

# History and Physicals

## CMS and TJC Standards

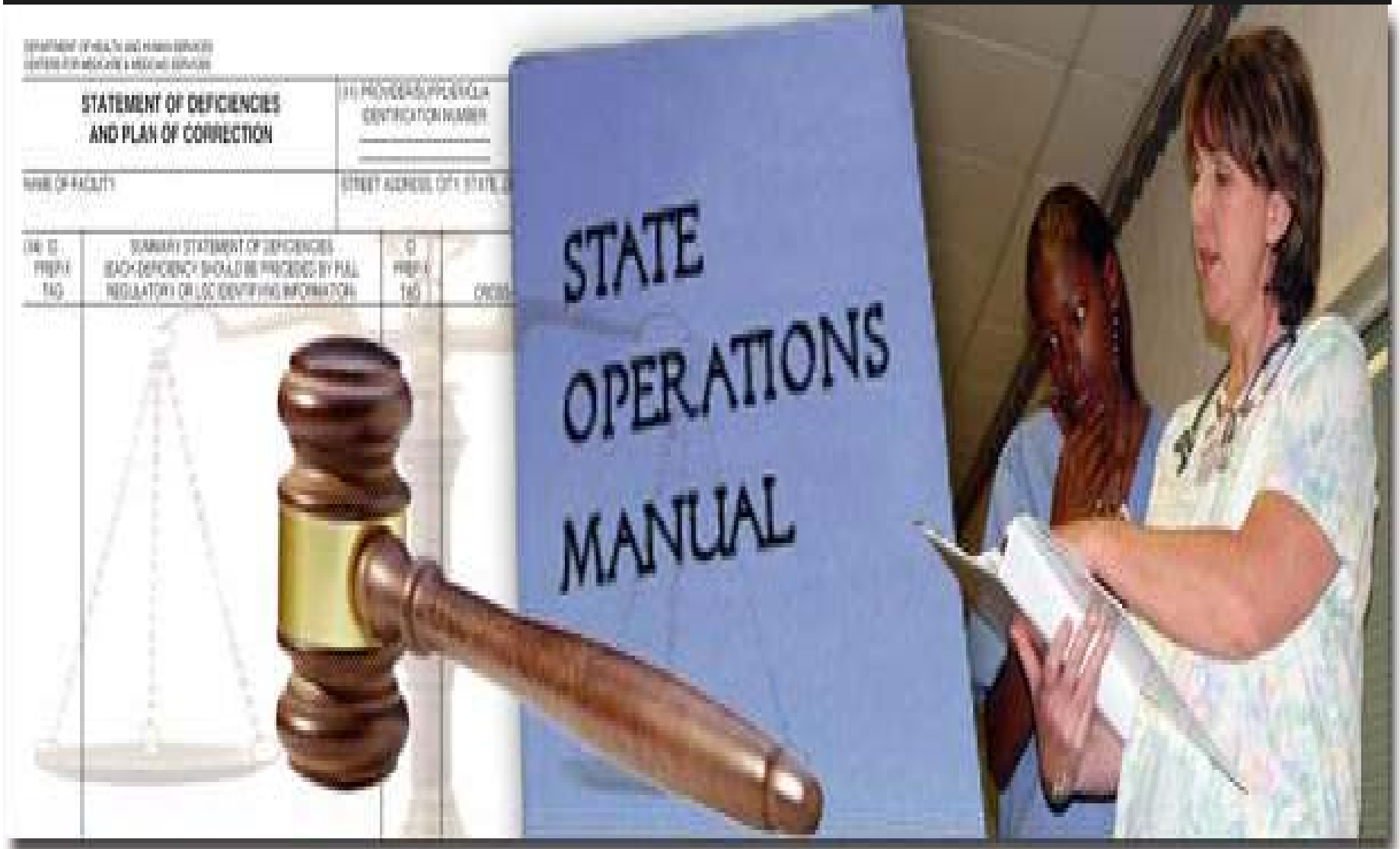


# Speaker



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# You Don't Want One of These



