

Revised 2009 Accreditation Requirements as of March 26, 2009



Hospital Accreditation Program



This document:

- Replaces the previous version of the standards changes posted on The Joint Commission Web site on January 5, 2009.
- Is an addendum to The Joint Commission's current hospital accreditation standards.
- Reflects standards changed as a result of discussions between The Joint Commission and the Centers for Medicare & Medicaid Services (CMS). Negotiations have been successful and resulted in fewer changes than originally anticipated. Organizations should note that CMS' final decision regarding the deeming application will be made later this year, and there may be further changes made to the standards based on that decision.

Accreditation process:

- Hospitals will be surveyed on these requirements from April 6 through June 30, 2009; however, non-compliance will not impact the accreditation decision. Hospitals will receive feedback separate from the Official Accreditation Decision Report on their efforts to meet these requirements.
- Beginning July 1, 2009, non-compliance will impact the accreditation decision.

 Indicates Measure of Success is needed
 Indicates that documentation is required

 Indicates situational decision rules apply
 Indicates direct impact requirements apply


A Indicates scoring category A
C Indicates scoring category C

Standard HR.01.02.01

The [organization] defines staff qualifications.

Elements of Performance for HR.01.02.01

19. For hospitals that use Joint Commission accreditation for deemed status purposes: If blood transfusions and intravenous medications are administered by staff other than doctors of medicine or osteopathy, the staff members have special training for this duty.



 **A**

Standard HR.01.04.01

The [organization] provides orientation to staff.

Elements of Performance for HR.01.04.01

3. The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures.

-  3.  The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.

C

Standard LD.01.05.01

The [organization] has an organized medical staff that is accountable to the governing body.

Elements of Performance for LD.01.05.01

7. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, is responsible for the organization and conduct of the medical staff. **A**
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Standard LD.04.01.05

The [organization] effectively manages its programs, services, sites, or departments.

Elements of Performance for LD.04.01.05

7. For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services: **A**
- Anesthesia
 - Nuclear Medicine
 - Respiratory care

Standard LD.04.03.01

The [organization] provides services that meet [patient] needs.

Elements of Performance for LD.04.03.01

2. The hospital provides essential services, including the following:

- Diagnostic radiology
- Dietetic services
- Emergency services
- Nuclear medicine
- Nursing care
- Pathology and clinical laboratory services
- Pharmaceutical services
- Physical rehabilitation
- Respiratory care
- Social work

Note: Nuclear medicine, physical rehabilitation, and respiratory care are not required for hospitals that provide only psychiatric and addiction treatment services.

2. The hospital provides essential services, including the following:

- Diagnostic radiology
- Dietary
- Emergency
- Medical records
- Nuclear medicine
- Nursing care
- Pathology and clinical laboratory
- Pharmaceutical
- Physical rehabilitation
- Respiratory care
- Social work

Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.

 **A**

26. For hospitals that use Joint Commission accreditation for deemed status purposes: Emergency laboratory services are available 24 hours a day, 7 days a week.

 **A**

Standard LD.04.03.09

Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Elements of Performance for LD.04.03.09

- 10. Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same.
- 10. **D** Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same.
Footnote: For law and regulation guidance on the Clinical Laboratory Improvement Amendments of 1988, refer to 42 CFR 493.

A

Standard LS.01.01.01

The [organization] designs and manages the physical environment to comply with the Life Safety Code.

Elements of Performance for LS.01.01.01

- M** 4. **D** For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.

C

Standard MM.01.01.03

The [organization] safely manages high-alert and hazardous medications.

Elements of Performance for MM.01.01.03

- 5. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports abuses and losses of controlled substances, in accordance with law and regulation, to the individual responsible for the pharmacy department or service and, as determined by the organization, to the chief executive officer. **A**

Standard MM.03.01.01

The [organization] safely stores medications.



Elements of Performance for MM.03.01.01

- 3. The hospital stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.
- 3. The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. **A**
 Note: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.
- 19. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a pharmacy directed by a registered pharmacist or a supervised drug storage area, in accordance with law and regulation. **A**

Standard MM.05.01.07

The [organization] safely prepares medications.

