

Approved Standards & EPs for The Joint Commission Primary Care Medical Home Option Ambulatory Care Accreditation Program

****Please Note: Shading indicates a new or revised requirement****

HR.03.01.01

For organizations that elect The Joint Commission Primary Care Medical Home option: Qualified individuals serve in the role of primary care clinician.

Elements of Performance for HR.03.01.01

1. For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician has the educational background and broad-based knowledge and experience necessary to handle most medical and other health care needs of the patients who have selected them, including resolving conflicting recommendations for care.

LD.01.03.01

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

Elements of Performance for LD.01.03.01

1. Governance defines in writing its responsibilities.
2. Governance provides for organization management and planning.
3. Governance approves the organization's written scope of services. (See also PC.01.01.01, EP 7)
4. Governance selects the chief executive.
5. Governance provides for the resources needed to maintain safe, quality care, treatment, or services.
6. Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals.
20. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization evaluates how effectively the primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.

Ambulatory Care Accreditation Program

LD.04.04.01

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

Elements of Performance for LD.04.04.01

1. Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
2. Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 4, 6-8, and 14-15)
3. Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.
4. **Performance improvement occurs organization-wide. For organizations that elect The Joint Commission Primary Care Medical Home option: Ongoing performance improvement occurs organization-wide for the purpose of demonstrably improving the quality and safety of care, treatment, or services.**
16. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The infection control program is an integral part of the ambulatory surgical center's quality assessment and performance improvement program.
17. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that the quality assessment and performance improvement program is defined, implemented, and maintained.
18. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that adequate staff, time, information systems, and training are allocated to the quality assessment and performance improvement program.
19. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The governing body makes certain that the performance improvement data collection methods, frequency, and details are appropriate.
20. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center sets priorities for its performance improvement activities that affect health outcomes, patient safety, and quality of care.
21. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center develops an ongoing, data-driven quality assessment and performance improvement program.
22. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center implements its quality assessment and performance improvement program.
23. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center maintains its quality assessment and performance improvement program.
24. **For organizations that elect The Joint Commission Primary Care Medical Home option: Leaders involve patients in performance improvement activities.**
Note: Patient involvement may include activities such as participating on a quality committee or providing feedback on safety and quality issues.

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MM.04.01.01

Medication orders are clear and accurate.

Elements of Performance for MM.04.01.01

1. The organization has a written policy that identifies the specific types of medication orders that it deems acceptable for use.
Note: There are several different types of medication orders. Medication orders commonly used include the following:
 - As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom
 - Standing orders: A pre-written medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances
 - Automatic stop orders: Orders that include a date or time to discontinue a medication
 - Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status
 - Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval
 - Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status
 - Orders for compounded drugs or drug mixtures not commercially available
 - Orders for medication-related devices (for example, nebulizers, catheters)
 - Orders for investigational medications
 - Orders for herbal products
 - Orders for medications at discharge or transfer
2. The organization has a written policy that defines the following: The required elements of a complete medication order.
3. The organization has a written policy that defines the following: When indication for use is required on a medication order.
4. The organization has a written policy that defines the following: The precautions for ordering medications with look-alike or sound-alike names.
5. The organization has a written policy that defines the following: Actions to take when medication orders are incomplete, illegible, or unclear.
7. If the organization uses pre-printed medication order sheets, it updates them based on current evidence and practice.
8. The organization prohibits summary (blanket) orders to resume previous medications.
12. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Orders given verbally for medications and biologicals are followed by a written order signed by the prescribing physician.
13. The organization implements its policies for medication orders.
14. The organization requires an order from a doctor of medicine or osteopathy or, as permitted by law and regulation, organization-specific protocol(s) approved by a doctor of medicine or osteopathy to administer influenza and pneumococcal polysaccharide vaccines.
- 21. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses an electronic prescribing process.**

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PC.01.03.01

The organization plans the patient's care.

