

past 12 months. A complete program of competency based orientation and training is essential. Further, you will be expected to produce competency assessment on contract employees who provide direct patient care services in your facility. Regardless of whether the employee is a direct employee or contractor, focus your competency assessment on the patient care functions: assessment, care planning, provision of care or services, and discharge planning. See Samples Figure 6.

Perform the following checkup related to the human resource standards:

Review your job descriptions. Do they address age specific competencies? Are the competency statements reasonable and measurable?

- Can you produce competency data, licensure verification and health information according to your policies?
- Are reports related to competency of staff given to the governing body on at least a quarterly basis?

■ Are competency issues addressed with staff education and training?  
**Surveillance and Control of Infection**

You will be expected to describe your organization's strategies for reducing nosocomial infection. Staff education and training is an essential component of this planning and staff will be observed for compliance with policies and procedures.

Perform the following checkup related to the infection control standards:

- Have staff been oriented and trained in infection control?
- What is your policy on recapping? Is it followed?
- What department specific policies do you have related to infection control?

As you review your readiness for survey, keep in mind that your performance rating will be dependent not only on what occurs in your department but based on your ability to support an

interdisciplinary approach to providing care. Reduce survey stress by maintaining a state of readiness for survey and using the standards as a framework for improving overall departmental performance.

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**FIGURE 6: SAMPLE AGE SPECIFIC COMPETENCIES FOR APPLICATION OF THERAPEUTIC EXERCISE**

COMPETENCY BASED PERFORMANCE EXPECTATION	CRITERIA FOR MEASUREMENT	RATING BASED ON	INITIAL REVIEW	1 <sup>ST</sup> ANNUAL	2 <sup>ND</sup> ANNUAL	3 <sup>RD</sup> ANNUAL	4 <sup>TH</sup> ANNUAL	5 <sup>TH</sup> ANNUAL
Performs therapeutic exercise in accordance with accepted standards of care and in accordance with departmental policies and procedures.	<b>ALL AGE GROUPS</b> Based on a review of 10 or more open and closed charts per year and on observations by self, peers and supervisors, the employee demonstrates competence in the following additional areas: performs exercises safely, educates the patient as to the purpose of the exercise activity, provides feedback regarding the performance of the activity	___ GENERAL ___ PERCENT ___ EXCEPTIONS						
	<b>NEONATE</b> Based on a review of 10 or more open and closed charts per year and on observations by self, peers and supervisors, the employee demonstrates competence in the following additional areas: the caregiver recognizes approach cues given by the neonate and uses these cues to direct the level of interaction.	___ GENERAL ___ PERCENT ___ EXCEPTIONS						
	<b>PEDIATRIC</b> Based on a review of 10 or more open and closed charts per year and on observations by self, peers and supervisors, the employee demonstrates competence in the following additional areas: the caregiver educates the patient and parent if available as to the purpose of the exercise activity, recognizes the limits of the pediatric patient for range, strength training and endurance, and incorporates play activities to achieve goals.	___ GENERAL ___ PERCENT ___ EXCEPTIONS						
	<b>ADOLESCENT</b> Based on a review of 10 or more open and closed charts per year and on observations by self, peers and supervisors, the employee demonstrates competence in the following additional areas: the caregiver considers special interests of the adolescent and incorporates these into the program and considers peer involvement as appropriate.	___ GENERAL ___ PERCENT ___ EXCEPTIONS						
	<b>GERIATRIC</b> Based on a review of 10 or more open and closed charts per year and on observations by self, peers and supervisors, the employee demonstrates competence in the following additional areas: the caregiver recognizes the limits of the geriatric patient for range, strength training and endurance, accommodates differences in activity level and joint restriction for this age group	___ GENERAL ___ PERCENT ___ EXCEPTIONS						

performance improvement program?

- Are you using an external database that can help your organization meet the ORYX requirements?
- Do you have a system to prioritize opportunities for improvement and does the staff understand how this is done?

### Leadership

A focus in recent surveys is on the requirement for the Medical Staff and Governing Body to approve contract services. Surveys may also request information on who recommended the contractor to the leaders. Contractors, like employees, should have clear performance expectations and an annual review of their performance. The annual review provides a basis for determining whether the contractor is meeting the needs of the organization and should continue to provide services.

Perform the following checkup related to the leadership standards:

- Are contractors evaluated annually and do the Medical Staff and Governing Body approve the contracts?
- Can your staff articulate the mission, vision and values of the organization?
- How well have you documented the integration of services between departments?
- Do leaders understand and have they been trained in data analysis?
- If your organization is part of a multi-hospital system, how do the various parts of the system communicate and

interact? How are problems resolved?