# The Conditions of Participation (CoPs)

- Regulations first published in 1966
  - Many revisions in 2011 and 2012 to respiratory and rehab orders visitation, IV medication and blood, anesthesia, pharmacy, 30 minute medication, telemedicine, privacy and outpatient rehab orders
  - Manual updated December 22, 2011
  - Tag 001 to 1164 and 422 pages now
- First regulations are published in the **Federal Register** then CMS publishes the **Interpretive Guidelines** and some have **survey procedures** <sup>2</sup>
  - Hospitals should check this website once a month for changes

<sup>1</sup>[www.gpoaccess.gov/fr/index.html](http://www.gpoaccess.gov/fr/index.html) <sup>2</sup>[www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp](http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp)

# CMS Survey and Certification Website

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## Survey & Certification - General Information

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## Policy & Memos to States and Regions



CMS Survey and Certification memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Regional Offices.

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[www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage](http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage)

# Medicare State Operations Manual

## Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. Click on the red button in the 'Download' column to see any available file in PDF.
- To return to this page after opening a PDF file on your desktop, use the browser "back" button. This is because closing the file usually will also close most browsers

[www.cms.hhs.gov/manuals/downloads/som107\\_Appendices.pdf](http://www.cms.hhs.gov/manuals/downloads/som107_Appendices.pdf)

App. No.	Description	PDF File
A	Hospitals	 <a href="#">2,185 KB</a>
AA	Psychiatric Hospitals	 <a href="#">606 KB</a>

# CMS Hospital CoP Manual Dec 22, 2011

## **State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals**

### **Table of Contents**

*(Rev. 74, 12-02-11)*

*(Rev. 75, 12-02-11)*

*(Rev. 77, 12-22-11)*

*(Rev. 78, 12-22-11)*

### **[Transmittals for Appendix A](#)**

[www.cms.hhs.gov/manuals/downloads/som107\\_Appendicestoc.pdf](http://www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf)

### **Survey Protocol**

#### **Introduction**

**Task 1 - Off-Site Survey Preparation**

**Task 2 - Entrance Activities**

**Task 3 - Information Gathering/Investigation**

**Task 4 - Preliminary Decision Making and Analysis of Findings**

**Task 5 - Exit Conference**

**Task 6 - Post-Survey Activities**

#### **Psychiatric Hospital Survey Module**

# H&P 358 PPS Hospital CoP Manual

- Repeated in tag number 461 and 463
- CMS changes standard to be consistent with TJC standard
- MS must adopt bylaws to carry out their responsibilities on H&Ps
- The bylaws must include a requirement that a H&P be completed no more than 30 days before or 24 hours after admission on each patient
- Must be on chart before surgery or a procedure requiring anesthesia services



# H&P 358

- Purpose of medical history and physical (H&P) is to determine if there is anything in the patient's overall condition that would affect the planned course
- The H&P can be handwritten or transcribed
  - If patient is admitted either way it would be expected to be on the chart within 24 hours
  - However, it must be on the chart before the surgery of the procedure requiring anesthesia services

# H&P Admission 358

- There needs to be an updated entry in the medical record to reflect any changes
- Person who does the H&P must be licensed and qualified
  - For example state scope of practice must allow and hospital policy for AHP like PA or NP
- Example, family physician does H&P 2 weeks ago for patient having CABG today
- Surgeon would review, update, and determine if any changes since it was done and authenticate document

# H&P

- CMS says H&P must be completed and documented by a physician or oromaxillofacial surgeon
  - Physician is defined to include a MD or DO, podiatrist, optometrist or chiropractor
  - But physician must be legally authorized to do this by the state law
- CMS also says can be done by qualified licensed person who is allow according to state law and hospital policy

# H&P 358

- More than one qualified practitioner can participate in performing, documenting, and updating the H&P
- If this is done the practitioner who is authenticating the H&P is responsible for its contents
- If H&P is conducted within 30 days before admission or registration
- Then update must be completed and documented by one who is C&P by the medical staff to perform an H&P

# History and Physicals

- Can include in progress notes or use a stamp, sticker, check box, or entry on H&P form
- Should say that H&P was reviewed, the patient examined, and that “no change” has occurred in the patient’s condition since the H&P was completed
- There needs to be a complete H&P in the chart for every patient except in emergencies and can make entry in progress notes