Elements of Performance for PC.01.03.01

1. The organization plans the patient's care, treatment, or services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)
- 44. For organizations that elect The Joint Commission Primary Care Medical Home option: Patient self-management goals are identified, agreed upon with the patient, and incorporated into the patient's treatment plan. (See also RI.01.02.01, EP 1)**
- 45. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses clinical decision support tools to guide decision making. (See also LD.04.04.09, EPs 1-5)**

PC.02.01.01

The organization provides care, treatment, or services for each patient.

Elements of Performance for PC.02.01.01

1. The organization provides the patient with care, treatment, or services according to his or her individualized plan of care.
- 16. For organizations that elect The Joint Commission Primary Care Medical Home option: Each patient has a designated primary care clinician.**
- 17. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization allows the patient to select his or her primary care clinician.**

PC.02.01.21

For organizations that elect The Joint Commission Primary Care Medical Home option: The organization effectively communicates with patients when providing care, treatment, or services.

Elements of Performance for PC.02.01.21

- 1. For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team identify the patient's oral and written communication needs, including the patient's preferred language for discussing health care.
Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.**
- 2. For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team communicate with the patient during the provision of care, treatment, or services in a manner that meets the patient's oral and written communication needs.**

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PC.02.02.01

The organization coordinates the patient's care, treatment, or services based on the patient's needs.

Elements of Performance for PC.02.02.01

1. The organization has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1)
2. The organization's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of patient information.
Note: Such information may include the patient's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these.
3. The organization coordinates the patient's care, treatment, or services.
Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, or services.
10. When the organization uses external resources to meet the patient's needs, it participates in coordinating the patient's care, treatment, or services.
15. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center has procedures for obtaining radiological services from a Medicare-approved facility in order to meet the patient's needs.
17. The organization coordinates care, treatment, or services within a time frame that meets the patient's needs.
- 24. For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs.
Note: Typically this is an interactive process. For example, patients may be asked to demonstrate their understanding of information provided by explaining it in their own words.**
- 25. For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team incorporate the patient's health literacy needs into the patient's education.**

Ambulatory Care Accreditation Program

PC.02.03.01

The organization provides patient education and training based on each patient's needs and abilities.

Elements of Performance for PC.02.03.01

1. The organization assesses the patient's learning needs.
4. The organization provides education and training to the patient based on his or her assessed needs.
5. The organization coordinates the patient education and training provided by all disciplines involved in the patient's care, treatment, or services.
10. Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following:
 - An explanation of the plan for care, treatment, or services
 - Basic health practices and safety
 - Information on the safe and effective use of medications (See also MM.06.01.01, EP 9)
 - Nutrition interventions (for example, supplements) and modified diets
 - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
 - Information on oral health
 - Information on the safe and effective use of medical equipment or supplies provided by the organization
 - Habilitation or rehabilitation techniques to help the patient reach maximum independence
25. The organization evaluates the patient's understanding of the education and training it provided.
27. The organization provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.
- 28. For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient's individual needs.**

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PC.02.04.01

For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week.

Note: Access may be provided through a number of methods, including telephone, email, flexible hours, websites, and portals.

Elements of Performance for PC.02.04.01

- 1. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with access to the following 24 hours a day, 7 days a week:**
 - Appointment availability/scheduling**
 - Requests for prescription renewal**
 - Test results**
 - Clinical advice for urgent health needs**
- 2. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization offers flexible scheduling to accommodate patient care needs.**

Note: This may include open scheduling, same day appointments, group visits, expanded hours, and arrangements with other organizations.
- 3. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization has a process to address patient urgent care needs 24 hours a day, 7 days a week.**

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PC.02.04.03

For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)

Elements of Performance for PC.02.04.03

1. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization manages transitions in care and provides or facilitates patient access to care, treatment, or services including the following:
 - Acute care
 - Management of chronic care
 - Preventive services that are age- and gender-specific
 - Behavioral health needs
 - Oral health care
 - Urgent and emergent care
 - Substance abuse treatment

