

**Respiratory Care
Department**

The Joint Commission Standards &
CMS Conditions of Participation

Introduction

- Effective management of Respiratory Services requires knowledge and understanding of TJC standards and CMS Regulations and Interpretive Guidelines for Hospitals (Appendix A).
 - The CMS CoPs are organized by hospital departments, e.g., Respiratory Services or Surgical Services.
 - Applicable TJC requirements for Respiratory Services are scattered throughout the Hospital Accreditation Standards.

§482.57 Respiratory Services

- Optional service
- If contracted, Governing Body must ensure that the services are provided in a safe and effective manner
- Must participate in QA/PI program
- Acceptable standards of practice include:
 - Compliance with applicable federal and state laws, regulations, and guidelines governing the use of nuclear medicine
 - Facility licensure and/or certification requirements
 - Standards and recommendations promoted by nationally recognized professional organizations (e.g., the American Medical Association, American Association for Respiratory Care, American Thoracic Association, etc.)

Organization and Staffing

§482.57 Respiratory Care Services

- Organization and staffing:
 - Appropriate to the scope and complexity of services offered
 - Adherence to acceptable standards of care
- Written scope of respiratory services (diagnostic and/or therapeutic) approved by the Medical Staff
- Must be integrated into its hospital-wide QA/PI program

§482.57(a)(1) Supervision of Respiratory Care

- Services are supervised by a doctor of medicine or osteopathy.
 - Prerequisite knowledge and experience in respiratory care
 - Capable of administering the service
 - May be either full-time or part-time
 - If part-time, must be appropriate to scope of services offered by organization

§482.57(a)(2) Staffing

- The staffing plan is consistent with scope of services in the organization, including adequate numbers of therapists and therapy technicians.
- Qualifications are determined by the Medical Staff in accordance with state law.
- Availability includes 24-7 coverage in accordance with respiratory services furnished.
- Note: Staffing may also be evaluated based on "missed treatment" data.

Orientation and Ongoing Staff Education

HR.01.02.01 Staff Qualifications

- Hospital defines staff qualifications
- Specific to job responsibilities
- Change as responsibilities change

HR.01.02.05 Verify Qualifications

- If law and regulation require licensure, certification, or registration, the hospital verifies these credentials with the primary source and documents the verification:
 - When hired
 - When credentials are renewed
- The same process applies if the hospital requires the certification.
- The hospital verifies and documents education and experience if required by job responsibilities.
- Comply with applicable health screening as required by law or hospital policy.

**HR.01.02.05
Criminal Background Checks**

- Background checks are verified when required by law, regulation, or organization policy.
- If state law, regulation, or organization policy requires background checks on all employees, volunteers, and students, TJC expects them to be done.
- If checks are required for only a subset of staff, TJC expects them for those staff.
- If state law delineates terms such as "all employees," hospital policy should define the category.

HR.01.02.07 Staff Function

- All staff who provide care, treatment and services possess a current license, registration or certification as required.
 - Cross-link to PDA02, CON02
- Staff members practice within their scope of practice.
- Staff members oversee the supervision of students when they provide patient care, treatment, and services.

HR.01.04.01 Orientation

- The organization determines key safety content or orientation (may include P&Ps associated with PC, EC, and IC).
- The hospital orients staff to key safety content before staff members provide care.
- As appropriate to job, includes:
 - Policies and procedures (including safety and infection control)
 - Job duties/responsibilities and those specific duties related to infection control and pain management
 - Cultural diversity and sensitivity
 - Rights and ethics training

HR.01.05.03 Ongoing Education and Training

- Staff participates in ongoing in-services to maintain or increase competency.
- Training occurs when job responsibilities or duties change.
- Ongoing in-services are appropriate to the needs of the population(s) served and comply with law and regulation.
- Staff members participate in education and training that incorporates team communication, collaboration and coordination of care.
- Staff members participate in education and training about need to report adverse events.
- Staff members participate in education and training about fall prevention.

HR.01.05.03 Ongoing Education and Training

- Staff members participate in education and training that addresses how to identify:
 - Early warning signs of a change in a patient's condition.
 - How to respond to a deteriorating patient, including how and when to contact responsible clinicians.
- Education is provided to staff and LIPs who may request assistance and those who may respond to those requests.

HR.01.06.01 Competency Assessment

- Define competencies.
- Use assessment methods to determine competence.
 - Test-taking
 - Return demonstration
 - Use of simulation
- An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.

