

# Changes to Accreditation Requirements between January 5, 2009 and March 26, 2009 documents

## Hospital Accreditation Program

### This document:

- Provides a side-by-side comparison of the 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.

### About this document:

- The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009.
- The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

### 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.

**Standard EC.02.02.01**

**Text as of January 5, 2009:**

The [organization] manages risks related to hazardous materials and waste.

**2008 Standard:** EC.02.02.01

**2008 EP:** 14

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital 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.

**2008 Standard:** EC.02.02.01

**2008 EP:** 15

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff.

**Standard EC.02.02.01**

**Text as of March 26, 2009:** [No change]

The [organization] manages risks related to hazardous materials and waste.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard EC.02.04.03**

**Text as of January 5, 2009:**

The [organization] inspects, tests, and maintains medical equipment.

**Standard EC.02.04.03**

**Text as of March 26, 2009:** [No change]

The [organization] inspects, tests, and maintains medical equipment.

**2008 Standard:** EC.02.04.03

**2008 EP:** 14

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these activities are documented.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard EC.02.06.01**

**Text as of January 5, 2009:**

The [organization] establishes and maintains a safe, functional environment.  
 Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

**2008 Standard:** EC.02.06.01

**2008 EP:** 20

**Text as of January 5, 2009:**

Areas used by patients are clean, sanitary, and free of offensive odors.

**Standard EC.02.06.01**

**Text as of March 26, 2009:** [No change]

The [organization] establishes and maintains a safe, functional environment.  
 Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

**2009 Standard:** EC.02.06.01

**2009 EP:** 20

**Text as of March 26, 2009:**

Areas used by patients are clean and free of offensive odors.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
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**Standard HR.01.01.01****Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] has the necessary staff to support the care, treatment, or services it provides.

**2008 Standard:** HR.01.01.01

**2008 EP:** 25

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital designates an individual to direct dietary services and oversee its daily management, whether the services are provided by the hospital or through a contracted service. This individual is a full-time employee who is qualified by experience and training.

**2008 Standard:** HR.01.01.01

**2008 EP:** 26

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a dietitian on a full-time, part-time, or consultant basis.

**2008 Standard:** HR.01.01.01

**2008 EP:** 27

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital employs a sufficient number and mix of medical record services staff to promptly complete, file, and retrieve records.

**2008 Standard:** HR.01.01.01

**2008 EP:** 28

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A full-time, part-time, or consulting pharmacist develops, supervises, and coordinates all the activities of the pharmacy department or pharmacy services.

**Standard HR.01.01.01****Text as of March 26, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] has the necessary staff to support the care, treatment, and services it provides.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Text as of March 26, 2009:**

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**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard HR.01.02.01**

**Text as of January 5, 2009:**

The [organization] defines staff qualifications.

**Standard HR.01.02.01**

**Text as of March 26, 2009:** [No change]

The [organization] defines staff qualifications.

**2008 Standard:** HR.01.02.01

**2008 EP:** 15

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Operating rooms are supervised by a registered nurse or doctor of medicine or osteopathy. These individuals have a background in surgical services and training in the provision of surgical services and/or management of surgical services.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** HR.01.02.01

**2008 EP:** 16

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Licensed practical nurses and surgical technologists serve as scrub nurses only when supervised by a registered nurse.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** HR.01.02.01

**2008 EP:** 17

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Only registered nurses perform circulating duties in the operating room.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** HR.01.02.01

**2008 EP:** 18

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified registered nurse, who is immediately available to respond to emergencies supervises licensed practical nurses and surgical technologists who assist in circulating duties in the operating room. Staff participation in circulating duties is in accordance with state law and medical staff policies and procedures.

Note: The registered nurse is not considered immediately available if the registered nurse is outside the operating suite or engaged in other duties that prevent him or her from immediately intervening and assuming circulating duties provided by the licensed practical nurse or surgical technologist.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**2008 Standard:** HR.01.02.01

**2008 EP:** 19

**Text as of January 5, 2009:**

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.

**2009 Standard:** HR.01.02.01

**2009 EP:** 19

**Text as of March 26, 2009:** [No change]

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard HR.01.04.01**

**Text as of January 5, 2009:**

The [organization] provides orientation to staff.

**2008 Standard:** HR.01.04.01

**2008 EP:** 3

**Text as of January 5, 2009:**

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

**Standard HR.01.04.01**

**Text as of March 26, 2009:** [No change]

The [organization] provides orientation to staff.

**2009 Standard:** HR.01.04.01

**2009 EP:** 3

**Text as of March 26, 2009:** [No change]

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

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard IC.01.01.01**

**Text as of January 5, 2009:**

The [organization] identifies the individual(s) responsible for the infection prevention and control program.

**2008 Standard:** IC.01.01.01

**2008 EP:** 4

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The individual with clinical authority over the infection prevention and control program is responsible for the following:

- Developing policies governing control of infections and communicable diseases
- Implementing policies governing control of infections and communicable diseases
- Developing a system for identifying, reporting, investigating, and controlling infections and communicable diseases
- Maintaining a log of incidents related to infections and communicable diseases

**Standard IC.01.01.01**

**Text as of March 26, 2009:** [No change]

The [organization] identifies the individual(s) responsible for the infection prevention and control program.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard IM.02.02.01**

**Text as of January 5, 2009:**

The [organization] effectively manages the collection of health information.

**2008 Standard:** IM.02.02.01

**2008 EP:** 4

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a system of coding and indexing medical records. The system allows for timely retrieval by diagnosis and procedure, in order to support medical care evaluation studies.

**Standard IM.02.02.01**

**Text as of March 26, 2009:** [No change]

The [organization] effectively manages the collection of health information.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**Standard LD.01.02.01****Text as of January 5, 2009:**

The [organization] identifies the responsibilities of its leaders.

**Standard LD.01.02.01****Text as of March 26, 2009:** [No change]

The [organization] identifies the responsibilities of its leaders.

**2008 Standard:** LD.01.02.01

**2008 EP:** 3

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The chief executive officer, medical staff, and nurse executive are responsible for the implementation of corrective action plans for infection control in affected problem areas. (See also IC.02.01.01, EP 1)

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** LD.01.02.01

**2008 EP:** 4

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The chief executive officer, medical staff, and nurse executive make certain that the hospital-wide performance improvement program and training programs identified by the individual responsible for infection control are implemented. (See also IC.03.01.01, EP 7)

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard LD.01.05.01**

**Text as of January 5, 2009:**

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

**2008 Standard:** LD.01.05.01

**2008 EP:** 7

**Text as of January 5, 2009:**

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.

**Standard LD.01.05.01**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** LD.01.05.01

**2009 EP:** 7

**Text as of March 26, 2009:**

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.

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**Standard LD.04.01.03**

**Text as of January 5, 2009:**

The [organization] develops an annual operating budget and, when needed, a long-term capital expenditure plan.

