



## **Standards Changes for Deemed Status Ambulatory Surgical Centers—Effective May 18, 2009**

### **INTRODUCTION**

This module has been developed to aid organizations in assessing compliance with new and revised Joint Commission requirements for ambulatory surgical centers (ASC) seeking deemed status that take effect May 18, 2009.

### **BACKGROUND**

In November 2008, the Centers for Medicare and Medicaid Services (CMS) published in the ***Federal Register*** a revised definition for ambulatory surgical centers and changes to a number of Conditions for Coverage (CFCs). **These new and revised Medicare requirements are effective May 18, 2009.**

Changes were made to Joint Commission's standards and elements of performance (EP) under its Ambulatory Care Accreditation Program. These changes were made to address the language specificity in the CMS Conditions for Coverage (CfC), and to bring The Joint Commission requirements into alignment with the new and revised Medicare requirements.

The new and revised EPs presented in this module were accepted by the Standards and Survey Procedures (SSP) Committee for The Joint Commission at its February 2009 meeting. These revisions will be included in the next update to the Ambulatory Care standards manual (spring 2009). These revisions will also be outlined in the April 2009 edition of *The Joint Commission Perspectives*.

Additionally, on February 12, 2009 The Joint Commission received a letter from CMS requesting specific changes to several of The Joint Commission's requirements to ensure alignment with Medicare requirements. Several EPs were revised as follows:

- Regulatory references were added or updated
- The term "licensed independent practitioner" was replaced with the term "physician", as defined by CMS in several EPs
- The term "licensed independent practitioner" was replaced with the term "medical staff" in one EP
- Several notes and footnotes were added to certain EPs to provide an additional level of clarity and specificity

All of the requirements presented in this module will take effect and be surveyed as of May 18, 2009.

## **STANDARDS REVISIONS**

The new and revised ASC requirements are presented below. As you review the new and revised EPs, you may note that compliance with these EPs is implied in our current standards. However, these new and revised EPs were added to help provide an additional level of clarity and specificity.

As reference, the corresponding—new—Conditions for Coverage from CMS are provided in a text box below the Joint Commission’s standards changes.

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### **1. Definition of an Ambulatory Surgical Center revised:**

CMS has revised its definition of an Ambulatory Surgical Center (ASC). The revised definition will be added to the Glossary of the *Comprehensive Accreditation Manual for Ambulatory Care*. The revised definition is as follows:

- Any distinct entity that operates exclusively for the purpose of providing surgical services to ~~clients~~ patients not requiring hospitalization, ~~has~~ and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC, and must meet the conditions for coverage as defined by regulation. ~~The deemed status survey will be unannounced as required by the Centers for Medicare & Medicaid Services (CMS).~~

### **2. Revisions related to Governing Body and Management:**

Standard PC .04.01.01 EP 12 was modified to clarify that patients must be transferred to hospitals that meet Medicare requirements. PC .04.01.01 EP 13 was modified and the term “physicians”, as defined by CMS replaced the term “licensed independent practitioners”.

#### **PC.04.01.01 The organization has a process that addresses the patient’s need for continuing care, treatment, or services after discharge or transfer.**

EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Patients are transferred to local hospitals that meet requirements for payment of emergency services. Note: CMS requires patients to be transferred to hospitals that are either participating in Medicare, or meet the requirements at 42 CFR 482.2 “Provision of emergency services by nonparticipating hospitals.”

EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center has a written transfer agreement with a hospital. In the absence of a transfer agreement, all ~~licensed independent practitioners~~ physicians (as defined in section 1861(r) of the Social Security Act), who perform surgery at the ambulatory surgical center have admitting privileges at the hospital.

**CFC 416.41 Condition: Governing Body and Management**

**Q-0003** The ASC must have a governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.

**Q-0004 (b) Standard: Hospitalization**

**Q-0004 (b)(1)** The ASC must have an effective procedure for the immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the ASC.