HR.01.06.01 Competency Assessment

- Staff competency assessment occurs:
 - Initially; documented as part of orientation
 - Every 3 years, or more frequently as required by policy or law and regulation
- The hospital takes action when a staff member's competence does not meet expectations.

HR.01.07.01 Evaluate Performance

- Based on performance expectations that reflect job responsibilities
- Once every 3 years, or more frequently as required by policy, law, or regulation
- Requirements for LIPs that brings a nonemployee to the hospital to provide care

APR.09.02.01 Staff Reporting Concerns

- Educate staff members, Medical Staff, and other individuals who provide care, that concerns about the safety or quality of care provided may be reported to The Joint Commission.
- The hospital informs its staff and Medical Staff that it will take no disciplinary or punitive action because of reporting.
- The hospital takes no disciplinary or punitive action against employees, physicians, or other individuals when they report.

IC.02.04.01 Flu Immunization

- Annual program offered to LIPs and staff
- Educate LIPs and staff about (at minimum):
 - Influenza vaccine
 - Non-vaccine control and prevention measures
 - Diagnosis, transmission, and impact of influenza

PC.02.02.13 End-of-Life Care

- Comfort and dignity are optimized during end-of-life care.
 - Applies everywhere, not just hospice
 - Interventions address patient/family comfort, psychosocial needs, emotional needs
 - Staff education on unique needs of dying patients and family/caregivers

LD.03.05.01 Change Management & PI

- Leaders provide resources for change management & PI:
 - Sufficient staff
 - Access to information
 - Training
- Management of change and PI support both safety and quality.
- Internal structures can adapt to change.
- Leaders evaluate effectiveness of management of change and PI.

LD.03.01.01 Culture of Safety

- Leaders foster a culture of respect and teamwork.
- Culture is regularly evaluated using valid and reliable tools.
- Staff members at all levels are involved in quality initiatives.
- Safety and quality education is provided for all staff members, as is access to literature regarding patient safety.

EM.02.02.07 Managing Staff

- The hospital prepares for how to manage staff in emergency situations.
 - Staff roles are defined in advance.
 - Staff members are oriented to assigned responsibilities.
 - Training prepares staff members to adjust to changes in volume, acuity, work procedures and conditions and response partners within and outside the hospital.

EM.02.02.07 Managing Staff

- Roles and responsibilities in an emergency situation are described for:
 - Communications
 - Resources and assets
 - Safety and security
 - Utilities
 - Patient management
- Process for assigning staff to all essential functions
- Training of staff for assigned roles

**Contracted Respiratory
Care Services**

§482.12(e) Contracted Services

- The Governing Body is responsible for all services whether provided directly or through contract.
 - Assure services comply with all applicable COPs and standards.
 - Take action through QA/PI to assess services, identify quality problems, implement corrective actions, and ensure monitoring and sustainability of corrective or improvement activities.

§482.12(e)(1) Contracted Services

- Services contracted by the Governing Body are provided in a safe and effective manner.
 - Services are subject to QA/PI evaluations.
 - Services should be reflected in QA/PI plan.
 - Minutes reflect that every contracted service is evaluated.
 - Contractors must follow CoPs and related requirements.(It is the hospital's responsibility to see that it happens.)

§482.12(e)(2) Contracted Services

- The hospital must maintain a list of all contracted services, including the scope and nature of the services provided.

§482.12(e) Contracted Services

- It is the responsibility of the Governing Body to monitor all services, including all of those provided under contract.
 - Identify quality and performance problems.
 - Implement improvement activities or corrective action, as warranted.
 - Monitor sustainability of corrective or improvement activities.
 - Ensure that service is provided in a safe and effective manner.

LD.04.03.09 Contracted Services

- Standard applies only to care and services provided to patients.
- Medical Staff and clinical leaders advise while leaders approve.
- The nature and scope of services is defined in writing.
- Leaders monitor contracted services by:
 - Establishing expectations for performance
 - Communicating expectations in writing to the contractor (may be part of the agreement or in addition to it)
 - Evaluating services in relation to expectations

LD.04.03.09 Contracted Services (cont.)

- Take steps when expectations are not met:
 - Increase monitoring.
 - Provide consultation or training to the contractor.
 - Renegotiate contract terms.
 - Apply defined penalties.
 - Terminate the contract.
- When contracts are terminated, continuity of care is maintained.

