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# Hospital Accreditation Standards

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## **Joint Commission Mission**

The mission of the Joint Commission on Accreditation of Healthcare Organizations is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

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This compact, easy-to-use book contains all of the hospital standards, intent statements, policies and procedures, and accreditation participation requirements effective January 1, 2001. Also included are the new staffing effectiveness standards going into effect July 1, 2002. Because it is compact and thorough, the *2002 Hospital Accreditation Standards* is ideally suited to a number of situations, including as

- a quick reference guide in meetings;
- an orientation and training resource for new staff members; and
- a concise overview of the standards for all laboratory staff.

The Joint Commission on Accreditation of Healthcare Organizations is a private, not-for-profit organization dedicated to continuously improving the safety and quality of care provided to the public. The Joint Commission is the nation's principal standards setter and evaluator for a variety of health care organizations, including hospitals, ambulatory care organizations, assisted living communities, behavioral health care organizations, home care organizations, laboratories, long term care organizations, networks, and PPO organizations.

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Medical records, trial testimony and hospital brief depict unethical conduct, exclusion of family from health care decisions and failure to address the forgoing or withdrawing of life-sustaining treatment.

## Standards

The following is a list of all standards for this function. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary, page 327. Terms that are critical to the understanding of the standard are defined in footnotes in the next section of this chapter—Standards and Intent Statements.

### Patient Rights

**RI.1** The hospital addresses ethical issues in providing patient care.

**RI.1.1** The patient's right to treatment or service is respected and supported.

**RI.1.2** Patients are involved in all aspects of their care.

**RI.1.2.1** Informed consent is obtained.

**RI.1.2.1.1** All patients asked to participate in a research project are given a description of the expected benefits.

**RI.1.2.1.2** All patients asked to participate in a research project are given a description of the potential discomforts and risks.

**RI.1.2.1.3** All patients asked to participate in a research project are given a description of alternative services that might also prove advantageous to them.

**RI.1.2.1.4** All patients asked to participate in a research project are given a full explanation of the procedures to be followed, especially those that are experimental in nature.

**RI.1.2.1.5** All patients asked to participate in a research project are told that they may refuse to participate, and that their refusal will not compromise their access to services.

**RI.1.2.2** Patients and, when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes.

**RI.1.2.3** The family participates in care decisions.

**RI.1.2.4** Patients are involved in resolving dilemmas about care decisions.

**RI.1.2.5** The hospital addresses advance directives.

**RI.1.2.6** The hospital addresses withholding resuscitative services.

**RI.1.2.7** The hospital addresses forgoing or withdrawing life-sustaining treatment.

**RI.1.2.8** The hospital addresses care at the end of life.

**RI.1.2.9** Patients have the right to appropriate assessment and management of pain.

**RI.1.3** *The hospital demonstrates respect for the following patient needs:*

**RI.1.3.1** confidentiality;

**RI.1.3.2** privacy;

**RI.1.3.3** security;

**RI.1.3.4** resolution of complaints;<sup>1</sup>

**RI.1.3.5** pastoral care and other spiritual services; and

**RI.1.3.6** communication.

**RI.1.3.6.1** When the hospital restricts a patient's visitors, mail, telephone calls, or other forms of communication, the restrictions are evaluated for their therapeutic effectiveness.

**RI.1.3.6.1.1** Any restrictions on communication are fully explained to the patient and family, and are determined with their participation.

**RI.1.4** Each patient receives a written statement of his or her rights.<sup>2</sup>

**RI.1.5** The hospital supports the patient's right to access protective services.

**RI.2** The hospital implements policies and procedures, developed with the medical staffs' participation, for the procuring and donation of organs and other tissues.

**RI.3** The hospital protects patients and respects their rights during research, investigation, and clinical trials involving human subjects.

**RI.3.1** All consent forms address the information specified in RI.1.2.1.1 through RI.1.2.1.5; indicate the name of the person who provided the information and the date the form was signed; and address the participant's right to privacy, confidentiality, and safety.

## Organization Ethics

**RI.4** The hospital operates according to a code of ethical behavior.

**RI.4.1** The code addresses marketing, admission, transfer and discharge, and billing practices.

**RI.4.2** The code addresses the relationship of the hospital and its staff members to other health care providers, educational institutions, and payers.

1. Hospital fails to follow its [Guidelines for Complaint Management](#) to address a serious [complaint](#) made directly to its Customer Relations Department.