Elements of Performance for MM.05.01.07

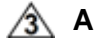
- 5. For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner responsible for the patient's care, and in accordance with law and regulation.  **A**
 Footnote: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).
- 6. For hospitals that use Joint Commission accreditation for deemed status purposes: In-house preparation of radiopharmaceuticals is done by, or under the supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy.  **A**

Standard MM.07.01.03

The [organization] responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

Elements of Performance for MM.07.01.03

6. For hospitals that use Joint Commission accreditation for deemed status purposes: Medication administration errors, adverse drug reactions, and medication incompatibilities are immediately reported to the attending physician, and, as determined by the hospital, to the organization-wide performance improvement program.
Note: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).



Standard MS.01.01.01

Medical staff bylaws address self-governance and accountability to the governing body.

Elements of Performance for MS.01.01.01

- 20. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oromaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. **A**
 Note: In this element of performance, the definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS), as defined in section 1861(r) of the Social Security Act (refer to the Glossary).
- 21. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy). **A**

Standard MS.02.01.01

There is a medical staff executive committee.

Elements of Performance for MS.02.01.01

- 4. The majority of voting medical staff executive committee members are fully licensed physicians actively practicing in the hospital.
- 4. The majority of voting medical staff executive committee members are fully licensed doctors of medicine or osteopathy actively practicing in the hospital. **A**

Standard MS.03.01.01

The organized medical staff oversees the quality of [patient] care, treatment, and services provided by practitioners privileged through the medical staff process.



Elements of Performance for MS.03.01.01

- 13. **D** For hospitals that use Joint Commission accreditation for deemed status purposes: When emergency services are provided at the hospital but not at one or more off-campus locations, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients at the off-campus locations. **A**
- 14. **D** For hospitals that use Joint Commission accreditation for deemed status purposes: When emergency services are not provided at the hospital, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment of patients, and referral of patients when needed. **A**

Standard MS.03.01.03

The management and coordination of each [patient]’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

Elements of Performance for MS.03.01.03

- 3. A patient’s general medical condition is managed and coordinated by a physician.
- 3. A patient’s general medical condition is managed and coordinated by a doctor of medicine or osteopathy.  **A**
- 12. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy is on duty or on call at all times.  **A**

Standard MS.05.01.01

The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and [patient] safety.


Elements of Performance for MS.05.01.01

- 17. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital attempts to secure autopsies in all cases of unusual deaths and of medical, legal, and educational interest, and informs the medical staff (specifically the attending physician) of autopsies that the hospital intends to perform. **A**
 Note: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Standard MS.06.01.03

The [organization] collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege.



Elements of Performance for MS.06.01.03

- 9. For hospitals that use Joint Commission accreditation for deemed status purposes: 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.  **A**

Standard NR.02.03.01

The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).

Elements of Performance for NR.02.03.01

- 4. The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week, with at least one registered nurse on site who provides or supervises the nursing services.
- 4. The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. (See also NR.01.02.01, EP2)  **A**
- 7. A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.  **A**

Standard PC.01.02.03

The [organization] assesses and reassesses the [patient] and his or her condition according to defined time frames.


Elements of Performance for PC.01.02.03

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| 4. | The patient receives a medical history and physical examination no more than 30 days prior to or within 24 hours after inpatient admission. (See also MS.03.01.01, EP 6) | |
| M 4. D | The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 6) | C |
| 5. | For a medical history and physical examination that was completed within 30 days prior to inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after inpatient admission or prior to surgery, whichever comes first. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3) | |
| M 5. D | For a medical history and physical examination that was completed within 30 days prior to inpatient admission or registration, an update documenting any changes in the patient's condition is completed within 24 hours after inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia services, whichever comes first. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3) | C |

Standard PC.02.01.01

The [organization] provides care, treatment, and services for each [patient].




Elements of Performance for PC.02.01.01

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| 15. | For hospitals that use Joint Commission accreditation for deemed status purposes: Blood transfusions and intravenous medications are administered in accordance with state law and approved medical staff policies and procedures. |  A |
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Standard PC.02.01.03

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.


Elements of Performance for PC.02.01.03

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| 1. | For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner in accordance with professional standards of practice and law and regulation. Footnote: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c). |  A |
| 7. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s). |  A |
| 14. | For hospitals that use Joint Commission accreditation for deemed status purposes: Respiratory services are provided only on, and in accordance with, the orders of a doctor of medicine or osteopathy. |  A |

Standard 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.