Monitoring Options

- Review of :
 - Accreditation or certification status
 - Documentation, including medical records or QA reports
 - Incident reports
 - Periodic reports submitted by the individual or hospital providing services under contractual agreement
 - Documentation, including medical records
 - Collection of data that address the efficacy of the contracted service
 - Performance reports based on indicators required in the contractual agreement
 - Patient satisfaction studies
 - Results of risk management activities
- Direct observation of the provision of care
- Input from staff and patient

Providing Patient Care

NPSG.01.01.01 Patient Identification

- Use two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures.
- Two patient identifiers should be used when the patient requires a special diet. TJC advises that it may be easier to implement the practice of checking two identifiers prior to each tray delivery. If this is not routine practice, tray passers may forget to use for special diets.

NPSG 07.01.01 Hand Hygiene

- Comply with current CDC or WHO hand hygiene guidelines.
- Organizations are required to comply with IA, IB, IC CDC recommendations.
- Set goals for improving compliance with hand hygiene guidelines.
- Improve compliance with hand hygiene guidelines based on established goals.

PC.01.03.01 Planning Care

- Development of an overall plan for care based on needs identified through assessment/ reassessment process
- Written plan based on patient's goals, the timeframes, setting and services required to meet those goals
- Evaluation based on goals
- Revision based on changes in needs

PC.01.02.03 Assessment and Reassessment

- Initial assessments are conducted within defined timeframes.
- Reassessment occurs as necessary, based on plan of care or need.
- Reassessment shows progress towards goals
 - Response to treatments
 - Peak flow monitoring

PC.02.01.03 Care as Ordered

- Care is provided as ordered or prescribed.
- Prior to providing care, orders for care are obtained (or renewed) from an LIP.
- Most recent orders are used for providing care.

§482.57(b)(3) Respiratory Care Services

Old Rule

- Services may only be provided on the orders of a doctor of medicine or osteopathy.
 - If NP/PA or other non-MD/DO LIP, then must be countersigned
 - Applies even if state allows independent signature
- Watch out for:
 - Overrides
 - Missed treatments
 - Delayed treatments not counted as med errors
 - The 60-minute rule

§482.57(b)(3) Respiratory Care Services

New Rule

- Changes in rules for ordering respiratory services
- Changes based on:
 - CMS did not find any evidence that indicates that the ordering of respiratory care services should be kept to a different, and possibly higher, standard than rehab and other hospital services.
 - There are no documented studies indicating that qualified, licensed practitioners such as NPs and PAs should be restricted from ordering these necessary services for their patients; the process of physician countersignature of orders is burdensome to practitioners (physicians as well as NPs and PAs).
 - The process also runs counter to what many states have already decided for NPs and PAs in their individual state regulations and scope-of-practice laws.

§482.57(b)(3) Respiratory Care Services

New Rule

- Published as CMS-1498-F August 16, 2010, Part of IPPS regulation for 2011
- Effective October 1, 2010
- Summary:
 - Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under state law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and state laws.
 - All respiratory care services orders must be documented in the patient's medical record in accordance with the requirements at § 482.24.

RC.02.03.07 Verbal Orders

- Define in writing, which staff members are permitted to receive and record verbal orders.
- Verbal orders are authenticated within the timeframe.
 - Default is 48 hours if no state law
 - LIP responsible for patient's care may sign until 2012
- Authentication includes the time the verbal order was written.

RC.02.03.07 Receiving Verbal Orders

- Authentication
 - Time and date of order
 - Time and date of authentication
- Tips and tricks
 - Fax back signed orders
 - On-call schedule to allow for time to authenticate orders next AM prior to hand-off

§482.57(b)(2) Performance of Laboratory Tests

- Blood gases or other laboratory tests are performed by respiratory therapy; must meet applicable requirements as outlined in §482.27 Laboratory Services.
- Remember CLIA and TJC requirements for waived testing.

§482.23(c)(1) Medications Administered According to Law

- Given on order of licensed practitioner
- Administered by individuals authorized by law and hospital policy
- Medications given per order:
 - Correct identification of patient
 - Within 30 minutes of scheduled time
 - Within 60 minutes of scheduled time of respiratory medications
- Medication administration included in QAPI activities

Survey Tips

- Ensure that RTs maintain medication security, e.g., no medications in pockets or left unattended.
- Review patient records for:
 - Accuracy of medication administration time
 - Assessment/reassessment expectations
 - Evidence that respiratory treatments are given as ordered or documentation of reason for not giving treatment

PC.02.03.01 Education

- Patients receive education specific to needs.
 - Assess learning needs (includes cultural and religious beliefs, emotional barriers, desire to learn, physical/cognitive/communication barriers).
 - Education is provided as appropriate.
 - Coordinate education provided by all disciplines.
 - Educate on how to communicate safety concerns.
 - Evaluate understanding of the education and training.

