



American Hospital
Association

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July 2, 2007

Dennis S. O'Leary, M.D.
President
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Re: Standards Improvement Initiative – Hospital Chapter – “Management of Information” (IM)

Dear Dr. O'Leary:

On behalf of our 3,200 member hospitals, health systems and other health care organizations that are accredited by the Joint Commission, the American Hospital Association (AHA) appreciates the opportunity to comment on the Joint Commission's proposed revisions to the hospital chapter of the “Management of Information” (IM) standards that is part of the *Standards Improvement Initiative*.

We have several comments on the proposed revisions to the elements of performance (EP) included in the IM chapter. We are concerned that a few of the proposed revisions appear to be new EPs or to contain new requirements for hospitals, an action that seems to contradict the initiative's stated goals. Currently, IM 1.10 EP 1 requires hospitals to identify the internal and external data and information needed for patient care and administrative purposes and to identify the information flow within hospitals. Proposed IM 1.10 EP 2 requires hospitals to identify how data and information flow within their organizations and to and from external sources.

This wording change will require hospitals to assess the internal and external flow of not just their own data and information, but also the data and information that originates in external organizations and flows to the hospital. We are concerned that hospitals may not always have complete knowledge about the data flow that originates in external organizations. **We ask the Joint Commission to clarify that proposed IM 1.10 EP 2 relates only to the flow of the hospital's data by adopting the following language: “The assessment identifies how patient data and information flow within the organization, as well as how the organization's data flow to and from the organization and external sources.”**



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We are also confused by the wording of proposed IM 1.20 EP 4. This proposed EP specifies that plans for electronic or manual back-up of electronic information systems must be included in a written procedure. However, the specification of a written procedure is not present in any of the other five revised EPs proposed for this standard, nor is it specified anywhere in the existing standard. **We suggest the Joint Commission change the wording so that it is consistent with the other EPs for this standard by substituting “the business continuity plan” for “written procedures.”**

In addition, IM 2.30 EP 4 currently states that the business continuity plan must be implemented when information systems are interrupted. Proposed IM 1.20 EP 6 requires hospitals to maintain access to information during interruptions to information systems. This new EP implies that the business continuity plan must be implemented successfully during an interruption. Although hospitals strive to ensure that the continuity plan implementation is successful, it might not always work optimally, in spite of hospitals' best planning efforts. Hospitals should not be held in violation of this standard if, despite thorough planning, the implementation of the continuity plan is not completely successful. **Therefore, we recommend that the Joint Commission retain the language in the original EP that states that “the business continuity plan is implemented when information systems are interrupted.”**

We look forward to additional opportunities to comment on any proposed changes to the standards and to work with the Joint Commission on future revisions. If you have any questions about these remarks, please feel free to contact me or Nancy Foster, Vice President for Quality and Patient Safety, at (202) 626-2337 or nfoster@aha.org.

Sincerely,

Carmela Coyle
Senior Vice President, Policy

Cc: Robert Wise, M.D., Division of Standards