**Q-0004 (b)(2)** This hospital must be a local, Medicare-participating hospital or a local, nonparticipating hospital that meets the requirements for payment for emergency services under § 482.2 of this chapter.

**Q-0004 (b)(3)(i)** Have a written transfer agreement with a hospital that meets the requirements of paragraph (b)(2) of this section; or

**Q-0004 (b)(3)(ii)** Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the requirements of paragraph (b)(2) of this section.

**3. Revisions related to Disaster Preparedness:**

CMS has added a new Medicare requirement that addresses disaster preparedness. The Joint Commission's current Emergency Management standards and elements of performance sufficiently address this new Medicare requirement. There were no changes made to the current standards for these requirements.

**CFC 416.41(c) Condition: Disaster Preparedness Plan**

**(c)(1)** The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC.

**(c)(2)** The ASC coordinates the plan with State and local authorities, as appropriate.

**(c)(3)** The ASC conducts drills, at least annually, to test the plan's effectiveness. The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan.

#### **4. Revisions related to Surgical Services:**

CMS has revised this Medicare requirement, which addresses patient assessment for risk of the procedure and patient evaluation prior to discharge. Two EPs were modified to align with this revised requirement.

- Standard PC.03.01.03 was modified and a new EP was added to address the requirement that patient risk for the procedure is evaluated prior to surgery.
- Standard PC.03.01.07 EP 5 was modified and the term “physician” as defined by CMS was added.

**PC.03.01.03 The organization provides the patient with care before initiating operative or other high risk procedures, including those that require the administration of deep sedation or anesthesia.**

- C** EP 16 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A physician or other qualified practitioner, in accordance with applicable state health and safety laws, standards of practice, and organization policy, examines the patient immediately before surgery to evaluate patient risk for the procedure to be performed.

**PC.03.01.07 The organization provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.**

EP 5 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient is evaluated by a ~~licensed independent practitioner-physician~~ (as defined in section 1861(r) of the Social Security Act for proper recovery before discharge from the ambulatory surgical center.

#### **CfC 416.42 Condition: Surgical Services**

**Q-0005 Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC.**

**Q-0006 (a)(1) A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed.**

**Q-0006 (a)(2) Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthetist as defined at § 410.69(b) of this chapter, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery.**

**Q-0007 (b)(1) [Anesthesia must be administered by only:] A qualified anesthesiologist, or**

**Q-0007 (b)(2) A physician qualified to administer anesthesia, a certified registered nurse anesthetist, a supervised trainee in an approved educational program, or an anesthesiologist’s assistant. In those cases in which a non-physician administers the anesthesia, the anesthetist must be under the supervision of the operating physician, and in the case of an anesthesiologist’s assistant, under the supervision of an anesthesiologist.**

## 5. Revisions related to Quality Assessment and Performance Improvement:

CMS revised CFC 416.43, it had previously been titled “§ 416.43 Condition for Coverage: Evaluation of Quality”. The language for this Medicare condition was also revised and five new Medicare standards were added. The following new EPs were added to address these revised Medicare requirements:

- LD.04.04.01 was modified and seven new EPs were added to address requirements related to governing body oversight, structure, and support of the PI program.
- PI.01.01.01 was modified and one new EP was added to address data collection requirements.
- PI.02.01.01 was modified and one new EP was added to clarify the required characteristics of PI projects conducted.
- PI.03.01.01 was modified and one new EP was added to address the requirement for the organization to implement preventative strategies and educate staff on those strategies.

### **LD.04.04.01 Leaders establish priorities for performance improvement. [See also the "Performance Improvement" (PI) chapter.]**

- A** EP 17 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that the quality assessment and performance improvement program is defined, implemented, and maintained.
- A** EP 18 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that adequate staff, time, information systems, and training are allocated to the quality assessment and performance improvement program.
- A** EP 19 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that the performance improvement data collection methods, frequency, and details are appropriate.
- A** EP 20 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center sets priorities for its performance improvement activities that affect health outcomes, patient safety, and quality of care.
- A** EP 21 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center develops an ongoing, data-driven quality assessment and performance improvement program.
- A** EP 22 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center implements its quality assessment and performance improvement program.
- A** EP 23 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center maintains its quality assessment and performance improvement program.