- Do department leaders participate in budget planning, space and staffing needs, educational needs assessment and establishing ongoing training and education for staff?

### Management of Information

Review your medical staff policy on verbal orders and be sure that you are following the policy. The policy should describe those individuals who are permitted by law and by the institution to accept verbal orders. In addition, the policy should indicate a time frame in which the verbal order must be authenticated.

Your organization must have a mechanism to identify the author of all notes in the medical record. A signature record file should be maintained that includes **all** individuals permitted to document in the chart.

Perform the following checkup related to the management of information standards:

- Do you have signature records for all staff members who are permitted to make entries in the medical record?
- Is there a system to protect medical record information, including restriction to computer access?
- Do you have a reasonable and enforceable policy on verbal orders?

### Managing the Environment of Care

The Environment of Care standards continue to be problematic for many organizations. It is essential not only to have the required seven management plans but also to implement the plans, educate staff about how to use the plans, complete drills for the given plans, measure the effectiveness and plan for improvement. The Environment of Care/Safety Committee should be very active in monitoring and improving the safety of the environment.

Perform the following checkup related to the environment of care standards:

- When fire drills are held, are the compartments adjacent to the drill area and above or below the drill area monitored as well?
- Does staff receive orientation and ongoing training in safety management?
- Are the equipment and/or furniture appropriate to the ages of patients being served?
- Are drills and inspections scheduled and carried out in compliance with the standards?
- Is the staff aware of security and can staff be identified via name badges?

### Management of Human Resources

Assessment of staff competence as it relates to the ages of the patients served may well have replaced restraints as the number one Type I over the

Each of these areas has influence from the rehab setting and will need to be addressed as needed for the patient. Documentation of this information can easily be accomplished by using a form tool similar to that shown in Figure 4 and Figure 5.

Perform the following checkup related to the patient and family education standards:

- Do you participate in an interdisciplinary approach to education?
- Are the key elements for education (who received the education, what was taught, and an assessment of how well the information was learned) documented?
- If an integrated education form exists, does therapy staff **consistently** use the form?
- Do you monitor the need for additional education throughout the care process?
- Have you taught your patients how to use medical equipment safely?
- Has the patient been instructed in how and where to get service and supplies for equipment provided?

**Continuum of Care**

The continuum of care standards have been written to address the need for a seamless transition of the patient from one level of care to another. Your survey team will review how well care is planned, coordinated and delivered throughout the episode of care. Within the rehab department

communication of goals, progress and discharge plans is critical. Perform the following checkup related to the

With continued emphasis on productivity in the work environment, rehab departments can focus performance improvement

<b>FIGURE 5: DOCUMENTATION OF EQUIPMENT ISSUES AND HOME EXERCISE PROGRAMS</b>	
<b>EDUCATION GIVEN/SUMMARY OF HOME PROGRAM:</b> (Include what was taught, who was educated, level of understanding). File a copy of written home program on chart.	
HOME PROGRAM ESTABLISHED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TAUGHT TO: <input type="checkbox"/> PATIENT <input type="checkbox"/> FAMILY <input type="checkbox"/> OTHER (Specify: _____)	
DO THEY UNDERSTAND: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____	
HANDOUTS PROVIDED TO PATIENT OR FAMILY: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLACE COPY ON CHART.	
<b>EQUIPMENT ISSUES</b>	
LIST EQUIPMENT RECOMMENDED FOR PATIENT:	
EQUIPMENT SUPPLIED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT ARRANGEMENTS WERE MADE:	
PT/FAMILY INSTRUCTED IN USE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	
PT/FAMILY INSTRUCTED IN SAFETY: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	
PT/FAMILY INSTRUCTED IN WHERE AND HOW TO GET SERVICE AND SUPPLIES: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	
IF EQUIPMENT IS RECOMMENDED AND NOT SUPPLIED, WHAT IS RECOMMENDED:	
OTHER EQUIPMENT ISSUES:	

continuum of care standards:

- Do you have policies and procedures for referring patients to other providers when the services required are not available within your scope of care?
- How well do you communicate the patient treatment program when various providers are working with a patient?
- Does the rehab department participate in treatment and discharge planning?

**Performance Improvement**

The most recent changes in the performance improvement standards address sentinel events. Following the occurrence of a sentinel event – an unexpected event causing death or serious physical or psychological injury – a root cause analysis is required to determine the cause and provide the framework for improvement.

activities on processes that impact efficiency and reliability in treatment. While the standards clearly emphasize the need of the organization to provide the human and material resources to support performance improvement, the Joint Commission recognizes the need to prioritize opportunities for improvement based on the resources available. For this reason, you can expect your survey team to question how you prioritize identified areas that require improvement.

