Standards Revisions Related to the Centers for Medicare & Medicaid Services CoPs
Hospital Accreditation Program

EC.02.03.01
The hospital manages fire risks.

Elements of Performance for EC.02.03.01

1. The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.
2. If patients are permitted to smoke, the hospital takes measures to minimize fire risk. (See also EC.02.01.03, EP 4)
4. The hospital maintains free and unobstructed access to all exits.
   Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.
9. The hospital has a written fire response plan. (See also LS.02.01.70, EP 4)
10. The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire’s point of origin, 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; EC.03.01.01, EP 2; and HR.01.04.01, EP 2)
   Note: For additional guidance, see NFPA 101, 2000 edition (Sections 18/19.7.1 and 18/19.7.2).

EC.02.05.03
The hospital has a reliable emergency electrical power source.

Elements of Performance for EC.02.05.03

1. The hospital provides emergency power for the following: Alarm systems, as required by the Life Safety Code.
   Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).
2. The hospital provides emergency power for the following: Exit route and exit sign illumination, as required by the Life Safety Code.
   Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).
3. The hospital provides emergency power for the following: Emergency communication systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).

4. The hospital provides emergency power for the following: Elevators (at least one for nonambulatory patients). Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).

5. The hospital 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. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).

6. The hospital provides emergency power for the following: Areas in which loss of power could result in patient harm, including operating rooms, recovery rooms, obstetrical delivery rooms, nurseries, and urgent care areas. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99, 1999 edition (Section 12-3.3).

EM.03.01.03
The hospital evaluates the effectiveness of its Emergency Operations Plan.

Elements of Performance for EM.03.01.03

1. As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the plan. Note 1: If the hospital activates its Emergency Operations Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises. Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code*) that do not offer emergency services nor are community designated as disaster-receiving stations need to conduct only one emergency management exercise annually. Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises. Note 4: In order to satisfy the twice-a-year requirement, the hospital must first evaluate the performance of the previous exercise and make any needed modifications to its Emergency Operations Plan before conducting the subsequent exercise in accordance with EPs 13-17. Footnote *: The Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA. Refer to NFPA 101-2000 for occupancy classifications.

2. For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital’s two emergency response exercises includes an influx of simulated patients. Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise. Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 3 and 4.
3. For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital’s two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.
Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4.
Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

4. For each site of the hospital with a defined role in its community’s response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise.
Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3.
Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

5. Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (See also EM.02.01.01, EP 2)

6. The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement.
Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital.
Note 2: If the response to an actual emergency is used as one of the required exercises, it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. Hospitals may use observations of those who were involved in the command structure as well as the input of those providing services during the emergency.

7. During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations.

8. During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation.

9. During emergency response exercises, the hospital monitors its management of the following: Safety and security.

10. During emergency response exercises, the hospital monitors its management of the following: Staff roles and responsibilities.

11. During emergency response exercises, the hospital monitors its management of the following: Utility systems.

12. During emergency response exercises, the hospital monitors its management of the following: Patient clinical and support care activities.

13. Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).

14. The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.

15. The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, are communicated to the improvement team responsible for monitoring environment of care issues. (See also EC.04.01.05, EP 3)

Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made.
17. Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.

**IM.02.02.03**

The hospital retrieves, disseminates, and transmits health information in useful formats.

**Elements of Performance for IM.02.02.03**

1. The hospital has written policies addressing data capture, display, transmission, and retention.

2. **The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services.**

   (See also IC.01.02.01, EP 1)

   **Note:** For hospitals that use Joint Commission accreditation for deemed status purposes: The medical records system allows for timely retrieval of patient information by diagnosis and procedure.

3. The hospital disseminates data and information in useful formats within time frames that are defined by the hospital and consistent with law and regulation.

**LD.04.01.05**

The hospital effectively manages its programs, services, sites, or departments.

**Elements of Performance for LD.04.01.05**

1. Leaders of the program, service, site, or department oversee operations.

2. Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.

3. The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.

   (See also NR.01.01.01, EP 5)

   **Note:** For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.

4. Staff are held accountable for their responsibilities.

5. Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments.

   (See also NR.01.01.01, EP 1)

6. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's emergency services are directed and supervised by a qualified member of the medical staff.

7. 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
8. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital assigns an individual who is responsible for outpatient services.

9. For hospitals that use Joint Commission accreditation for deemed status purposes: The anesthesia service is responsible for all anesthesia administered in the hospital.

10. For psychiatric hospitals that use accreditation for deemed status purposes: The hospital has a director of social work services who monitors and evaluates the social work services furnished.  
    Note: Social work services are furnished in accordance with accepted standards of practice and established policies and procedures.