### **PI.01.01.01 The organization collects data to monitor its performance.**

- C** EP 36 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center documents the improvement projects it is conducting. The documentation includes, at a minimum, the reason(s) for implementing the project, and a description of the project's results.

**PI.02.01.01 The organization compiles and analyzes data.**

- A** EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The number and scope of distinct improvement projects conducted annually reflects the scope and complexity of the ambulatory surgical centers' services and operations.

**PI.03.01.01 The organization improves performance.**

- C** EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center implements preventive strategies throughout the facility targeting adverse patient events and makes certain that all staff are familiar with these strategies

**CFC 416.43 Condition: Quality Assessment and Performance Improvement**

**Q-0009** The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.

**416.43(a) Program Scope:**

**(a)(1)** The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.

**(a)(2)** The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.

**416.43 (b) Program data:**

**(b)(1)** The program must incorporate quality indicator data, including patient care and other relevant data regarding services furnished in the ASC.

**(b)(2)(i)** Monitor the effectiveness and safety of its services, and quality of its care.

**(b)(2)(ii)** Identify opportunities that could lead to improvements and changes in its patient care.

**416.43 (c) Program Activities:**

**(c)(1)(i)** Focus on high risk, high volume, and problem-prone areas.

**(c)(1)(ii)** Consider incidence, prevalence, and severity of problems in those areas

**(c)(1)(iii)** Affect health outcomes, patient safety, and quality of care.

**(c)(2)** Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.

**(c)(3)** The ASC must implement preventive strategies throughout the facility targeting adverse patient events and ensure that all staff are familiar with these strategies.

**416.43(d) Performance Improvement Projects:**

**(d)(1)** The number and scope of distinct improvement projects conducted annually must reflect the scope and complexity of the ASC's services and operations.

**(d)(2)** The ASC must document the projects that are being conducted. The documentation, at a minimum, must include the reason(s) for implementing the project, and a description of the project's results.

**416.43 (e) Governing Body Responsibilities:**

**(e)(1)** Is defined, implemented, and maintained by the ASC.

**(e)(2)** Addresses the ASC's priorities and that all improvements are evaluated for effectiveness.

**(e)(3)** Specifies data collection methods, frequency, and details.

**(e)(4)** Clearly establishes its expectations for safety.

**(e)(5)** Adequately allocates sufficient staff, time, information systems and training to implement the QAPI program.

## **6. Revisions related to CfC 416.44(b) Condition: Safety from Fire:**

Standard EC.02.03.03 EP 2 was modified and additional text was added, to clarify that Note # 2 does not apply to Ambulatory Surgical Centers that elect to use The Joint Commission deemed status option. Standard EC.02.03.05 EP 18 was modified to include the correct reference document citations.

### **EC.02.03.03 The organization conducts fire drills.**

EP 2 The organization conducts fire drills every 12 months from the date of the last drill in each area that is defined as a business occupancy by the Life Safety Code and in which care, treatment, or services are provided- or quarterly for ambulatory surgical centers seeking accreditation for Medicare certification.

Note 1: In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies.

Note 2: In sites that are used on average 70 hours or less per month, the organization may choose either to review the fire response plan or to conduct a fire drill every 12 months. This note does not apply to ambulatory surgical centers that elect to use The Joint Commission deemed status option.

### **EC.02.03.05 The organization maintains fire safety equipment and fire safety building features.**

**Note: This standard does not require [organization]s to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.**

EP 18 The organization operates fire and smoke dampers ~~1 year after installation and then~~ at least every 4 years to verify that they fully close. The completion date of the tests is documented.

