EP 15†: For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of pre-printed and electronic standing orders, order sets, and protocols for medication orders include the following:
- Review and approval of standing orders and protocols by the medical staff and the hospital’s nursing and pharmacy leadership
- Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines
- Regular review of such standing orders and protocols by the medical staff and the hospital’s nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols
- Dating, timing, and authenticating of standing orders and protocols by the ordering practitioner or another practitioner responsible for the patient’s care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.

† In 2016 the noncompliance percentage for this requirement was 5.89% (that is, 79 hospitals out of 1,341 hospitals surveyed were out of compliance with this requirement).

<table>
<thead>
<tr>
<th>Surveyor Observations</th>
<th>Guidance/Interpretation</th>
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<tr>
<td>- There was no evidence that the protocol implemented for sliding scale insulin had been approved by the required individuals.</td>
<td>This EP is specific to the process for reviewing, approving, and using protocols, order sets, preprinted orders, and so on. If the protocol is not part of the permanent patient record, cite Provision of Care, Treatment, and Services (PC) Standard PC.02.01.03, EP 1 on obtaining/renewing orders in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. If the protocol is part of record but not authenticated by the provider within the health care organization’s defined time frame, cite Record of Care, Treatment, and Services (RC) Standard RC.01.02.01, EP 4 on authenticating entries in the medical record. If the protocol was implemented based on a telephone or verbal order but not signed within the organization’s defined time frame, cite Standard RC.02.03.07, EP 4 on authenticating verbal orders within a specified time frame. For failure to review/approve imaging protocols, cite Standard PC.01.03.01, EPs 25 and 26 on establishing, reviewing, and updating diagnostic computed tomography imaging protocols.</td>
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<td>- There was no evidence that the protocol implemented for the administration of vasoactive medications had been approved by pharmacy leadership.</td>
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<td>- There was no evidence that the postoperative order set used for joint replacement procedures had been approved by the required individuals.</td>
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<tr>
<td>- There was no defined process or frequency in place for the regular review of protocols, order sets, preprinted orders, and so on.</td>
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Revisions to Advanced Stroke Certification Programs Effective January 1, 2018

To provide clarity and consistency among its advanced stroke certification programs for accredited hospitals, The Joint Commission has identified requirements in the Acute Stroke Ready, Primary Stroke Center, and Comprehensive Stroke Center certification programs that require revisions. All revisions are editorial in nature and do not change the original intent of the requirements. Revisions were made in the following ways:
- Moved requirements that apply across stroke certification programs so that they are now located at the same standard and element of performance within each program
- Deleted redundant requirements
- Revised requirements or added notes for clarification

Revisions for these advanced disease-specific care certification program requirements become effective January 1, 2018, and will be posted by the end of June on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. The revisions will also be published in the fall 2017 E-dition®.

Continued on page 14
Phase II Maintenance Revisions to Behavioral Health Care Requirements (continued)

40.11. Reporting injuries and deaths to the organization’s leadership and appropriate external agencies consistent with applicable law and regulation.
44.12. Documentation of physical holding.
42.13. Data collection and the integration of physical holding into performance improvement activities.

Standard CTS.05.06.09
For organizations that use restraint or seclusion: Nonphysical techniques are the preferred intervention in managing behaviors of individuals served.

1. For organizations that use restraint or seclusion: Whenever possible, the organization uses nonphysical techniques in managing behaviors of individuals served.

Note: Such interventions may include implementing a crisis response plan, redirecting the focus of the individual served, or employing verbal de-escalation and positive behavioral support, or using sensory modulation.

Standard CTS.05.06.35
For organizations that use restraint or seclusion: Organization policies and procedures address prevention of restraint and seclusion and, when employed, guide their use.

Element of Performance for CTS.05.06.35

18. For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include details about the following: Debriefing.

Record of Care, Treatment, and Services (RC)

Standard RC.02.01.05
The clinical/case record contains documentation of the use of restraint and/or seclusion and documentation of physical holding of a child or youth.

Elements of Performance for RC.02.01.05

5. The organization documents the use of physical holding of a child or youth for behavioral health purposes in the clinical/case record, including the following:

- Each episode of physical holding
- The circumstances that led to the use of physical holding
- Attempt at or failure of nonphysical interventions
- The rationale for the use of physical holding
- Names of the staff members who participated in the use of physical holding, including who did the holding and who observed the child’s or youth’s physical well-being
- Any preexisting medical conditions or any physical disabilities that would place the individual served at greater risk during physical holding
- Any history of sexual or physical abuse or other trauma that would place the individual at greater psychological risk during physical holding
- That the individual served and/or his or her family was informed of the organization’s policy on the use of physical holding
- That the individual’s parent(s) or guardian was notified of the use of physical holding
- Behavior criteria for discontinuing physical holding
- That the individual served was informed of the behavior criteria he or she needed to meet in order for physical holding to be discontinued
- Assistance provided to the individual served to help him or her meet the behavior criteria for discontinuing the use of physical holding
- Debriefing the individual served with staff following an episode of physical holding
- Any injuries the individual served sustained and the treatment for these injuries
- The death of the individual served while in a physical hold

6. The method(s) used to document physical holding facilitates the collection and analysis of data for performance improvement activities.

Revisions to Advanced Stroke Certification Programs Effective January 1, 2018 (continued)
Continued from page 11

update and the 2018 Comprehensive Certification Manual for Disease-Specific Care.

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