On October 14, 2011, the Centers for Medicare & Medicaid Services (CMS) published changes to several Medicare Conditions for Coverage (CfCs) for ambulatory surgical centers (ASCs). The changes modify previous language that required ASCs to provide patients' rights information to patients “prior to the date of their surgical procedure.” Based on feedback from ASCs, CMS determined that the previous regulatory language was overly restrictive in that it did not allow ASCs to continue to routinely perform same-day surgeries. The language also potentially affected a patient’s ability to obtain an elective, same-day, nonemergent surgical procedure.

To align its requirements with CMS’s revisions to the CfCs, The Joint Commission revised three elements of performance (EPs) relevant to deemed-status ASCs in the ambulatory care accreditation program. The revised Leadership (LD) Standard LD.04.02.01, EP 6, and Rights and Responsibilities of the Individual (RI) Standards RI.01.01.03, EP 4, and RI.01.05.01, EP 7, are effective immediately and shown in the box below; new text is underlined and deletions are noted in strikethrough. These revisions will appear in the 2012 Update 1 to the Comprehensive Accreditation Manual for Ambulatory Care and the E-dition®, scheduled for publication in spring 2012.

For more information, contact Joyce Webb, RN, BSN, MBA, CMPE, project director, Department of Standards and Survey Methods, at jwebb@jointcommission.org or 630/792-5277.

### Standards Changes for Ambulatory Surgical Centers That Use Deemed Status

**Effective immediately**

**Leadership (LD)**

**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**

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

**Rights and Responsibilities of the Individual (RI)**

**Standard RI.01.01.03**

The organization respects the patient’s right to receive information in a manner he or she understands.

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**Element of Performance for RI.01.01.03**

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

**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**

C 7. 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 prior to the start of the surgical procedure with verbal and written information concerning its policies on advance directives, including a description of applicable state health and safety laws and, if requested, official state advance directive forms.