Steven Hirsch & Associates
Healthcare Management Support Systems

Summary of Conference Call with Joint Commission and The Joint Commission Supplemental Information During the COVID-19 National Emergency

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- All on-site survey activities are suspended until at least 5/31/2020. Only initial surveys and surveys for cause are being conducted.
- CMS has been requested to approve virtual surveys.
    - Initial accreditation surveys will be conducted virtually, followed by abbreviated on-site visit.
    - Virtual surveys will focus on policy and procedure review and medical record documentation. Potential for virtual facility tour using Go-Pro cameras or similar technology-pending approval by CMS
- CEOs can approve requests without "red flags" for membership on medical staff and clinical privileges.
- Ongoing Professional Practice Evaluations (OPPE):
    - To the extent possible, practitioner performance data collection for OPPE should continue based on the established process.
    - If gaps in data occur as a result of temporary reallocation of resources, the organization should document the contributing factors leading to such gaps.
    - If resources are unavailable to review the data within the defined time frames, the organization may temporarily modify the review process until such time resources can be re-allocated back to resume the process as designed.
    - Any modifications to the review process should allow the medical staff to detect and address downward trending performance. Examples may include review of incident reports, staff/patient complaints, post procedure complications, sentinel or other events resulting in negative patient outcomes, etc.
    - The organization should periodically reassess the availability of resources to determine when the OPPE data collection and review process can resume as designed.
- Telemedicine services in a disaster do a written contract unless the services will extend beyond the declared disaster timeframe.
- Terms of appointment and clinical privileges can be extended for 60 days beyond the conclusion of the National or Local state of emergency
- Medicare certifications are being extended as tri-ennial deemed status surveys are not being conducted
- CMS is waiving requirements under 42 CFR §482.52(a)(5), and §416.42 (b)(2) that a certified registered nurse anesthetist (CRNA) is under the supervision of a physician in paragraphs §482.52(a)(5) and §485.639(c)(2). CRNA supervision will be at the discretion of the hospital and state law. This waiver applies to hospitals, CAHs, and Ambulatory Surgical Centers (ASCs). These waivers will allow CRNAs to function to the fullest extent of their licensure, and may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan.
- **Only for hospitals that are considered to be impacted by a widespread outbreak of COVID-19**. Hospitals that are located in a state which has widespread confirmed cases (i.e., 51 or more confirmed cases*) as updated on the CDC website, CDC States Reporting Cases of COVID-19, at https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-inus.html. **The requirements for seclusion for behavioral purposes have not been waived. Only applies to medical seclusion for infectious purposes.**
- The requirements to have hospitals report to CMS any patient whose death is caused by their disease while in restraints by the end of the next business day has been waived. This only applies to soft restraints in the ICU setting. This does not apply to deaths where restraints were felt to be a causative factor of the death.
- The organization must define what minimal components of the medical record must be completed during the declared disaster time period. Minimal components must be present to reflect the care, treatment and services the patient received, ensure proper transmission of information for the next care team provider(s) and responses to treatment. Organizations may extend reassessments built into their policy to accommodate patient care needs. All required elements should be captured as part of the emergency operations plan.
- **For hospitals that are considered to be impacted by a widespread outbreak of COVID-19.** Hospitals that are located in a state which has widespread confirmed cases (i.e., 51 or more confirmed cases*) as updated

on the CDC website, CDC States Reporting Cases of COVID-19, at https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html. The organization should determine how to address patient visitation in light of the COVID-19 pandemic.

