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DATE: August 8, 2018

SUBJECT: SS.4, SR.5 (Content of a properly executed consent) in NIAHO® CAH Accreditation Requirements

DISTRIBUTION: All DNV GL - Healthcare Current Customers and DNV GL Employees

APPROVED BY: Maureen Washburn, Director, Program Development

DNV GL is providing notice to DNV GL Healthcare Accredited Organizations of the intent to modify the NIAHO® Critical Access Hospital Accreditation Requirements for Surgical Services and Interpretive Guidelines specific to SS.4, SR.5d to read as follows:

SS.4 History and Physical

SR.5 A properly executed informed consent form for the surgery shall be in the patient’s medical record before surgery except in an extreme medical emergency. A properly executed informed consent form contains at least the following:

SR.5a Name of patient, and when appropriate, patient’s authorized representative;
SR.5b Name of CAH;
SR.5c Description of the proposed surgical procedure(s), including anesthesia to be used;
SR.5d Name of practitioner(s) performing the primary procedure(s) and notification whether or important aspects of the procedure(s), as well as the name(s) and specific significant surgical tasks that will be conducted by practitioners other than the primary surgeon/practitioner. (Significant surgical tasks include: opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues.);
SR.5e Signature of patient or his/her authorized representative;
SR.5f Date and time consent is obtained;
SR.5g Statement that procedure(s) was explained to patient or legal guardian;
SR.5h Signature of professional person witnessing the consent; and,
SR.5i Name/signature of person who explained the procedure to the patient or guardian.

Interpretive Guidelines:

An informed consent discussion with the patient should include at least the following: description of the proposed surgery, including anesthesia to be used, an explanation of the nature and purpose of the proposed procedures; risks and consequences of the procedures; risks and prognosis if no treatment is rendered, the probability that the proposed procedure will be successful; and, alternative methods of treatment (if any) and their associated risks and benefits. Furthermore, informed consent would include that the patient is informed as to the name of the practitioner who will actually perform the primary surgical procedure(s). When practitioners other than the primary surgeon will perform important components of the surgical procedure(s) the patient must be informed of the identity of these other practitioners and the components these practitioners are expected to perform. The identity of these other practitioners must be disclosed even when these practitioners are working under the primary surgeon’s supervision.

DNV GL Healthcare provides this revision based upon customer observations that the availability of specific providers to perform significant surgical tasks may vary depending upon the timing of the procedure for which informed consent was obtained.

This revision clarifies that a listing of practitioners other than the primary surgeon/practitioner is not required at the time informed consent is obtained.

DNV GL will be submitting this revision to CMS for approval. In the interim, since the revision does not impact the intent of the required Conditions of Participation, DNV GL surveyors have been advised to survey to the proposed revision.

Should you have any questions about the content of this notice, please e-mail dnvclientdropbox@dnvgl.com.

Thank you.

Regards,

For DNV GL Business Assurance USA, Inc.

Maureen Washburn, ND, CPHQ, FACHE
Director, Program Development
DNV GL – Business Assurance, Healthcare Accreditation Services

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