The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Standards Revisions for the ASC Deemed Program

**APPLICABLE TO AMBULATORY SURGICAL CENTERS**

**Effective August 25, 2014**

**Environment of Care (EC)**

### Standard EC.02.03.01
The organization manages fire risks.

#### Elements of Performance for EC.02.03.01

**A 9.** The organization has a written fire response plan.

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: A copy of the fire response plan is available to all supervisory personnel and is available in the telephone operator’s position or at a security center.

**A 10.** The written fire response plan describes the specific roles of staff and licensed independent practitioners during a fire, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge.

(See also EC.02.03.03, EP 5)

**Note:** For additional information on the content of the fire response plan guidance, see NFPA 101, 2000 edition, section 20/21.7.2.2.

### Standard EC.02.05.03
The organization has a reliable emergency electrical power source.

#### Elements of Performance for EC.02.05.03

**A 5.** The organization provides emergency power for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems. 

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Any newly installed, altered, or modified portion of an existing Essential Electrical Distribution System (EEDS) is a Type I system complying with NFPA 99, 1999 edition, section 13-3.3.2.

**A 6.** The organization provides emergency power for the following: Areas in which loss of power could result in patient harm, including operating rooms, recovery rooms, and urgent care areas.

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Any newly installed, altered, or modified portion of an existing Essential Electrical Distribution System (EEDS) is a Type I system complying with NFPA 99, 1999 edition, section 13-3.3.2.

### Standard EC.02.05.07
The organization inspects, tests, and maintains emergency power systems.

**Note:** This standard does not require organizations to have the types of emergency power equipment discussed below.

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**Key:**

- **A** indicates scoring category A;
- **C** indicates scoring category C;
- **D** indicates that documentation is required;
- **M** indicates Measure of Success is needed;
- **I** indicates an Immediate Threat to Health or Safety;
- **S** indicates situational decision rules apply;
- **D** indicates direct impact requirements apply;
- **R** indicates an identified risk area.
However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Element of Performance for EC.02.05.07

C 2. ⓒ Every 12 months, the organization either performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours; or the organization replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.

For ambulatory surgical centers that do not elect to use The Joint Commission deemed status option: Organizations may choose to replace all batteries every 12 months and, during replacement, perform a random test of at least 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.

Standard EC.02.05.09

The organization inspects, tests, and maintains medical gas and vacuum systems.

Note 1: This standard does not require organizations to have the medical gas and vacuum systems discussed below. However, if an organization has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Note 2: Piped medical gas systems include oxygen, nitrous oxide, and medical air systems. Piped vacuum systems include both medical-surgical vacuum and waste anesthetic gas disposal (WAGD) systems.

Infection Prevention and Control (IC)

Standard IC.01.05.01

The organization plans for preventing and controlling infections.

Element of Performance for IC.01.05.01

A 1. When developing infection prevention and control activities, the organization uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization considers, selects, and implements nationally recognized infection control program guidelines.

Information Management (IM)

Standard IM.02.01.01

The organization protects the privacy of health information.

Elements of Performance for IM.02.01.01

A 1. ⓒ The organization has a written policy addressing the privacy of health information. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: this requirement is specified at 45 CFR 160 and 164. The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

A 2. The organization implements its policy on the privacy of health information. Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: this requirement is specified at 45 CFR 160 and 164. The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

A 3. The organization uses health information only for purposes permitted by law and regulation or as otherwise consistent with law and regulation.

Footnote: Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: this requirement is specified at 45 CFR 160 and 164. The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

A 4. The organization discloses health information only as authorized by the patient or as otherwise consistent with law and regulation.

Footnote: Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: this requirement is specified at 45 CFR 160 and 164. The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.
A 5. The organization monitors compliance with its policy on the privacy of health information. *(See also RI.01.01.01, EP 7) ▶

Footnote: Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: this requirement is specified at 45 CFR 160 and 164. The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

Standard IM.02.01.03
The organization maintains the security and integrity of health information.

Elements of Performance for IM.02.01.03
A 1. The organization has a written policy that addresses the security of health information, including access, use, and disclosure.

Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

C 5. The organization protects against unauthorized access, use, and disclosure of health information.

Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

A 8. The organization monitors compliance with its policies on the security and integrity of health information.

Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization must comply with Section 45 of the Code of Federal Regulations parts 160 and 164, generally known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

Leadership (LD)

Standard LD.01.03.01
Governance is ultimately accountable for the safety and quality of care, treatment, or services.

Element of Performance for LD.01.03.01
A 22. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body is responsible for the following:
- Determining, implementing, and monitoring policies governing the organization’s total operation and establishing expectations for safety throughout the organization
- Defining, implementing, monitoring, and maintaining quality assurance and performance improvement activities
- Addressing identified priorities for quality assurance and performance improvement activities
- Evaluating the effectiveness of quality assurance and performance improvement activities.

Standard LD.04.01.01
The organization complies with law and regulation.

Element of Performance for LD.04.01.01
A 19. For ambulatory surgical centers that elect to use The Joint Commission deemed status option:
Organizations that do not provide their own laboratory services have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with part 493 of the Code of Federal Regulations. The referral laboratory is certified in the associated specialties and subspecialties needed to perform tests ordered.

Standard LD.04.01.07
The organization has policies and procedures that guide and support patient care, treatment, or services.

Element of Performance for LD.04.01.07
A 10. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization establishes policies and procedures approved by the governing body for overseeing and evaluating the clinical activities of nonphysician practitioners who are assigned patient care responsibilities.

Standard LD.04.01.11
The organization makes space and equipment available as needed for the provision of care, treatment, or services.
Element of Performance for LD.04.01.11

A 8. ▶ For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center has a policy that specifies organization’s medical staff and governing body coordinate, develop, and revise policies and procedures that identify the types of emergency equipment required for use in operating rooms. (See also PC.02.01.09, EP 10)

Standard LD.04.04.01
Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

Element of Performance for LD.04.04.01

A 26. ▶ For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Leaders establish priorities that consider the incidence, prevalence, and severity of high-volume, high-risk, or problem-prone areas found in performance improvement activities.

Provision of Care, Treatment, and Services (PC)

Standard PC.02.01.03
The organization provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Element of Performance for PC.02.01.03

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

Performance Improvement (PI)

Standard PI.03.01.01
The organization improves performance.

Element of Performance for PI.03.01.01

A 12. ▶ For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization’s quality assurance and performance improvement activities demonstrate the following:

- Measurable improvement in patient health outcomes
- Improvements in patient safety by using quality indicators or performance measures associated with improved health outcomes
- Improvements in patient safety through efforts to identify and reduce medical errors

Record of Care, Treatment, and Services (RC)

Standard RC.01.05.01
The organization retains its clinical records.

Element of Performance for RC.01.05.01

A 1. ▶ For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The retention time of the clinical record is determined by its use and organization policy, in accordance with law and regulation.

Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Centers for Medicare & Medicaid Services requires the ambulatory surgical center to retain the original or legally reproduced medical record for at least five years, including applicable films, scans, and other images.

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

Element of Performance for RC.02.01.01

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

- Any advance directives

Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization documents in a prominent place in the clinical record whether or not the patient has advance directives in place.

- Any informed consent (See also RI.01.03.01, EP 13)

- Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services (See also RI.01.03.05, EPs 4-6)

- Any records of communication with the patient, such as telephone calls or e-mail
• Any referrals or communications made to internal or external care providers and community agencies
• Any patient-generated information

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

Element of Performance for RC.02.01.03
C 4. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient’s clinical record contains the results of preoperative diagnostic studies. The results are included in the patient’s clinical record prior to the start of the surgical procedure.