2. Hospital fails to provide [statement of rights](#) or [Medicare Notice of Rights](#), even though [nursing notes](#) clearly show that surrogate was present on admission.

## Standards and Intent Statements

Following are the standards and intent statements for this function. This section is divided by grid element. Footnotes further clarify terms and other issues.

### Standards and Intent Statements for Patient Rights

#### Standard

**RI.1** The hospital addresses ethical issues in providing patient care.

#### Intent of RI.1

A mere listing of patient rights cannot guarantee that those rights are respected. Rather, a hospital demonstrates its support of patient rights through the processes by which staff members interact with and care for patients. These day-to-day interactions reflect a fundamental concern with and respect for patients' rights. All staff members are aware of the ethical issues surrounding patient care, the hospital's policies governing these issues, and the structures available to support ethical decision making.

The hospital establishes and maintains structures to support patient rights, and does so in a collaborative manner that involves the hospital's leaders and others. The structures are based on policies, procedures, and their philosophical basis, which makes up the framework that addresses both *patient care* and *organizational* ethical issues, including the following:

- a. The patient's right to reasonable access to care;
- b. The patient's right to care that is considerate and respectful of his or her personal values and beliefs;
- c. The patient's right to be informed about and participate in decisions regarding his or her care;
- d. The patient's right to participate in ethical questions that arise in the course of his or her care, including issues of conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment, and participation in investigational studies or clinical trials;
- e. The patient's right to security and personal privacy and confidentiality of information;
- f. The issue of designating a decision maker in case the patient is incapable of understanding a proposed treatment or procedure or is unable to communicate his or her wishes regarding care;
- g. The hospital's method of informing the patient of these issues identified in this intent;
- h. The hospital's method of educating staff about patient rights and their role in supporting those rights; and
- i. The patient's right to access protective services.\*

\* Protective services determine the need for protective intervention, correct hazardous living conditions or situations in which vulnerable adults are unable to care for themselves, and investigate evidence of neglect, abuse, or exploitation. Such services for children help families recognize the cause of any problems and strengthen parental ability to provide acceptable care. Protective services can include guardianship and advocacy services, conservatorship, state survey and certification agency, state licensure office, the state ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit.

## Standard

**RI.1.1** The patient's right to treatment or service is respected and supported.

### Intent of RI.1.1

A hospital provides care in response to a patient's request and need, so long as that care is within the hospital's capacity, its stated mission and philosophy, and relevant laws and regulations. When a hospital cannot provide the care a patient requests, staff fully inform the patient of his or her needs and the alternatives for care. If it is necessary and medically advisable, the hospital transfers the patient to another organization. The transfer has to be acceptable to the receiving organization.

## Standard

**RI.1.2** Patients are involved in all aspects of their care.

### Intent of RI.1.2

Hospitals promote patient and family involvement in all aspects of their care through implementation of policies and procedures that are compatible with the hospital's mission and resources, have diverse input, and guarantee communication across the organization. Patients are involved in at least the following aspects of their care:

- Giving informed consent;
- Making care decisions, including managing pain effectively;
- Resolving dilemmas about care decisions;
- Formulating advance directives;
- Withholding resuscitative services;
- Forgoing or withdrawing life-sustaining treatment; and
- Care at the end of life.

To this end, structures are developed, approved, and maintained through collaboration among the hospital's leaders and others.

Patients' psychosocial, spiritual, and cultural values affect how they respond to their care. The hospital allows patients and their families to express their spiritual beliefs and cultural practices, as long as these do not harm others or interfere with treatment.

## Standard

**RI.1.2.1** Informed consent is obtained.

### Intent of RI.1.2.1

Staff members clearly explain any proposed treatments or procedures to the patient and, when appropriate, the family. The explanation includes

- potential benefits and drawbacks;
- potential problems related to recuperation;
- the likelihood of success;
- the possible results of nontreatment; and
- any significant alternatives.

Staff members also inform the patient of

- the name of the physician or other practitioner who has primary responsibility for the patient's care;



## Standard

**RI.1.2.3** The family participates in care decisions.

### Intent of RI.1.2.3

Care sometimes requires that people other than (or in addition to) the patient be involved in decisions about the patient's care. This is especially true when the patient does not have the mental or physical capacity to make care decisions, or when the patient is a child. When the patient cannot make decisions regarding his or her care, a surrogate decision maker\* is identified. In the case of an unemancipated minor, the family or guardian is legally responsible for approving the care prescribed. The patient has the right to exclude any or all family members from participating in his or her care decisions.