- Perform the following checkup related to the improving organizational performance standards:
- Can the staff describe the organization’s approach to performance improvement?
- Can the staff describe what improvements have been made in the department and what contributions they have made to the organization’s

JCAHO has clarified the use of postural devices, these devices can be considered restraints if they are used for the purpose of restraint. Be sure to outline in your policies how and when these devices are used for postural support.

How well does your organization perform when establishing an interdisciplinary treatment plan? Can you show that you are communicating with not only the therapy departments but with other providers on the care delivery team? A well-documented interdisciplinary

formulary items that relate to your department?

- Are medications controlled, labeled and dispensed from floor stock according to policy?
- If therapy staff apply topical agents, do you verify patient identity prior to applying the medication?
- Do you monitor the effects of medications and report adverse reactions through organizational policy?
- Do therapy records

The patient and family are significant members of the health care team. Provision of education to the patient and family can improve the overall outcome for the patient. Your organization will be required to have a systematic approach to patient and family education. Patient educational needs must be assessed, prioritized and addressed in a way that will promote a positive learning situation.

Included in the mandated areas of education are:

- rehabilitation techniques

FIGURE 4 ASSESSMENT OF PATIENT LEARNING NEEDS/ DOCUMENTATION OF EDUCATION GIVEN					
EDUCATIONAL NEEDS AND LEARNING ASSESSMENT	CURRENT KNOWLEDGE/ UNDERSTANDING OF BASIC INFO:	EDUCATION NEEDS IDENTIFIED ON EVAL:	BARRIERS TO LEARNING	READINESS FOR LEARNING	TEACHING METHOD
	<input type="checkbox"/> NONE <input type="checkbox"/> MINIMAL, NEEDS REINFORCEMENT <input type="checkbox"/> UNDERSTANDS INFO AND HAS SKILLS FOR SELF MGMT	<input type="checkbox"/> DISEASE INFORMATION <input type="checkbox"/> EQUIPMENT USE <input type="checkbox"/> SAFETY <input type="checkbox"/> ADL'S <input type="checkbox"/> EXERCISE	<input type="checkbox"/> NONE <input type="checkbox"/> VISION <input type="checkbox"/> HEARING <input type="checkbox"/> CANNOT READ <input type="checkbox"/> LANGUAGE/NEEDS INTERPRETER <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> ACCEPTING <input type="checkbox"/> DENYING <input type="checkbox"/> NO INTEREST <input type="checkbox"/> REFUSES	<input type="checkbox"/> VERBAL <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> HANDOUTS <input type="checkbox"/> AUDIO/VIDEO <input type="checkbox"/> PHONE CALL <input type="checkbox"/> OTHER: _____
	HOW DOES PT BEST LEARN: <input type="checkbox"/> PICTURES <input type="checkbox"/> READING <input type="checkbox"/> LISTENING <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> OTHER: _____				
	EDUCATION GIVEN: (Including safety information provided; exercise and disease information)				
	WHO WAS EDUCATED? <input type="checkbox"/> PATIENT <input type="checkbox"/> FAMILY Name & Relationship: _____				
HOW DID PT/FAMILY DEMONSTRATE LEARNING: <input type="checkbox"/> Patient Verbalizes Understanding <input type="checkbox"/> Family/SO Verbalizes Understanding <input type="checkbox"/> Patient Demonstrates Correctly <input type="checkbox"/> Family/SO Demonstrates Correctly <input type="checkbox"/> Needs Practice/Reinforcement Unsuccessful - Describe: _____					

team approach to care is essential for good performance.

Perform the following checkup related to the patient care standards:

- Do you participate in pharmacy and therapeutics to make recommendations for

indicate all items required in patient assessment and care planning?

- Have you clearly identified barriers and facilitators to goal achievement?

**Patient and Family Education**

to promote more independent function

- access to additional community resources
- safe and effective use of adaptive equipment
- how and where to obtain equipment service and supplies
- how and where to obtain any further treatment the patient may need

- Establish protocols for specific diagnoses that most likely will require therapy intervention. For these protocols, establish standing orders for therapy evaluation upon admission. Be cautious when using protocols to use one of the other methods for identifying therapy needs in the populations that do not fit into the protocol.

Perform the following checkup related to the patient assessment standards:

- Do you assess functional status on all patients who receive your services? Review wound care patient records specifically to see that functional issues are addressed along with the wound evaluation.
- Do your patient assessment policies include time frames for completion of the assessment and reassessment? Do they specify the critical elements of the assessment, frequency of reassessment and who is responsible for these functions?
- Does your staff understand how and when to identify potential victims of abuse?

