.03	5	No	This does not represent a significant change.	Pharmacy
MM.01.01.03	6	No	This does not represent a significant change.	Nuclear Medicine
MM.03.01.01	3	No	This provides additional clarification about what a "controlled substance" is.	Pharmacy
MM.03.01.01	19	No	This does not represent a significant change.	Pharmacy
MM.03.01.01	20	Yes	This leaves much room for interpretation.	Pharmacy
MM.05.01.07	5	Yes	This issue has been clarified somewhat in recent months. However, there is still a more restrictive interpretation by CMS. This will be taken as Joint Commission adopting the CMS position.	Nursing, Pharmacy
MM.05.01.07	6	No	This does not represent a significant change.	Nuclear Medicine
MM.05.01.11	15	No	This does not represent a significant change.	Pharmacy
MM.07.01.03	6	Yes	This will require documentation of reporting.	All departments where patient care or service is rendered.
▼ Medical Staff		14		
MS.01.01.01	20	Yes	There are a couple of approaches to this. We recommend that this go into the rules and regulations and that the rules and regulations be considered part of the bylaws with different	
MS.01.01.01	21	No	This does not represent a significant change.	
MS.02.01.01	4	No	This does not represent a significant change.	
MS.03.01.01	12	No	This is already a requirement of EMTALA, for which deemed status does not apply.	
MS.03.01.01	13	No	This is already a requirement of EMTALA, for which deemed status does not apply.	

IT IS UNCLEAR AS TO WHETHER THE EXISTING RESTRAINT STANDARDS WILL STILL APPLY (PC.03.01.NN AND PC.03.02.NN)

STANDARD	EP	Significant?	ANALYSIS	Related Categories
MS.03.01.01	14	No	This is already a requirement of EMTALA, for which deemed status does not apply.	
MS.03.01.03	3	No	This does not represent a significant change.	
MS.03.01.03	12	No	This does not represent a significant change.	
MS.03.01.03	13	No	This does not represent a significant change.	
MS.05.01.01	17	No	This does not represent a significant change.	Pathology
MS.05.01.01	18	No	This does not represent a significant change.	Pathology
MS.06.01.03	9	No	This does not represent a significant change.	Radiology
MS.06.01.03	10	No	This does not represent a significant change.	Radiology
MS.13.01.01	1	Yes	The Joint Commission has capitulated to CMS and now requires Nighthawk and similar contractors to be fully credentialed by the hospital	Radiology
▼ Nursing		5		
NR.02.03.01	4	No	This does not represent a significant change.	
NR.02.03.01	7	No	This does not represent a significant change.	
NR.02.03.01	8	No	This is not really a change, however this may be subject to misinterpretation by surveyors. This only applies to locations where nursing care is given.	
NR.02.03.01	9	No	This does not represent a significant change.	
NR.02.03.01	10	No	This does not represent a significant change.	
▼ Patient Care		76		
PC.01.02.03	4	Yes	CMS defines anesthesia services differently than does Joint Commission. By bringing the words over from the Conditions of Participation, they have in essence raised the requirement.	Medical Staff
PC.01.02.03	5	Yes	CMS defines anesthesia services differently than does Joint Commission. By bringing the words over from the Conditions of Participation, they have in essence raised the requirement.	Medical Staff
PC.02.01.01	15	No	This does not represent a significant change.	Nursing
PC.02.01.03	1	Yes	What is a professional standard of practice?	
PC.02.01.03	7	No	This does not represent a significant change.	
PC.02.01.03	14	No	This does not represent a significant change.	Respiratory Care
PC.02.01.03	15	No	This does not represent a significant change.	Pharmacy
PC.02.02.03	22	No	This does not represent a significant change.	
PC.03.01.01	10	Yes	It is unclear how the Joint Commission will interpret this, because (unlike CMS) the Joint Commission has an "expansive" definition of anesthesia services.	Anesthesia
PC.03.01.01	11	No	This does not represent a significant change.	
PC.03.01.03	9	Yes	It is unclear how the Joint Commission will interpret this, because (unlike CMS) the Joint Commission has an "expansive" definition of anesthesia services.	Anesthesia
PC.03.01.07	7	Yes	It is unclear how the Joint Commission will interpret this, because (unlike CMS) the Joint Commission has an "expansive" definition of anesthesia services.	Anesthesia
PC.03.01.08	1	No	This does not represent a significant change.	Laboratory
PC.03.01.08	2	No	This does not represent a significant change.	Laboratory
PC.03.01.08	3	No	This does not represent a significant change.	Laboratory
PC.03.05.01	1	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.01	2	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.01	3	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.01	4	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.01	5	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.03	1	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.03	2	Yes	This requirement does not exist in current Joint Commission requirements.	Nursing, Medical Staff
PC.03.05.05	1	Yes	This provision does not allow the 12 hour window for a physician's order.	Nursing, Medical Staff
PC.03.05.05	2	No	This does not represent a significant change.	Nursing, Medical Staff

