Revisions to Ambulatory Surgical Center Requirements
Ambulatory Health Care Accreditation Program

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

Element of Performance for LD.04.02.01

1. The leaders define conflict of interest involving licensed independent practitioners or staff. This definition is in writing.

2. The leaders develop a written policy that defines how the organization will address conflicts of interest involving licensed independent practitioners and/or staff.

3. Existing or potential conflicts of interest involving licensed independent practitioners and/or staff, as defined by the organization, are disclosed.

4. The organization reviews its relationships with other care providers, educational institutions, manufacturers, and payers to determine whether conflicts of interest exist and whether they are within law and regulation.

5. Policies, procedures, and information about the relationship between care, treatment, or services and financial incentives are available upon request to all patients, and those individuals who work in the organization, including staff and licensed independent practitioners.

6. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center discloses, where applicable, physician financial interests or ownership in the facility in accordance with 42 CFR Part 420. This disclosure information is in writing.
Standard RI.01.01.03
The organization respects the patient's right to receive information in a manner he or she understands.

Element of Performance for RI.01.01.03

1. The organization provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 3 and 5; RI.01.04.03, EP 6; PC.04.01.05, EP 8)

2. The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 3)
Note: For organizations that elect The Joint Commission Primary Care Medical Home option: Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person or via telephone or video. The documents translated, and the languages into which they are translated, are dependent on the organization's patient population.

3. The organization communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EP 3 and RI.01.04.03, EP 6)

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

5. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center posts a copy of its notice of patient rights in a location where it is likely to be noticed by patients. The notice of rights includes contact information for reporting complaints to the state agency and the Web site for the Office of the Medicare Beneficiary Ombudsman.
Standard RI.01.05.01
The organization addresses patient decisions about care, treatment, or services received at the end of life.

Element of Performance for RI.01.05.01

1. The organization has written policies on advance directives.

4. The organization’s written policies specify whether the organization will honor advance directives.

5. The organization implements its advance directive policies.

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

8. Upon request, the organization communicates its policies on advance directives to patients.

10. Upon request, the organization shares with the patient possible sources of help in formulating advance directives.