Further changes for 2009 standards

On March 26, the Joint Commission issued a further revision of its 2009 standards. The revision, among other things, removes specific language about OR supervision and circulating duties that had appeared in a Jan 5 draft.

The Joint Commission said the changes were a result of its negotiations with the Centers for Medicare and Medicaid Services (CMS) over its deeming authority.

The Jan 5 language restored to the Human Resources chapter at HR.01.02.01 OR-specific requirements from the CMS hospital conditions of participation (CoPs) that had long been absent from Joint Commission standards. In the March 26 document, that specific language is removed. The commission says these requirements were “already covered in existing elements of performance” or are addressed in the survey process.

Specific staffing language was also removed for other departments, such as medical records, dietary, pharmacy, and nursing services.

What the changes mean

No new requirements were added between the Jan 5 and March 26 updates, the Joint Commission says.

The Jan 5 document had added 165 elements of performance (EPs) to bring the standards in line with the CoPs. The number is reduced to 87 EPs in the March 26 document. Some of the new EPs apply to surgery.

The Joint Commission says the new EPs will be surveyed starting April 6, but noncompliance will not affect accreditation decisions until July 1, 2009. The EPs won’t actually be final until CMS approves them, expected by the end of 2009.

Surgery-related requirements

These are highlights of new EPs relating to surgery remaining in the March 26 document. For further discussion, see the February OR Manager (p 21).

Timing of medical record entries

RC.01.01.01.EP 19

A time will now need to be documented for all medical record entries, including orders. Previously, entries had to be dated but not necessarily timed.

History and physical

PC.01.02.03

There are minor changes in the timing of the history and physical (H&P) and update prior to surgery.
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.”

**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 no later than 48 hours after surgery or anesthesia.
  - **EP 8:** The evaluation is completed in accord with law, regulation, and policies and procedures approved by the medical staff.

**Lab policies on surgical specimens**

**PC.03.01.08**

A new requirement says the lab has a written policy covering which tissue specimens require only a macroscopic examination and which require both macro and microscopic examination.

**OR record requirements**

**RC.02.01.03 EP 15**

A requirement is added to require a “complete and up-to-date operating room register,” with a list of required items. In effect, this is the intraoperative documentation that facilities already have.

**Why all the changes?**

Because of reforms passed by Congress in 2008, the Joint Commission must reapply to CMS for deeming authority for hospital accreditation. Deeming authority allows an accrediting body to “deem” that a health care organization meets CMS standards.

The commission says it submitted its deeming application to CMS in February and expects a decision by the end of 2009.

Joint Commission officials say they are confident the commission will retain its deeming authority from CMS.

A side-by-side comparison of the Jan 5 and March 26 language is at www.jointcommission.org