**2008 Standard:** LD.04.01.03

**2008 EP:** 14

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The budget includes all anticipated income and expenses.  
 Note: The budget need not identify the components of each anticipated income or expense item by item.

**2008 Standard:** LD.04.01.03

**2008 EP:** 15

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The long-term capital expenditure plan provides for capital expenditures for at least a 3-year period.

**2008 Standard:** LD.04.01.03

**2008 EP:** 16

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The long-term capital expenditure plan identifies and includes the objectives and anticipated sources of financing for each anticipated capital expenditure in excess of \$600,000 or a lesser amount that is established, in accordance with section 1122(g)(1) of the Social Security Act, by the state in which the hospital is located that relates to any of the following:

- Acquisition of land
- Improvement of land, buildings, and equipment
- The replacement, modernization, or expansion of buildings and equipment

**Standard LD.04.01.03**

**Text as of March 26, 2009:** [No change]

The [organization] develops an annual operating budget and, when needed, a long-term capital expenditure plan.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** LD.04.01.03**2008 EP:** 17**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The long-term capital expenditure plan is submitted to the planning agency for review.

Note 1: The plan is submitted to the planning agency designated in accordance with section 1122(b) of the Social Security Act, or if an agency is not designated, the plan is submitted to the identified health planning agency in the state.

Note 2: Section 1122(b) review is not required if 75 percent of the hospital's patients who use the service for which the capital expenditure is made are enrolled in a health maintenance organization (HMO) or competitive medical plan (CMP) that meets the requirements of section 1876(b) of the Social Security Act. Section 1122(b) review is also not required if the Department determines that the capital expenditure is for services and facilities that are needed by the HMO or CMP in order to operate efficiently and economically which are not otherwise readily accessible to the HMO or CMP. Reasons that the services and facilities may not be available include the following:

- The facilities do not provide common services at the same site
- The facilities are not available under a contract of reasonable duration
- Full and equal medical staff privileges in the facilities are not available
- Arrangements with these facilities are not administratively feasible
- The purchase of these services is more costly than if the HMO or CMP provided the services directly

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard LD.04.01.05**

**Text as of January 5, 2009:**

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

**2008 Standard:** LD.04.01.05

**2008 EP:** 6

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's emergency services are:

- Integrated with other departments of the hospital
- Directed by a qualified member of the medical staff
- Supervised by a qualified member of the medical staff

**2008 Standard:** LD.04.01.05

**2008 EP:** 7

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services:

- Anesthesia
- Nuclear Medicine
- Respiratory care

**Standard LD.04.01.05**

**Text as of March 26, 2009:** [No change]

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

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2009 Standard:** LD.04.01.05

**2009 EP:** 7

**Text as of March 26, 2009:** [No change]

For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services:

- Anesthesia
- Nuclear Medicine
- Respiratory care

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**Standard LD.04.03.01**

**Text as of January 5, 2009:**

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

**2008 Standard:** LD.04.03.01

**2008 EP:** 2

**Text as of January 5, 2009:**

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.

**2008 Standard:** LD.04.03.01

**2008 EP:** 26

**Text as of January 5, 2009:**

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

**Standard LD.04.03.01**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** LD.04.03.01

**2009 EP:** 2

**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** LD.04.03.01

**2009 EP:** 26

**Text as of March 26, 2009:** [No change]

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

**Standard LD.04.03.07**

**Text as of January 5, 2009:**

Patients with comparable needs receive the same standard of care, treatment, and services throughout the [organization].

**Standard LD.04.03.07**

**Text as of March 26, 2009:** [No change]

Patients with comparable needs receive the same standard of care, treatment, and services throughout the [organization].

**2008 Standard:** LD.04.03.07

**2008 EP:** 5

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: If laboratory tests are performed in the nuclear medicine area or the respiratory care unit, the area or unit meets the applicable requirements for laboratory services as specified in 42 CFR 482.27.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard LD.04.03.09**

**Text as of January 5, 2009:**

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

**2008 Standard:** LD.04.03.09

**2008 EP:** 10

**Text as of January 5, 2009:**

Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same.  
 Note: For law and regulation guidance on the Clinical Laboratory Improvement Amendments, see 42 CFR 493.

**2008 Standard:** LD.04.03.09

**2008 EP:** 23

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a list of all contracted services that includes the scope and nature of the services provided.

**Standard LD.04.03.09**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** LD.04.03.09

**2009 EP:** 10

**Text as of March 26, 2009:**

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.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard LD.04.04.01**

**Text as of January 5, 2009:**

Leaders establish priorities for performance improvement. (See also the "Performance Improvement" (PI) chapter.)

**2008 Standard:** LD.04.04.01

**2008 EP:** 5

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies and documents its quality improvement projects. The hospital documents the following:

- What quality improvement projects are being conducted
- The reasons for conducting these projects
- The measurable progress achieved on these projects

**2008 Standard:** LD.04.04.01

**2008 EP:** 6

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital participates either in a quality improvement organization (QIO) cooperative project or its own performance improvement projects that are comparable in scope and quality.

**2008 Standard:** LD.04.04.01

**2008 EP:** 7

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital annually identifies the number of its distinct performance improvement projects.

**Standard LD.04.04.01**

**Text as of March 26, 2009:** [No change]

Leaders establish priorities for performance improvement. (See also the "Performance Improvement" (PI) chapter.)

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard LS.01.01.01**

**Text as of January 5, 2009:**

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

**2008 Standard:** LS.01.01.01

**2008 EP:** 4

**Text as of January 5, 2009:**

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.

**Standard LS.01.01.01**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** LS.01.01.01

**2009 EP:** 4

**Text as of March 26, 2009:** [No change]

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.

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**Standard MM.01.01.03****Text as of January 5, 2009:**

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

**2008 Standard:** MM.01.01.03

**2008 EP:** 5

**Text as of January 5, 2009:**

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

**2008 Standard:** MM.01.01.03

**2008 EP:** 6

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains records of the receipt and distribution of radiopharmaceuticals.

**Standard MM.01.01.03****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** MM.01.01.03

**2009 EP:** 5

**Text as of March 26, 2009:**

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.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard MM.03.01.01**

**Text as of January 5, 2009:**

The [organization] safely stores medications.

**2008 Standard:** MM.03.01.01

**2008 EP:** 3

**Text as of January 5, 2009:**

The hospital stores controlled (scheduled) medications in a locked, secured area to prevent diversion, in accordance with law and regulation.

Note: Scheduled medications include those listed in Schedules II-V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.

**2008 Standard:** MM.03.01.01

**2008 EP:** 19

**Text as of January 5, 2009:**

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.

**2008 Standard:** MM.03.01.01

**2008 EP:** 20

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Pharmaceutical services or drug storage areas are operated in accordance with accepted professional principles.

