Joint Commission’s top ten toughest standards

What’s on the Joint Commission’s list of problem standards? The top 10 scored standards didn’t change much in 2011. Five of the top 10 are Environment of Care/Life Safety issues.

Here’s a look at the trouble spots as identified at the Joint Commission’s executive briefing in late 2011.

Medical Records: RC.01.01.01
Sign, date, and time of medical record entries are still the main issues with this standard. The Joint Commission noted that it is looking at signature stamps to ensure that stamps only prompt a “fill-in-the-blank” template and do not create a stamped signature.

The Joint Commission is also looking for the same handwriting on the date/time/signature to ensure others are not completing the date and/or time. Also scored under this standard is legibility and ensuring that information in the medical record justifies care/treatment and service.

Life Safety: LS.02.01.20
Corridor clutter is the biggest issue Life Safety Code (LSC). The Joint Commission suggests that you review and appropriately update your building drawings. Often, the LSC drawings don’t reflect changes to the building, or don’t identify areas such as the ICU or the OR as “suites,” which allow some leeway for hallway storage.

Remember, too, that the Joint Commission allows crash carts, isolation carts, and chemo carts to be considered “in use” in hallways. Linen hampers and latex carts are not allowed in hallways for more than 30 minutes, or they will be scored. Additionally, if you have hallway beds, surveyors will score the obstruction caused by these beds under this standard. Surveyors are trained to look at clutter in a hallway and revisit it an hour or so later; if it is still there, they score it.

Helpful tips:
• Dead-end corridors of less than or equal to 50 square feet can be used for storage.
• Hospitals are allowed to use a patient room for storage if there is an automated door closure and if it is fully sprinklered.

It may be necessary for hospitals to request an equivalency for this if the perimeter walls in these storage locations do not fully extend from floor deck to ceiling deck.

Life Safety: LS.02.01.10
For fire walls, penetrations are still a big problem; IT cables are the biggest offender. Also frequently scored are fire doors that do not close and latch properly or have too large of a gap between leaves or at the base. When surveyors find adhesive tape over the latch to prevent a fire door from latching, it is scored here.

Life Safety: LS.02.01.30
For smoke walls, again, penetrations are a frequently scored item. Surveyors also score when doors to hazardous areas do not properly latch, due again to improper use of tape over the latch or a need for maintenance to correct align-
Joint Commission hot topics
A few hot-button items from the Joint Commission’s executive briefing.

Standing orders/protocols
A new requirement for standing orders and order protocols: The Joint Commission indicated that it has been working with the Centers for Medicare and Medicaid Services (CMS). They are in agreement that an RN can initiate medical staff-approved standing orders/protocols for the benefit of patient care prior to the obtaining of the actual patient specific order. This can occur for patient safety, emergency care, or timeliness of care.

Examples are newborn orders and emergency department orders such as a chest pain protocol.

CMS indicates that obtaining the order should not be a barrier to effective patient care. Pat Adamski, director of standards interpretation, noted that in addition to the CMS expectation that the standing order/protocol be approved by the medical staff, the Joint Commission expects that these are approved by both the Pharmacy and Therapeutics Committee (P&T) and a hospital’s chief nurse executive.

The chief nurse needs to ensure that nurses are not practicing outside the scope of their state license. P&T needs to sign off if there are medications in the standing order/protocol.

CMS requires that an RN-initiated order be treated as if it were a verbal order, meaning the licensed independent practitioner (LIP) needs to write an order or give a verbal order for what was done by the RN as soon as possible but at least within the time frames of a verbal order (eg, 48 hours).

Be careful, however, because some states do not allow nurse-initiated standing orders/protocols. Hospitals must first adhere to applicable state law on this issue.

Clinical alarms
This was a National Patient Safety Goal, now retired, but the issue is again problematic. Surveyors have found alarms shut off or turned down by staff or inadequate staffing levels that have led to delays in alarm response.

The Joint Commission described the issue of alarm fatigue and noted that Immediate Threat to Health or Safety may be cited if issues are detected on survey. CMS has cited Imminent Jeopardy for the same reason.

Clinical engineers should also be testing these alarms. The Association for the Advancement of Medical Instrumentation (AAMI) cosponsored a clinical alarm summit with the Joint Commission, and issued a report in December 2011 (www.aami.org/alarms/Materials/2011_Alarms_Summit_publication.pdf).

Life Safety Code specialists scoring leadership standards
Life Safety Code specialists have been trained to score leadership standards when issues in the environment exist that leaders should have been aware of, should have allocated resources for, or should have held staff accountable for. Examples are sufficient funds allocated for priority system issues or accountability issues identified on the Plan for Improvement (PFI). These double dings will often result in a Medicare condition of participation for the governing body being identified as out of compliance.

Immediate Threat to Health or Safety
The Joint Commission noted there were 2 to 5 occurrences of Immediate Threat to Life in 2011, an increase from 2010. Examples included significantly compromised fire alarm systems, sprinkler systems, emergency power systems, or a medical gas master panel. Others include significantly compromised exits and other situations that place patients, staff, or visitors in extreme danger. Clinical examples are clinical alarm issues and competency/scope of practice issues.