## Standard

**RI.1.2.4** Patients are involved in resolving dilemmas about care decisions.

### Intent of RI.1.2.4

Making decisions about care sometimes presents questions, conflicts, or other dilemmas for the hospital and the patient, family, or other decision makers. These dilemmas may arise around issues of admission, treatment, or discharge. They can be especially difficult to resolve when the issues involve, for example, withholding resuscitative services or forgoing or withdrawing life-sustaining treatment. The hospital has a way of resolving such dilemmas and identifies those who need to be involved in the resolution.

## Standard

**RI.1.2.5** The hospital addresses advance directives.†

### Intent of RI.1.2.5

The hospital determines whether a patient has or wishes to make advance directives. The hospital also ensures that health care professionals and designated representatives honor the directives within the limits of the law and the organization's mission, philosophy, and capabilities. For example, if a patient elects to donate organs at the end of life, the organization must have a process to honor that directive (see also IM.7.10). In the absence of the actual advance directive, and in accord with applicable state law, the patient's wishes may be documented in the patient's medical record. The lack of advance directives does not hamper access to care. The hospital, however, provides assistance to patients who do not have an advance directive but wish to formulate one.

\* **surrogate decision maker** Someone appointed to act on behalf of another. Surrogates make decisions only when an individual is without capacity or has given permission to involve others.

† **advance directive** A document or documentation allowing a person to give directions about future medical care or to designate another person(s) to make medical decisions if the individual loses decision-making capacity. Advance directives may include living wills, durable powers of attorney, do-not-resuscitate (DNRs) orders, right to die, or similar documents expressing the individual's preferences as specified in the Patient Self-Determination Act.

## Standards

**RI.1.2.6** The hospital addresses withholding resuscitative services.

**RI.1.2.7** The hospital addresses forgoing or withdrawing life-sustaining treatment.

### Intent of RI.1.2.6 and RI.1.2.7

Decisions about withholding resuscitative services or forgoing or withdrawing life-sustaining treatment are among the most difficult choices facing patients, families, health care professionals, and hospitals. No single process can anticipate all of the situations in which such decisions must be made. All the more reason why it is important for the hospital to develop collaboratively a framework for making these difficult decisions.

The framework

- helps the hospital identify its position on initiating resuscitative services and using and removing life-sustaining treatment;
- ensures that the hospital conforms to the legal requirements of its jurisdiction;
- addresses situations in which these decisions are modified during the course of care;
- offers guidance to health professionals on the ethical and legal issues involved in these decisions and decreases their uncertainty about the practices permitted by the hospital.

The decision-making process is applied consistently, and the lines of accountability are clear. To ensure this, it is vital that a guiding process be formally adopted by the hospital's medical staff and approved by the governing body.

## Standard

**RI.1.2.8** The hospital addresses care at the end of life.

### Intent of RI.1.2.8

Dying patients have unique needs for respectful, responsive care. All hospital staff are sensitized to the needs of patients at the end of life. Concern for the patient's comfort and dignity should guide all aspects of care during the final stages of life.

The hospital's framework for addressing issues related to care at the end of life provide for

- providing appropriate treatment for any primary and secondary symptoms, according to the wishes of the patient or the surrogate decision maker;
- managing pain aggressively and effectively;
- sensitively addressing issues such as autopsy and organ donation;
- respecting the patient's values, religion, and philosophy;
- involving the patient and, where appropriate, the family in every aspect of care; and
- responding to the psychological, social, emotional, spiritual, and cultural concerns of the patient and the family.

Effective pain management is appropriate for all patients, not just for dying patients (see standards RI.1.2.9 and PE.1.4).

## Standard

**RI.1.2.9** Patients have the right to appropriate assessment and management of pain.

Communication restrictions are explained in a language the patient understands. For an unemancipated minor or patient under guardianship, applicable law determines who is legally entrusted to act in the patient's best interest. Clinical justification of such restrictions is documented in the medical record.

For many patients, pastoral care and other spiritual services are an integral part of health care and daily life. The hospital is able to provide for pastoral care and other spiritual services for patients who request them.

## Standard

**RI.1.4** Each patient receives a written statement of his or her rights.

### Intent of RI.1.4

Admission to the hospital can be a frightening and confusing experience for patients, making it difficult for them to understand and exercise their rights. A written copy of the hospital's statement of patients' rights is given to patients when they are admitted and is available to them throughout their stay. This statement is appropriate to the patient's age, understanding, and language.