# History and Physicals

- New regulation expands the number of categories of people who can do a H&P
- If state law and the hospital allows (which most do) a PA or NP may perform
- Physician is still responsible for the contents and must sign off the H&P when done by one of these allied health professionals
- Need to do PI to make sure all H&P are on the chart especially when the patient goes to surgery

# H&P 358 Survey Procedure

- This section has a survey procedure
- These are like questions and things the surveyor is suppose to look at
- The surveyor is to review the MS bylaws to make sure that a H&P is no older than 30 days and 24 after admission
- Will verify that the H&P is done by a qualified person as allowed by state law and hospital P&P
- Will verify that H&P is done for all surgeries and procedures requiring anesthesia services

# H&P 358 Survey Procedure

- CMS defines anesthesia as MAC, regional (epidural or spinal), general anesthesia or deep sedation
- Surveyor is to verify that if a non-physician does the H&P that they are C&P with the hospital policy
- Surveyor is told to review a number of both inpatient and outpatient medical records to make sure it was done within 30 days before or 24 hours after admission
- Will make sure consistent with state law and hospital policy



# History and Physicals Tag A-0359

- This standard says that the bylaws must include an updated exam of the patient within 24 hours after admission and within 30 days before admission or registration
- Must make sure that the H&P is documented in the medical record
- Repeats many of the same provisions listed in tag 358
- Reiterates must be on chart prior to surgery or a procedure requiring anesthesia

# Tag 359 H&P CMS CoP

**A-0359**

**(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)**

**[The bylaws must:]**

**482.22(c)(5) - [Include a requirement that --]**

- (ii) An updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.**

**Interpretive Guidelines 482.22(c)(5)(ii)**

The Medical Staff bylaws must include a requirement that when a medical history and physical examination has been completed within 30 days before admission or registration, an updated medical record entry must be completed and documented in the patient's medical record within 24 hours after admission or registration. The examination must be conducted by a licensed practitioner who is credentialed and privileged by the hospital's medical staff to perform an H&P. In all cases, the update must take place prior to surgery or a procedure requiring anesthesia services. The update note must document an

# History and Physicals Tag A-0359

- The physicians or LIPs uses their clinical judgment,
- based upon his/her assessment of the patient's condition and co-morbidities, if any,
- in relation to the patient's planned course of treatment to decide the extent of the update assessment needed
- as well as the information to be included in the update note in the patient's medical record.

# History and Physicals Tag A-0359

- Again if physician or practitioner finds no change then he or she may chart
  - H&P was reviewed, the patient was examined, and that "no change" has occurred in the patient's condition since the H&P was completed (71 FR 68676)
- if the practitioner finds that the H&P done before admission is incomplete, inaccurate, or otherwise unacceptable,
  - the practitioner reviewing the H&P, examining the patient, and completing the update may disregard the existing H&P, and conduct and document in the medical record a new H&P

# CMS Proposed Changes for 2012

- CMS publishes 75 pages of proposed changes to the hospital CoPs
  - 17 pages if you use the three column PDF version
- Contained in the Federal Register on October 24, 2011
  - Vol. 76, No. 205, Starts at page 65891
- One of the major revisions in more than two decades
- Clarified H&P

# Clarifying Changes H&P

- History and Physicals is another hot spot with CMS
- CMS wants to clarify the intent of the rule where a H&P is done by a non-hospital practitioner or a practitioner with hospital privileges prior to the patient's hospital visit
- The H&P must be no older than 30 days
- The H&P must be updated the day of surgery
- CMS thinks that some may think a full H&P is required when only an updated H&P for changes is required

# Clarifying Changes H&P

- CMS says a hospital may adopt a P&P allowing a H&P to be used by a practitioner who may not be a member of the hospital's MS or who does not have admitting privileges by that hospital, or by a QLP who does not practice at that hospital but is acting within his/her scope of practice under State law or regulation
- The H&P can be updated for any changes
- The exam must be conducted by a practitioner who is C&P to perform the H&P by the hospital MS

# Clarifying Changes H&P

- The update note to the H&P must document the examine for any changes since the H&P was initially done
- If the practitioner finds no change then the following can be documented
  - “No change” has occurred in the patient's condition since the H&P was completed
- The extent of the exam is not specified and CMS leaves it to the clinical judgment of the hospital staff
- Includes patients undergoing surgery or anesthesia



