Briefings on The Joint Commission 2007 index

CMS accreditation
Answers to your FAQs on the CoP. April, p. 12.
Changes to CMS regs take effect this month. Jan., p. 12.
CMS introduces changes to EMTALA rules, physician ownership disclosure. Dec., p. 12.
CMS releases discharge appeal rights forms and Q&A. June, p. 9.
CMS to stop paying for eight adverse events. Nov., p. 12.
CoP hot topics: Restraint reporting questions remain. May, p. 12.
Creating a compliant informed consent form. Aug., p. 11.
New guidelines improve informed decision information. June, p. 11.
New rule means restraint and seclusion policy update. Feb., p. 12.
Revised standards designed to align with CMS. Sept., p. 10.

Environment of care issues
Keeping up with the growing list of EC demands. Feb., p. 10.

Joint Commission news
Field notebooks from the JCAHO’s 2006 Hospital Executive Briefings sessions, taken by your peers. Jan., p. 3.
Hand hygiene guidelines expanded to include World Health Organization standards. Oct., p. 7.
Highlights and hot topics from Executive Briefings. Nov., p. 5.
JCAHO changes its name. Feb., p. 1.
Joint Commission says hospitals are improving. May, p. 1.
Q&A with Mark R. Chassin, MD. Nov., p. 10.

National Patient Safety Goals
Does a new med rec FAQ introduce a possible conundrum? March, p. 5.
Fine-tune your handoff communication processes. April, p. 5.
Hospitals must be clear about using patient identifiers. May, p. 8.
Joint Commission releases 147 new or revised FAQs for 2007 National Patient Safety Goals. March, p. 4.
Labeling meds an issue outside the operating room. July, p. 5.
New NPSGs include anticoag therapy, responding to unexpected deterioration. Aug., p. 1.\nNPSG #15A applies to all patients with behavior disorders. June, p. 4.
NPSG #2 tops 2006 list of compliance issues. April, p. 1.
Prohibiting ‘do not use’ abbreviations on all documentation is the safest way to success. Aug., p. 8.
Surgical site marking: Standardization key in preventing errors. Sept., p. 1.
VA crafts policy to address anticoagulation NPSG. Oct., p. 11.

Patient flow

Q&A
Are rounds enough to justify an opportunity for face-to-face questions on handoffs? April, p. 2.
Avoid an immediate threat decision. Aug., p. 3.
Clarification of ‘dose designation?’ May, p. 2.

> continued on p. 12
2007 index

‘Don’t complain to JCAHO’—good advice? Jan., p. 2.
How can you prepare for a follow-up survey to conditional accreditation? June, p. 2.
How should we document training of patients and patients’ families? Sept., p. 2.
Is there an ideal medication reconciliation form? Dec., p. 5.
Should surveyors be hitting organizations with multiple RFIs for the same problem? July, p. 2.
What time frame should we use for testing inaccessible fire and smoke dampers? March, p. 2.
When do we notify The Joint Commission we have opened a new center? Oct., p. 2.
Who should perform med rec at transfer? Feb., p. 2.

Standards compliance
Challenge to compliance with PC.13.20 often found in immediate reevaluation after anesthesia. June, p. 6.
Collaboration, staying current with policies important in complying with PC.2.120. Sept., p. 5.
Compliance with MM.3.20 comes down to following hospital policy for communicating med orders. March, p. 6.
Defining values and tests crucial to CTR standard. April, p. 4.
EC.1.10: Proactive risk assessment is key to being scored properly. April, p. 6.
Having a centralized policy management system is essential to complying with LD.3.90. Aug., p. 9.
Having a defined medication storage policy is key to compliance with MM.2.20. Jan., p. 8.
Meeting EC 5.20 more challenging in 2007. Feb., p. 3.
PC.8.10 compliance depends on having a well designed policy. July, p. 7.
Physician involvement key to med reconciliation success, June, p. 9.
Set schedule, adequate documentation vital to compliance with fire safety standard. Oct., p. 5.
Solid policy, authenticating medical records are factors in challenge of IM.6.10. May, p. 3.

Survey preparation
C-suite takes active role in survey process. Dec., p. 1.
Help staff defeat the ‘Joint Commission jitters.’ Dec., p. 10.
Nursing assessment, care planning, and education are crucial components to improving patient care. Aug., p. 6.
Surveyor’s mastery of tracer methodology shows during lab survey, makes for educational experience. Feb., p. 5.

Unannounced survey monitor
California hospital relies on training, preparedness for a successful unannounced survey. Sept., p. 9.
Hospital continues to focus on med management. Oct., p. 9.
Hospital’s preparedness allowed surveyors to put staff at ease throughout entire process. April, p. 10.
Iowa hospital weathers visit from CMS surveyors. Dec., p. 4.
One year later, hospital is still busy gathering data. May, p. 6.
Patient safety, med management, and communication comprised majority of hospital’s recent survey. Aug., p. 4.
Two surveys in one year show consistency in The Joint Commission’s survey process, one hospital reports. March, p. 9.