The hospital may also post a copy of its patients' rights document in public areas accessible to patients and their visitors. When written communication is not effective (for example, the patient cannot read or the patient's language is rare in the patient population served), the patient is informed again of his or her rights after admission, in a manner that he or she can understand.

## Standard

**RI.1.5** The hospital supports the patient's right to access protective services.

### Intent of RI.1.5

When the hospital serves a patient population that often needs protective services (that is, guardianship and advocacy services, conservatorship, and child or adult protective services), it has ways of helping patients' families and the courts determine a patient's need for special services, such as guardianship. An independent assessment ensures that the patient's best interests are of primary concern. When the services are especially pertinent to the population served by the hospital, the patient is given, in writing

- a list of names, addresses, and telephone numbers of pertinent state client advocacy groups such as the state survey and certification agency, the state licensure office, the state ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and
- information regarding the patient's right to file a complaint with the state survey and certification agency if he or she has a concern about patient abuse, neglect, or about misappropriation of a patient's property in the facility.

The hospital has policies and procedures that address all the issues described above.

## Standard

**RI.2** The hospital implements policies and procedures, developed with the medical staffs' participation, for the procuring and donation of organs and other tissues.

## Standards

**RI.3** The hospital protects patients and respects their rights during research, investigation, and clinical trials involving human subjects.

**RI.3.1** *All consent forms address the information specified in RI.1.2.1.1 through RI.1.2.1.5; indicate the name of the person who provided the information and the date the form was signed; and address the participant's right to privacy, confidentiality, and safety.*

### Intent of RI.3 and RI.3.1

A hospital that conducts research, investigations, or clinical trials involving human subjects knows that its first responsibility is to the health and well-being of the individual patient. To protect and respect patients' rights, the hospital always

- reviews all research protocols in relation to the hospital's mission statement, values, and other guidelines;
- weighs the relative risks and benefits to the subjects; and
- obtains the subject's consent.

Because the patient's decision to participate in clinical trials or research needs to be based on his or her competency and sound information, the following items are documented in the patient's record:

- The name of the person who provided the information and
- The date the form was signed.

When research procedures are complete, the principal investigator does everything possible to eliminate any confusion, misinformation, stress, physical discomfort, or other harmful consequences the participant may have experienced as a result of the procedures.

## Standards and Intent Statements for Organization Ethics

### Standards

**RI.4** The hospital operates according to a code of ethical behavior.\*

**RI.4.1** The code addresses marketing, admission, transfer and discharge, and billing practices.

**RI.4.2** The code addresses the relationship of the hospital and its staff members to other health care providers, educational institutions, and payers.

### Intent of RI.4 Through RI.4.2

A hospital has an ethical responsibility to the patients and community it serves. Guiding documents, such as the hospital's mission statement and strategic plan, provide a consistent, ethical framework for its patient care and business practices.

\* The hospital may have one code of ethical behavior or multiple codes addressing the issues identified in RI.4.1 through RI.4.2.

But a framework alone is not sufficient. To support ethical operations and fair treatment of patients, a hospital has and operates according to a code of ethical behavior. The code addresses ethical practices regarding

- marketing;
- admission;
- transfer;
- discharge; and
- billing, and resolution of conflicts associated with patient billing.

The code ensures that the hospital conducts its business and patient care practices in an honest, decent, and proper manner.

## Standard

**RI.4.3** In hospitals with longer lengths of stay, the code addresses a patient's rights to perform or refuse to perform tasks in or for the hospital.

### Intent of RI.4.3

Patients are encouraged to take responsibility for their own living quarters. In addition, patients may be offered the opportunity to perform work for the organization (for example, patient work therapy programs in grounds keeping or the library) that does not endanger the patient, other patients, or staff. If the hospital asks longer-stay patients to perform such tasks (work), the patient has the right to refuse. If the patient agrees to perform tasks for the organization

- the work is appropriate to the patient's needs and therapeutic goals;
- the organization documents the patient's desire for work in the plan of care;
- the plan specifies the nature of the services performed and whether the services are nonpaid or paid;
- compensation for paid services is determined based on the work performed, whether the work would be otherwise done by a paid employee, and the applicable wage and hourly standards in the community for the work; and
- the patient agrees to the work arrangement described in the plan of care.

The intent of this standard does not extend to the patient's care of his or her body, maintenance of his or her room or space, or the patient's preparation of his or her own meals.

