The Joint Commission

Standards Related to Medical Staff
#1 Problematic Standard!

Timing and Dating of Entries

All medical record entries must be **timed** & dated.

This includes orders, progress notes, and immediate post-procedure notes.
History & Physical

• A medical H&P must be completed & documented no more than 30 days prior to or within 24 hours after inpatient admission.

• For H&Ps completed within 30 days prior to inpatient admission, an update documenting any changes in the patient’s condition is completed within 24 hours after inpatient admission or prior to an operative or other high-risk procedure, whichever comes first.
TIMELY Authentication of Verbal Orders

- Verbal orders are authenticated within the time frame defined by law and regulation *(within 48 hours)*. Exception – DNR and restraint orders may not be given verbally.

- The verbal order may be authenticated, dated, and timed by any physician who is responsible for the care of the patient by virtue of being in a cross-coverage arrangement.

- Again, authentication must include date and time of signature!

Key Word = TIMELY!
DISCHARGE SUMMARIES

The dictated or handwritten (must be legible) summary shall be completed as soon as possible but no longer than seventy-two (72) hours after a patient’s discharge.

All expired patients require a death summary regardless of the duration of the patient’s stay (excluding emergency department visits and clinical outpatient visits). The death summary must be dictated to facilitate completion of the death certificate and must include the elements of a discharge summary and the patient’s time of death.
A **time-out** is performed immediately prior to starting procedures. Must address the following:

- Correct side and site are marked
- Correct patient identity
- Accurate procedure consent form
- Agreement on procedure to be done
- Correct patient position
- Relevant images & results properly labeled & approp. displayed
- Need to administer antibiotics or fluids for irrigation purposes
- Safety precautions based on patient history or medication use

Time-out components are *clearly documented.*
PRN Medications

• Always write the *indications* for “PRN” medications.

Examples:
- “Valium 2 mg po every 4 hours prn spasms.”
- “Neb treatment every 6 hours prn shortness of breath.”
Stop! Before you write that order, make sure that abbreviation is not on this list.

kr read incorrectly. these abbreviations can lead to fatal mistakes.

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Establishing a *1'*41 -u se abbrevileion lisi Is part of
The Joint Commission's i4aBnal Patienl Safety 00812, RiaqulreMenl
“Do Not Use” Abbreviations

QD

The unapproved abbreviation most commonly seen.
Medication Reconciliation – Revisions*

1. Obtain info on meds patient is currently taking when admitted or seen in OP setting. Document in list or other format useful to those who manage meds.

1. Define types of med info (name, dose, route, frequency, *purpose*) to be collected in non-24-hr settings (ER, Ambulatory Surgery, OP Radiology, etc.) & different patient circumstances.

1. Compare med info patient brings to hospital with meds ordered by hospital to identify & resolve discrepancies. A qualified individual does the comparison.

1. Provide patient or family with written info on meds to be taken when discharged or at end of OP encounter.

1. Explain importance of managing med info to patient at discharge or end of OP encounter. (Examples: instruct patient to give a list to PCP; to update info when meds are d/c’d or changed; to carry med info at all times)

* Effective July 1, 2011
Other important patient safety activities!

Legible chart entries!

Handwashing!
Wash hands before and after patient contact.
Bylaws, Rules & Regs

When there is CONFLICT related to them

(A) If conflict arises within the medical staff regarding bylaws, R&R etc, it implements its process for managing internal conflict.* (New TJC standard; The Medical Staff needs to develop a written conflict management process.)
Bylaws, Rules & Regs

When there is CONFLICT related to them

(B) If *conflicts* arise between the Board and the Organized Medical Staff regarding bylaws, R&R etc, the hospital implements the hospital’s conflict management process.*