**Standard MM.03.01.01**

**Text as of March 26, 2009:** [No change]

The [organization] safely stores medications.

**2009 Standard:** MM.03.01.01

**2009 EP:** 3

**Text as of March 26, 2009:**

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.

Note: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.

**2009 Standard:** MM.03.01.01

**2009 EP:** 19

**Text as of March 26, 2009:** [No change]

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.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard MM.05.01.07****Text as of January 5, 2009:**

The [organization] safely prepares medications.

**2008 Standard:** MM.05.01.07

**2008 EP:** 5

**Text as of January 5, 2009:**

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.

Note: For law and regulation guidance pertaining to those responsible for the care of patients, see 42 CFR 482.12(c).

**2008 Standard:** MM.05.01.07

**2008 EP:** 6

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: In-house preparation of radiopharmaceuticals is done by, or under the direct supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy.

**Standard MM.05.01.07****Text as of March 26, 2009:** [No change]

The [organization] safely prepares medications.

**2009 Standard:** MM.05.01.07

**2009 EP:** 5

**Text as of March 26, 2009:**

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.

Footnote: For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).

**2009 Standard:** MM.05.01.07

**2009 EP:** 6

**Text as of March 26, 2009:**

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.

**Standard MM.05.01.11**

**Text as of January 5, 2009:**

The [organization] safely dispenses medications.

**Standard MM.05.01.11**

**Text as of March 26, 2009:** [No change]

The [organization] safely dispenses medications.

**2008 Standard:** MM.05.01.11

**2008 EP:** 15

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A pharmacist, or pharmacy staff under the supervision of a pharmacist, packages and dispenses medications in accordance with law and regulation.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard MM.07.01.03**

**Text as of January 5, 2009:**

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

**2008 Standard:** MM.07.01.03

**2008 EP:** 6

**Text as of January 5, 2009:**

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.

**Standard MM.07.01.03**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** MM.07.01.03

**2009 EP:** 6

**Text as of March 26, 2009:**

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).

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard MS.01.01.01****Text as of January 5, 2009:**

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

**2008 Standard:** MS.01.01.01**2008 EP:** 20**Text as of January 5, 2009:**

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 (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.

**2008 Standard:** MS.01.01.01**2008 EP:** 21**Text as of January 5, 2009:**

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).

**Standard MS.01.01.01****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** MS.01.01.01**2009 EP:** 20**Text as of March 26, 2009:**

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.

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).

**2009 Standard:** MS.01.01.01**2009 EP:** 21**Text as of March 26, 2009:** [No change]

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).

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard MS.02.01.01**

**Text as of January 5, 2009:**

There is a medical staff executive committee.

**2008 Standard:** MS.02.01.01

**2008 EP:** 4

**Text as of January 5, 2009:**

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

**Standard MS.02.01.01**

**Text as of March 26, 2009:** [No change]

There is a medical staff executive committee.

**2009 Standard:** MS.02.01.01

**2009 EP:** 4

**Text as of March 26, 2009:** [No change]

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

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals  
 will be surveyed beginning April 6, 2009.

**Standard MS.03.01.01****Text as of January 5, 2009:**

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

**2008 Standard:** MS.03.01.01**2008 EP:** 12**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff establishes, and has continuing responsibility for, written policies and procedures governing medical care provided in the emergency service or department.

**2008 Standard:** MS.03.01.01**2008 EP:** 13**Text as of January 5, 2009:**

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.

**2008 Standard:** MS.03.01.01**2008 EP:** 14**Text as of January 5, 2009:**

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.

**Standard MS.03.01.01****Text as of March 26, 2009:** [No change]

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

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2009 Standard:** MS.03.01.01**2009 EP:** 13**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** MS.03.01.01**2009 EP:** 14**Text as of March 26, 2009:** [No change]

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard MS.03.01.03****Text as of January 5, 2009:**

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

**2008 Standard:** MS.03.01.03**2008 EP:** 12**Text as of January 5, 2009:**

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.

**2008 Standard:** MS.03.01.03**2008 EP:** 13**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Every Medicare patient is under the care of a licensed practitioner as defined in 42 CFR 482.12(c)(1).

Note: 42 CFR 482.12(c)(1) defines licensed practitioner as:

- A doctor of medicine or osteopathy
- A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the state and who is acting within the scope of his or her license
- A doctor of podiatric medicine, but only with respect to functions which he or she is legally authorized by the state to perform
- A doctor of optometry who is legally authorized to practice optometry by the state in which he or she practices
- A chiropractor who is licensed by the state or legally authorized to perform the services of a chiropractor but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist
- A clinical psychologist (as defined in 42 CFR 410.71), but only with respect to clinical psychologist services as defined in 42 CFR 410.71 and only to the extent permitted by state law.

**Standard MS.03.01.03****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** MS.03.01.03**2009 EP:** 12**Text as of March 26, 2009:** [No change]

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.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** MS.03.01.03

**2008 EP:** 14

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy is responsible for the care of each Medicare patient with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization that is not within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, optometry, a chiropractor as limited under 42 CFR 482.12(c)(1)(v), or clinical psychologist as that scope is defined by the medical staff, permitted by state law.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard MS.05.01.01****Text as of January 5, 2009:**

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

**2008 Standard:** MS.05.01.01

**2008 EP:** 17

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff attempts to secure autopsies in all cases of unusual deaths and of medical legal and educational interest.

**2008 Standard:** MS.05.01.01

**2008 EP:** 18

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff, specifically the attending physician, is informed of autopsies that the hospital intends to perform.

**Standard MS.05.01.01****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** MS.05.01.01

**2009 EP:** 17

**Text as of March 26, 2009:**

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.

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

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard MS.06.01.03**

**Text as of January 5, 2009:**

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

**2008 Standard:** MS.06.01.03

**2008 EP:** 9

**Text as of January 5, 2009:**

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.

**2008 Standard:** MS.06.01.03

**2008 EP:** 10

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The radiologist who supervises ionizing radiology services interprets those tests that are determined by the medical staff to require a radiologist's specialized knowledge.

**Standard MS.06.01.03**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** MS.06.01.03

**2009 EP:** 9

**Text as of March 26, 2009:** [No change]

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.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard NR.02.03.01****Text as of January 5, 2009:**

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

**2008 Standard:** NR.02.03.01**2008 EP:** 4**Text as of January 5, 2009:**

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)

**2008 Standard:** NR.02.03.01**2008 EP:** 7**Text as of January 5, 2009:**

A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.

**2008 Standard:** NR.02.03.01**2008 EP:** 8**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Supervisory personnel for each department or nursing unit make certain that, when needed, a registered nurse is immediately available for bedside care.

Note: A registered nurse is not considered immediately available if the registered nurse is working on more than one unit, floor, or building (or any combination of these) at the same time.

