

MAC ALERT

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Maintaining Accreditation Compliance Program

Date: March 9, 2007

Subject: JOINT COMMISSION MOVES QUICKLY TO ENFORCE CMS DOCUMENTATION REQUIREMENTS

Applicability: (checked box means the subject applies to the JCAHO accreditation manual (or CMS type) cited)

✓ Acute Care Critical Access Long Term Care Home Health / Hospice
✓ Behavioral Health Laboratory Ambulatory Care Other: _____

Background:

The CMS final ruling on authentication of entries into the medical record and the performance of a history and physical took effect on January 26, 2007. The regulations (reference MAC Alert of 12/6/06) require that:

1. All entries into the medical record must be *"legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing, or evaluating the service provided, consistent with hospital policies and procedures."* {CFR.482.24(c)(1)}
2. *"All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and authorized to write orders by hospital policy in accordance with State law."* {CFR.482.24(c)(1)(i)}. CMS also requires that *"if there is no State law that designates a specific timeframe for the authentication of verbal orders, verbal orders must be authenticated within 48 hours."* {CFR.482.24(c)(1)(iii)}.
3. A history and physical must be *"completed no more than 30 days before or 24 hours after admission."* {CFR.482.24(c)(2)(i)(A)}. CMS continues to require that *"an updated medical record entry documenting an examination for any changes in the patient's condition when the H&P is completed within 30 days before admission. This updated examination must be completed and documented in the patient's medical record within 24 hours after admission."* {CFR.482.24(c)(2)(i)(B)}.

Discussion:

Based on surveys conducted in February and March of 2007, Joint Commission appears to be quickly enforcing these CMS regulations and citing hospitals accordingly. Hospitals are being cited under IM.6.10 (EP.4) for medical entries not being both dated and timed even though the existing element of performance only specifically addresses dating of entries.

Also, hospitals are being cited under IM.6.50 (EP.3) for any verbal or telephone order that is not authenticated (including date and time of authentication) within 48 hours (or less if required by State law).

Of significant interest is a change in the application of PC.2.120 (EP.6) relative to when an H&P must be updated. The CMS regulations require that an update be performed on any H&P done prior to admission (or an applicable operative / invasive procedure if an outpatient or AM admission) even if that H&P had been done within the prior 24 hours. Up until recently, Joint Commission did not enforce the update requirement unless the H&P had been performed greater than 24 hours but less than 30 days. It now appears that the Joint Commission is holding to a strict application of the regulation.

Recommendations:

CIHQ recommends the following:

1. Medical staff bylaws, rules, regulations, and/or attendant policies should be modified to address the CMS regulations and care practices modified accordingly..
2. Appropriate leaders and clinicians should be educated on the enforcement of these new guidelines by the Joint Commission.
3. Medical record documentation tools should be reviewed and revised as necessary to assure that there is both a date and time prompt next to signature lines.
4. Where feasible, prompts for documenting the update of an H&P should be added to appropriate medical record forms.
5. Hospitals that have been cited by the Joint Commission for lacking an update on an H&P performed less than 24 hours prior to surgery should consider appealing (clarifying) the finding if a pre-anesthesia assessment (which included a history and physical exam) was performed on the day of the procedure. The Joint Commission has indicated that *"In the situation where the patient is going to surgery within the first 24 hours of admission the update to the patient's condition and the pre-anesthesia assessment could be accomplished in a combined activity"* (reference FAQ on Joint Commission website).
6. Hospitals that have been cited by the Joint Commission for lacking an update on an H&P performed less than 24 hours prior to an outpatient or AM invasive procedure should consider appealing (clarifying) the finding either as noted above if a pre-sedation assessment was performed on the day of the procedure.

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