~~Note 1: The initial test that must occur 1 year after installation applies only to dampers installed on and after January 1, 2008.~~

Note 2: For additional guidance ~~see NFPA 80 Standard for Fire Doors and Other Opening Protectives, 2007 edition (Section 19.4.1.1), and NFPA 105-2007 edition (Section 6.5.2) on performing tests, see NFPA 90A Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 3-4.7).~~

## **7. Revision related to Medical Staff:**

Standard HR.02.01.03 EP 34 was modified and the term “medical staff” replaced the term “licensed independent practitioner”. There were no changes to the current survey process.

**HR.02.01.03 The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.**

EP 34 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: ~~Licensed independent practitioners~~ Medical staff are accountable to the governing body.

### **CfC 416.45 Condition: Medical Staff**

**Q-0019 The medical staff of the ASC must be accountable to the governing body.**

## **8. Revisions related to Medical Records content:**

Standard RC.02.01.01 EP 4 was modified and the phrase “when required by organization policy” was deleted from the second bullet.

### **RC.02.01.01 The clinical record contains information that reflects the patient's care, treatment, or services.**

EP 4 As needed to provide care, treatment, or services, the clinical record contains the following additional information:

- Any advance directives
- Any informed consent, ~~when required by organization policy~~ (See also RI.01.03.01, EP 13)
- Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services (See also RI.01.03.05, EPs 4-6)
- Any records of communication with the patient, such as telephone calls or e-mail
- Any referrals or communications made to internal or external care providers and community agencies
- Any patient-generated information

#### **CfC 416.47(b) Condition: Form and Content of Record**

**Q-0027**The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:  
**Q-0028 (7)** Documentation of properly executed informed patient consent;

## **9. Revisions related to Medication Management:**

Standard MM.07.01.03 was modified and the term “physician” as defined by CMS was added in EP4.

### **MM.07.01.03 The organization has a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.**

EP4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: All adverse drug events are reported to the ~~licensed independent practitioner~~ physician (as defined in section 1861(r) of the Social Security Act responsible for the patient and are documented in the clinical record.

#### **CfC 416.48 Condition: Pharmaceutical Services**

**Q-0031(a)(1)** Adverse reactions must be reported to the physician responsible for the patient and must be documented in the record.

## **10. Revisions related to Radiology Services:**

CMS revised the Medicare condition for Radiology services. Several new EPs were added or modified to align with this revised Medicare requirement as follows:

- EC .02.02.01 was modified and two new EPs were added to address exposure monitoring and hazards prevention during radiology procedures.
- HR .02.01.03 was modified and two new EPs were added to clarify who may supervise and interpret radiology services and testing.
- PC.02.01.03 is a new Joint Commission standard that requires care, treatment, and services be provided as ordered or prescribed.
- PC.02.01.03 EP 1 is a new EP that addresses the requirement that an order be obtained prior to the provision of care, treatment, and services.
- RC.01.05.01 was modified and note was added to specify the required timeframe for retention of medical records.

### **EC.02.02.01 The organization manages risks related to hazardous materials and waste.**

- C** EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center checks radiology staff, according to timeframes it defines, for radiation exposure using exposure meters or badge tests. The dates of the checks and amount of exposure are documented.
- C** EP 15 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff.

### **HR.02.01.03 The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.**

- A** EP 37 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A full-time, part-time, or consulting radiologist who is a doctor of medicine or osteopathy qualified by education and experience in radiology supervises ionizing radiology services.
- C** EP 38 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The radiologist who supervised ionizing radiology services interprets only those tests that are determined by the medical staff to require a radiologist's specialized knowledge.

### **PC.02.01.03 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.**

- C** EP 1 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Prior to providing care, treatment, and services, the ambulatory surgical center obtains orders from practitioners with clinical privileges, in accordance with professional standards of practice, or from other practitioners authorized by the medical staff and the governing body, consistent with state law.

### **RC.01.05.01 The organization retains its clinical records.**

EP 1 The retention time of the clinical record is determined by its use and organization policy, in accordance with law and regulation. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center retains the original or legally reproduced medical record in accordance with law and regulation, or for at least 5 years.

