



Patton Healthcare Consulting Newsletter April 2016

NEWS FROM TJC

PERSPECTIVES:

Top Scored Standards in 2015 – Some Thorny New Issues

The April issue of Perspectives lead article is on the top 10 most frequently scored standards by program for all of calendar year 2015. The list is 90% familiar to our readers and as we have mentioned repeatedly in the past, the key to using this data is to assess your own compliance with these thorny issues, and make corrections as necessary. One familiar problematic standard fell off the top 10 listing and that is EC.02.03.05. While TJC does not indicate how far down it fell, we would assume it has not gone far, as it remains a frequently scored standard that we see in client reports due to the many elements of performance and the need to have well organized testing data about fire suppression systems. With one familiar issue falling off, there is one new one coming on the scene, and this is a bit of a surprise. The new #9 most frequently scored standard is PC.02.01.03 and we have not seen this in the top ten listing in the past. The standard states: "The hospital provides care, treatment and services as ordered or prescribed, and in accordance with law and regulation." There are then 3 elements of performance for hospitals; one requiring obtaining orders prior to providing care, a second to use the most recent orders and a third to use a read back process for verbal or telephone orders and critical results.

While this standard has not previously made the hospital top 10 list it has been on the home care top ten lists for at least 15 years. In home care there has been a long standing difficulty of matching active orders being provided with the periodic physician authorization in the 485 plan. Rather than this being indicative of an entirely new issue hitting the hospital industry, we believe this is more likely advice being given to surveyors on where best to score some issues, which do arise on hospital surveys. Relative to EP 1, we do from time to time see findings where staff initiated some treatment in anticipation of a physician order, but there is not yet a physician order, nor is there a hospital approved standing order to do so. For example, the patient that shows up in the morning for an outpatient surgical procedure and staff start an IV, prior to the physician making rounds to actually order the IV. Similarly, when a newborn infant receives vitamin K, or erythromycin eye ointment prior to staff actually obtaining orders, and again there is no hospital approved standing order to do this. Another example we have seen more recently is when a patient has a stratified pain order set for oral Percocet for mild pain and IM Dilaudid for moderate to severe pain and staff treat outside of the structured order set parameter. In other words, they provide Percocet for severe pain, or Dilaudid for the mild pain.

The second EP, actually numbered as EP 7 requires treatment according to the most recent orders. This is interesting as orders have gotten so complex, with so many different medications

and treatments, that sometimes staff fail to note subtle changes in the orders and continue to use an older order that should have been modified slightly. The third EP, numbered as #20 is the write down, read back concept for verbal orders and critical results. We don't believe this is the newly problematic EP for this standard. The process seems pretty well hard wired and we have not seen RFI's for this in several years.

New Requirement for Psychiatric Hospitals

This month's Perspectives also has an article about a new requirement for psychiatric hospitals requesting deemed status and that is PC.01.03.01, EP 6 which now has an additional bullet point. The new bullet point simply states that the care plan include: "The specific treatment modalities, used to treat the patient." You can obtain the text of the requirement from the Perspectives article or from the prepublication standards section of their website. This should not be too difficult for staff using paper based treatment plans as for many years staff have included the "interventions" which will be used to implement the treatment plan and the treatment modalities, are those interventions. This is less easily accomplished in many EMR formats as they for the most part don't meet the needs of the behavioral health staff sufficiently.

Reformatted FAQs on TJC Website

Probably the biggest news from TJC this month is the reformatting of their approach to FAQ's, which are now identified as "standards interpretations." The website display format has been redone and they have added additional search capability for new and featured interpretations. Unfortunately, as of this writing, it does not appear the new search criteria are working as nothing shows up as new or featured during a search, however much of the content does appear new. One of the challenges readers will encounter with the FAQ marked as NEW is identifying pertinent changes that affect your

status of preparation. You are held to compliance with standards, elements of performance, and previously posted FAQ's, assumedly now you will be held to these newly published interpretations too. We are going to suggest a team-based approach to analyzing all of these posted interpretations. This will help you to identify that content which is genuinely new, and any new or old issues where your state of readiness is not fully compliant with the posting. Each of the interpretations is organized by chapter, so your chapter leads should print each one and conduct a gap analysis to determine if you actually comply at this time. If you are due for survey in 2016, you want to get this accomplished ASAP so you are not surprised by anything. If you are due in 2017 or later, you have the luxury of waiting for the new and featured search criteria to work correctly, but still you should look at all the FAQ's as they may have some content you did not previously understand from just reading the elements of performance.

