

Prepublication Requirements

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 Related to the Centers for Medicare & Medicaid Services (CMS)

APPLICABLE TO HOSPITALS


Effective July 2, 2014

Environment of Care (EC)

Standard EC.02.02.01

The hospital manages risks related to hazardous materials and waste.

Elements of Performance for EC.02.02.01

A 18. For hospitals that use Joint Commission accreditation for deemed status purposes: Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure. 

A 19. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has procedures for the proper routine storage and prompt disposal of trash.

Standard EC.02.03.01

The hospital manages fire risks.

Element of Performance for EC.02.03.01

A 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 and report 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)*.

Standard EC.02.05.03

The hospital has a reliable emergency electrical power source.

Element of Performance for EC.02.05.03

A 6. The hospital provides emergency power for the following: Areas in which loss of power could result in patient harm, including intensive care, emergency rooms, 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)*. 

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Human Resources (HR)

Standard HR.01.01.01

The hospital has the necessary staff to support the care, treatment, and services it provides.

Element of Performance for HR.01.01.01

A 2. For hospitals that use Joint Commission accreditation for deemed status purposes: The

Key: A indicates scoring category A; C indicates scoring category C;  indicates that documentation is required;  indicates Measure of Success is needed;  indicates an Immediate Threat to Health or Safety;  indicates situational decision rules apply;  indicates direct impact requirements apply; **R** indicates an identified risk area

hospital has a qualified dietician on a full-time, part-time, or consultative basis.

Standard HR.01.02.01

The hospital defines staff qualifications.

Element of Performance for HR.01.02.01

A 1. The hospital defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3 and RI.01.01.03, EP 2) **R**

Note 1: *Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).*

Note 2: *Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at <http://www.cdc.gov/clia/Regulatory>.*

Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: *Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.*

Note 4: *Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.*

Leadership (LD)

Standard LD.01.03.01

The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Element of Performance for LD.01.03.01

A 21. **For hospitals that use Joint Commission accreditation for deemed status purposes:** The governing body is responsible for making sure that

performance improvement activities reflect the complexity of the hospital's organization and services, involve all departments and services, and include services provided under contract. (For more information on contracted services, see Standard LD.04.03.09)

Medication Management (MM)

Standard MM.03.01.01

The hospital safely stores medications.

Element of Performance for MM.03.01.01

A 24. **For hospitals that use Joint Commission accreditation for deemed status purposes:** The hospital maintains records of the receipt and disposition of radiopharmaceuticals.

Medical Staff (MS)

Standard MS.03.01.03

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

Element of Performance for MS.03.01.03

A 13. **For hospitals that use Joint Commission accreditation for deemed status purposes:** Patients are admitted to the hospital only on the decision of a licensed practitioner permitted by the state to admit patients to a hospital.

Standard MS.06.01.05

The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.

Element of Performance for MS.06.01.05

A 15. **For hospitals that use Joint Commission accreditation for deemed status purposes:** The surgical service maintains a current roster listing each practitioner's surgical privileges.


Note: The roster may be in paper or electronic format.

Nursing (NR)

Standard NR.02.03.01

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

Element of Performance for NR.02.03.01

A 8. **For hospitals that use Joint Commission accreditation for deemed status purposes:** A registered nurse assigns the nursing care for each patient to other nursing personnel in accordance with the patient's needs and the qualifications and competence of the nursing staff available. 




Provision of Care, Treatment, and Services (PC)

Standard PC.01.02.03

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

Element of Performance for PC.01.02.03


C 3. Each patient is reassessed as necessary based on his or her plan for care or changes in his or her condition.

Note: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; discharge planning needs; and/or his or her setting requirements.   

Standard PC.02.01.01

The hospital provides care, treatment, and services for each patient.

Element of Performance for PC.02.01.01



A 5. **For hospitals that use Joint Commission accreditation for deemed status purposes:** A registered nurse supervises and evaluates the nursing care for each patient. 

Standard PC.03.01.01

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

Note: Equipment identified in the elements of performance is available to the operating room suites.

Element of Performance for PC.03.01.01

A 10. **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 who is immediately available if needed
- 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: "Anesthesiologist assistant" is defined in 42 CFR 410.69(b).

* The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempt from the requirement for doctors of medicine or osteopathy to supervise 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.

Standard PC.04.01.01

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

Element of Performance for PC.04.01.01

C 23.  **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 (which have requested to be on the list) 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. **M R**

- Any medications dispensed or prescribed on discharge - Discharge diagnosis
- Discharge plan and discharge planning evaluation (See also PC.01.02.03, EPs 6-8)

Record of Care, Treatment, and Services (RC)

Standard RC.02.01.01

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

Element of Performance for RC.02.01.01

C 2. The medical record contains the following clinical information: **M** **A** **R**

- 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, EPs 1 and 4; 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 (including complications and hospital-acquired infections)
- 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

Rights and Responsibilities of the Individual (RI)

Standard RI.01.01.01

The hospital respects, protects, and promotes patient rights.

Element of Performance for RI.01.01.01

A 2. The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3) **R**

Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: *The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.*

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: *The hospital makes sure that each patient, or his or her family, is informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.*

Standard RI.01.02.01

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

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: *This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.*

Element of Performance for RI.01.02.01

A 1. The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her ~~own~~ family and physician promptly notified of his or her admission to the hospital.

A **R**