**LS.02.01.30**

The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

**Elements of Performance for LS.02.01.30**

1. Existing vertical openings (other than exit stairs) are enclosed with 1-hour fire-rated construction. In new construction, vertical openings (other than exit stairs) are enclosed by 1-hour fire-rated walls when connecting three or fewer floors and 2-hour fire-rated walls when connecting four or more floors. (See also LS.02.01.10, EP 4)
   
   Note: These vertical openings include, but are not limited to, communicating stairs, ramps, elevator shafts, ventilation shafts, light shafts, trash chutes, linen chutes, and utility chases. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.1.1)
2. All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000: 18/19.3.2.1. (See also LS.02.01.10, EP 5; LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:

Boiler/fuel-fired heater rooms
- Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
- New boiler/fuel-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

Central/bulk laundries larger than 100 square feet
- Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
- New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.

Flammable liquid storage rooms (See NFPA 30-1996:4-4.2.1 and 4-4.4.2)
- Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.
- New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.

Laboratories (See NFPA 45-1996 to determine if a laboratory is a "severe hazard" area)
- Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors.
- New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors.
- New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)
- New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)

Maintenance repair shops
- Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with at least 3/4-hour fire-rated doors.
- New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)
- Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Paint shops that are not severe hazard areas
- Existing paint shops that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Soiled linen rooms
- Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Storage rooms
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- Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New storage rooms for combustible materials 50 to 100 square feet are sprinklered, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- New storage rooms for combustible materials larger than 100 square feet are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Trash collection rooms
- Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New trash collection rooms are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

3. Gift shops storing or displaying combustibles in quantities considered hazardous are separated by 1-hour fire-rated walls and 3/4-hour fire-rated doors. In existing buildings, a combination of walls and doors to limit the passage of smoke and an approved automatic sprinkler system may be used for gift shops storing or displaying combustibles in quantities considered hazardous. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.2.5)

4. Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.3.2)

5. Newly installed interior floor finishes in corridors of smoke compartments without sprinkler systems have a Class I radiant flux rating. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.3.3)

6. Existing corridor partitions are fire rated for 1/2 hour, are continuous from the floor slab to the floor or roof slab above, extend through any concealed spaces (such as those above suspended ceilings and interstitial spaces), are properly sealed, and are constructed to limit the transfer of smoke.

   Note: In smoke compartments protected throughout with an approved supervised sprinkler system, corridor partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling. The following ceiling features also limit the passage of smoke: sprinkler piping and sprinklers that penetrate the ceiling; ducted heating, ventilating, and air-conditioning (HVAC) supply and return-air diffusers; speakers; and recessed lighting fixtures. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.2.1 and 19.3.6.2.2)

7. In new buildings, corridor walls are constructed to limit the transfer of smoke. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.6.2)

8. In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed.

   Note: Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, fixed wired glass, or fire-rated glazing, and set in approved metal frames) are permitted. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.8 and 8.2.3.2.2(2))

9. In existing buildings, all corridor doors are constructed of 1 3/4-inch or thicker solid bonded wood core or equivalent material and do not have ventilating louvers or transfer grills (with the exception of bathrooms, toilets, and sink closets that do not contain flammable or combustible materials). (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.3.1 and 19.3.6.4)

10. Corridor doors do not have nonrated protective plates that are placed higher than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.5)
11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable. Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

12. Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings. Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.5)

13. Corridors serving adjoining areas are not used for a portion of an air supply, air return, or exhaust air plenum. Note: The Joint Commission interprets the NFPA code to allow incidental air movement between rooms and corridors (such as isolation rooms) because of the need for pressure differentials in health care hospitals. In such cases, the direction of airflow is not the focus for this element of performance. For the purpose of fire protection, air transfer should be limited to the amount necessary to maintain positive or negative pressure differentials. (For full text and any exceptions, refer to NFPA 90A-1999: 2-3.11.1)

14. In existing buildings at least two smoke compartments are provided for every story that has more than 30 patients in sleeping rooms. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.7.1)

15. In new buildings at least two smoke compartments are provided for every story with patient sleeping or treatment rooms, for non-sleeping stories that have an occupant capacity of 50 or more people, and on usable but unoccupied stories. (For full text and any exceptions, refer to NFPA 101-2000: 18.3.7.1 and 18.3.7.2)

16. Smoke barriers limit the maximum size of each smoke compartment to 22,500 square feet. The travel distance from any point within the compartment to a smoke barrier door is no more than 200 feet. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.1)