EC NEWS:

In April TJC posted both the April and May editions of EC News. The April edition has another article on a successful and well planned move of the Sutter Sacramento Hospital to a new campus. These articles are always a pleasure to read, how with good planning and organization, complex moves can move smoothly. EC News has had several of these over the years and they should be studied by any hospital planning a move to a new location.

Article on Workplace Violence

There is also an article on OSHA and worker safety with many links to guidelines and prevention of workplace violence articles. You will want to read this article online so you have access to these OSHA links. There is a second set of hyperlinks to Joint Commission, NIOSH and ASHRM references on worker safety. Your hospital safety committee or other group should be tasked with analysis of these OSHA references

for potential gaps in your worker protection efforts.

Maintaining Path of Egress

The May edition of EC News has an article on maintaining the path of egress with tips on not just hallway clutter, but proper signage, inappropriate locking of egress doors, and fire safety. LS.02.01.20 is number 4 on the top 10 most frequently scored hospital standards list with 51% of hospitals getting hit for this. Clearly this is a troublesome issue and to some extent it looks as if some hospitals have given up on keeping their egress path clear.

Tools for Generator Testing

The May edition of EC News also has an article on documentation of generator testing. This is a great resource for staff as it includes a tool for documenting the results of your generator testing. Many hospitals do it, but they fail to document the duration of the test, the load, the transfer switches or other key variables. This suggested form is a great resource, an “open book test” as it were to ensure your documentation is complete.

NUMEROUS DELETED ELEMENTS OF PERFORMANCE:

Kudos to the Joint Commission on following through on a promised deletion of a significantly large number of elements of performance. They had talked about this last year and many of us thought it might never happen, having been through similar discussions when we worked at TJC. Well, just before going to publication of our newsletter TJC posted to its website the proposed deletion of 131 EP's. Here is the link to the deletions: http://www.jointcommission.org/assets/1/18/Prepub_HAP_EP_Review_v2.pdf

The rationale for each deletion is noted, with many being that it is duplicative of requirements in other EP's. They also have identified many

assessment elements where they propose that the content requirement should be decided upon by the organization, not TJC. One concerning category is when TJC identifies that the requirement is already covered by law or regulations of others. Having the redundant content sometimes adds clarity for those that are new to the industry. For example deletions that are proposed for tissue standards and waived testing standards are identified as being covered by other regulations. There are also some deletions to the anesthesia and sedation standards, PC.03.01.01 and PC.03.01.03, that have been ingrained practices for many years. PC.03.01.11, a hold over from the post lobotomy days in behavioral health is also slated for deletion. The last one we wanted to note is the very confusing continued publication of the old set of human resource and clinical practice indicators that were used to evaluate staffing effectiveness prior until about 5 years ago, are finally going to be discontinued from the manual. As consultants we found many organizations continuing to use these requirements even though there has been really small print for at least 5 years saying these requirements are no longer in effect.

So congratulations to TJC for doing this, and readers, take your manual and cross out these discontinued elements of performance. Be cautious in acting upon the changes however for those that are identified as being duplicative of other content. The EP is gone, but the requirement is not really gone in those cases.

CMS UPDATE:

There are no new CMS Survey and Certification memo's of importance to our hospital readers this month. Maybe it's all the election excitement, but stay tuned.

Kurt A. Patton MS RPh *Jennifer Cowel, MHA* *John R. Rosing, MHA* *Mary Cesare-Murphy, PhD*
Kurt@PattonHC.com JenCowel@PattonHC.com JohnRosing@PattonHC.com MCM@PattonHC.com

*If you are reading this newsletter because it was forwarded to you and you would like to be added to the subscribers list, just send any of us an email and we can do that for you. Also, visit our blog at: <http://pattonhcblog.wordpress.com>
www.PattonHC.com*