



November 2017

6th Edition In-Depth: Copy and Paste

Each month we highlight a section of the new 6th edition hospital standards. This series of articles provides a closer look at areas of concern for JCI-accredited hospitals and any health care organization focused on patient safety and quality improvement.



Standard MOI.11.1.1: The hospital has a process to address the proper use of the copy-and-paste function when electronic medical records are used.

The term “copy and paste” refers to the process of copying (or duplicating) patient information from a previous note in an electronic medical record (EMR) and pasting it into a new note in the patient’s EMR. Additional terms found in the literature include “copy-forward” and “cloning.” Auto-populate, which may be considered a form of copy and paste, refers to programming an EMR to capture data from a previous form and automatically populate that information into a new form. This often occurs in outpatient clinics when information such as

demographics, allergies, and medications recorded from a previous visit are automatically populated (or copied) into a new visit.

The use of copy and paste and auto-populate in EMRs can provide a benefit of increasing the efficiency of documenting important patient information. In addition, copy and paste may offer other potential benefits such as a more detailed and complete recording of a patient reassessment and the ability to more accurately track the patient’s progress. However, when not used with caution, copy and paste and auto-populate can pose significant risks to patient safety.

Click to [here](#) to read the full article.

NEW! Medical Staff Essentials: Your Go-To Guide

Many international health care organizations have shown interest in The Joint Commission’s medical staff standards for U.S. hospitals. Medical Staff Essentials is a clear, concise guide to organizing and successfully managing the medical staff in a hospital. It explains several essential topics:

- The medical staff’s scope and governance as well as its relation to the governing body



- Medical staff bylaws, rules and regulations, and policies
- The medical staff's role in providing oversight of care, treatment, and services
- Initial appointment and reappointment to the medical staff
- Clinical credentialing and privileging processes and criteria
- Practitioner competence assessment

Although JCI-accredited organizations are not required to meet the U.S. standards for medical staff, this guide is valuable for the governing body, medical staff, medical executive committee, credentialing and privileging committee, and hospital administration of international health care organizations that want to understand and adapt American medical staff practices. Sample documents and tools are included.

Click [here](#) to purchase your copy.

Visit JCI at the 41st World Hospital Congress in Taipei



Visit us at booth #Y26 during the International Hospital Federation (IHF) World Hospital Congress in Taipei, Taiwan, 7-9 November, to discuss how we can help your organization achieve its quality and safety goals.



Don't miss JCI's President and CEO, Paula Wilson, moderate the session "Architecture for Better Patient Safety" on Tuesday 7 November at 4:30 p.m. in Exhibit Hall 1. This session will discuss how to take building design from concept to reality, factoring planning, design, construction as well as the commissioning (move-in) phase of a new or renovated healthcare facility.

Click [here](#) to learn more.

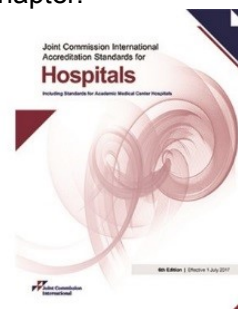
Corrections to Policy Symbols and Required Documents in JCI's 6th Edition Hospital Manual and Survey Process Guide

Note the following corrections to the *JCI Accreditation Standards for Hospitals*, 6th edition and the *JCI Survey Process Guide for Hospitals*, 6th edition. Please contact internationalstandards@jcrinc.com with any questions.

***JCI Accreditation Standards for Hospitals*, 6th edition**

The following standards are missing the policy symbol (□) at the end of the standard statement. The page number indicates where in the manual the policy symbol is missing, which may be in the list at the beginning of the chapter and/or in the standard within the chapter.

- AOP.6.1 (pages 93 and 113)
- COP.8.6 (page 120)
- COP.9.1 (pages 120 and 137)
- MMU.1.1 (pages 155 and 157)
- PCI.7 (pages 193 and 197)
- SQE.13 (pages 258 and 278)



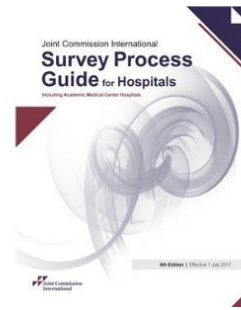
***JCI Survey Process Guide for Hospitals*, 6th edition**

The Required Documents table in the Survey Process Guide, which lists the standards that require documentation (such as a policy/procedure, program, or other written document), is missing the following standards.

- COP.8.6 (page 148) – type of document is Policy/procedure
- COP.9.1 (page 148) – type of document is Policy/procedure
- MMU.1.1 (page 150) – type of document is Program
- PCI.7 (page 151) – type of document is Policy/procedure

The following standard has the incorrect "Type of Document" listed in the Required Documents table.

- AOP.6.3 (page 148) – type of document should be **Program**



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Register now for upcoming JCI Education events in 2017 and 2018.

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We open 2018 with a Foundations course in [Prague](#). New to JCI accreditation and headquartered in Europe? This is the course for you!

To find out more about all JCI Education events, click [here](#).

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