**2008 Standard:** NR.02.03.01**2008 EP:** 9**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The nursing service has adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other staff to provide nursing care to patients.

**2008 Standard:** NR.02.03.01**2008 EP:** 10**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a registered nurse on duty at all times.  
Note: This element of performance is not applicable to rural hospitals that have in effect a 24-hour registered nurse waiver granted under 42 CFR 488.59(c).

**Standard NR.02.03.01****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** NR.02.03.01**2009 EP:** 4**Text as of March 26, 2009:** [No change]

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)

**2009 Standard:** NR.02.03.01**2009 EP:** 7**Text as of March 26, 2009:** [No change]

A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**2008 Standard:** NR.02.03.01

**2008 EP:** 11

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse supervises and evaluates the nursing care for each patient.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals  
will be surveyed beginning April 6, 2009.**

**Standard PC.01.02.03**

**Text as of January 5, 2009:**

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

**2008 Standard:** PC.01.02.03

**2008 EP:** 4

**Text as of January 5, 2009:**

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)

**2008 Standard:** PC.01.02.03

**2008 EP:** 5

**Text as of January 5, 2009:**

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 and RC.02.01.03, EP 3)

**Standard PC.01.02.03**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.01.02.03

**2009 EP:** 4

**Text as of March 26, 2009:** [No change]

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)

**2009 Standard:** PC.01.02.03

**2009 EP:** 5

**Text as of March 26, 2009:**

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)

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.02.01.01**

**Text as of January 5, 2009:**

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

**2008 Standard:** PC.02.01.01

**2008 EP:** 15

**Text as of January 5, 2009:**

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.

**Standard PC.02.01.01**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.02.01.01

**2009 EP:** 15

**Text as of March 26, 2009:** [No change]

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.02.01.03****Text as of January 5, 2009:**

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.

**2008 Standard:** PC.02.01.03**2008 EP:** 1**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.02.01.03**2008 EP:** 7**Text as of January 5, 2009:**

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).

**2008 Standard:** PC.02.01.03**2008 EP:** 14**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.02.01.03**2008 EP:** 15**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Orders for medications are documented and signed by a licensed independent practitioner authorized to write orders by hospital policy and in accordance with state law and who is responsible for the care of the patient. Note: For law and regulation guidance pertaining to those responsible for the care of the patient, see 42 CFR 482.12(c).

**Standard PC.02.01.03****Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.02.01.03**2009 EP:** 1**Text as of March 26, 2009:**

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).

**2009 Standard:** PC.02.01.03**2009 EP:** 7**Text as of March 26, 2009:** [No change]

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).

**2009 Standard:** PC.02.01.03**2009 EP:** 14**Text as of March 26, 2009:** [No change]

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.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.02.02.03****Text as of January 5, 2009:**

The [organization] makes food and nutrition products available to its [patient]s.

**2008 Standard:** PC.02.02.03**2008 EP:** 22**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A current therapeutic diet manual approved by the dietitian and medical staff is readily available to all medical, nursing, and food service staff.

**Standard PC.02.02.03****Text as of March 26, 2009:** [No change]

The [organization] makes food and nutrition products available to its [patient]s.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.03.01.01****Text as of January 5, 2009:**

The [organization] plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

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**Standard PC.03.01.01****Text as of March 26, 2009:** [No change]

The [organization] plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

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**2008 Standard:** PC.03.01.01**2008 EP:** 10**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope of practice laws, anesthesia is administered only by the following individuals:

- An anesthesiologist
- A doctor of medicine or osteopathy other than an anesthesiologist
- A doctor of dental surgery or dental medicine
- A doctor of podiatric medicine
- A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision
- An anesthesiologist's assistant supervised by an anesthesiologist
- A supervised trainee in an approved educational program

Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law, or if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission.

Note 2: An anesthesiologist assistant is defined in 42 CFR 410.69(b) and is included in The Joint Commission glossary.

Footnote: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempted from the requirement for doctor of medicine or osteopathy supervision of CRNAs if the state in which the hospital is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation with the state's Boards of Medicine and Nursing, requesting exemption from doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals  
will be surveyed beginning April 6, 2009.**

**2008 Standard:** PC.03.01.01**2008 EP:** 11**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The following equipment is available in the operating room suites:

- A call-in system
- Cardiac monitor and equipment
- Ventilator
- Defibrillator
- Suction equipment
- Tracheotomy set
- Manual breathing bags

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals  
will be surveyed beginning April 6, 2009.**

**Standard PC.03.01.03****Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.01.03

**2008 EP:** 10

**Text as of January 5, 2009:**

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

**Standard PC.03.01.03****Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.01.03

**2009 EP:** 18

**Text as of March 26, 2009:**

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.03.01.07****Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.01.07

**2008 EP:** 7

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A post-anesthesia 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.

**2008 Standard:** PC.03.01.07

**2008 EP:** 8

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The post-anesthesia evaluation for anesthesia recovery is completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff.

**Standard PC.03.01.07****Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.01.07

**2009 EP:** 7

**Text as of March 26, 2009:**

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.

**2009 Standard:** PC.03.01.07

**2009 EP:** 8

**Text as of March 26, 2009:**

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.03.01.08****Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.01.08**2008 EP:** 1**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.01.08**2008 EP:** 2**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.01.08**2008 EP:** 3**Text as of January 5, 2009:**

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.

**Standard PC.03.01.08****Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.01.08**2009 EP:** 1**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.01.08**2009 EP:** 2**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.01.08**2009 EP:** 3**Text as of March 26, 2009:** [No change]

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.

**Standard PC.03.05.01****Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.01**2008 EP:** 1**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.01**2008 EP:** 2**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.01**2008 EP:** 3**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.

**2008 Standard:** PC.03.05.01**2008 EP:** 4**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.01**2008 EP:** 5**Text as of January 5, 2009:**

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.

**Standard PC.03.05.01****Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.05.01**2009 EP:** 1**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.05.01**2009 EP:** 2**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.05.01**2009 EP:** 3**Text as of March 26, 2009:** [No change]

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.

**2009 Standard:** PC.03.05.01**2009 EP:** 4**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.05.01**2009 EP:** 5**Text as of March 26, 2009:** [No change]

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.03.05.03**

**Text as of January 5, 2009:**

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

**2008 Standard:** PC.03.05.03

**2008 EP:** 1

**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.03

**2008 EP:** 2

**Text as of January 5, 2009:**

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.

**Standard PC.03.05.03**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.03.05.03

**2009 EP:** 1

**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.05.03

**2009 EP:** 2

**Text as of March 26, 2009:** [No change]

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.03.05.05**

**Text as of January 5, 2009:**

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

**2008 Standard:** PC.03.05.05

**2008 EP:** 1

**Text as of January 5, 2009:**

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: For law and regulation guidance pertaining to those responsible for the care of patients, see 42 CFR 482.12(c).