**Care of Patients**

The Joint Commission recognizes the unique contribution of rehab services to the care of the patient and has outlined specific additional expectations for rehab in the standards related to the care of the patient. In addition to compliance with all patient

**FIGURE 2: SAMPLE INTAKE DATA TO ASSESS NEED FOR FURTHER THERAPY ASSESSMENT**

Function	Independent in:		
self-care	- yes	- no*	
eating	- yes	- no*	
toileting	- yes	- no*	
bathing	- yes	- no*	
grooming	- yes	- no*	
dressing	- yes	- no*	

if functional deficits noted, please request PT/OT evaluation /orders.

**FALL PRECAUTIONS**

- High Risk\*
- Mod Risk\* \_
- Minimal or No Risk

*\*High/Mod, review safety w/pt*

Safety educ. done:  
\_ yes \_ no

care standards, the department should pay particular attention to these specific expectations.

The standards require a plan of care based on assessment of patient needs which serves as the guideline for provision of services. While this is often assumed as essential to our profession, the intent of these standards to provide **and document** specific treatment plans and goals that guide the care. The goals should be functional, achievable and have specific time frames for achievement. The patient and family are involved as part of the treatment team to achieve the goals and have input into the treatment, goals and discharge planning.

Be certain your staff understands the restraint and seclusion standards. While

**FIGURE 3: SAMPLE THERAPY SCREENING TOOL**

PHYSICAL THERAPY: SCREENING			
Admitting Diagnosis:			
Is diagnosis one that usually requires physical therapy intervention? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes*, does this patient appear to have deficits related to the diagnosis that could reasonably be expected to improve with physical . therapy treatment? <input type="checkbox"/> yes* <input type="checkbox"/> no	
Check any of the following conditions that apply:		If condition is checked, is functional loss a new problem and is it likely to improve with therapy intervention:	
<input type="checkbox"/> Reason for admission is orthopedic	<input type="checkbox"/> Reason for admission is neurological	<input type="checkbox"/> yes*	<input type="checkbox"/> no
<input type="checkbox"/> Patient has difficulty with transfers	<input type="checkbox"/> Patient has difficulty with ambulation	<input type="checkbox"/> yes*	<input type="checkbox"/> no
<input type="checkbox"/> Patient has joint pain	<input type="checkbox"/> Patient has edema	<input type="checkbox"/> yes*	<input type="checkbox"/> no
<input type="checkbox"/> Patient has joint contractures	<input type="checkbox"/> Patient complains of musculoskeletal pain	<input type="checkbox"/> yes*	<input type="checkbox"/> no
<input type="checkbox"/> Patient has been on bedrest for more than 72 hours	<input type="checkbox"/> Patient has undergone orthopedic surgery	<input type="checkbox"/> yes*	<input type="checkbox"/> no
<input type="checkbox"/> Patient has undergone orthopedic surgery		<input type="checkbox"/> yes*	<input type="checkbox"/> no
<input type="checkbox"/> Patient has undergone orthopedic surgery		<input type="checkbox"/> yes*	<input type="checkbox"/> no
<input type="checkbox"/> Patient has undergone orthopedic surgery		<input type="checkbox"/> yes*	<input type="checkbox"/> no
<input type="checkbox"/> Patient has undergone orthopedic surgery		<input type="checkbox"/> yes*	<input type="checkbox"/> no
* If the yes box is checked, request an evaluation by Physical Therapy.			
Actions taken:			
<input type="checkbox"/> None – therapy not indicated at this time	<input type="checkbox"/> Requested order for Therapy Eval/Rx	<input type="checkbox"/> Notified therapy of patient needs	<input type="checkbox"/> Other:
Comments:	Screen completed by:	Date:	

wound or burn or to the use of IV arm boards for support.

Also new for 1999 is the requirement that all hospitals have policies and procedures related to organ procurement. While this has been a requirement for state licensure in many areas in the past, it is now required by JCAHO as well. Scoring on this change is capped at a score of 2 and will not result in a Type I recommendation as long as your organization can show that efforts are underway to comply with this standard. The best strategy for compliance is to enter into an agreement with a tissue bank and to implement policies on routine identification and referral of potential organ donors. Patient and family education policies on organ donation should be implemented.

**Chapter by Chapter Highlights: Have You Thought About This ?**

**Conditions of Participation**

With the large number of units that are opening, closing or merging, it is essential to keep in mind that there is a requirement to notify the Joint Commission in writing between 30 days before or 30 days after any significant change in the scope of services provided. If you are opening, closing or changing the licensure status of a unit, be sure that this information is communicated to the Joint Commission in a timely fashion.