17. The size of smoke compartments meets the requirements of NFPA 101-2000: 18/19.3.7.4.

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

19. In existing buildings, smoke barriers are fire rated for 1/2 hour; in new buildings, smoke barriers are fire rated for 1 hour. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

20. In existing buildings, ducts that penetrate smoke barriers are protected by approved smoke dampers that close when a smoke detector is activated. The detector is located either within the duct system or in the area serving the smoke compartment. Note: In existing buildings with two adjacent compartments with approved automatic sprinkler systems, dampers in common smoke barriers are not required. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3 and 8.3.5.2)

21. Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text and any exceptions, refer to NFPA 101-2000: 8.3.5.1)
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22. Fixed fire window assemblies in smoke barrier walls or doors are fire-rated for 20 minutes and are 25% or less of the size of the fire barrier in which they are installed. 
Note: Existing window installations that have fixed wire glass or fire-rated glazing, are 1,296 square inches in size or smaller, and are set in approved metal frames are acceptable. (For full text and any exceptions, refer to: NFPA 101-2000: 18.3.7.7, 19.3.7.5, and 8.2.3.2.2)

23. Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or equivalent, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 3/4 inch. Doors do not have nonrated protective plates more than 48 inches above the bottom of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.5, 18/19.3.7.6, and 8.3.4.1)

24. In buildings, exit stairs connecting three or fewer floors are fire rated for 1 hour; exit stairs connecting four or more floors are fire rated for 2 hours. (For full text and any exceptions, refer to: NFPA 101-2000:7.1.3.2.1)

Note: See The Joint Commission’s Web site (http://www.jointcommission.org/lsc) for alcohol-based hand rub (ABHR) requirements.

PC.01.02.13
The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.

Elements of Performance for PC.01.02.13

1. Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes a history of mental, emotional, behavioral, and substance use problems, their co-occurrence, and their treatment.

2. Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:
   - Current mental, emotional, and behavioral functioning
   - Maladaptive or other behaviors that create a risk to the patient or others
   - Mental status examination
   - For psychiatric hospitals that use accreditation for deemed status purposes: Reason for admission as stated by the patient and/or others significantly involved in the patient’s care.
3. Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
   - The patient’s religion and spiritual beliefs, values, and preferences
   - Living situation
   - Leisure and recreation activities
   - Military service history
   - Peer-group
   - Social factors
   - Ethnic and cultural factors
   - Financial status
   - Vocational or educational background
   - Legal history
   - Communication skills

4. Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
   - Any history of physical or sexual abuse as either the abuser or abused
   - The patient's sexual history
   - Childhood history
   - Emotional and health care issues
   - Visual-motor functioning
   - Self care

5. Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
   - The patient's family circumstances, including the composition of the family group
   - The community resources currently used by the patient
   - The need for the family members’ participation in the patient’s care

6. Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
   - A psychiatric evaluation
   - Psychological assessments, including intellectual, projective, neuropsychological, and personality testing
   - For psychiatric hospitals that use accreditation for deemed status purposes: Complete neurological examination, when indicated.

7. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient receives a psychiatric evaluation completed within 60 hours of admission.
PC.01.03.01
The hospital plans the patient’s care.

**Elements of Performance for PC.01.03.01**

1. The hospital plans the patient’s care, treatment, and services based on needs identified by the patient’s assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)

5. The written plan of care is based on the patient’s goals and the time frames, settings, and services required to meet those goals. Note: For psychiatric hospitals that use accreditation for deemed status purposes: The patient’s goals include both short- and long-term goals.

22. Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress.

23. The hospital revises plans and goals for care, treatment, and services based on the patient’s needs. (See also RC.02.01.01, EP 2)

43. For psychiatric hospitals that use accreditation for deemed status purposes: The plan of care includes the responsibilities of each member of the treatment team.

TS.02.01.01
The hospital complies with organ transplantation responsibilities.

**Elements of Performance for TS.02.01.01**

1. The hospital performing organ transplants belongs to and abides by the rules of the Organ Procurement and Transplantation Network (OPTN) * established under section 372 of the Public Health Service (PHS) Act.

Footnote *: The term “rules of the OPTN” means those rules provided for in regulations issued by the Secretary in accordance with section 372 of the PHS Act which are enforceable under 42 CFR 121.10. No hospital is considered to be out of compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this paragraph, unless the Secretary has given the OPTN formal notice that he or she approves the decision to exclude the hospital from the OPTN and has notified the hospital in writing.

2. If requested, the hospital provides all data related to organ transplant to the Organ Procurement and Transplantation Network (OPTN), the Scientific Registry, or the hospital’s designated organ procurement organization (OPO), and when requested by the Office of the Secretary, directly to the U.S. Department of Health & Human Services.