**2008 Standard:** PC.03.05.05

**2008 EP:** 2

**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.05

**2008 EP:** 3

**Text as of January 5, 2009:**

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.

**Standard PC.03.05.05**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.03.05.05

**2009 EP:** 1

**Text as of March 26, 2009:**

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).

**2009 Standard:** PC.03.05.05

**2009 EP:** 2

**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.05.05

**2009 EP:** 3

**Text as of March 26, 2009:**

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).

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**2008 Standard:** PC.03.05.05**2008 EP:** 4**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.05**2008 EP:** 5**Text as of January 5, 2009:**

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: For law and regulation guidance pertaining to those responsible for the care of patients, see 42 CFR 482.12(c).

**2008 Standard:** PC.03.05.05**2008 EP:** 6**Text as of January 5, 2009:**

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.

**2009 Standard:** PC.03.05.05**2009 EP:** 4**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.05.05**2009 EP:** 5**Text as of March 26, 2009:**

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).

**2009 Standard:** PC.03.05.05**2009 EP:** 6**Text as of March 26, 2009:**

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.

**Standard PC.03.05.07****Text as of January 5, 2009:**

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

**2008 Standard:** PC.03.05.07

**2008 EP:** 1

**Text as of January 5, 2009:**

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 PC.03.05.17, EP 3)

**Standard PC.03.05.07****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.03.05.07

**2009 EP:** 1

**Text as of March 26, 2009:**

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).

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**Standard PC.03.05.09****Text as of January 5, 2009:**

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.

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**Standard PC.03.05.09****Text as of March 26, 2009:** [No change]

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.

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**2008 Standard:** PC.03.05.09**2008 EP:** 1**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following:

- 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 only be used for the management of violent or self-destructive behavior.

**2009 Standard:** PC.03.05.09**2009 EP:** 1**Text as of March 26, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following:

- 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

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Medicare & Medicaid Services (CMS) (refer to the Glossary).

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**2008 Standard:** PC.03.05.09

**2008 EP:** 2

**Text as of January 5, 2009:**

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.

**2009 Standard:** PC.03.05.09

**2009 EP:** 2

**Text as of March 26, 2009:**

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.

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.03.05.11**

**Text as of January 5, 2009:**

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

**2008 Standard:** PC.03.05.11

**2008 EP:** 1

**Text as of January 5, 2009:**

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 at PC.03.05.17, EP 3. Note: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance.

**2008 Standard:** PC.03.05.11

**2008 EP:** 2

**Text as of January 5, 2009:**

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.

**Standard PC.03.05.11**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.03.05.11

**2009 EP:** 1

**Text as of March 26, 2009:**

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).

**2009 Standard:** PC.03.05.11

**2009 EP:** 2

**Text as of March 26, 2009:**

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).

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**2008 Standard:** PC.03.05.11**2008 EP:** 3**Text as of January 5, 2009:**

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

**2009 Standard:** PC.03.05.11**2009 EP:** 3**Text as of March 26, 2009:**

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

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**Standard PC.03.05.13**

**Text as of January 5, 2009:**

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

**2008 Standard:** PC.03.05.13

**2008 EP:** 1

**Text as of January 5, 2009:**

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.

**Standard PC.03.05.13**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.03.05.13

**2009 EP:** 1

**Text as of March 26, 2009:** [No change]

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.

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**Standard PC.03.05.15****Text as of January 5, 2009:**

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

**2008 Standard:** PC.03.05.15**2008 EP:** 1**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:

- 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

**Standard PC.03.05.15****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.03.05.15**2009 EP:** 1**Text as of March 26, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:

- 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**

**Text as of January 5, 2009:**

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

**2008 Standard:** PC.03.05.17

**2008 EP:** 2

**Text as of January 5, 2009:**

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:

- At orientation
- Before participating in the use of restraint and seclusion
- On a periodic basis thereafter

**2008 Standard:** PC.03.05.17

**2008 EP:** 3

**Text as of January 5, 2009:**

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:

- 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

**Standard PC.03.05.17**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.03.05.17

**2009 EP:** 2

**Text as of March 26, 2009:** [No change]

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:

- At orientation
- Before participating in the use of restraint and seclusion
- On a periodic basis thereafter

**2009 Standard:** PC.03.05.17

**2009 EP:** 3

**Text as of March 26, 2009:**

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:

- 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)

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**2008 Standard:** PC.03.05.17

**2008 EP:** 4

**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.17

**2008 EP:** 5

**Text as of January 5, 2009:**

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.

**2009 Standard:** PC.03.05.17

**2009 EP:** 4

**Text as of March 26, 2009:** [No change]

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.

**2009 Standard:** PC.03.05.17

**2009 EP:** 5

**Text as of March 26, 2009:** [No change]

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.03.05.19****Text as of January 5, 2009:**

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

**2008 Standard:** PC.03.05.19**2008 EP:** 1**Text as of January 5, 2009:**

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):

- 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
- 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.

**2008 Standard:** PC.03.05.19**2008 EP:** 2**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.03.05.19**2008 EP:** 3**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Staff document in the patient's medical record the date and time the patient death was reported to the Centers for Medicare & Medicaid Services (CMS).

**Standard PC.03.05.19****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.03.05.19**2009 EP:** 1**Text as of March 26, 2009:** [No change]

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):

- 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
- 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.

**2009 Standard:** PC.03.05.19**2009 EP:** 2**Text as of March 26, 2009:**

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.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.04.01.01****Text as of January 5, 2009:**

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

**2008 Standard:** PC.04.01.01**2008 EP:** 22**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.04.01.01**2008 EP:** 23**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.04.01.01**2008 EP:** 24**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for post-hospital 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.

**Standard PC.04.01.01****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.04.01.01**2009 EP:** 22**Text as of March 26, 2009:**

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.

**2009 Standard:** PC.04.01.01**2009 EP:** 23**Text as of March 26, 2009:**

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.

**2009 Standard:** PC.04.01.01**2009 EP:** 24**Text as of March 26, 2009:**

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.

**2008 Standard:** PC.04.01.01**2008 EP:** 25**Text as of January 5, 2009:**

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 under 42 CFR 420.206.

**2009 Standard:** PC.04.01.01**2009 EP:** 25**Text as of March 26, 2009:**

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.

**2008 Standard:** PC.04.01.01**2008 EP:** 26**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written discharge planning policies and procedures applicable to all patients.

**2009 Standard:** PC.04.01.01**2009 EP:** 26**Text as of March 26, 2009:** [No change]

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written discharge planning policies and procedures applicable to all patients.

