### 2012 Medical Staff Update

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### 2011 CHALLENGING STANDARDS/NPSGS

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Telemedicine

Revisions were sent to CMS for review and were initially rolled out in August 2011
Additional changes were requested by CMS after the roll out
Changes were communicated via email in December 2011
Changes were incorporated with the March update.

Telemedicine

MS.13.01.01

EP 1 All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:

Option 1: The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13
Option 2: The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Option 3: The originating site uses the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met:

1. The distant site is a Joint Commission–accredited hospital or ambulatory care organization.
2. The practitioner is privileged at the distant site for those services to be provided at the originating site.

Option 3 (Continued):

3. For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners’ privileges.
4. The originating site has evidence of an internal review of the practitioner’s performance of these privileges and sends to the distant site information that is useful to assess the practitioner’s quality of care, treatment, and services for use in privileging and performance improvement.
Telemedicine
MS.13.01.01

Option 3 (Continued):
At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided; and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9)

Note 1: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.

Note 2: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.

Whenever the hospital uses either the credentials information or the credentials and privileging decision from the distant site there must be a written agreement with the distant site incorporating the elements outlined at LD.04.03.09 EP 23
Telemedicine and Leadership
LD.04.03.09 EP 4

EP 4 Leaders monitor contracted services by establishing expectations for the performance of the contracted service

Note 1: In most cases, each licensed independent practitioner providing services must be credentialed and privileged by the hospital using their services following the process described in the MS chapter.

Telemedicine and Leadership
LD.04.03.09 EP 4

However, there are three special circumstances when this is not required:

1. Direct care through a telemedical link: Standard MS.13.01.01 describes several options for credentialing and privileging licensed independent practitioners who are responsible for the care, treatment, and services of the patient through a telemedical link.

2. Off-site services provided by a Joint Commission–accredited contractor.

Telemedicine and Leadership
LD.04.03.09 EP 4

3. For hospitals that do not use Joint Commission accreditation for deemed status purposes interpretive services through a telemedical link: EP 9 in this standard describes the circumstances under which a hospital can accept the credentialing and privileging decisions of a Joint Commission–accredited ambulatory care hospital for licensed independent practitioners providing interpretive services through a telemedical link.
Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:

a. Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.

b. Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges.

Note 3: For hospitals that use the Joint Commission accreditation for deemed status purposes: the leaders who monitor the contracted services are the governing body.

For hospitals that do not use Joint Commission accreditation for deemed status purposes: When using the services of licensed independent practitioners from a Joint Commission–accredited ambulatory care organization through a telemedical link for interpretive services, the hospital accepts the credentialing and privileging decisions of a Joint Commission–accredited ambulatory provider only after confirming that those decisions are made using the process described in Standards MS.06.01.03 through MS.06.01.07, excluding MS.06.01.03, EP 2. (See also MS.13.01.01, EP 1)
Telemedicine and Leadership
LD.04.03.09 EP 23

For hospitals that use Joint Commission accreditation for deemed status purposes:

The originating site has a written agreement with the distant site that specifies the following:

The distant site is a contractor of services to the hospital.

Telemedicine and Leadership
LD.04.03.09 EP 23

The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the “Medical Staff” (MS) chapter (Standards MS.06.01.01 through MS.06.01.13).

The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation.

Telemedicine and Leadership
LD.04.03.09 EP 23

The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site’s medical staff recommendations, which rely on information provided by the distant site.

Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.
MS.01.01.01
An Update

Every requirement set forth in Elements of Performance 12 through 36 is in the Medical Staff bylaws.

If an organization is found out of compliance with this Element of Performance, the observation will be cited at the appropriate Element of Performance 12-36…and at EP 3

Surveyors will ask for a Future Compliance Date, i.e. the date the governing body will approve the changes

The date is entered into survey technology and the organization will receive a contact from Account Executive to determine compliance achieved
M.S. 01.01.01: An Update
EP 16

For hospitals that use Joint Commission for deemed status purposes: The requirements for completing medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oralmaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy.

CMS CoP 482.22 (c) (5) Include a requirement that a physical examination and medical history be done no more than 30 days before or 24 hours after an admission for each patient by a qualified LIP.