## Standard

**RI.4.4** The hospital's code of ethical business and professional behavior protects the integrity of clinical decision making, regardless of how the hospital compensates or shares financial risk with its leaders, managers, clinical staff, and licensed independent practitioners.

### Intent of RI.4.4

To avoid compromising the quality of care, clinical decisions (including tests, treatments, and other interventions) are based on identified patient health care needs. The hospital's code of ethical business and professional behavior specifies that the hospital implements policies and procedures that address the relationship between the use of services and financial incentives. Policies and procedures addressing and information on this issue are available on request to all patients, clinical staff, licensed independent practitioners, and hospital personnel.

## Standards

The following is a list of all standards for this function. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary, page 327. Terms that are critical to the understanding of the standard are defined in footnotes in the next section of this chapter—Standards and Intent Statements.

### Initial Assessment

**PE.1** Each patient's physical, psychological, and social status are assessed.

**PE.1.1** The scope and intensity of any further assessment are based on the patient's diagnosis, the care setting, the patient's desire for care, and the patient's response to any previous care.

**PE.1.2** Nutritional status is assessed when warranted by the patient's needs or condition.

**PE.1.3** Functional status is assessed when warranted by the patient's needs or condition.

**PE.1.3.1** All patients referred for rehabilitation services receive a functional assessment.

**PE.1.4** Pain is assessed in all patients.

**PE.1.5** Diagnostic testing necessary for determining the patient's health care needs is performed.

**PE.1.5.1** When a test report requires clinical interpretation, any relevant clinical information is provided with the request.

**PE.1.6** The need for a discharge planning assessment is determined.

**PE.1.7** Each admitted patient's initial assessment is conducted within a time frame specified by hospital policy.

**PE.1.7.1** The patient's history and physical examination, nursing assessment, and other screening assessments are completed within 24 hours of admission as an inpatient.

**PE.1.7.1.1** If a history and a physical examination have been performed within 30 days before admission, a durable, legible copy of this report may be used in the patient's medical record, provided any changes that may have occurred are recorded in the medical record at the time of admission.

**PE.1.8** Before surgery, the patient's physical examination and medical history, any indicated diagnostic tests, and a preoperative diagnosis are completed and recorded in the patient's medical record.

**PE.1.8.1** Any patient for whom moderate or deep sedation or anesthesia is contemplated receives a presedation or preanesthesia assessment.

## Standards and Intent Statements

Following are the standards and intent statements for this function. This section is divided by grid element. Footnotes further clarify terms and other issues.

### Standards and Intent Statements for Initial Assessment

#### Standards

**PE.1** Each patient's physical, psychological, and social status are assessed.

**PE.1.1** The scope and intensity of any further assessment are based on the patient's diagnosis, the care setting, the patient's desire for care, and the patient's response to any previous care.

#### Intent of PE.1 and PE.1.1

When a patient enters a hospital service, staff members first need to find out the reason why the patient was admitted. The specific information the hospital requires at this stage, and the procedures for getting it, depend on the patient's needs and on the setting in which care is being provided. Hospital policy defines how this process works.

The initial assessment takes into account the patient's immediate and emerging needs, and considers those needs broadly—that is, not only physiological status but psychological and social concerns too. This initial assessment helps staff determine what care the patient needs as well as any further assessments. A patient's cultural and family\* contexts and individual background are important factors in his or her response to illness and treatment; families can be of considerable help in these areas of assessment.

The information gathered at the first patient contact may indicate that the patient needs a broader or more detailed assessment. Precisely what further assessment is needed will depend, at least in part, on

- the patient's diagnosis;
- the care he or she is seeking;
- the care setting;
- the patient's response to any previous care; and
- his or her consent to treatment.

The hospital has a policy that addresses these issues and defines what areas to include in reassessments.

For dying patients, an assessment is made of the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the individual, family members, or significant other(s).

\* **family** The person(s) who plays a significant role in the individual's life. This may include a person(s) not legally related to the individual. This person(s) is often referred to as a surrogate decision maker if authorized to make care decisions for an individual should the individual lose decision-making capacity.

## Intent of PE.1.5 and PE.1.5.1

Diagnostic testing is integral to the physical, psychological, and social assessment of the patient. Diagnostic testing covers operative and other procedures,\* including laboratory, radiologic, electrodiagnostic, and other functional tests and imaging technologies. To appropriately care for patients, the results of these tests are used to determine the patient's health care or treatment needs. The hospital's clinical staff determines which of these tests, if any, will be performed when the patient enters the setting or service.