**CFC 416.49 Condition: Laboratory and Radiology Services**

**Q-0034 (b)(2) Radiologic services must meet the hospital conditions of participation for radiologic services specified in § 482.26 of this chapter.**

**11. Revisions related to Patient Rights:**

CMS has added a new Medicare requirement that addresses Patient Rights. In addition, CMS requested certain IM standards be modified to specify regulatory requirements. The following standards were modified:

- Standard IM.02.01.01 was modified and a note was added to each EP
- Standard LD.04.02.01 was modified and one new EP was added
- Standard RI.01.01.01 was modified and two new EPs were added
- Standard RI.01.01.03 was modified and two new EPs were added
- Standard RI.01.03.01 was modified and one new EP was added
- Standard RI.01.05.01 was modified and one new EP was added
- Standard RI.01.06.03 was modified and one new EP was added
- Standard RI.01.07.01 was modified and nine new EPs were added

**IM.02.01.01 The organization protects the privacy of health information.**

EP 1 The organization has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7) Footnote: For ambulatory surgical centers that elect to use The Joint Commission deemed status option, this requirement is specified at 45 CFR 160 and 164.

EP 2 The organization implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7) Footnote: For ambulatory surgical centers that elect to use The Joint Commission deemed status option, this requirement is specified at 45 CFR 160 and 164.

EP 3 The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7) Footnote: For ambulatory surgical centers that elect to use The Joint Commission deemed status option, this requirement is specified at 45 CFR 160 and 164.

EP 4 The organization discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7) Footnote: For ambulatory surgical centers that elect to use The Joint Commission deemed status option, this requirement is specified at 45 CFR 160 and 164.

EP 5 The organization monitors compliance with its policy on the privacy of health information. (See also RI.01.01.01, EP 7) Footnote: For ambulatory surgical centers that elect to use The Joint Commission deemed status option, this requirement is specified at 45 CFR 160 and 164.

**LD.04.02.01 The leaders address any conflict of interest involving licensed independent practitioners and/or staff that affects or has the potential to affect the safety or quality of care, treatment, or services.**

- C** EP 6 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center discloses, where applicable, physician financial interests or ownership in the facility in accordance with 42 CFR Part 420. This disclosure information is in writing and is furnished to the patient in advance of the date of his or her procedure.

**RI.01.01.01 The organization respects patient rights.**

**C** EP 2 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center informs the patient of his or her rights.

**C** EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization respects the patient's right to receive care in a safe setting.

**RI.01.01.03 The organization respects the patient's right to receive information in a manner he or she understands.**

**C** EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center provides the patient or his or her surrogate decision maker with verbal and written notice of the patient's rights in advance of the date of the procedure and in a language and manner that the patient or his or her surrogate decision maker understands.

**A** EP 5 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center posts a copy of its notice of patient rights in a location where it is likely to be noticed by patients. The notice of rights includes contact information for reporting complaints to the State agency and the Web site for the Office of the Medicare Beneficiary Ombudsman.

**RI.01.03.01 The organization honors the patient's right to give or withhold informed consent.**

**C** EP 15 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Informed consent is obtained before a treatment or procedure is performed.

**RI.01.05.01 The organization addresses patient decisions about care, treatment, or services received at the end of life.**

**C** EP 7 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: In advance of the date of the procedure, the ambulatory surgical center provides the patient or his or her surrogate decision maker with verbal and written information concerning its policies on advance directives, including a description of applicable state health and safety laws and, if requested, official state advance directive forms.

**RI.01.06.03 The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.**

**A** EP 6 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient has the right to be free from all forms of abuse or harassment.

**RI.01.07.01 The patient and his or her family have the right to have complaints reviewed by the organization.**

**C** EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient has the right to exercise his or her rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect the patient.