Elements of Performance for PC.03.01.03

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| 18. | For hospitals that use Joint Commission accreditation for deemed status purposes: A preanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requiring anesthesia services. |  A |
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Standard 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.


Elements of Performance for PC.03.01.07

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| 7. | For hospitals that use Joint Commission accreditation for deemed status purposes: A postanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services. |  A |
| 8. | For hospitals that use Joint Commission accreditation for deemed status purposes: The postanesthesia evaluation for anesthesia recovery is completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff. |  A |

Standard PC.03.01.08

For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has written policies and procedures for the handling of tissue specimens removed during a surgical procedure.

Elements of Performance for PC.03.01.08

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| 1. | (D) For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has a written policy, approved by the medical staff and a pathologist, that establishes which tissue specimens require only a macroscopic examination, and which require both a macroscopic and microscopic examination. | A |
| 2. | (D) For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has written policies and procedures for collecting, preserving, transporting, receiving, and reporting examination results for tissue specimens. | A |
| (M) 3. | For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory follows its policies and procedures for the handling of tissue specimens removed during a surgical procedure. |  C |

Standard PC.03.05.01

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.

Elements of Performance for PC.03.05.01

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| 1. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others. | 3 A |
| 2. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation. | 3 A |
| 3. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when less restrictive interventions are ineffective. | 3 A |
| 4. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others. | 3 A |
| 5. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital discontinues restraint or seclusion at the earliest possible time, regardless of the scheduled expiration of the order. | 3 A |

Standard PC.03.05.03

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] uses restraint or seclusion safely.

Elements of Performance for PC.03.05.03



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| 1. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation. | 3 A |
| M 2. | For hospitals that use Joint Commission accreditation for deemed status purposes: The use of restraint and seclusion is in accordance with a written modification to the patient's plan of care. | C |

Standard PC.03.05.05

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] initiates restraint or seclusion based on an individual order.

Elements of Performance for PC.03.05.05


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| 1. | For hospitals that use Joint Commission accreditation for deemed status purposes: A physician or other authorized licensed independent practitioner primarily responsible for the patient's ongoing care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). | A |
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| 2. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use standing orders or PRN (also known as "as needed") orders for restraint or seclusion. | A |
| 3. | For hospitals that use Joint Commission accreditation for deemed status purposes: The attending physician is consulted as soon as possible, in accordance with hospital policy, if he or she did not order the restraint or seclusion. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). | A |
| M 4. | For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following limits: - 4 hours for adults 18 years of age or older - 2 hours for children and adolescents 9 to 17 years of age - 1 hour for children under 9 years of age Orders may be renewed according to the time limits for a maximum of 24 consecutive hours. | C |
| 5. | For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, every 24 hours, a physician or other authorized licensed independent practitioner primarily responsible for the patient's ongoing care sees and evaluates the patient before writing a new order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others in accordance with hospital policy and law and regulation. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). |  A |
| 6. | For hospitals that use Joint Commission accreditation for deemed status purposes: Orders for restraint used to protect the physical safety of the nonviolent or non-self-destructive patient are renewed in accordance with hospital policy. |  A |

Standard PC.03.05.07

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] monitors patients who are restrained or secluded.

Elements of Performance for PC.03.05.07

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| 1. | For hospitals that use Joint Commission accreditation for deemed status purposes: Physicians or other licensed independent practitioners or staff who have been trained in accordance with 42 CFR 482.13(f) monitor the condition of patients in restraint or seclusion. (See also PC.03.05.17, EP 3) Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). |  A |
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Standard PC.03.05.09

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] has written policies and procedures that guide the use of restraint or seclusion.