To be interpreted appropriately, some tests require additional clinical data or background information. A clinician who requests such a test provides, in writing, any information needed to perform and interpret the test properly.

## Standard

**PE.1.6** The need for a discharge planning assessment is determined.

## Intent of PE.1.6

The hospital has a way of identifying those patients for whom discharge planning is critical. When indicated, hospital staff identify when planning for a patient's post-hospital care and other needs is to be conducted. This discharge planning is initiated early in the treatment process, based on requirements of the plan of care or other written guidelines. Criteria for discharge or terminating treatment are stipulated and may vary based on age and disability considerations and treatment objectives. Criteria for discharge may also vary according to treatment settings, as set forth in the hospital's policies and procedures.

## Standards

**PE.1.7** Each admitted patient's initial assessment is conducted within a time frame specified by hospital policy.

**PE.1.7.1** The patient's history and physical examination, nursing assessment, and other screening assessments are completed within 24 hours of admission as an inpatient.<sup>1</sup>

**PE.1.7.1.1** If a history and a physical examination have been performed within 30 days before admission, a durable, legible copy of this report may be used in the patient's medical record, provided any changes that may have occurred are recorded in the medical record at the time of admission.

## Intent of PE.1.7 Through PE.1.7.1.1

The initial assessment of a patient is performed and documented within a reasonable time frame, as defined by the hospital. Precisely what the time frame is will depend on a variety of factors, including the types of patients treated by the hospital, the complexity and duration of their care, and the dynamics of conditions surrounding their care. With that in mind, a hospital may establish different time frames for the initial assessment in different areas or services.

\* **operative and other procedures** Includes operative, other invasive, and noninvasive procedures, such as radiotherapy, hyperbaric, CAT scan, and MRI, that place the patient at risk. The focus is on procedures and is not meant to include medications that place the patient at risk.

1. Delmarva Foundation Quality Concern Inquiry notes that History and Physical Examination was dictated more than 3 months after patient's admission to Holy Cross Hospital.



## Medication Use

**TX.3** Medication use processes are organized and systematic throughout the hospital.

**TX.3.1** The organization identified an appropriate selection of medications available for prescribing or ordering.

**TX.3.2** The organization addressed prescribing or ordering and procuring medications not available in the organization.

**TX.3.3** Policies and procedures support safe medication prescription or ordering.

**TX.3.4** Preparing and dispensing medication(s) adhere to law, regulation, licensure, and professional standards of practice.

**TX.3.5** Preparation and dispensing of medication(s) is appropriately controlled.

**TX.3.5.1** A patient medication dose system is implemented.

**TX.3.5.2** Pharmacists review all prescriptions or orders.

**TX.3.5.3** When preparing and dispensing a medication(s) for a patient, important patient medication information is considered.

**TX.3.5.4** Pharmacy services are available when the pharmacy department is closed or not available.

**TX.3.5.5** Emergency medications are consistently available, controlled, and secure in the pharmacy and patient care areas.

**TX.3.5.6** A medication recall system provides for retrieval and safe disposition of discontinued and recalled medications.

**TX.3.6** Prescriptions or orders are verified and patients are identified before medication is administered.

**TX.3.7** The organization has alternative medication administration systems.

**TX.3.8** Investigational medications are safely controlled, administered, and destroyed.

**TX.3.9** Medication effects on patients are continually monitored.

## Nutrition Care

**TX.4** Each patient's nutrition care is planned.

**TX.4.1** An interdisciplinary nutrition therapy plan is developed and periodically updated for patients at nutritional risk.

**TX.4.1.1** When appropriate to the patient groups served by a unit, meals and snacks support program goals.

**TX.4.2** Authorized individuals prescribe or order food and nutrition products in a timely manner.

**TX.4.3** Responsibilities are assigned for all activities involved in safe and accurate provision of food and nutrition products.

**TX.4.4** Food and nutrition products are distributed and administered in a safe, accurate, timely, and acceptable manner.

