Joint Commission Provision of Care
COURSE: NCD1672 (WEBINAR)
Date: January 31, 2014
Time: 9:00 – 11:00 am Central Time

Webinar Overview: The purpose of this program is to familiarize the attendees with the 2014 Joint Commission chapter on the Provision of Care (PC). One of the PC chapter standards made the top ten problematic standards with the Joint Commission and this will be discussed along with solutions to ensure compliance. This program will discuss both 2013 and 2014 changes.

Note: the restraint standards are extensive and are covered in a separate program although the changes made by CMS will be discussed regarding soft wrist restraints.

Target Audience: This program is for anyone involved in the provision of patient care especially physicians, nurses and other health care providers. Risk managers, hospital attorneys, compliance officers, Joint Commission coordinators and quality and performance improvement staff, chief nursing officer (CNO), chief operating officer (COO) Chief Medical Officer (CMO), policy and procedure committee members, department managers, staff nurses, case managers, patient safety officer, IS staff, ethic committee members, nurse educators, nurse managers, patient educators, behavioral health staff, director of dietary, hospice staff, pharmacist and pharmacy staff, falls specialist, falls team, staff involved in moderate or deep sedation, CRNA and anesthesiologist, PACU nurses, social workers, discharge planners, and others who participate in ensuring compliance with requirements and the process should attend. This program is a must attend for nursing staff.

Webinar Objectives:
- Discuss recent memos and standard changes from CMS to the CAH Conditions of Participation
- Describe recommendations for hospitals to implement regarding restraint and seclusion to improve patient safety
- Recall recommendations to improve MRI safety

Webinar Topics:
- Written process for accepting patients and transfers and accepting patients to meet their need PC.01.01.01
- Assessment and reassessment of patients and what information must be included in the assessment PC.01.02.01
- Defined time when assessment must be done, H&P, Nursing assessment, nutritional assessment, and functional assessment PC.01.02.03
- RN determines needs for nursing care PC.01.02.05
- Pain management and pain assessment and referral PC.01.02.07
- Fall assessment and management PC.01.02.08
- Abuse and neglect patients and assessment and reporting PC.01.02.09
- Assessment of patients who receive psychosocial services to treat alcoholism
- Assessment of patients who receive treatment for emotional or behavioral disorders PC.01.02.13
- Diagnostic testing and procedures performed as ordered and in time frames and interpretation of test result PC.01.02.15
- Plan of care PC.01.03.01 and changes in 2013 by CMS
- Behavioral management policies, time outs, aversive procedures, and seclusion PC.01.03.03
- Patient flow and boarding of behavioral health patients (2013 and 2014 changes)
- Behavioral management and plan of care, time outs, restraints, least restrictive and patient physical safety PC.01.03.05
- Care, treatment, and services to patient and plans of care, blood transfusions, and IV medications PC.02.01.01
- Care provided as per order, order for medications, respiratory treatment, and read back of verbal orders PC.02.01.03
- Change in respiratory orders PC.02.01.03
- Interdisciplinary and collaborative care and treatment PC.02.01.05
- Resuscitation services and training, resuscitation equipment and procedures PC.02.01.11
- Respond to changes in the patient’s condition and rapid response teams not required PC.02.01.19
- Coordination of patient care and hand off communication PC.02.02.01
- Food and nutrition products, special diets, what to do if patient refused food, storage of food and nutrition products, diet manual, and proper sanitation of food and nutrition PC.02.02.03
- Education for children and youths PC.02.02.07
- Access to outdoors with patients with a long length of stay PC.02.02.11
- Comfort and dignity at end of life and required staff education PC.02.02.13
- Patient education and training, patient training based on assessment, what training and education to every patient must include, information on the safe and effective use of medication, use of equipment, oral hygiene, fall reduction strategies, and communication of patient safety concerns PC.02.03.01
- Patient personal hygiene, housekeeping, incontinent patients, oral care program and maintaining living quarters PC.02.03.03
- High risk procedures including moderate and deep sedation or anesthesia PC.03.01.01
- Patient care before operative or high risk procedures including deep sedation and anesthesia, evaluations, pre procedural education, preanesthesia assessments, plan of care for anesthesia, 48 hour requirements for preanesthesia and postanesthesia assessments, and LIP concurrence with anesthesia plan PC.03.01.03
- Monitoring requirements for moderate or deep sedation, what must be monitored, PC.03.01.05
- Care after moderate sedation or deep sedation PC.03.01.07
- Lab procedures for handling of tissue removed during a surgical procedure PC.03.01.08
- ECT safely performed, policy required and documentation requirements PC.03.01.09
- Surgical treatments for emotional, mental or behavioral health disorders PC.03.01.11
• Restraint and seclusion for non-behavioral health patients, leadership responsibilities, and use of evidences based guidelines PC.03.02.01