Elements of Performance for PC.03.05.09

1. **D** For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital’s policies and procedures regarding restraint or seclusion include the following: **A**
- Physician and other authorized licensed independent practitioner training requirements
 - Staff training requirements
 - The determination of who has authority to order restraint and seclusion
 - The determination of who has authority to discontinue the use of restraint or seclusion
 - The determination of who can initiate the use of restraint or seclusion
 - The circumstances under which restraint or seclusion is discontinued
 - The requirement that restraint or seclusion is discontinued as soon as is safely possible
 - A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C)
 - A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii)
 - A definition or description of what constitutes the use of medications as a restraint in accordance with 42 CFR 482.13(e)(1)(i)(B)
 - A determination of who can assess and monitor patients in restraint or seclusion
 - Time frames for assessing and monitoring patients in restraint or seclusion

Note 1: The definition of restraint per 42 CFR 482.13(e)(1)(i)(A–C) is as follows:

42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is—) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows:

Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior.




Note 3: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

2. For hospitals that use Joint Commission accreditation for deemed status purposes: Physicians and other licensed independent practitioners authorized to order restraint or seclusion (through hospital policy in accordance with law and regulation) have a working knowledge of the hospital policy regarding the use of restraint and seclusion. **A**
- Note: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Standard PC.03.05.11

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] evaluates and reevaluates the patient who is restrained or secluded.


Elements of Performance for PC.03.05.11

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| <p>1. For hospitals that use Joint Commission accreditation for deemed status purposes: A physician or other licensed independent practitioner responsible for the care of the patient evaluates the patient in-person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse or a physician assistant may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP 3. Note 1: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance. Note 2: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> |  A |
| <p>2. For hospitals that use Joint Commission accreditation for deemed status purposes: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse or trained physician assistant, he or she consults with the attending physician or other licensed independent practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy. Note: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).</p> |  A |
| <p>3. For hospitals that use Joint Commission accreditation for deemed status purposes: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following: - An evaluation of the patient's immediate situation - The patient's reaction to the intervention - The patient's medical and behavioral condition - The need to continue or terminate the restraint or seclusion</p> |  A |

Standard PC.03.05.13

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] continually monitors patients who are simultaneously restrained and secluded.

Elements of Performance for PC.03.05.13

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| <p>1. For hospitals that use Joint Commission accreditation for deemed status purposes: The patient who is simultaneously restrained and secluded is continually monitored by trained staff either in-person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance "continually" means ongoing without interruption.</p> |  A |
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Standard PC.03.05.15

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] documents the use of restraint or seclusion.

Elements of Performance for PC.03.05.15

- M** 1. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following: **C**
- Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior
 - A description of the patient's behavior and the intervention used
 - Any alternatives or other less restrictive interventions attempted
 - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion
 - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention
 - Individual patient assessments and reassessments
 - The intervals for monitoring
 - Revisions to the plan of care
 - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
 - Injuries to the patient
 - Death associated with the use of restraint or seclusion
 - The identity of the physician or other licensed independent practitioner who ordered the restraint or seclusion
 - Orders for restraint or seclusion
 - Notification of the use of restraint or seclusion to the attending physician
 - Consultations
- Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
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Standard PC.03.05.17

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] trains staff to safely implement the use of restraint or seclusion.

Elements of Performance for PC.03.05.17

- M** 2. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals: **C**
- At orientation
 - Before participating in the use of restraint and seclusion
 - On a periodic basis thereafter
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| <p>M 3. For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following:</p> <ul style="list-style-type: none"> - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification (See also PC.03.05.07, EP 1) <p>4. For hospitals that use Joint Commission accreditation for deemed status purposes: Individuals providing staff training in restraint or seclusion have education, training, and experience in the techniques used to address patient behaviors that necessitate the use of restraint or seclusion.</p> | <p>C</p> <p>A</p> |
| <p>M 5. D For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in staff records that restraint and seclusion training and demonstration of competence were completed.</p> | <p>C</p> |

Standard PC.03.05.19

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] reports deaths associated with the use of restraint and seclusion.

Elements of Performance for PC.03.05.19

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| <p>1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Medicaid Services (CMS):</p> <ul style="list-style-type: none"> - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death <p>Note: In this element of performance "reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.</p> | <p>A</p> |
| <p>2. For hospitals that use Joint Commission accreditation for deemed status purposes: The deaths addressed in PC.03.05.19, EP 1 are reported to the Centers for Medicare & Medicaid Services (CMS) by telephone no later than the close of the next business day following knowledge of the patient's death. The date and time that the patient's death was reported is documented in the patient's medical record.</p> | <p>A</p> |

Standard PC.04.01.01

The [organization] has a process that addresses the [patient]'s need for continuing care, treatment, and services after discharge or transfer.