PC.02.03.01 Education

- Specific education elements applicable to respiratory care:
 - Explanation of plan for care
 - Basic respiratory health practices and safety
 - Safe, effective use of respiratory medications
 - Oral health
 - Safe, effective use of respiratory equipment or supplies

PC.02.03.01 Patient Discharge Education

- Written discharge instructions are given to the patient and/or patient's caregiver or family in a manner they can understand (e.g., special or modified diets).
- Note: Diet instructions for heart failure patients and anticoagulant therapy are required as an element of the National Quality Improvement Goals (TJC) and CMS Process of Care Measures.

PC.04.01.03 Discharge Plan

- Discharge planning begins early.
- Identify the needs for psychosocial or physical care, treatment, and services after discharge or transfer.
- The patient, family, LIPs, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer.
- Prior to discharge, the hospital arranges for ongoing care needs.
- Reassessment occurs according to the timeframes established.
- Reassessment includes a review of plans to determine if the discharge plans meet the needs of patients.
- Remember CMS requirement for providing list of DME providers for patient participation if discharge plan includes need for respiratory supplies

PC.04.01.05 Discharge Education

- Patients/families are educated about:
 - Discharge plan
 - Continuing care, treatment, and services the patient will need
 - Information about why they are being discharged or transferred
 - Information about alternatives to transfer
 - How to obtain any continuing care, treatment, and services needs
- Written discharge instructions are provided in a manner that the patient and/or the patient's family or caregiver can understand. (see also RI.01.01.03)

Supporting Patient Rights

§482.13(b)(2) Informed Decisions

- The patient or the patient's representative should receive adequate information, provided in a manner that the patient or the patient's representative can understand, to assure that the patient can effectively exercise the right to make informed decisions.

RI.01.01.03 Effective Communication

- Information provided in a manner tailored to patient's:
 - Age
 - Language
 - Ability to understand
- Communicates with patient who has vision, hearing, speech or cognitive impairment in manner that meets patient's needs

§482.13(a)(2) Grievance Resolution

- CMS definition of patient grievance:
 - Formal or informal, written or verbal complaint
 - Made to the hospital by a patient, or the patient's representative
 - Regarding
 - The patient's care (when the complaint is not resolved at the time of the complaint by staff present)
 - Abuse or neglect
 - Issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoPs)
 - A Medicare beneficiary billing complaint related

§482.13(a)(2) Grievance Resolution

- The hospital must have a process for prompt resolution of patient grievances.
- The hospital informs each patient whom to contact to file a grievance.
- The Governing Body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.

§482.13(a)(2) Grievance Resolution

- The process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization.
- The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.

§482.13(a)(2) Grievance Resolution

- The process must specify timeframes for review of the grievance and the provision of a response.
- The hospital must provide the patient with written notice of its decision containing:
 - The name of the hospital contact person
 - The steps taken on behalf of the patient to investigate the grievance
 - The results of the grievance process
 - The date of completion

RI.01.07.01 Complaints

- Hospital establishes complaint resolution process
- Informs patient/family about process
- Reviews and, when possible, resolves complaints
- Acknowledges receipt of complaint when immediate resolution not possible
- Provides phone number and address of relevant authority in order to file a complaint
- Allows complaints to be voiced without fear
- Provides written notice of complaint resolution
- Process completed within defined timeframes
- Process includes mechanism for timely referral of concerns regarding quality of care or premature discharge to QIO

Performance Improvement

PI.01.01.01 Data Collection

- The hospital collects data to monitor its performance.
 - Internal data
 - Staff and patients
 - Medical records
 - Observations
 - Quality control/risk management
 - External sources
 - Community
 - Insurers
 - The Joint Commission

PI.02.01.01 Data Analysis

- Data are compiled and analyzed.
 - Raw data compiled and transformed into useful information
 - Patterns or trends identified
 - Compared to external benchmarks, when appropriate

PI.03.01.01 Improve Performance

- Take action on improvement opportunities.
- Evaluate actions taken to confirm effectiveness.
- Take action when planned improvements are not achieved or sustained.