# The Joint Commission H&P Standards 2012

## The Medical Staff, Record of Care, and Provision of Care Standards



## TJC PC.01.02.03 H&P

- Standard states that hospital must assess and reassess the patients and their conditions according to defined time frames
- EP4 Requires that the H&P be no more than 30 days old and done within 24 hours after registration or inpatient admission
- But prior to surgery or a procedure requiring anesthesia
- EP5 Must be done within 24 hours after registration or admission,
- H&P must be update prior to surgery

## RC.02.01.03 Document H&P



- RC.02.01.03 States the patient's medical record documents operative or other high risk procedures and the use of moderate and deep sedation and anesthesia
- EP3 Must document the H&P in medical record before an operative or high risk procedure is performed

## MS.01.01.01

- MS.01.01.01 states that MS bylaws address self governance and accountability to the board
- EP16 Requires H&P process be in MS bylaws
- This includes the requirements for completing and documenting medical histories and physical exams
- It must be done by a physician or other qualified licensed individual
- Must be licensed in according to state law and hospital policy

## TJC MS.03.01.01 H&P

- This standard says the medical staff oversees the quality of patient care and treatment provided by practitioners privileged through the MS process
- EP6 MS must specify the minimal content of H&Ps
  - Can vary by setting, level of service, treatment & services
- EP7 MS must monitor the quality of the H&Ps
- EP8 Medical staff requires persons to be privileged to do H&P and also to do the required updates

## TJC MS.03.01.01 H&P

- EP9 The medical staff may allow individuals who are not LIPs to perform part or all of the H&P as permitted by both state law and hospital policy
  - This can be done under the supervision of, or appropriate delegation by, a qualified physician who is accountable for the patient's H&P
- EP10 MS defines when it must be validated and countersigned by LIP with appropriate privileges
- TJC has a number of FAQs on H&Ps

# H&P From Non-Credentialed Practitioner

## H&P from non-credentialed practitioners

Updated | November 24, 2008

**Q. Can the organization utilize a history and physical that has been performed by someone who is not authorized/privileged by the organization?**

A. The organization can have a policy that would permit the use of a history and physical examination performed by any practitioner permitted by state law.

In this situation a practitioner who is authorized/privileged by the organization, (as permitted by state law and organization policy) and familiar with the organization's policy for the defined minimal content of the H & P must:

- review the history and physical examination document;
- determine if the information is compliant with the organization's defined minimal content;
- obtain missing information through further assessment
- update information and findings as necessary, which may include, but are not limited to:
  - Inclusion of absent or incomplete required information
  - a description of the patient's condition and course of care since the history and physical examination was performed
  - a signature and date on any document with updated or revised information as an attestation that it is current.

# H&P for Outpatient Procedures

## History And Physical For Hospital Outpatient Procedures

Updated | November 24, 2008

**Q. Do patients receiving non-inpatient services such as outpatient surgery, therapy services, laboratory and x-ray service require a history and physical?**

A. In the hospital manual, MS.03.01.01 states "the organized medical staff defines the scope of the medical history and physical examination when required for non-inpatient services". The intent is that the medical staff could define only certain circumstances, such as certain type of outpatient surgeries or procedures such as angiograms, that might require a history and physical.

The medical staff can also define the scope of the assessment. For example, the pertinent relevant history for outpatient surgery for a detached retina might be defined to include only, the history of the trauma or activity that resulted in the detachment, the patient's history of cardiac and respiratory history and current medications to determine appropriate choice of anesthesia, and an assessment of the current condition of the retina and the patient's current vital signs. The pertinent, relevant history for an angiogram might be defined to include a history of cardiovascular problems including chest pain or tightness, medication history, and appropriate lab work.



# Medical Students Doing H7Ps

## Medical Staff (CAMH / Hospitals)

### Medical Students Doing H&P

Updated | November 24, 2008

**Q. What patient care activities, such as the History and Physical, can a medical student perform and document in the medical record?**

A. A medical student has no legal status as a provider of health care services. The organization should have policies and procedures which address the activities of medical or other students and what documentation from students can be entered into the record.

