




Consistent Interpretation

Joint Commission Surveyors' Observations on PC.02.01.03, EPs 1, 7, and 20

The semimonthly column **Consistent Interpretation** is designed to support standards compliance efforts. Each column draws from a de-identified database containing surveyors' observations—as well as guidance from the Standards Interpretation Group on how to interpret the observations—on an element of performance (EP) in the *Comprehensive*

Accreditation Manual for Hospitals. This installation (the third in the series) highlights all three requirements for Provision of Care, Treatment, and Services (PC) Standard PC.02.01.03 (EPs 1, 7, and 20). **Note:** *Interpretations are subject to change to allow for unique and/or unforeseen circumstances.* 

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Consistent Interpretation (continued)

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Provision of Care, Treatment, and Services (PC) Standard PC.02.01.03: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

EP 1: For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.*

Note: *Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:*

- *Responsible for the care of the patient*
- *Licensed to practice in the state where he or she provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements*
- *Acting within his or her scope of practice under state law*
- *Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services*

* For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

Surveyor Observations	Guidance/Interpretation
An order was not present when a protocol was initiated; an order to initiate a protocol was in the chart but the actual protocol with its included orders was not; no order had been made before implementing the standing order set.	A copy of the protocol must be entered into the medical record to ensure the record accurately reflects the interventions taken. In addition, the implementation of a protocol must be documented as an order in the patient’s medical record and dated, timed, and signed by the practitioner responsible for the patient’s care. Regarding the note, the determination of whether or not a nurse may implement a protocol without an order from the licensed independent practitioner depends on the state’s nurse practice act. If nurses are implementing protocols in this manner, the organization must demonstrate either that this is permitted by law/regulation or—if the state is silent—that it has its own policy.

EP 7: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).

Surveyor Observations	Guidance/Interpretation
Patient monitoring was ordered for every 15 minutes but performed every 30 minutes.	Cite only for orders—not documentation. For non-deemed surveys, consider citing Standard LD.04.01.05, EP 4.
There was no evidence that a valid order was implemented.	This applies to medication orders. If a test/procedure was not done, cite Standard PC.01.02.15, EP 1. Cite Standard PC.02.01.03, EP 1, if there is an order to implement a protocol but no copy of the protocol in the record or if there is no order for care, treatment, and/or services provided even though one is required. For non-deemed surveys, consider citing Standard LD.04.01.05, EP 4.
The organization’s policy allowed prepopulation of postoperative orders, but there was no process in place to review them prior to implementation.	Cite only for orders—not documentation. Notes are never allowed to be prepopulated. Cite if policy allows prepopulation of orders but there is no process to ensure their accuracy. If policy does not allow prepopulation, cite Standard LD.04.01.05, EP 4. For non-deemed surveys, consider citing Standard LD.04.01.05, EP 4.

EP 20: Before taking action on a verbal order or verbal report of a critical test result, staff uses a record and “read back” process to verify the information.

Surveyor Observations	Guidance/Interpretation
Telephone or verbal orders were carried out without evidence of “read back.” The nurse read back the physician’s order during their telephone call but did not document it as “Telephone with Read Back” as required by hospital policy.	Documentation such as “VORB” (verbal order read back) next to the order is an example of “evidence” of compliance but is not required by The Joint Commission. If the organization can articulate its process (whether or not it is documented), this is acceptable as evidence of compliance. If this is being cited because hospital policy was not followed, the policy should be identified in the citation.