STANDARD	EP	Significant?	ANALYSIS	Related Categories
PC.03.05.05	3	Yes	This requirement does not exist in current Joint Commission requirements.	Nursing, Medical Staff
PC.03.05.05	4	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.05	5	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.05	6	No	This is actually less restrictive than comparable preexisting Joint Commission requirements (PC. 03.02.05 EP.5, which requires renewal each calendar day.	Nursing, Medical Staff
PC.03.05.07	1	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.09	1	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.09	2	Yes	This imposes a training burden for the general medical staff. This has not been previously required by Joint Commission standards.	Nursing, Medical Staff
PC.03.05.11	1	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.11	2	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.11	3	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.13	1	Yes	This is not significant different than current requirements, but most hospital have difficulty complying with this in the Emergency Department	Nursing, Medical Staff
PC.03.05.15	1	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.17	2	Yes	We need to review our training program.	Nursing, Medical Staff
PC.03.05.17	3	No	This does not represent a significant change.	Nursing, Medical Staff
PC.03.05.17	4	Yes	We must now document the training of the trainer.	Nursing, Medical Staff
PC.03.05.17	5	Yes	Demonstration of competence is new for staff and physician training.	Nursing, Medical Staff
PC.03.05.19	1	No	Existing CMS requirement.	Administration
PC.03.05.19	2	No	Existing CMS requirement.	
PC.03.05.19	3	No	Existing CMS requirement.	
PC.04.01.01	22	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.01	23	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.01	24	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.01	25	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.01	26	Yes	Need to verify the discharge planning policies are up to date.	Nursing, Case Management
PC.04.01.01	27	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.01	28	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.01	29	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.01	30	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.01	31	No	This does not represent a significant change.	Nursing, Case Management
PC.04.01.03	10	Yes	Reassessments do not always cover discharge planning, unless the patient is being followed by a case manager	Nursing, Case Management
PC.04.01.03	11	Yes	Reassessments do not always cover discharge planning, unless the patient is being followed by a case manager	Nursing, Case Management
PC.04.01.03	12	Yes	For low risk patients there is often not a link between the discharge planning assessment and the actual discharge process. This is an issue when discharge planning does not become involved.	Nursing, Case Management
PC.04.01.05	1	No	This does not represent a significant change.	Nursing
PC.04.01.05	2	No	Laboratory	Nursing
PC.04.01.05	7	Yes	This is not always documented at the time of discharge. Remember, comprehension must be documented	Nursing
PC.05.01.01	1	No	This does not represent a significant change.	Laboratory
PC.05.01.01	2	Yes	Must review written agreement with blood supplier.	Laboratory

STANDARD	EP	Significant?	ANALYSIS	Related Categories
PC.05.01.01	3	Yes	Must review written agreement with blood supplier.	Laboratory
PC.05.01.01	4	Yes	Must review written agreement with blood supplier.	Laboratory
PC.05.01.03	1	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.03	2	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.03	3	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.03	4	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.03	5	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.05	1	No	This does not represent a significant change.	Laboratory
PC.05.01.05	2	Yes	The "fully funded" part may be tricky	Laboratory
PC.05.01.07	1	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.07	2	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.07	3	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.07	4	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.07	5	No	This is the subject of existing blood bank requirements.	Laboratory
PC.05.01.07	6	No	This is the subject of existing blood bank requirements.	Laboratory
▼ Rights		14		
RI.01.02.01	27	No	This does not represent a significant change.	Nursing, Admission
RI.01.05.01	21	No	This does not represent a significant change.	Pathology
RI.01.07.01	1	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	2	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	4	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	6	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	7	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	10	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	17	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	18	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	19	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.07.01	20	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement

STANDARD	EP	Significant?	ANALYSIS	Related Categories
RI.01.07.01	21	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
RI.01.01.01	12	Yes	This now incorporate a scaled down version the CMS grievance requirements into the Joint Commission standards. A review of existing grievance procedures is recommended	Performance Improvement
▼ Record of Care				
RC.01.01.01	18	No	This does not represent a significant change.	Information Management
RC.01.01.01	19	Yes	This adds the requirement to time entries to the JC standards	Information Management
RC.01.02.01	4	No	This does not represent a significant change.	Information Management
RC.01.03.01	4	Yes	The Joint Commission's definition of anesthesia includes moderate sedation. The CMS definition does not. Therefore, this is an expansion of the H and P requirement	Nursing, Medical Staff, Perioperative Services
RC.01.05.01	1	No	This does not represent a significant change.	Information Management
RC.02.01.01	2	No	The 7 highlighted bullets have been added.	Information Management
RC.02.01.03	15	Yes	Not all hospitals have a complete register. For example, the type of anesthesia, total time for operation, etc. Some of these things are in the OR notes, but not in the post op physician's note. Should consider a postoperative summary form in lieu of a formal register.	Perioperative Services
RC.02.03.07	1	No	This does not represent a significant change.	Information Management
RC.02.03.07	4	No	This does not represent a significant change.	Information Management, Medical Staff, Nursing
RC.02.03.07	6	Yes	This is a very unclear statement, however we believe the Joint Commission was trying to indicate that the prescriber's countersignature must be dated and time.	Information Management, Medical Staff, Nursing
RC.02.04.01	3	No	The 3 highlighted bullets have been added / amended.	Information Management
RC.01.01.01	11	No	This does not represent a significant change.	Information Management, Medical Staff, Nursing