**C** EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished.

- A** EP 21 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center establishes a written procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance(s).
- C** EP 22 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: All allegations, violations, or grievances relating, but not limited to neglect, verbal, mental, sexual or physical abuse, are reported to a person in authority in the ambulatory surgical center.
- C** EP 23 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: All alleged violations or grievances relating, but not limited to neglect, verbal, mental, sexual, or physical abuse are fully documented.
- C** EP 24 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Substantiated allegations relating, but not limited to neglect, verbal, mental, sexual, or physical abuse are reported to the state authority or the local authority, or both.
- A** EP 25 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The grievance process specifies time frames for review of the grievance and the provision of a response
- C** EP 26 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center, in responding to the grievance, investigates all grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished.
- C** EP 27 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center documents how the grievance was addressed and provides the patient with written notice of its decision. The decision contains the name of an ambulatory surgical center contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.

**CFC 416.50 Condition: Patient Rights**

The ASC must inform the patient or the patient's representative of the patient's rights, and must protect and promote the exercise of such rights.

(a)(1) The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands. In addition, the ASC must-

(a)(1)(i) Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.

(a)(1)(ii) The ASC must also disclose, where applicable, physician financial interests or ownership in the ASC facility in accordance with the intent of Part 420 of this subchapter. Disclosure of information must be in writing and furnished to the patient in advance of the date of the procedure.

(a)(2)(i) Provide the patient or, as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directive forms.

(a)(2)(ii) Inform the patient or, as appropriate, the patient's representative of the patient's right to make informed decisions regarding the patient's care.

(a)(2)(iii) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.

(a)(3)(i) The ASC must establish a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance to the ASC.

(a)(3)(ii) All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.

(a)(3)(iii) All allegations must be immediately reported to a person in authority in the ASC.

(a)(3)(iv) Only substantiated allegations must be reported to the State authority or the local authority, or both.

(a)(3)(v) The grievance process must specify timeframes for review of the grievance and the provisions of a response.

(a)(3)(vi) The ASC, in responding to the grievance, must investigate all grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished.

(a)(3)(vii) The ASC must document how the grievance was addressed, as well as provide the patient with written notice of its decision. The decision must contain the name of an ASC contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.

Cont: **CFC 416.50 Condition: Patient Rights**

[The patient has the right to—]

(b)(1)(i) Exercise his or her rights without being subjected to discrimination or reprisal.

(b)(1)(ii) Voice grievances regarding treatment or care that is (or fails to be) furnished.

(b)(1)(iii) Be fully informed about a treatment or procedure and the expected outcome before it is performed.

(b)(2) If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

(b)(3) If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

(c) Standard: Privacy and Safety. The patient has the right to—]

(c)(1) Personal privacy

(c)(2) Receive care in a safe setting.

(c)(3) Be free from all forms of abuse or harassment.

(d) Confidentiality of Clinical Records - The ASC must comply with the Department's rules for the privacy and security of individually identifiable health information, as specified at 45 CFR parts 160 and 164.

## 12. **Revisions related to Infection Control:**

CfC 416.51 is a new Medicare requirement that requires ASCs to have an infection control program, and addresses the management, structure, and components of the organization's infection control program and its activities. One new EP was added to Standard IC.01.01.01; two new EPs were added to Standard IC.01.05.01; and one new EP added to Standard LD.04.04.01.

**IC.01.01.01 The organization identifies the individual(s) responsible for infection prevention and control.**

- A** EP 5 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program is under the direction of a designated and qualified professional who has training in infection control.

**IC.01.05.01 The organization plans for preventing and controlling infections.**

- C** EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection and communicable diseases. These activities are documented.

- A** EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program includes a plan of action for preventing, identifying and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.

**LD.04.04.01 Leaders establish priorities for performance improvement.**

- A** EP 16 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program is an integral part of the ambulatory surgical center's quality assessment and performance improvement program.