With regard to whether a history and physical by a medical student can fulfill the requirements for a history and physical as required the history and physical entered into the record must be performed, documented and authenticated by a practitioner with privileges to do so, or delegated to a non-LIP when allowed by law and regulation (see the FAQ "[Delegation of the History and Physical](#)"). Since the medical student is not an LIP, the H & P by the medical student would not fulfill the requirements.

In addition, it may be acceptable, in accordance with organization policy and law and regulation, for students to perform certain patient care activities under the direct supervision of a qualified LIP who enters and countersigns appropriate documentation in the medical record, as required by organization policy, and accepts legal accountability for those activities and documentation.

**Q: Can the responsibility for performing the admission history and physical examination be delegated to a practitioner such as an advanced practice nurse, physician's assistant, or registered nurse who are not licensed independent practitioners?**

A: Typically, this delegation is limited to the physician's assistant or the advance practice nurse practitioner. However, before allowing the responsibilities of an Licensed Independent Practitioner to be performed by a non-Licensed Independent Practitioner the organizations must determine and be able to demonstrate whether state laws and regulations and professional practice acts allow the such delegation and under what circumstances.

If it is determined that state law and regulation and professional practice acts allow delegation of the Licensed Independent Practitioner history and physical examination, the exam can be delegated, provided:

- the organization has appropriate policies and procedures
- such delegation meets pertinent requirements for the type of history and physical examination required by the organization
- the non-licensed independent practitioner has received specific training to perform an appropriate history and physical examination
- the organization has defined and verified that the non-licensed independent practitioner has the appropriate competence to perform a history and physical examination as defined by organization policy and procedures or other documents
- the medical history and physical examination is performed under the supervision of, or through appropriate delegation by, a specific qualified physician who countersigns in accordance with law, regulation and organizational policy, and retains accountability for the patient's medical history and physical examination.
- the person is specifically permitted by the organization to perform the history and physical either,
  - as part of the supervising/delegating physician's privileges, or
  - through an specific alternate process, such as that utilized by the organization for allied health practitioners.

# Podiatrist and Dentists Doing H&P

## Medical Staff (CAMH / Hospitals)

### Podiatrists and Dentists Performing the Entire History and Physical for Inpatient and Outpatient Care

Updated | November 24, 2008

**Q: Can Podiatrists and Dentists perform the entire history and physical for a patient admitted for inpatient and outpatient care?**

**A: Yes. The standard requires only that the H&P be performed by a practitioner who has been granted privileges to do so.**

# Authentication of the H&P Within 24 Hours

## Provision of Care, Treatment, and Services (CAMH / Hospitals)

### Authentication of the H&P in 24 Hours

Updated | November 24, 2008

**Q: Does a dictated and transcribed history and physical need to be authenticated within 24 hours in order to be considered complete?**

**A:** No. Each patient must have a history and physical performed and documented within 24 hours of admission as an inpatient. This includes weekend and holidays. History and physicals are dictated, transcribed, authenticated and placed in the medical record, based on organizational policy.

When there is a transcription delay, a handwritten note signed by the licensed independent practitioner and placed in the medical record containing pertinent findings, (i.e., enough information on the patient record within 24 hours of admission for clinicians to manage the patient and guide the plan of care) would be acceptable.

# Content of the H&P

## Provision of Care, Treatment, and Services (CAMH / Hospitals)

### Content of the History and Physical

Revised | November 24, 2008

**Q. What specific data must be included in the history and physical?**

A. The standards do not specify the content for the H&P, this is determined by the organization's medical staff. The data should be pertinent and relevant and should include sufficient information necessary to provide the care and services required to address the patient's conditions and needs and may vary by setting or level of care, treatment, and services. As such, the specific data could be different for populations, or setting of care, treatment or services.

# Clarifying Changes H&P October 2011

- History and Physicals is another hot spot with CMS
- CMS wants to clarify the intent of the rule where a H&P is done by a non-hospital practitioner or a practitioner with hospital privileges prior to the patient's hospital visit
- The H&P must be no older than 30 days
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- The H&P can be updated for any changes
- The exam must be conducted by a practitioner who is C&P to perform the H&P by the hospital MS

# The End! Questions?



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