



HIPAA and Joint Commission Requirements Compared and Contrasted

Fourteenth National HIPAA Summit

March 30, 2007

Fran Carroll

Corporate Compliance and Privacy Officer

Joint Commission on Accreditation of Healthcare Organizations



Objectives

1. To review The Joint Commission survey process and how HIPAA issues enter the survey.
2. To review the new Standards Initiative as it pertains to the Information Management Chapter and Privacy and Security.
3. To review key standards and their applicability to HIPAA.
4. To review questions raised by organizations and the Joint Commission response.
5. Q & A.

Joint Commission Survey Process

■ Reformatting of Standards 2004

- Standard; Intent
- Standard; Rationale; Elements of Performance

■ Priority Focus Areas

■ Patient Tracer Methodology





14th Nat'l HIPAA Summit/HIPAA and The Joint
Commission Requirements Compared and Contrasted/4

Feedback indicated...

- Standards, rationales and elements of performance need to be:
 - clearer
 - more applicable to the program
 - more objective
 - more easily scored
- Number of standards should decrease but...applicability more important than number
- Standards and elements of performance should be easier to use in self-assessment activities
- Standards should support the organization's safety & quality efforts

More feedback...

- Manuals need to be program specific, easier to use
- Customers want to see their unique characteristics in the manual
- Scoring should be simple
- Decision process should be refined

Information Management Trends

- Communication of information during care transitions; continuity of care
- Privacy and security
- Safety issues associated with hybrid systems
- Ability to collect data for performance measurement
- Impact of lack of funding on HIT implementation
- Coordination with work flow for efficiency gains
- New industry standards


So what about HIPAA??

- The Joint Commission is not the 'HIPAA police'
- Privacy and security are vital to EHR implementation and are critical components of the JCAHO HIT Principles
- Program Teams should change the language, keep the meaning; current HIPAA-related standards are confusing and not always consistent with HIPAA!

Standards Improvement Initiative

The Joint Commission has identified opportunities for improvement in ...

- ▀ Standards and elements of performance
- ▀ Format of manuals
- ▀ Scoring and decision process



What's going on with the IM Chapter?

- Standards Improvement Initiative (SII)
- Health Information Technology Principles
- Transferring information between providers

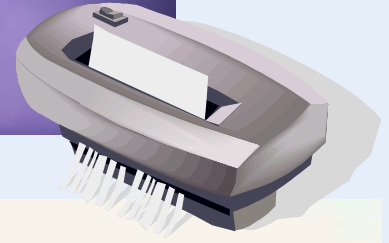
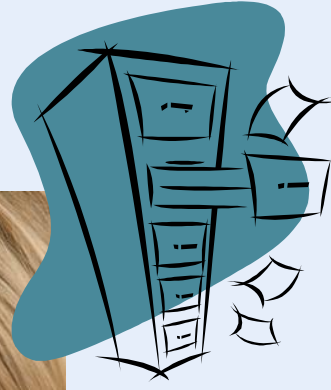


What is The Joint Commission doing?

- A multi-year project
- Using a phased approach
- With extensive field engagement

When?

- Work has already begun for phase one
 - Gathering field and surveyor input
 - Gathering internal data
- All work will be completed by mid-2008
- Implementation is planned for January 2009 for phase one programs



Key Standards and Relation to HIPAA

Number of areas where HIPAA and The 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 medical 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.

If you can't
change your mind
are you sure
you still
HAVE one?



Questions Raised by Organizations

- After Hours Security of Medical Records
 - Do we need confidentiality agreements?
- 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?
 - Monitors in the hallway?

Questions Raised by Organizations

- What are the expectations for the disposal of products which contain patient information on the labels (IV bags, syringes, etc.)?
- 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?
- Can we mail out the Notice of Privacy Practices to patients?

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?
- ▶ Are there specific requirements to address nursing unit computers when not in use?
- ▶ What about e-mails?

Questions Raised by Organizations

- What do we need in our policy about HIV confidentiality?
- Faxing information from PACU to nursing unit – is this acceptable?
- Would an audit of all workforce who open a pt electronic chart meet the standard for monitoring?
- What about EMT's who access patient charts after transport?





Resources

- American Health Lawyers Association: Expert Series, National Accreditation Standards and HIPAA: A Comparative Analysis, Copyright 2002
- www.jointcommission.org
- www.hhs.gov/ocr/

Q&A