**CfC 416.51 Conditions: Infection Control:**

**The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases.**

**(a) Sanitary Environment - The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.**

**(b) Infection Control Program - The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. The program is—**

**(b)(1) Under the direction of a designated and qualified professional who has training in infection control;**

**(b)(2) An integral part of the ASC's quality assessment and performance improvement program; and**

**(b)(3) Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.**

**13. Revisions related to Patient Admission, Assessment, and Discharge:**

CfC 416.52 is a new Medicare requirement that addresses pre and post surgical assessment, patient discharge, and documentation. Several new EPs were developed to align with this new Medicare requirement.

**PC.03.01.03 The organization provides the patient with care before initiating operative or other high risk procedures, including those that require the administration of deep sedation or anesthesia.**

- C** EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A comprehensive medical history and physical assessment is completed for each patient by a physician (as defined in section 1861(r) of the Social Security Act) or other qualified practitioner, in accordance with applicable state health and safety laws, standards of practice, and organization policy.

- C** EP 15 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient has a pre-surgical assessment completed upon admission by a physician or other qualified practitioner, in accordance with applicable state health and safety laws, standards of practice, and organization policy. This assessment includes any changes in the patient's condition since the patient's most recent medical examination, and documentation of any allergies to drugs and biologicals.
- C** EP 17 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center completes the appropriate pre-surgical assessments for each patient, including all elements required for discharge.

**PC.03.01.07 The organization provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.**

- C** EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center completes the appropriate postsurgical assessments for each patient, including all elements required for discharge.

**PC.04.01.05 Before the [organization] discharges or transfers a [patient], it informs and educates the patient about his or her follow-up care, treatment, or services.**

- C** EP 9 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center informs all patients of their prescriptions, postoperative instructions, and physician contact information for follow-up care either in advance of their surgical procedure or prior to leaving the ambulatory surgical center
- C** EP 10 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's postsurgical needs are addressed and included in the discharge notes.
- C** EP 11 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center provides each patient with written discharge instructions and overnight supplies.
- C** EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center provides each patient with a follow-up appointment with a physician, as necessary.
- C** EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient has a discharge order signed by the physician who performed the surgery or procedure, in accordance with applicable state health and safety laws, standards of practice, and organization policy.
- C** EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Patients are discharged from the ambulatory surgical center in the company of a responsible adult, unless the patient is exempted from this requirement by the attending physician.

**RC.02.01.03 The patient's clinical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.**

- C** EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's medical history and physical assessment is placed in the patient's medical record prior to the surgical procedure.
- C** EP 14 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's post-surgical condition is assessed and documented in the medical record by a physician, other qualified practitioner, or registered nurse with, at a minimum, post-operative care experience, in accordance with applicable State health and safety laws, standards of practice, and organizational policy.

**CfC 416.52 Conditions: Patient Admission, Assessment and Discharge.**

The ASC must ensure each patient has the appropriate pre-surgical and post-surgical assessments completed and that all elements of the discharge requirements are completed.

(a)(1) Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.

(a)(2) Upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals.

(a)(3) The patient's medical history and physical assessment must be placed in the patient's medical record prior to the surgical procedure.

b)(1) The patient's postsurgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy.

(b)(2) Post-surgical needs must be addressed and included in the discharge notes.

(c) Standard: Discharge. The ASC must—

(c)(1) Provide each patient with written discharge instructions and overnight supplies. When appropriate, make a follow-up appointment with the physician, and ensure that all patients are informed, either in advance of their surgical procedure or prior to leaving the ASC, of their prescriptions, postoperative instructions and physician contact information for follow-up care.

(c)(2) Ensure each patient has a discharge order, signed by the physician who performed the surgery or procedure in accordance with applicable State health and safety laws, standards of practice, and ASC policy

(c)(3) Ensure all patients are discharged in the company of a responsible adult, except those patients exempted by the attending physician.

**The Joint Commission's**

**Standards Interpretation Group (SIG) .....(630) 792-5900**

For information about interpreting and applying specific ambulatory standards, or to inquire about the these "deemed status" standards.

*Note: Please request assistance from an ambulatory care specialist.*

**An online inquiry form is also available at [www.jointcommission.org](http://www.jointcommission.org).**