



November 29, 2007

Dennis S. O'Leary, MD  
President  
The Joint Commission  
One Renaissance Blvd  
Oakbrook Terrace, IL 60181

Robert A. Wise, MD  
Vice President  
Division of Standards and Survey Methods  
The Joint Commission

Dear Drs. O'Leary and Wise:

The American College of Emergency Physicians (ACEP), the American Academy of Emergency Medicine (AAEM), and the Emergency Nurses Association (ENA), a group representing over 60,000 emergency health care providers wishes to jointly express our concerns with the interpretation of MM.3.20 EP1.

The standards interpretation division has opined the following:

*“Protocols can be initiated by a registered nurse once the protocol is ordered by a licensed independent practitioner. Initiation of a protocol which includes a medical intervention (i.e. decision to administer a medication) requires an order by an independent licensed practitioner. “*

The interpretation of this standard is an infringement on nursing's scope of practice and on the authority of the state boards of nursing obligation to regulate the scope of nursing practice in their respective states. It is the primary obligation of the state boards of nursing to protect the public and to define the scope of nursing practice within the state(s). The ability of nurses to independently, and legally, initiate advanced treatment protocols vary from state to state based on the regulations established by the state board of nursing.

The practice of not allowing nurses to independently initiate advanced treatment protocols (as approved by state board of nursing regulation) not only affects the emergency departments (EDs) ability to deliver timely care but will also potentially delay care throughout the acute hospital setting (ie, labor and delivery, intensive care, cardiology/telemetry).

This has resulted in disruptions to timely care of patients, an end to the development of multi-disciplinary care management protocols and a breakdown in morale for nursing personnel that perform outstanding care for patients.

Two recent examples of the deleterious effect this has had on patient care are; a patient presented to the ED complaining of chest pain, the only physician (LIP) on duty was busy attending to a critically ill patient and according to the standard the nurse could not administer an aspirin (ASA) until the patient had been assessed by the LIP who then in turn would direct the nurse to implement the chest pain protocol and administer an ASA. A pediatric asthmatic patient brought to the ED by ambulance started on medication by pre-hospital staff had to have the medication stopped, until the physician could evaluate the patient and order the medication to be re-started by the nurse.

The emergency care system has long established processes for the development of evidence based medical protocols for initiating care for specific medical conditions. Nurses and paramedics utilize these protocols to provide care in the pre-hospital and ED environment. This process has been proven to be effective in treating the over 114 million patients we see each year.

We believe that the process of utilizing protocols for patient management carried out by nurses including ordering certain prescribed tests and the administration of medication provides safe, effective, timely and quality care for the patients that present to the ED. Delaying immediate implementation of approved protocols not only puts the patients at risk, but increases the potential for litigation against the hospital, physicians and nurses providing care in the ED.

Our request is that The Joint Commission immediately reverse its position on nurse initiated protocols in the ED and publicize this determination so that we may continue to offer timely, safe and effective care to our patients.

We welcome the opportunity to have a face-to-face meeting with you at your earliest convenience to discuss in more detail our concerns regarding the untended consequences the implementation of this standard causes in the ED and to more fully explain the operational aspects of today's busy ED.

We appreciate your interest and mission to improve patient care and extend our wishes to work with you so that together we can improve the safety and quality of patient care.

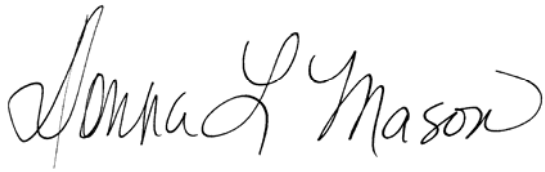
Sincerely,



Linda L. Lawrence, MD, FACEP  
President, American College of Emergency Physicians



Tom Scaletta, MD, FAAEM  
President, American Academy of Emergency Medicine

A handwritten signature in black ink that reads "Donna L. Mason". The signature is written in a cursive, flowing style.

Donna L. Mason, RN, MS, CEN  
President, Emergency Nurses Association

Copy: Mark R. Chassin, MD, MPP, MPH, Incoming President, The Joint Commission  
Joseph M. Heyman, MD, Chair-elect, Board of Trustees, American Medical Association  
Joe Ann Jackson, American Medical Association  
Edward L. Langston, MD, Chair, Board of Trustees, American Medical Association  
Kelly L. Podgorny, RN, MS, CPHQ, Project Dir, Div of Standards and Survey Methods, TJC