Common Respiratory Care Measures

- Missed treatments
- Delays in treatment
- Response times to stats
- Smoking cessation compliance
- Early weaning activities
- VAP measures

Safety for Respiratory Care

LS.02.01.35 Fire Extinguishing Systems

- 18" or more of open space maintained below sprinkler deflector to top of storage
- Travel distance to nearest fire extinguisher is 75 feet or less
- "K" Fire extinguishers within 30 feet of grease-producing cooking devices
- Exhaust hoods, exhaust ducts and grease-removal devices for grease-producing cooking devices

LS.02.01.20 Egress

- Exits must be clear of obstructions or impediments to the public way.
 - Clutter
 - Equipment
 - Carts
 - Furniture
 - Construction material
 - Snow and ice

IC.02.01.01 Implementation

- Surveillance activities to identify, minimize, reduce, or eliminate infection risks
- Use of standard precautions and personal protective equipment (PPE) to reduce risk of infection
- Use of transmission-based precautions in response to suspected or known pathogens
- Investigation of outbreaks of infectious diseases
- Minimize risk when storing or disposing of infectious waste

Other Required
Documentation

§482.57(b) Written Policies and Procedures

- Approved by the Medical Staff
- Includes the following:
 - Equipment assembly, operation, and preventive maintenance
 - Safety practices, including infection control measures for equipment, sterile supplies, biohazardous waste, posting of signs, and gas line identification
 - Handling, storage, and dispensing of therapeutic gases to both inpatients and outpatients

§482.57(b) Written Policies and Procedures (cont.)

- Includes the following:
 - Cardiopulmonary resuscitation
 - Procedures to follow in the advent of adverse reactions to treatments or interventions
 - Pulmonary function testing
 - Therapeutic percussion and vibration
 - Bronchopulmonary drainage

482.57(b) Written Policies and Procedures

- Includes the following (cont.):
 - Mechanical ventilatory and oxygenation support
 - Aerosol, humidification, and therapeutic gas administration
 - Storage, access, control, administration of medications and medication errors
 - Procedures for obtaining and analyzing blood samples (e.g., arterial blood gases)

482.57(b)(1) Written Policies and Procedures (cont.)

- Policies and procedures minimally address:
 - Each respiratory service provided
 - Qualifications, licensure, education, and training of staff performing the service (including when nurses provide)
 - Qualifications of supervisory staff
 - Specialized training to perform specific duties

§482.24(c)(1) Medical Record Entries

- §482.24(c)(1)(i) All orders, including verbal orders are dated, timed, and signed.
 - CMS now requires a read-back and verification process.
- §482.24(c)(1)(ii) For a period of five years ending January 26, 2012, verbal orders may be signed by a practitioner other than the ordering practitioner who is caring for patient.
- §482.24(c)(1)(iii) Timeframe for authentication of verbal orders is determined by state law. In the absence of state law, verbal orders are authenticated ASAP, but no later than 48 hours after receipt of order.

§482.24(c)(1) Medical Record Entries

- All entries in the medical record must be:
 - Legible
 - Complete
 - Dated and timed
 - Authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures
- Dating and timing begins to apply when orders are received at the hospital at the time of service, not necessarily when they are written in the doctor's office and faxed.
- Once the hospital begins processing such an order or prescription, it is responsible for ensuring that the implementation of the order or prescription by the hospital is promptly dated and timed in the patient's medical record.

§482.24(c)(1)(i) Medical Record Entries

- All orders, including verbal orders must be:
 - Legible, complete, and "promptly" authenticated with signature, date, and time
 - "Promptly" defined as performed readily or immediately
 - Authentication may be written, electronic, or faxed
- Medical Records has a current list of authenticated signatures, written initials, or stamps if used for authentication of entries.
- The Governing Body has authorized computer or other code signatures.
- Written P&Ps contain a process for improper use of computer codes or stamps.

RC.01.02.01 Authentication

- The hospital defines types of entries made by non-LIPs that require countersignature.
 - Residents and medical students
 - NPs, PAs, CRNAs, CNM
 - Students
 - Include respiratory orders for all non-LIPs
- The author of each entry is identified.
- All entries are authenticated by the author.
- Stamps are used only by authenticated users.

RC.01.01.01 Complete and Accurate Records

- The hospital defines the components of a complete medical record.
- EPs form an itemized list that reflects CMS expectations.
- All entries, including orders, are dated.
- All entries in the medical record, including orders, are timed.
- The hospital tracks all components of the medical record.

Other Broadcasts

- TJC
 - Leadership
 - Medical Staff
 - Provision of Care, Treatment and Services
 - Performance Improvement
- CMS
 - Medical Staff
 - QAPI
 - Nursing Services
- Departments
 - Executive Responsibilities
 - Compliance for Medical Staff
 - Quality Management/PI

For Further Questions

- relzer@compassgroupinc.com
- cms@compassgroupinc.com
- Compass Forum Podcasts

Compass Clinical Consulting
513-241-0142