M.S. 01.01.01: An Update
EP 16

The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and standard PC.01.02.03 EPs 4 and 5

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Commonly Scored Standards Impacting The Medical Staff

MS.08.01.01 FPPE

- Most Frequently Cited
  - EP 1—not implemented for all new practitioners
  - EP 3—not all components defined
  - EP 4—inconsistent implementation—new or issue/trigger based
  - EP 5—triggers not defined
Most Frequently Cited:
- EP 1: "Clearly defined process".
- EP 3: Has the data been used to grant, limit, etc privileges?

For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.

For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff approves the nuclear services director’s specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.
MS.03.01.01 EP 7

The organized medical staff monitors the quality of medical histories and physical examination.
– OK to have medical records department gathering the data: must be sure that they are trained as to what to look for
– Oversight of this process should be done by the medical staff

MS.03.01.03 EP 2

The hospital educates all licensed independent practitioners on assessing and managing pain.
– Need to be able to show evidence in files that education has been completed.

RC.01.01.01

The hospital maintains complete and accurate medical records for each individual patient

CoP 482.24 Medical Records 482.24(c)(1)
– Problematic EPs:
  – EP 19: all entries are timed
  – EP 11: all entries are dated
  – EP 6: information needed to justify the patient’s care, treatment, services
– Issues:
  – Stamps
  – Buy-in
RC.02.03.07

Qualified staff receive and record verbal orders
- CoP Medical Records 482.24(c)(1)(i, ii, iii)
- Allowance for partners to sign
- Problematic EP:
  - EP 4: verbal orders are authenticated within the time frame defined by law and regulation

PC.01.02.03

The hospital assesses and reassesses the patient and his or her condition according to defined time frames
- Problematic EPs:
  - EP 2: initial patient assessments are performed within defined time frame
  - EP 4: the patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after registration or inpatient admission but prior to surgery or procedure requiring anesthesia services

PC.01.02.03 (cont)

Problematic EPs:
- EP 5: update to the H&P documenting any changes is done within 24 hours of admission
- CoPs require documentation of the examination and any changes
  - Medical Staff: 482.22(c)(5)(ii)
  - Medical Records: 482.24(c)(2)(i)(b)
  - Surgical Services: 482.51(b)(1)(ii)
What's New!!

HR.01.02.05 EP 10

- Physician assistants and advanced practice registered nurses who practice within the hospital are credentialed, privileged, and re-privileged through the medical staff process or an equivalent process.

- However, CMS requires the use of the Medical Staff Process

APRNs and PAs

- APRNs and PAs that provide a "Medical Level" of care must be credentialed and privileged through the Medical Staff process

- Can no longer use the HR "equivalent" process if your organization uses Joint Commission for deemed status
  - CoP Medical Staff 482.22
Standing Orders/Protocols

Nurse initiated standing orders/protocols
- CMS October, 2008 Survey and Certification memo
- Update from November, 2011
  - The use of standing orders must be documented as an order in the patient’s medical record and authenticated by the practitioner responsible for the care of the patient, as the regulations at 42 CFR §482.23(c)(2) and §482.24(c)(1) require, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances. We would expect to see that the standing order had been entered into the order entry section of the patient's medical record as soon as possible after implementation of the order (much like a verbal order would be entered), with authentication by the patient's physician.

Standing Orders/Protocols

Nurse initiated standing orders/protocols
- A patient specific order is needed to initiate a protocol/standing order set (PC.02.01.03, RC.02.01.01)
- Medicare Conditions of Participation require:
  - 'the use of standing orders must be documented as an order in the patient’s medical record and authenticated by the practitioner responsible for the care of the patients as the regulations at 42 CFR 482.23(c)(2) and 482.24(c)(1)…”
Some organizations have utilized scribes for a while, most systemic EDs – Viewed as efficiency issue – Used to assist physicians navigate EMR – Enter documentation into EMR or chart – Locate lab results, test results, etc. Support workflow and documentation for medical record coding May be employed by the hospital or the physician or physician group

The Joint Commission does not endorse the use of scribes, however… If your organization chooses to use scribes the surveyors will expect to see: – Training and competencies for the scribes – Job description and performance evaluations with clearly defined expectations – If the scribe is employed by the physician all non-employee HR standards apply along with contract standard if contracted

– All entries must be signed by the scribe along with title (role), date and time – LIP MUST authenticate all entries by signing, dating and timing – Orders CANNOT be acted on until authenticated by the LIP working with the scribe – The issue of PAs using scribes
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