- **For hospitals that are considered to be impacted by a widespread outbreak of COVID-19**. Hospitals that are located in a state which has widespread confirmed cases (i.e., 51 or more confirmed cases*) as updated on the CDC website, CDC States Reporting Cases of COVID-19, at https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html. The requirement has not been waived. The time frame in which the record must be made available has been extended.
- Advance Directives: Only the bullet points listed below are waived related to the requirement to give patients advanced directives information: -
    - Providing patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.
    - Providing the patient upon admission with information on the extent to which the hospital is able, unable, or unwilling to honor advance directives.
    - For outpatient hospital settings: Communicating its policy on advance directives upon request or when warranted by the care, treatment, and services provided.
- Competence for waived testing is During the COVID-19 pandemic is extended when a state of emergency is instituted, (national, federal, or local level depending upon which allows the most time to address), to 60 days after the end of the state of emergency to get the required items completed.
- **TJC waivers have been requested and are pending approval from CMS-requesting that these be applicable to all TJC accredited programs**
    - Extend response to patient grievances from 7 days to 30 days
    - Seclusion and restraint use training for personnel
    - Waiving of the requirements at 42 CFR §482.57(b)(1) that require hospitals to designate in writing the personnel qualified to perform specific respiratory care procedures and the amount of supervision required for personnel to carry out specific procedures. These flexibilities may be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan. Not being required to designate these professionals in writing will allow qualified professionals to operate to the fullest extent of their licensure and training in providing patient care.
    - CLIA certification for hospital laboratory extended to other patient locations operated by the organization, including CLIA certificates issued to Respiratory Care
    - Organizations have 60 days after the end of the state of emergency (national, federal, or local level depending upon which allows the most time to address), to complete the following items:
        - Radiation dose optimization techniques and tools for pediatric and adult patients addressed in the Image
        - Gently® and Image Wisely® campaigns
        - Safe procedures for operation of the types of CT equipment they will use technologists who perform magnetic resonance imaging (MRI) examinations participate in ongoing education that includes annual training on safe MRI practices in the MRI environment, including the following:
            - Patient screening criteria that address ferromagnetic items, electrically conductive items, medical implants and devices, and risk for nephrogenic systemic fibrosis (NSF)
            - Proper patient and equipment positioning activities to avoid thermal injuries
            - Equipment and supplies that have been determined to be acceptable for use in the MRI environment (MR safe or MR conditional) *
            - MRI safety response procedures for patients who require urgent or emergent medical care
            - MRI system emergency shutdown procedures, such as MRI system quench and cryogen safety procedures
            - Patient hearing protection
            - Management of patients with claustrophobia, anxiety, or emotional distress
- PI activities to focus on improvements needed/made related to the Covid-19 public Health emergency
- Utilization review program requirements have been waived during the Public Health emergency
- Verbal order requirements remain in force. However, an increased frequency of verbal orders may be necessary to meet the needs of patients. The increased frequency will not be considered out of compliance with this standard and element of performance.

- Processes for the use of pre-printed and electronic standing orders, order sets, and protocols for medication orders:
    - **Protocol Development:** Allows for development of protocols and standing orders without having to initiate and obtain approval through full medical staff, nursing leadership and pharmacy review process.
    - **Review of Protocols:** Organizations may utilize an abbreviated process for review and approval of the protocol with a representative from each of the following disciplines: the medical staff, nursing and pharmacy. Additionally, the need for regular review of protocols/standing orders was waived during the pandemic.
    - **Protocol Authentication:** The requirement to authenticate the protocol in the medical record during the time of the declared emergency.
    - Patients are to be under the care of practitioners as allowed by the scope of practice other than a licensed independent provider. CMS is waiving requirements under 42 CFR §482.12(c)(1)–(2) and §482.12(c)(4), which requires that Medicare patients be under the care of a physician. This waiver may be implemented so long as it is not inconsistent with a state's emergency preparedness or pandemic plan. This allows hospitals to use other practitioners to the fullest extent possible.
    - Care Planning
    - Extension of expiration dates for certifications by 60 days, in accordance with published guidance by the American Heart Association. State licensure must be maintained in accordance with local state requirements.
    - Non-patient care areas may be used for patient care during the emergency. Organizations to evaluate their outpatient departments and determine if remaining patient needs require the presence of a registered nurse. This would allow staff to be reallocated to meet the needs of increased patient demands from the pandemic surge.
    - No additional Emergency Operations Plan is required for surge locations
    - Organizations may defer completing the performance evaluations for diagnostic imaging equipment, such as Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Nuclear Medicine (NM), Positron Emission Tomography (PET), Fluoroscopy equipment and acquisition monitors for these modalities. Organizations have 60 days after the end of the state of emergency (national, federal, or local level depending upon which allows the most time to address), to complete these items.
- **Psychiatric hospitals only:** Waived under 482.61(e) , organizations are not required to provide a list of follow up post discharge care facilities.
- **Survey issues that are not being modified:**
    - Suicide risk assessment and requirement for 1 to 1 monitoring of patients at risk-staff observing patients at risk for suicide must be provided with appropriate PPE at all times
    - Life Safety system testing, emergency generator testing must continue as per standards
- **TJC Recovery Plan**
    - Surveys will resume 30 days following lifting of the latter of National Declaration of Emergency or Local Declaration.
    - Hospital surveys will resume after all other accreditation programs have resumed, to allow for discharge of Covid-19 patients
    - Hospital surveys will resume after hospital EOPs have been deactivated for Covid-19 response, and elective procedures have resumed.
    - Surveys that were not completed, based on prior findings (follow-up surveys) will be conducted first, than survey schedule moving forward-may be virtual pending approval of CMS
    - There will be no retroactive enforcement of standards from the date he National Declaration of Emergency became effective to the date the National or Local Declaration of Emergency is lifted.

Call or email us today for more information!

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