**2008 Standard:** PC.04.01.01**2008 EP:** 27**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides a discharge planning evaluation to each patient who is likely to suffer adverse health consequences and to any other patient who requests a discharge planning evaluation. Discharge planning evaluations are also provided upon the request of the physician, or the patient's family member or surrogate when he or she is involved in decision-making or on-going care.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.04.01.01**2008 EP:** 28**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The discharge planning evaluation is used when developing the discharge plan and is discussed with the patient, and also with the patient's family when it is involved in decision-making or on-going care.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.04.01.01**2008 EP:** 29**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse, social worker, or other qualified staff develops or supervises the development of the discharge plan.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals  
will be surveyed beginning April 6, 2009.**

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**2008 Standard:** PC.04.01.01**2008 EP:** 30**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: In the absence of a finding by the hospital that a patient needs a discharge plan, the hospital develops a discharge plan for the patient when requested by the patient's physician.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.04.01.01**2008 EP:** 31**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital arranges for the initial implementation of the patient's discharge plan.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.04.01.01**2008 EP:** 32**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reassesses the patient's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard PC.04.01.03**

**Text as of January 5, 2009:**

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

**2008 Standard:** PC.04.01.03

**2008 EP:** 10

**Text as of January 5, 2009:**

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.

**2008 Standard:** PC.04.01.03

**2008 EP:** 11

**Text as of January 5, 2009:**

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.

**Standard PC.04.01.03**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.04.01.03

**2009 EP:** 10

**Text as of March 26, 2009:**

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.

**2009 Standard:** PC.04.01.03

**2009 EP:** 11

**Text as of March 26, 2009:** [No change]

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard PC.04.01.05****Text as of January 5, 2009:**

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

**2008 Standard:** PC.04.01.05**2008 EP:** 1**Text as of January 5, 2009:**

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 on-going care.

**2008 Standard:** PC.04.01.05**2008 EP:** 2**Text as of January 5, 2009:**

Before the patient is discharged, the hospital informs the patient, and also the patient's family when it is involved in decision-making or on-going care, of the kinds of continuing care, treatment, and services the patient will need.

**2008 Standard:** PC.04.01.05**2008 EP:** 7**Text as of January 5, 2009:**

The hospital educates the patient, and also the patient's family when it is involved in decision-making or on-going care, about how to obtain any continuing care, treatment, and services that the patient will need.

**Standard PC.04.01.05****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** PC.04.01.05**2009 EP:** 1**Text as of March 26, 2009:**

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.

**2009 Standard:** PC.04.01.05**2009 EP:** 2**Text as of March 26, 2009:**

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.

**2009 Standard:** PC.04.01.05**2009 EP:** 7**Text as of March 26, 2009:**

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.

**Standard PC.05.01.01****Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: An adequate supply of blood and blood components is available at all times to the [organization].

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.01**2008 EP:** 1**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital regularly uses the services of an outside blood supplier, it has a written agreement with the blood supplier on procurement, transfer, and availability of blood and blood components.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.01**2008 EP:** 2**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The written agreement requires that the blood supplier notify the hospital within three calendar days after the blood supplier determined that it had supplied blood and blood components collected from a donor who tested negative at the time of donation subsequently tests reactive for Human Immunodeficiency Virus (HIV) or Hepatitis C Virus (HCV) infection on a later donation, or subsequently is determined to be at increased risk for transmitting HIV or HCV.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.01**2008 EP:** 3**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The written agreement requires that within 45 days of a HIV or HCV screening test, the blood supplier notify the hospital of the results of any supplemental test for HIV or HCV, or other follow up testing required by the U.S. Food and Drug Administration.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.01

**2008 EP:** 4

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The written agreement requires that the blood supplier notify the hospital within three calendar days after the blood supplier determined that it had supplied blood and blood components collected from an infectious donor, whenever records are available.

Footnote: See 21 CFR 610.48(b)(3) for further information.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard PC.05.01.03****Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] determines the disposition of blood and blood components and quarantines potentially infectious blood and blood components pending completion of reactive HIV or HCV screening test results.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.03**2008 EP:** 1**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: If the blood supplier notifies the hospital of a reactive HIV or HCV screening test result, the hospital determines the disposition of the blood or blood components and quarantines all blood and blood components from previous donations in inventory.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.03**2008 EP:** 2**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: If the blood supplier notifies the hospital that the result of the supplemental test or other follow-up testing required by the U.S. Food and Drug Administration is negative, the hospital may release the blood and blood components from quarantine.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.03**2008 EP:** 3**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: If the blood supplier notifies the hospital that the result of the supplemental test or other follow-up testing required by the U.S. Food and Drug Administration is positive, the hospital disposes of the blood and blood components.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.05.01.03**2008 EP:** 4**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: If the blood supplier notifies the hospital that the result of the supplemental test or other follow-up testing required by the U.S. Food and Drug Administration is indeterminate, the hospital disposes of the blood and blood components or labels prior collections of blood and blood components held in quarantine.

Footnote: For federal regulations on labeling, see 21 CFR 610.46(b)(2), 610.47(b)(2), and 610.48(c)(2).

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.05.01.03**2008 EP:** 5**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: For look-back activities related to new blood safety issues after August 24, 2007, the hospital complies with U.S. Food and Drug Administration regulations pertaining to blood safety issues in the areas of testing and quarantining of infectious blood and blood components.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard PC.05.01.05****Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] maintains records on the receipt, testing, and disposition of all blood and blood components.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.05**2008 EP:** 1**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital retains records, in a manner that permits prompt retrieval, of the source, recipient, and disposition of all blood and blood components for a minimum of 10 years from the date of disposition.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.05**2008 EP:** 2**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a fully funded plan to transfer the records on blood and blood components to another organization if the hospital ceases operation for any reason.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**Standard PC.05.01.07****Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: If potentially Human Immunodeficiency Virus (HIV) or Hepatitis C Virus (HCV) infectious blood or blood components have been administered, the [organization] uses written procedures to identify recipients and inform them of the risk of infection.

Note 1: Potentially HIV infectious blood and blood components are prior collections from a donor:

- Who tested negative at the time of donation but tested reactive for evidence of HIV infection on a later donation
- Who tests positive on the supplemental (additional, more specific) test or other follow-up testing required by the U.S. Food and Drug Administration (FDA)
- Whose timing of seroconversion cannot be precisely estimated

Note 2: Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47.

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**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** PC.05.01.07**2008 EP:** 1**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital notifies the recipient that potentially HIV or HCV infectious blood or blood components were transfused to the recipient and that there may be a need for HIV or HCV testing and counseling. This notification may also go to the recipient's family or surrogate as appropriate, or another authorized individual, or to the attending physician who ordered the blood or blood component with the request that the physician notify the recipient, family, surrogate, or other authorized individual on the recipient's behalf.

Note 1: For notifications resulting from donors tested on or after February 20, 2008, the notification effort begins when the blood supplier notifies the hospital that it received potentially HIV or HCV infectious blood or blood components. The hospital makes a reasonable attempt to give notification over a period of 12 weeks unless: (a) The recipient is located and notified; or (b) The hospital is unable to locate the recipient and then documents in the recipient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks.

