HIPAA and Joint Commission Requirements Compared and Contrasted

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Objectives

1. To review Joint Commission history as it pertains to HIPAA, the new Joint Commission survey process and how HIPAA issues enter the survey.
2. To review key standards and their applicability to HIPAA.
3. To review questions raised by organizations and the Joint Commission response.
4. Q & A.
The Joint Commission & HIPAA

• Review of legislation and comments
• Review of standards in 2001 – to date re: HIPAA
• Changes to Standards
  – Example - IM 2.10
    • EP 1 – Individuals aware of uses and disclosures
    • EP2 – Removal of identifiers encouraged
    • EP3 – Not disclosed without patient permission
    • EP4 – Right to access, amend, and receive accounting
Joint Commission Survey Process

• Reformatting of Standards 2004
  – Standard; Intent
  – Standard; Rationale; Elements of Performance
• Priority Focus Areas
• Patient Tracer Methodology
Key Standards and Relation to HIPAA

Number of areas where HIPAA and Joint Commission Standards need to be considered together when developing P&P’s or practices of the organization.

- NSPG – #2 improve communication among HC providers, #8 medication reconciliation
- Standards: RI – 6; PC – 1; PI – 1; LD -2; EC – 2; HR – 2; IM – 7;
- Meeting Joint Commission Standards = HC ops = Minimally Necessary
Key Standards and Relation to HIPAA

- Leadership
  - LD 1.30 The hospital complies with applicable law and regulation.
    - EP1 – The hospital provides all care, treatment and services in accordance with applicable licensure requirements, laws, rules and regulation.
  - LD 3.15 The leaders develop and implement plans to identify and mitigate impediments to efficient patient flow throughout the hospital.
Key Standards and Relation to HIPAA

- **Patient Rights**
  - RI 2.10 The hospital respects the rights of patients.
  - RI 2.20 Patients receive information about their rights.
  - RI 2.50 Consent is obtained for recording or filming made for the purposes other than identification, diagnosis, or treatment of the patients.
Key Standards and Relation to HIPAA

• Patient Rights
  – RI 2.120 The hospital addresses the resolution of complaints from patients and their families.
  – RI 2.130 The hospital respects the need of patients for confidentiality, privacy, and security.
  – RI 2.180 The hospital protects research subjects and respects their rights during research, investigation and clinical trials involving human subjects.
Key Standards and Relation to HIPAA

• Management of Information
  – IM 1.10 The hospital plans and designs information management processes to meet internal and external information needs.
  – IM 2.10 Information privacy and confidentiality are maintained.
  – IM 2.20 Information security, including data integrity, is maintained.
  – IM 2.30 Continuity of information is maintained.
Key Standards and Relation to HIPAA

• Management of Information
  – IM 3.10 The hospital has a process in place to effectively manage information, including the capturing, reporting, processing, storing, retrieving, disseminating, and displaying of clinical/service and non-clinical data and information.
  – IM 4.10 The information management system provides information for use in decision making.
Key Standards and Relation to HIPAA

- Management of Information
  - IM 6.10 The hospital has a complete and accurate medial record for patients assessed, cared for, treated or served.
  - IM 6.50 Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.
  - IM 6.60 The hospital provides access to relevant information from a patient’s record as needed for use in patient care, treatment and services.
Key Standards and Relation to HIPAA

• Environment of Care
  – Overview and goals address privacy in terms of auditory and visual.
  – EC 2.10 The hospital identifies and manages security risks.
  – EC 9.10 The hospital monitors conditions in the environment.
Key Standards and Relation to HIPAA

• Patient Safety Goals
  – 8 Medication Reconciliation
    • 8b A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner, or level of care within or outside the organization.
Questions Raised by Organizations

• What is PHI?
• After Hours Security of Medical Records
• Is providing consent for a blood transfusion on a speaker phone a violation of HIPAA?
• Is there a standard for workforce sanctions for breach of patient confidentiality?
• What about white boards?
Questions Raised by Organizations

• When we are sending information by mail must it be certified?
• A LTC facility was told that telling a hospital that a patient received a site infection from surgery was a violation of HIPAA – how does the Joint Commission feel about that?
• Sign in sheets?
Questions Raised by Organizations

• How long are we supposed to keep records?
• Is there 2 hours of HIPAA training required annually?
• Is there a Joint Commission standard regarding BAA’s?
• Is there a requirement to put a privacy filter on a computer?
Resources

- www.jcaho.org
- www.hhs.gov/ocr/
Q & A