Elements of Performance for PC.04.01.01

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| M | 22. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient or the patient's family of his or her freedom to choose among participating Medicare providers and, when possible, respects the patient's and family's preferences when they are expressed. The hospital does not limit the qualified providers that are available to the patient. | C |
| M | 23. | D For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for home health care, the hospital includes in the discharge plan a list of participating Medicare home health agencies that are available and serve the patient's geographic area. For patients enrolled in managed care organizations, the hospital lists home health agencies that have a contract with the managed care organization. | C |
| M | 24. | D For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for posthospital extended care services, the hospital includes in the discharge plan a list of participating Medicare skilled nursing facilities that are available and in the geographic area requested by the patient. For patients enrolled in managed care organizations, the hospital lists skilled nursing facilities that have a contract with the managed care organization. | C |
| M | 25. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in the patient's medical record that the list of home health agencies or skilled nursing facilities was presented to the patient or to the individual acting on the patient's behalf. The discharge plan identifies disclosable financial interests between the hospital and any home health agency or skilled nursing facility on the list. Note: Disclosure of financial interest is determined in accordance with the provisions in 42 CFR 420.206. | C |
| | 26. | D For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written discharge planning policies and procedures applicable to all patients. | A |

Standard PC.04.01.03

The [organization] discharges or transfers the [patient] based on his or her assessed needs and the organization's ability to meet those needs.

Elements of Performance for PC.04.01.03

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| | 10. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital conducts reassessments of its discharge planning process within its established time frames for reassessment. | A |
| | 11. | For hospitals that use Joint Commission accreditation for deemed status purposes: The reassessment of the discharge planning process includes a review of discharge plans to determine if the discharge plans meet the needs of patients. | A |

Standard 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, and services.



Elements of Performance for PC.04.01.05

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| 1. | When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient. | |
| M 1. | When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is involved in decision making or ongoing care. | C |
| 2. | Before the patient is discharged, the hospital informs the patient of the kinds of continuing care, treatment, and services he or she will need. | |
| M 2. | Before the patient is discharged, the hospital informs the patient, and also the patient's family when it is involved in decision making or ongoing care, of the kinds of continuing care, treatment, and services the patient will need. | C |
| 7. | The hospital educates the patient about how to obtain any continuing care, treatment, and services that he or she will need. | |
| M 7. | The hospital educates the patient, and also the patient's family when it is involved in decision making or ongoing care, about how to obtain any continuing care, treatment, and services that the patient will need. | C |

Standard PC.05.01.09

The [organization] safely provides blood and blood components.

Elements of Performance for PC.05.01.09

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| 1. D | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. |  A |
| 2. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. |  A |

Standard RC.01.01.01

The [organization] maintains complete and accurate medical records.

Elements of Performance for RC.01.01.01

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| M 19. | For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed. | C |
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Standard RC.01.03.01

Documentation in the medical record is entered in a timely manner.

Elements of Performance for RC.01.03.01

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| M 4. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital records the patient's medical history and physical examination, including updates, in the medical record within 24 hours after inpatient admission or registration but prior to surgery or a procedure requiring anesthesia. | C |
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Standard RC.02.01.01

The medical record contains information that reflects the [patient]'s care, treatment, and services.

Elements of Performance for RC.02.01.01

2. The medical record contains the following clinical information:
- The reason(s) for admission for care, treatment, and services
 - The patient's initial diagnosis, diagnostic impression(s), or condition(s)
 - Any findings of assessments and reassessments (See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1 and 8)
 - Any allergies to food
 - Any allergies to medications
 - Any conclusions or impressions drawn from the patient's medical history and physical examination
 - Any diagnoses or conditions established during the patient's course of care, treatment, and services
 - Any consultation reports
 - Any observations relevant to care, treatment, and services
 - The patient's response to care, treatment, and services
 - Any emergency care, treatment, and services provided to the patient before his or her arrival
 - Any progress notes
 - Any medications ordered or prescribed
 - Any medications administered, including the strength, dose, and route
 - Any access site for medication, administration devices used, and rate of administration
 - Any adverse drug reactions
 - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EP 1 and 23)
 - Orders for diagnostic and therapeutic tests and procedures and their results
 - Any medications dispensed or prescribed on discharge