**TX.4.5** Each patient's response to nutrition care is monitored.

**TX.4.6** The nutrition care service meets patients' needs for special diets and accommodates altered diet schedules.

**TX.4.7** Nutrition care practices are standardized throughout the organization.

## Operative and Other Procedures

**TX.5** The medical staff defines the scope of assessment for operative and other procedures.

**TX.5.1** *Determining the appropriateness of a procedure for each patient is based, in part, on a review of*

**TX.5.1.1** the patient's history;

**TX.5.1.2** the patient's physical status;

**TX.5.1.3** diagnostic data;

**TX.5.1.4** the risks and benefits of procedures; and

**TX.5.1.5** the need to administer blood or blood components.

**TX.5.2** *Before obtaining informed consent, the risks, benefits, and potential complications associated with procedures are discussed with the patient and family.*

**TX.5.2.1** Alternative options are considered.

**TX.5.2.2** Discussions with the patient and family about the need for, risk of, and alternatives to blood transfusion when blood or blood components may be needed are considered.

**TX.5.3** Plans of care are developed and documented in the patient's medical record before the operative or other procedure is performed.

**LD.1.10.3** Leaders evaluate the outcomes related to use of clinical practice guidelines and determine indicated refinements to improve pertinent processes.

## Directing Departments

**LD.2** Each hospital department has effective leadership.

**LD.2.1** Directors integrate their department's services with the hospital's primary functions.

**LD.2.2** Directors coordinate and integrate services within their department and with other departments.

**LD.2.3** Directors develop and implement policies and procedures that guide and support the provision of services.

**LD.2.4** Directors recommend a sufficient number of qualified and competent persons to provide care.

**LD.2.5** Directors determine the qualifications and competence of department personnel who provide patient care services and who are not licensed independent practitioners.

**LD.2.6** *Directors continuously assess and improve their department's performance.*

**LD.2.7** Directors maintain appropriate quality control programs.

**LD.2.8** Directors provide for orientation, in-service training, and continuing education of all persons in the department.

**LD.2.9** Directors recommend space and other resources needed by the department.

**LD.2.10** Directors participate in selecting outside sources for needed services.

**LD.2.11** Departments that are not medical staff services that provide patient care are directed by one or more qualified professionals.

**LD.2.11.1** Responsibility for administrative direction and clinical direction is defined in writing.

**LD.2.11.2** A qualified professional with appropriate clinical training and experience is responsible for the clinical direction of patient care.

**LD.2.11.3** When a department has more than one director, the responsibilities of each are clearly defined in writing.

**Intent of LD.1.3**

Patient care services, including education, are planned and designed to respond to the needs of the patient population. Patient needs are identified as part of the planning process. Hospitalwide plans describe the care and services to be provided. Care provided is consistent with the hospital's mission. As leaders set priorities during the planning process, human and material resources are considered for educational activities. The mission and resources (both human and material) also are considered before undertaking research activities.

**Standard**

**LD.1.3.1** The leaders, and, as appropriate, community leaders and the leaders of other organizations, collaborate to design services.

**Intent of LD.1.3.1**

The leaders and staff who are most familiar with service(s) collaborate in service planning. Relevant community leaders and provider hospitals are involved in planning of services to respond to community needs.

**Standard**

**LD.1.3.2** The design of hospitalwide patient care services is appropriate to the scope and level of care required by the patients served.

**Intent of LD.1.3.2**

The leaders plan the scope and level of care provided throughout the hospital to satisfy the patient population's particular level of health care needs and accepted standards of practice. A systematic process designs services to ensure that patients receive care that meets their projected identified level of needs.

**Standards**

**LD.1.3.3** Services are designed to respond to patient and family needs and expectations.

**LD.1.3.3.1** *The leaders are responsible for gathering, assessing, and acting on information regarding patient and family satisfaction with the services provided.*

**Intent of LD.1.3.3 and LD.1.3.3.1**

The hospital makes an ongoing effort to determine whether it is meeting its patient care mission, goals, and objectives. This effort includes regular assessment of patient and family expectations, and patient and family satisfaction with the care, including patient education, that is provided. The hospital draws on the information derived from these activities to improve its plans and performance.

**Standards**

**LD.1.3.4** The hospital provides services in a timely manner to meet patients' needs.

**LD.1.3.4.1** Patient care services are provided either directly or through referral, consultation, contractual arrangements, or other agreements.

## Standards and Intent Statements for Directing Departments

### Standard

**LD.2** Each hospital department has effective leadership.

### Intent of LD.2

Department-level leadership is as important as the hospital's senior leadership. Department leaders embrace common qualities of effective leadership shared by all hospital leaders. Specifically, department leaders help create an environment or culture that enables a hospital to fulfill its mission and meet or exceed its goals.