Note 2: For notification resulting from donors tested before February 20, 2008, the notification effort begins when the blood supplier notifies the hospital that it received potentially HCV infectious blood and blood components. The hospital makes reasonable attempts to give notification and completes the actions within one year of the date on which the hospital received notification from the outside blood supplier. This notification requirement will expire on August 24, 2015.

Note 3: If the recipient has been judged incompetent by a state court, the hospital notifies a surrogate decision maker in accordance with state law. If the recipient is competent, but state law permits the family or surrogate decision maker to receive the information on the recipient's behalf, the hospital notifies the recipient, family, or surrogate decision maker. If the recipient is a minor, the parents or legal guardian are notified.

Note 4: If the recipient is deceased, the physician or hospital informs the recipient's legal representative or relative that the recipient received potentially HIV infectious blood or blood components.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.05.01.07**2008 EP:** 2**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: If the attending physician is unavailable or declines to make the notification, the hospital notifies the recipient, family, surrogate, or other authorized person that blood or blood components that were potentially HIV or HCV infected were transfused to the recipient and that there may be a need for HIV or HCV testing and counseling.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.05.01.07**2008 EP:** 3**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's notification to the recipient includes the following:

- An explanation of the need for HIV or HCV testing and counseling
- Oral or written information about HIV or HCV testing and counseling
- A list of programs or places where HIV or HCV testing and counseling can be obtained, including any requirements or restrictions of a counseling program

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.05.01.07**2008 EP:** 4**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in the recipient's medical record its attempts to notify the recipient and whether the recipient was located.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.05.01.07**2008 EP:** 5**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies and procedures for notification and documentation conform to law and regulation, including confidentiality of the medical record and other recipient information.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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**2008 Standard:** PC.05.01.07**2008 EP:** 6**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: For look-back activities related to new blood safety issues after August 24, 2007, the hospital complies with U.S. Food and Drug Administration regulations pertaining to blood safety issues addressing notification and counseling of recipients that may have received infectious blood and blood components.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

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The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals  
will be surveyed beginning April 6, 2009.**

**Standard RC.01.01.01**

**Text as of January 5, 2009:**

The [organization] maintains complete and accurate medical records.

**2008 Standard:** RC.01.01.01

**2008 EP:** 11

**Text as of January 5, 2009:**

All entries in the medical record, including all orders, are dated.

**2008 Standard:** RC.01.01.01

**2008 EP:** 18

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital creates and maintains a medical record for every individual that receives care, treatment, or services.

**2008 Standard:** RC.01.01.01

**2008 EP:** 19

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

**Standard RC.01.01.01**

**Text as of March 26, 2009:** [No change]

The [organization] maintains complete and accurate medical records.

**2009 Standard:** RC.01.01.01

**2009 EP:** 11

**Text as of March 26, 2009:**

All entries in the medical record are dated.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2009 Standard:** RC.01.01.01

**2009 EP:** 19

**Text as of March 26, 2009:** [No change]

For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

**Standard RC.01.02.01**

**Text as of January 5, 2009:**

Entries in the medical record are authenticated.

**2008 Standard:** RC.01.02.01

**2008 EP:** 4

**Text as of January 5, 2009:**

Entries in the medical record, including all orders, are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author.

Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.

Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped.

**Standard RC.01.02.01**

**Text as of March 26, 2009:** [No change]

Entries in the medical record are authenticated.

**2009 Standard:** RC.01.02.01

**2009 EP:** 4

**Text as of March 26, 2009:**

Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author.

Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.

Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped.

Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: For a five-year period following January 26, 2007, all orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient (as specified at 42 CFR 482.12(c)), and who, in accordance with hospital policy and law and regulation, is authorized to write orders.

**Standard RC.01.03.01**

**Text as of January 5, 2009:**

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

**2008 Standard:** RC.01.03.01

**2008 EP:** 4

**Text as of January 5, 2009:**

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.

**Standard RC.01.03.01**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** RC.01.03.01

**2009 EP:** 4

**Text as of March 26, 2009:** [No change]

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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard RC.01.05.01**

**Text as of January 5, 2009:**

The [organization] retains its medical records.

**2008 Standard:** RC.01.05.01

**2008 EP:** 1

**Text as of January 5, 2009:**

The hospital retains the original or legally reproduced medical record for at least 5 years or longer if required by law and regulation.

**Standard RC.01.05.01**

**Text as of March 26, 2009:** [No change]

The [organization] retains its medical records.

**2009 Standard:** RC.01.05.01

**2009 EP:** 1

**Text as of March 26, 2009:**

The retention time of the medical record is determined by its use and hospital policy, in accordance with law and regulation.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard RC.02.01.01****Text as of January 5, 2009:**

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

**2008 Standard:** RC.02.01.01**2008 EP:** 2**Text as of January 5, 2009:**

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, EP 1 and 23)
- Results of diagnostic and therapeutic tests and procedures
- Any medications dispensed or prescribed on discharge
- Health care – associated infections
- Complications
- Discharge diagnosis
- Nursing notes
- Vital signs
- Discharge plan and evaluation results

**Standard RC.02.01.01****Text as of March 26, 2009:** [No change]

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

**2009 Standard:** RC.02.01.01**2009 EP:** 2**Text as of March 26, 2009:**

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

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009

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**Standard RC.02.01.03**

**Text as of January 5, 2009:**

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

**2008 Standard:** RC.02.01.03

**2008 EP:** 15

**Text as of January 5, 2009:**

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:

- Patient name
- Patient's hospital identification number
- Date of operation
- Inclusive or total time of operation
- Name of the surgeon and any assistants
- Name of nursing personnel
- Type of anesthesia used and name of person administering it
- Operation performed
- Pre and post operation diagnosis
- Age of patient

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

**Standard RC.02.01.03**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** RC.02.01.03

**2009 EP:** 15

**Text as of March 26, 2009:**

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:

- 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.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard RC.02.03.07**

**Text as of January 5, 2009:**

Qualified staff receive and record verbal orders.

**2008 Standard:** RC.02.03.07

**2008 EP:** 1

**Text as of January 5, 2009:**

The hospital has policies and procedures that identify the staff who are authorized to receive and record verbal orders, in accordance with law and regulation.

**2008 Standard:** RC.02.03.07

**2008 EP:** 4

**Text as of January 5, 2009:**

Verbal orders are authenticated within the time frame specified by law and regulation. 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: 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 (e.g., the ordering practitioner gives a verbal order which is written and transcribed, and then 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.

**2008 Standard:** RC.02.03.07

**2008 EP:** 6

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received.

**Standard RC.02.03.07**

**Text as of March 26, 2009:** [No change]

Qualified staff receive and record verbal orders.