• Restraint and seclusion policies required, must cover 11 topics, who must approved restraint policy PC.03.02.03

• Standards on restraint and seclusion for those who do not use the Joint Commission for deemed will be provided but not be covered since involves small number of hospitals and covered in separate program (VA hospitals)
  ○ However the new changes on soft wrist restraints will be discussed

• Restraint and seclusion standards will not be discussed but will be provided for those that use the Joint Commission for deemed status since these are covered in a separate program that combines both the CMS and TJC restraint standards. PC.03.05.01, PC.03.05.03, PC.03.05.05, PC.03.05.07, PC.03.05.09, PC.03.05.11, PC.03.05.13, PC.03.05.15, PC.03.05.17, PC.03.05.19

• Patient needs after discharge or transfer PC.04.01.01

• Hospital discharges or transfer and assessment, needs after discharge, services needed after discharge, discharge planning and reassessment PC.04.01.03

• Patients are informed before discharge or transfer, reason for discharge, written discharge instructions required, patient and family involvement in process PC.04.01.05

• Hospital notifies other services providers of information about discharge, summary of care, goals, community resources made available etc. PC.04.02.01

• Safe administration of blood and look back program and required policy PC.05.01.09

• Radiation testing, CT scans and California hospitals

**Faculty: Sue Dill Calloway**, RN, Esq. CPRHM, AD, BA, BSN, MSN, JD, Attorney at Law, President of Patient Safety, Healthcare Consulting and Education Company

Sue Dill Calloway, R.N., M.S.N, J.D. is a nurse attorney and President of Patient Safety and Healthcare Consulting and Education. She was the past VP of Legal Services at a community hospital in addition to being the Privacy Officer and the Compliance Officer. She worked for over 8 years as the Director of Risk Management and Health Policy for the Ohio Hospital Association. She was also the immediate past director of hospital patient safety and risk management for The Doctors Insurance Company in Columbus area for five years. She does frequent lectures on legal and risk management issues and writes numerous publications.

Ms. Calloway has given many presentations locally and nationally to nurses, physicians and attorneys on medical and legal issues. She has authored numerous articles and over 1000 articles and 100 books, including the 2009 Joint Commission Leadership Standard (HCPro), Nursing and the Law (PESI, 1986 and 1987), Ohio Nursing Law (West Publishing), Nursing Ethics and the Law (PESI, 1986), Legal Issues in Supervising Nurses (PESI, 1988), Medicine Made Easy (PESI, 1992) and The Law for Nurses Who Supervise/Manage Others (PESI, 1993), Legal Issues in Obstetrics (PESI, 1997) and JC Leadership Standards (HCPro, 2004), and the Compliance Guide to the CMS and the Joint Commission Patient Rights Standards (HCPro, 2005), and the 2009 book on the Joint Commission Leadership Standards (HCPro). She often writes articles called the “CMS Corner” in Briefings on the Joint Commission. Ms Calloway is a 1996 recipient of PESI's Excellence in Education Award.
Registration:

There is a site fee of $175.00 for NDHA Member Hospitals and $300.00 for Non-members for this course. Member Hospital is referred to as an individual freestanding facility, not a hospital system. The registration fee provides you with one phone number, Web connection and a downloadable handout. Numerous people at one physical site are encouraged to participate in the Web Conference through one registration (utilizing the same telephone/Web connection). If any additional locations or facilities are added into your connection, additional registration fees will be charged. If participants at your site require more than one telephone/Web connection, additional registration fees will be charged.

Prior to the program you will receive an e-mail containing instructions on how to connect to the conference. This e-mail will also contain codes to access the conference call. Advance registration by January 24, 2014 is required to ensure delivery of instructional materials. A late fee of $25.00 will be charged for any registrations after this date. This fee is necessary, as we are being charged a late fee for any last minute registrations that require an overflow line on the bridge. If you do not receive an e-mail from Linda Simmons prior to the program with your handouts and dial-in information, please contact her at 701 224-9732.

Please contact Linda Simmons at 701 224-9732 or lsimmons@ndha.org for further information. You may register by fax (701) 224-9529, online at http://www.ndha.org under Education or by mail PO Box 7340, Bismarck ND 58507.

Registration fees are non-refundable unless notice of an individual’s cancellation is received at NDHA five working days prior to the event, in which case a cancellation fee of $50.00 will be deducted from your registration fee. If notice of cancellation is received after this date, there is no refund. You will be billed whether or not you attend the program.

Joint Commission Provision of Care 1/31/2014

Facility _______________________________________________________________

Contact Name/Title_____________________________________________________

E-Mail________________________________________________________________

Phone Number _________________________________________________________