**Patient Rights and Organizational Ethics**

Review your Code of Ethics. Does the Code specify how the organization protects the integrity of clinical decision making regardless of how the organization shares risk with its shareholders? The issue here is how your organization provides for appropriate clinical services regardless of financial risk.

Perform the following checkup related to the patient rights and organizational ethics standards:

- Are patients and/or families involved in all aspects of their care? Can you prove this in your documentation? A sample portion of therapy assessment documentation that demonstrates good compliance with this area is shown in Figure 1.
- Are patients informed when student interns participate in the care? Are they given a choice to defer treatment by an intern?

- How to protect the confidentiality of information? Can you assure visual, auditory and informational privacy?

**Patient Assessment**

Do you have clear guidelines for screening patients who may require rehab services and once referred? It is not enough to evaluate and treat patients based on physician's orders. Departments can meet the patient assessment standards in several ways:

- Establish trigger criteria that are part of initial data base information collected when the patient is admitted for services. Often this document is completed by an RN as an intake assessment and will have specific criteria that stimulate a therapy evaluation or request for referral. A sample portion from an intake tool is shown in Figure 2.

**FIGURE 1: EXAMPLE SECTION FROM PATIENT-ASSESSMENT FORM**

GOALS AND TREATMENT PLAN DISCUSSED WITH: <input type="checkbox"/> PATIENT <input type="checkbox"/> PARENT <input type="checkbox"/> FAMILY <input type="checkbox"/> OTHER: _____
DO THEY UNDERSTAND: <input type="checkbox"/> YES <input type="checkbox"/> NO    ARE THEY IN AGREEMENT WITH GOALS/PLAN: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, EXPLAIN: _____
PATIENT'S PERSONAL GOALS OF TREATMENT: <input type="checkbox"/> SAME AS ABOVE <input type="checkbox"/> OTHER: _____

- Are copies of patient rights information available in writing for all patients? Are they in the languages of the primary populations served?
- Does the staff know when an advance directive is present? How is this information communicated? How do you assure that patient wishes are followed?
- Establish screening criteria that can be applied to all patients admitted to a specific unit for services. This allows you to screen every admission for potential therapy needs. The physical therapy portion of this screening tool is shown in Figure 3.

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## JCAHO ACCREDITATION CHECKUP:

# Are You Ready For Your Next Survey?

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**By: Angela M. Phillips, PT**

### What's New For 1999

Meeting the standards for JCAHO Accreditation while dealing with the rapidly changing environment in healthcare can be a daunting proposition. As rehab departments join their institutions in preparation for survey in 1999 they may experience a welcome surprise. Quite possibly, the changes to the JCAHO standards and their application have changed less in the past year than in any year since the initiation of the Agenda for Change and departments that have maintained a state of readiness for survey will find that their efforts have been worthwhile.

While there are no drastic changes to standards and intent statements that relate to rehab, there has been greater focus by the Joint Commission on consistency in applying the standards and surveyors have been well trained in survey protocols that should lead to a more consistent application of the standards. With this change in focus, it is likely that lack of appropriate compliance with the standards will result in a Type-I or supplemental recommendation that is more

consistent from organization to organization.

Year 2000 Compliance is an obvious area of focus. While most hospital systems have made efforts to identify potential problems with internal software programs and equipment, it is important that you consider how Y2K issues might impact you from external sources. Review your vendors and vendor contracts. Do you use an external outcome measurement system? If so, request Y2K information from the vendor to provide assurance that you will be able to continue and support outcome monitoring.

Expect to have less control over which medical records and employee files are reviewed by the surveyors. Changes have been initiated that are likely to make the process by which these file and records are selected more random and less controlled by the organization. This is consistent with the philosophy of being in compliance "every day, in every way". The ability to select those documents that you feel are your best examples of compliance will most likely be eliminated.

Also expect to have requests for records that were closed over the 12 months preceding your survey. The expectation is that you will have been in compliance for a full twelve months to receive a Score 1 – the highest performance rating. This requirement is reduced to a track record of at least four months for new organizations undergoing an initial survey.

Likely to be surveyed this year are areas related to staff orientation and competence with a focus on temporary or agency staffing, Y2K compliance, restraints and seclusion, staffing levels, use of contract services and control of high risk procedures and medications.

There has been clarification in the care of the patient standards on the use of tabletop chairs and postural devices for positioning. The standards on restraints do **not** apply to adaptive support related to an assessed patient need for postural support or orthopedic appliances. The restraint standards also do not apply to temporary immobilization related to a specific procedure such as debridement of a pediatric