



Accreditation Program: Long Term Care
Information Management

Standard IM.01.01.01

The organization plans for managing information.

Elements of Performance for IM.01.01.01

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| 1. | The organization identifies the internal and external information needed to provide safe, quality care. | A |
| 2. | The organization identifies how data and information enter, flow within, and leave the organization.
Note: The flow of data and information within the organization includes how it moves into and out of storage. | A |
| 3. | The organization uses the information identified to develop processes to manage information. | A |
| 4. | The organization selects staff to participate in the assessment, selection, integration, and use of information management systems for the delivery of care, treatment, and services. | A |

Standard IM.01.01.03

The organization plans for continuity of its information management processes.

Elements of Performance for IM.01.01.03

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| 1. | D The organization has a written plan for managing interruptions to its information processes (paper-based, electronic, or a mix of paper-based and electronic). (See also EM.01.01.01, EP 6) | A |
| 2. | The plan for managing interruptions to electronic information systems addresses the following: Scheduled and unscheduled interruptions. (See also IM.03.01.01, EP 1; EM.01.01.01, EP 6) | A |
| 3. | The plan for managing interruptions to electronic information systems addresses the following: Training for staff and licensed independent practitioners on alternate procedures to follow when systems are unavailable. (See also EM.01.01.01, EP 6) | A |
| 4. | The plan for managing interruptions to electronic information systems addresses the following: Backup of the electronic information systems. (See also EM.01.01.01, EP 6)
Note: A backup system can be electronic or manual. | A |
| 5. | The organization's plan for managing interruptions to electronic information systems is tested for effectiveness according to time frames defined by the organization. | A |
| 6. | The organization implements its plan for managing interruptions to information processes to maintain access to information needed for resident care, treatment, and services. (See also IM.03.01.01, EP 1) | 3 A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard IM.02.01.01

The organization protects the privacy of health information.

Elements of Performance for IM.02.01.01

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| 1. D | The organization has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7) | A |
| 2. | The organization implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7) | A |
| 3. | The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7) | A |
| 4. | The organization discloses health information only as authorized by the resident or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7) | A |
| 5. | The organization monitors compliance with its policy on the privacy of health information. (See also RI.01.01.01, EP 7) | A |

Standard IM.02.01.03

The organization maintains the security and integrity of health information.

Elements of Performance for IM.02.01.03

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| 1. D | The organization has a written policy that addresses the security of health information, including access, use, and disclosure. | A |
| 2. D | The organization has a written policy addressing the integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction. | A |
| 3. D | The organization has a written policy addressing the intentional destruction of health information. | A |
| 4. D | The organization has a written policy that defines when and by whom the removal of health information is permitted.
Note: Removal refers to those actions that place health information outside the organization's control. | A |
| 5. | The organization protects against unauthorized access, use, and disclosure of health information. | C |
| 6. | The organization protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction. | C |
| 7. | The organization controls the intentional destruction of health information. | A |
| 8. | The organization monitors compliance with its policies on the security and integrity of health information. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard IM.02.02.01

The organization effectively manages the collection of health information.

Rationale for IM.02.02.01

Within the organization, health information can come from multiple sources. The use of standardized formats and terminology can help clarify information that is used by different individuals for various purposes. Capturing data in standardized language can lead to greater data integrity and reliability, as well as an increased potential for ease of use by internal and external systems and users. The more consistent the organization's efforts are to capture accurate data in standardized language, the more likely the organization will be to rely on that data for resident-related purposes, including reimbursement, risk management, performance improvement, and infection surveillance.

Elements of Performance for IM.02.02.01

- M** 1. The organization uses uniform data sets to standardize data collection throughout the organization. **C**
2. **D** The organization has a written policy that includes the following: **3 A**
- Terminology and definitions approved for use in the organization
 - Abbreviations, acronyms, symbols, and dose designations approved for use in the organization
 - Abbreviations, acronyms, symbols, and dose designations prohibited from use in the organization, which include the following:
 - U,u
 - IU
 - Q.D., QD, q.d., qd
 - Q.O.D., QOD, q.o.d, qod
 - Trailing zero (X.0 mg)
 - Lack of leading zero (.X mg)
 - MS
 - MSO4
 - MgSO4

Note: A trailing zero may be used only when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

- M** 3. The organization implements its policy regarding the terminology, definitions, abbreviations, acronyms, symbols, and dose designations permitted for use in the organization and the abbreviations, acronyms, symbols, and dose designations prohibited from use in the organization. **3 C**

Note: The prohibited list applies to all orders, preprinted forms, and medication-related documentation. Medication-related documentation can be either handwritten or electronic.

Standard IM.02.02.03

The organization retrieves, disseminates, and transmits health information in useful formats.

Rationale for IM.02.02.03

The ease of use of health information between systems and users contributes to its potential usefulness within the organization and for external reporting purposes. Data stored in different formats cannot easily be converted to a new format or transferred to other organizations or providers. For example, immediate access to infection control data can impact resident safety within the organization and outside of the organization. As more organizations automate various processes and activities, these systems need to allow for transmitting and receiving critical data while maintaining data integrity.

Elements of Performance for IM.02.02.03

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| 1. | ⓓ The organization has written policies addressing data capture, display, transmission, and retention. | A |
| Ⓜ 2. | The organization's storage and retrieval systems make health information accessible when needed for resident care, treatment, and services. (See also IC.01.02.01, EP 1) | C |
| Ⓜ 3. | The organization disseminates data and information in useful formats within time frames that are defined by the organization and consistent with law and regulation. | C |
| 12. | The organization retains data and information for time frames consistent with law and regulation. | A |

Standard IM.03.01.01

Knowledge-based information resources are available, current, and authoritative.

Elements of Performance for IM.03.01.01

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| 1. | The organization provides access to knowledge-based information resources 24 hours a day, 7 days a week. (See also IM.01.01.03, EPs 2 and 6) | A |
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Standard IM.04.01.01

The organization maintains accurate health information.

Rationale for IM.04.01.01

The integrity and quality of health information influences the usefulness and effectiveness of all internal and downstream systems, as well as external reporting. When the integrity of the data has been compromised, additional resources will be needed to scan the data and correct errors. Inaccurate data can lead to poor decision making.

Elements of Performance for IM.04.01.01

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| 1. | The organization has processes to check the accuracy of health information.
Note: The organization has the flexibility to determine what health information needs to be checked for accuracy and the frequency with which it will be checked. Examples of health information to be checked include the information collected from a resident, his or her family, and a transferring organization. | A |
| 3. | The organization implements its processes to check the accuracy of health information. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required