**2009 Standard:** RC.02.03.07

**2009 EP:** 1

**Text as of March 26, 2009:**

The hospital identifies, in writing, the staff who are authorized to receive and record verbal orders, in accordance with law and regulation.

**2009 Standard:** RC.02.03.07

**2009 EP:** 4

**Text as of March 26, 2009:**

Verbal orders are authenticated within the time frame specified by law and regulation.

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.

**2009 Standard:** RC.02.03.07

**2009 EP:** 6

**Text as of March 26, 2009:** [No change]

For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received.

**Standard RC.02.04.01**

**Text as of January 5, 2009:**

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

**2008 Standard:** RC.02.04.01

**2008 EP:** 3

**Text as of January 5, 2009:**

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:

- 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 RC.02.04.01**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** RC.02.04.01

**2009 EP:** 3

**Text as of March 26, 2009:**

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:

- 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.01.01.01****Text as of January 5, 2009:**

The [organization] respects [patient] rights.

**Standard RI.01.01.01****Text as of March 26, 2009:** [No change]

The [organization] respects [patient] rights.

**2008 Standard:** RI.01.01.01**2008 EP:** 12**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets requests from patients for access to medical record information as quickly as its record keeping system permits.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard RI.01.02.01****Text as of January 5, 2009:**

The [organization] respects the [patient]'s right to participate in decisions about his or her care, treatment, and services.

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**2008 Standard:** RI.01.02.01**2008 EP:** 27**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.

**Standard RI.01.02.01****Text as of March 26, 2009:** [No change]

The [organization] respects the [patient]'s right to participate in decisions about his or her care, treatment, and services.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard RI.01.05.01**

**Text as of January 5, 2009:**

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

**2008 Standard:** RI.01.05.01

**2008 EP:** 21

**Text as of January 5, 2009:**

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

**Standard RI.01.05.01**

**Text as of March 26, 2009:** [No change]

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

**2009 Standard:** RI.01.05.01

**2009 EP:** 21

**Text as of March 26, 2009:** [No change]

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

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**Standard RI.01.07.01**

**Text as of January 5, 2009:**

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

**2008 Standard:** RI.01.07.01

**2008 EP:** 1

**Text as of January 5, 2009:**

The hospital establishes a complaint and grievance resolution process. (See also MS.09.01.01, EP 1)

**2008 Standard:** RI.01.07.01

**2008 EP:** 2

**Text as of January 5, 2009:**

The hospital informs the patient and his or her family about the complaint and grievance resolution process. (See also MS.09.01.01, EP 1)

**2008 Standard:** RI.01.07.01

**2008 EP:** 4

**Text as of January 5, 2009:**

The hospital reviews and, when possible, resolves complaints and grievances from the patient and his or her family. (See also MS.09.01.01, EP 1)

**2008 Standard:** RI.01.07.01

**2008 EP:** 6

**Text as of January 5, 2009:**

The hospital acknowledges receipt of a complaint or grievance that the hospital recognizes as significant and notifies the patient of follow-up to the complaint or grievance.

**2008 Standard:** RI.01.07.01

**2008 EP:** 7

**Text as of January 5, 2009:**

The hospital provides the patient with the phone number and address needed to file a complaint or grievance with the relevant state authority. (See also MS.09.01.01, EP 1)

**Standard RI.01.07.01**

**Text as of March 26, 2009:**

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

**2009 Standard:** RI.01.07.01

**2009 EP:** 1

**Text as of March 26, 2009:**

The hospital establishes a complaint resolution process. (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1)

Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.

**2009 Standard:** RI.01.07.01

**2009 EP:** 2

**Text as of March 26, 2009:**

The hospital informs the patient and his or her family about the complaint resolution process. (See also MS.09.01.01, EP 1)

**2009 Standard:** RI.01.07.01

**2009 EP:** 4

**Text as of March 26, 2009:**

The hospital reviews and, when possible, resolves complaints from the patient and his or her family. (See also MS.09.01.01, EP 1)

**2009 Standard:** RI.01.07.01

**2009 EP:** 6

**Text as of March 26, 2009:**

The hospital acknowledges receipt of a complaint that the hospital cannot resolve immediately and notifies the patient of follow-up to the complaint.

**2009 Standard:** RI.01.07.01

**2009 EP:** 7

**Text as of March 26, 2009:**

The hospital provides the patient with the phone number and address needed to file a complaint with the relevant state authority. (See also MS.09.01.01, EP 1)

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**2008 Standard:** RI.01.07.01                      **2008 EP:** 10  
**Text as of January 5, 2009:**  
 The hospital allows the patient to voice complaints or grievances and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. (See also MS.09.01.01, EP 1)

**2009 Standard:** RI.01.07.01                      **2009 EP:** 10  
**Text as of March 26, 2009:**  
 The hospital allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. (See also MS.09.01.01, EP 1)

**2008 Standard:** RI.01.07.01                      **2008 EP:** 17  
**Text as of January 5, 2009:**  
 For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body reviews and resolves grievances unless it delegates this responsibility, in writing, to a grievance committee.

**Text as of March 26, 2009:**  
 This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** RI.01.07.01                      **2008 EP:** 18  
**Text as of January 5, 2009:**  
 For hospitals that use Joint Commission accreditation for deemed status purposes: In its resolution of grievances, the hospital provides the individual with a written notice of its decision, which contains the following:  
 -The name of the hospital contact person  
 -The steps taken on behalf of the individual to investigate the grievance  
 -The results of the process  
 -The date of completion of the grievance process

**Text as of March 26, 2009:**  
 This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**2008 Standard:** RI.01.07.01                      **2008 EP:** 19  
**Text as of January 5, 2009:**  
 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital determines time frames for grievance review and response.

**2009 Standard:** RI.01.07.01                      **2009 EP:** 19  
**Text as of March 26, 2009:**  
 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital determines time frames for complaint review and response.

**2008 Standard:** RI.01.07.01                      **2008 EP:** 20  
**Text as of January 5, 2009:**  
 For hospitals that use Joint Commission accreditation for deemed status purposes: The process for resolving grievances includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the Quality Improvement Organization (QIO).

**2009 Standard:** RI.01.07.01                      **2009 EP:** 20  
**Text as of March 26, 2009:**  
 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).

The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
 The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals will be surveyed beginning April 6, 2009.

**2008 Standard:** RI.01.07.01

**2008 EP:** 21

**Text as of January 5, 2009:**

For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body approves the complaint and grievance resolution process.

**Text as of March 26, 2009:**

This requirement was removed since it was already covered in existing elements of performance or was addressed in The Joint Commission survey process.

**The column on the left reflects the standards changes posted on The Joint Commission Web site on January 5, 2009  
The column on the right shows the result of successful negotiations with CMS and lists requirements on which hospitals  
will be surveyed beginning April 6, 2009.**