



Ambulatory Provider Joint Commission Preparation Checklist

Maintain and communicate accurate patient medication information. (NPSG.03.06.01) - All providers should work with patients (and families, if necessary) to maintain an up-to-date medication list.

- Medication review is done at every visit.
- Medication reconciliation is completed by authorized prescribers whenever a medication is ordered, added, changed, deleted or a discrepancy is resolved.
- “Mark as Reviewed” is clicked to complete documentation.
- Provide after visit summaries with accurate information.

Use of Computerized Prescriber Order Entry

[Medication Orders Policy](#) [Patient Orders \(Non-Medication\) Policy](#)

- Verbal orders for facility administered medications and immunizations are **NOT** to be used except in emergency situations.
- Verbal orders, in general, should be limited. Texting of patient orders is prohibited.
- Providers should enter orders into EPIC. Transcription of orders from provider notes is discouraged.
- Order mode “per protocol, co-sign required” only used when a hospital approved protocol is in place.

Problem lists - All providers should work with patients and, if necessary, the family, to maintain an up-to-date problem list on every patient.

[Problem List Documentation and Management Policy](#)

- Problem list should be reviewed at every visit and updated as needed.
- Providers are responsible for adding any new problems they identify to the problem list.

Informed Consent – BORN regulations

[Informed Consent for Procedure Policy](#) (recently updated)

- Attending physician/primary operator shall obtain and sign informed consent.
- Names of those participating will be listed on the consent, when known.
- The medical record will reflect the presence and absence of the attending surgeon.

Pre-procedural Documentation

- Providers aware of pre-procedural documentation required for cases involving anesthesia versus procedural sedation.
- Universal Protocol is documented via flow sheet or use of *.timeout* phrase. Paper documentation not encouraged.