These issues are communicated to CMS, and that agency will often visit as well, which may result in an Immediate Jeopardy decision by CMS.

Laryngoscope blades
The Joint Commission expects organizations to follow the Centers for Disease Control and Prevention’s Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations, which consider laryngoscope blades as semi-critical devices with regard to reprocessing, packaging, and storage. The Joint Commission issued a response to an FAQ in October 2011. (See December 2011 OR Manager.)

—John Rosing, MHA, FACHE
ment or closure pressure. Hazardous areas also need signage to allow access only to appropriate people. The hospital can decide which of these rooms need to be locked through a risk assessment, though some states require that they be locked.

**Environment of Care: EC.02.03.05 and EC.02.05.01**
Surveyors were trained in 2011 on these standards, which include the requirements for quickly producing thorough documentation of life safety and utility systems inspections and testing. Surveyors are scoring EC.02.05.01 when there is no written inventory of components of utility systems or when these utilities are not maintained in a timely manner.

The hospital must define the frequency for maintaining, testing, and inspection of utility systems. The Centers for Medicare and Medicaid Services (CMS) has agreed with the Joint Commission that intervals for testing and inspection may be based on hospital experience, risk levels, and current literature as well as manufacturers’ recommendations.

**Infection Prevention and Control: IC.02.02.01**
Three conditions of participation (CoPs) are associated with this standard. The Joint Commission noted that every clinical area included under the hospital’s CCN [CMS certification number] should be covered by the infection control plan and risk assessment.

This standard can result in a condition-level deficiency and perhaps an Immediate Threat to Health or Safety finding.

**Disinfection practices**
The most problematic issue is intermediate and high-level disinfection.

Surveyors are scoring when staff are not well trained (say or do things contrary to policy), usually because they lack sufficient oversight. For example, staff are seen estimating the concentration of disinfectant; are not documenting the quality controls (for instance, on glutaraldehyde test strips); or are not following manufacturers’ instructions.

**Endoscopes**
Endoscopes remain a hot issue. Surveyors are still seeing storage of endoscopes with the tip resting on a dirty towel or Chux. The Joint Commission also requires that all scopes, including loaners, be put on the biomed inventory list to provide more oversight for the process.

**Low-level disinfection**
A continued trouble spot is leaving the disinfectant on surfaces or pieces of equipment for the recommended drying time. Follow manufacturers’ recommendations and consider drying time in product selection and staff education on product use.

**Personal protective equipment**
Surveyors are noting that personal protective equipment (PPE) is a problem; sometimes no PPE are available, or staff are reusing PPE.

This is where wearing a surgical mask around the neck outside the OR would be cited. Also, this standard is scored when surveyors discover during their tracer that a patient should be on isolation precautions and is not.
Medical Records: RC.02.03.07
Verbal order authentication within 48 hours or per state law is still an issue. We thought electronic medical records would help with this. But we are seeing hospitals struggling with this issue when a hard stop is not in place to obtain required authentication. Recall that CMS allows partners of physicians who gave the verbal order to authenticate the order; however, this exemption is due to expire in 2012. CMS has proposed new rules that would extend this exemption indefinitely.

Medication Management: MM.03.01.01
Requirements of this standard have been among the top scored for a decade or more. Problems continue to be:

- monitoring your medication refrigerator according to your policy
- lack of staff action when there are temperature outliers (even if that action is to return to the refrigerator an hour later to retest the temperature, which by this time may have returned to be within the desired range).

Define in policy nonlicensed staff who can have access to areas where medications are stored, and educate those staff about their responsibilities. Create reasonable policies. For example, you can allow housekeeping personnel in the OR incidental access to medications, but this must be both allowed by policy, and the staff must be informed of this responsibility.

Surveyors are still finding and citing medication carts, medication tackle boxes, or supplies containing medications in unlocked, unoccupied areas.

They are citing hospitals when staff leave the hospital’s employment but do not have their access password promptly removed from automated dispensing machines.

The Joint Commission reinforced that the beyond-use date must be displayed on multidose vials. Hospitals must follow the manufacturer’s instructions if they differ from the 28-day rule.

(The 28-day rule does not apply to vaccines, but the Joint Commission advised that hospitals adhere to the “cold chain.” In other words, vaccines need to be at the appropriate temperature throughout the product life.)

Lastly, the element of performance related to expired medication is still a problem.

Provision of Care: PC.01.02.03
The top issues scored under this standard are initial assessments done per policy and the update to the history and physical (H&P). The Joint Commission noted that the H&P must be no older than 30 days, and when performed and documented prior to an admission, needs to be updated within 24 hours of the admission—but always before any procedure is performed (ie, whichever comes first: 24 hours or a procedure).

This update has to include language that the H&P has been reviewed, the patient has been “examined,” and either there were no changes or if there were changes, the changes must be noted; CMS is not wavering on this requirement. ❖

—John Rosing, MHA, FACHE
Vice President and Principal
Patton Healthcare Consulting
Thiensville, Wisconsin

John Rosing can be reached at 262/242-3631 or johnrosing@pattonhc.com.