Department leaders clearly convey the hospital's mission to all staff. They support staff and encourage in them a sense of ownership of their work processes. They also hold staff accountable for their performance. Department leaders motivate staff to improve their performance continuously, thereby improving the hospital's performance.

Ultimately, department directors are responsible for the operation of their department, and for the measurement, assessment, and continuous improvement of the department's performance. The best evidence of effective leadership is a department that operates effectively and efficiently.

Patient care services are organized, directed, and staffed in keeping with the scope of services offered.

### Standards

**LD.2.1** Directors integrate their department's services with the hospital's primary functions.

**LD.2.2** Directors coordinate and integrate services within their department and with other departments.

**LD.2.3** Directors develop and implement policies and procedures that guide and support the provision of services.

**LD.2.4** Directors recommend a sufficient number of qualified and competent persons to provide care.

**LD.2.5** Directors determine the qualifications and competence of department personnel who provide patient care services and who are not licensed independent practitioners.\*

**LD.2.6** Directors continuously assess and improve their department's performance.

**LD.2.7** Directors maintain appropriate quality control programs.

\* **licensed independent practitioner** Any individual permitted by law and by the organization to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

- internal and external information sources;
- individual care data and external databases and bodies of expert health-related, administrative, and research knowledge, as well as information from clinical literature; and
- organizational data and management literature.

These processes can be electronic or manual.

Data and information are retained for sufficient periods to comply with law and regulation and support individual care, management, legal documentation, research, and education.

## Standards and Intent Statements for Patient-Specific Data and Information

Israel Neustadter's [medical record](#) clearly lacked sufficient information to justify the treatment, document the course and results, and promote continuity of care among health care providers.

Attending physician's [sworn testimony](#) confirms critical break in the continuity of care.

### Standards

**IM.7** *The hospital defines, captures, analyzes, transforms, transmits, and reports patient-specific data and information related to care processes and outcomes.*

**IM.7.1** The hospital initiates and maintains a medical record for every individual assessed or treated.

**IM.7.1.1** Only authorized individuals make entries in medical records.

**IM.7.1.2** The hospital determines how long medical record information is retained, based on law and regulation and the information used for patient care, legal, research, and educational purposes.

**IM.7.2** The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers.

### Intent of IM.7 Through IM.7.2

Information management processes provide for the use of patient-specific data and information to

- facilitate patient care;
- serve as a financial and legal record;
- aid in clinical research;
- support decision analysis; and
- guide professional and organizational performance improvement.

To facilitate consistency and continuity in patient care, specific data and information are required. Administrative and direct patient care providers produce and use this information for professional and organization improvement. Medical records contain sufficient information to

- identify the patient;
- support the diagnosis;
- justify the treatment;
- document the course and results; and
- facilitate continuity of care.

**MS.5.8.1** A separate record is maintained for each individual requesting medical staff membership or clinical privileges.

**MS.5.8.2** Complete applications are acted on within a reasonable period of time, as specified in the medical staff bylaws.

**MS.5.9** Gender, race, creed, or national origin are not used in making decisions regarding the granting or denying of medical staff membership or clinical privileges.

**MS.5.10** *Each applicant*

**MS.5.10.1** consents to the inspection of records and documents pertinent to his or her licensure, specific training, experience, current competence, and ability to perform the privileges requested, and, if requested, appears for an interview;

**MS.5.10.1.1** The bylaws, rules and regulations, and policies of the medical staff indicate that the applicant for reappointment or renewal of clinical privileges is required to submit any reasonable evidence of current ability to perform privileges that may be requested.

**MS.5.10.2** [Each applicant] pledges to provide for continuous care for his or her patients; and

**MS.5.10.3** [Each applicant] acknowledges any provisions in the medical staff bylaws for release and immunity from civil liability.

**MS.5.11** Appointment or reappointment to the medical staff and the granting, renewal, or revision of clinical privileges are made for a period of no more than two years.

**MS.5.12** *Appraisal for reappointment to the medical staff or renewal or revision of clinical privileges is based on ongoing monitoring of information concerning the individual's*

**MS.5.12.1** professional performance;

**MS.5.12.2** judgment; and

**MS.5.12.3** clinical or technical skills.

**MS.5.13** Departmental or major clinical service recommendations are part of the basis for developing recommendations for continued membership on the medical staff or for delineating individual clinical privileges.

**MS.5.14** All individuals who are permitted by law and by the hospital to provide patient care services independently in the hospital have delineated clinical privileges, whether or not they are medical staff members.