- M** 2. The medical record contains the following clinical information:
- The reason(s) for admission for care, treatment, and services
 - The patient's initial diagnosis, diagnostic impression(s), or condition(s)
 - Any findings of assessments and reassessments (See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1 and 8)
 - Any allergies to food
 - Any allergies to medications
 - Any conclusions or impressions drawn from the patient's medical history and physical examination
 - Any diagnoses or conditions established during the patient's course of care, treatment, and services
 - Any consultation reports
 - Any observations relevant to care, treatment, and services
 - The patient's response to care, treatment, and services
 - Any emergency care, treatment, and services provided to the patient before his or her arrival
 - Any progress notes
 - All orders
 - Any medications ordered or prescribed



- Any medications administered, including the strength, dose, and route
- Any access site for medication, administration devices used, and rate of administration
- Any adverse drug reactions
- Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23)
- Results of diagnostic and therapeutic tests and procedures
- Any medications dispensed or prescribed on discharge
- Discharge diagnosis
- Discharge plan and discharge planning evaluation

Standard RC.02.01.03

The [patient]'s medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

Elements of Performance for RC.02.01.03

- M** 15. **D** For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a complete and up-to-date operating room register that includes the following: **C**
- Patient's name
 - Patient's hospital identification number
 - Date of operation
 - Inclusive or total time of operation
 - Name of surgeon and any assistants
 - Name of nursing personnel
 - Type of anesthesia used and name of person administering it
 - Operation performed
 - Pre- and postoperation diagnosis
 - Age of patient

Note: A postoperation summary may be considered equivalent if all items listed in this element of performance are included.

Standard RC.02.03.07

Qualified staff receive and record verbal orders.

Elements of Performance for RC.02.03.07

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4. Verbal orders are authenticated within the time frame specified by law and regulation.
- M** 4. Verbal orders are authenticated within the time frame specified by law and regulation. **C**
Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: If there is no state law that designates a specific time frame for authentication of verbal orders, the verbal orders are authenticated within 48 hours.
Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: In some instances, the ordering practitioner may not be able to authenticate his or her verbal order (for example, the ordering practitioner gives a verbal order that is written and transcribed, and then he or she is “off duty” for the weekend or an extended period of time). In such cases, for a temporary period expiring on January 26, 2012, it is acceptable for another practitioner who is responsible for the patient’s care to authenticate the verbal order of the ordering practitioner.
- M** 6. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received. **C**

Standard RC.02.04.01

The [organization] documents the [patient]'s discharge information.


Elements of Performance for RC.02.04.01

3. In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains the following:

- A concise discharge summary that includes the reason for hospitalization
- The procedures performed
- The care, treatment, and services provided
- The patient's condition at discharge
- Information provided to the patient and family

Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary.

Note 2: When a patient is transferred to a different level of care within the hospital and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.

- M** 3. In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following:  **C**

- The reason for hospitalization
- The procedures performed
- The care, treatment, and services provided
- The patient's condition and disposition at discharge
- Information provided to the patient and family
- Provisions for follow-up care

Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary.

Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.

Standard RI.01.05.01

The [organization] addresses [patient] decisions about care, treatment, and services received at the end of life.

Elements of Performance for RI.01.05.01

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| 21. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital defines how it obtains and documents permission to perform an autopsy. | A |
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Standard RI.01.07.01

The [patient] and his or her family have the right to have complaints reviewed by the [organization].

Elements of Performance for RI.01.07.01

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| 6. | When a patient submits a complaint that the hospital recognizes as significant, the hospital acknowledges receipt of the complaint and notifies the patient of follow-up to the complaint. (See also MS.09.01.01, EP 1) | |
| M 6. | The hospital acknowledges receipt of a complaint that the hospital cannot resolve immediately and notifies the patient of follow-up to the complaint. | C |
| 19. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital determines time frames for complaint review and response. | A |
| 20. | For hospitals that use Joint Commission accreditation for deemed status purposes: The process for resolving complaints includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the quality improvement organization (QIO). | A |