Note: Some of these services may be obtained through the use of community resources as available, or in collaboration with other organizations.
2. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides care that addresses various phases of a patient's lifespan, including end-of-life care.
3. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides disease and chronic care management services to its patients.
4. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides population-based care.
5. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses health information technology to do the following:
 - Support the continuity of care, and the provision of comprehensive and coordinated care, treatment, or services
 - Document and track care, treatment, or services
 - Support disease management, including providing patient education
 - Support preventive care, treatment, or services
 - Create reports for internal use and external reporting
 - Facilitate electronic exchange of information among providers
 - Support performance improvement

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PC.02.04.05

For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.

Elements of Performance for PC.02.04.05

1. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization identifies the composition of the interdisciplinary team.
2. For organizations that elect The Joint Commission Primary Care Medical Home option: The members of the interdisciplinary team provide comprehensive and coordinated care, treatment, or services and maintain the continuity of care.
Note: The provision of care may include making internal and external referrals.
3. For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team members function within their scope of practice and in accordance with privileges granted.
4. For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team provide care for a designated group of patients.
5. For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician is responsible for making certain that the interdisciplinary team provides comprehensive and coordinated care, treatment, or services and maintains the continuity of care as described in EPs 6-13.
Note: Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in the provision of care.
6. For organizations that elect The Joint Commission Primary Care Medical Home option: When a patient is referred to an external organization, the interdisciplinary team reviews and tracks the care provided to the patient.
7. For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team acts on recommendations from internal and external referrals for additional care, treatment, or services.
8. For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team participates in the development of the patient's treatment plan.
9. For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team works in partnership with the patient to achieve planned outcomes.
10. For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team monitors the patient's progress towards achieving treatment goals.
11. For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team involves the patient in the development of his or her treatment plan.

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12. For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team assesses patients for health risk behaviors.
13. For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team actively participates in performance improvement activities.

Ambulatory Care Accreditation Program

PI.01.01.01

The organization collects data to monitor its performance.

Elements of Performance for PI.01.01.01

1. The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
2. The organization identifies the frequency for data collection.
3. The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)
4. The organization collects data on the following: Operative or other procedures that place patients at risk of disability or death. (See also LD.04.04.01, EP 2)
5. The organization collects data on the following: All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses.
6. The organization collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. (See also LD.04.04.01, EP 2)
7. The organization collects data on the following: The use of blood and blood components. (See also LD.04.04.01, EP 2)
8. The organization collects data on the following: All confirmed transfusion reactions. (See also LD.04.04.01, EP 2)
14. The organization collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
15. The organization collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
- 16. The organization collects data on the following: Patient perception of the safety and quality of care, treatment, or services. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization also collects data on the following:**
 - Patient experience and satisfaction related to access to care, treatment, or services, and communication
 - Patient perception of the comprehensiveness of care, treatment, or services
 - Patient perception of the coordination of care, treatment, or services
 - Patient perception of the continuity of care, treatment, or services
28. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization, with the participation of the medical staff, collects data on the medical necessity of procedures.
29. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization, with the participation of the medical staff, collects data on the appropriateness of care.

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30. The organization considers collecting data on the following:
 - Staff opinions and needs
 - Staff perceptions of risk to individuals
 - Staff suggestions for improving patient safety
 - Staff willingness to report adverse events
36. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center documents the improvement projects it is conducting. The documentation includes, at a minimum, the reason(s) for implementing the project and a description of the project's results.
- 40. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Disease management outcomes.**
- 41. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization collects data on the following: Patient access to care within time frames established by the organization.**

PI.03.01.01

The organization improves performance.

Elements of Performance for PI.03.01.01

1. Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8)
2. The organization takes action on improvement priorities.
3. The organization evaluates actions to confirm that they resulted in improvements.
4. The organization takes action when it does not achieve or sustain planned improvements.
10. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center implements preventive strategies throughout the facility targeting adverse patient events and makes certain that all staff are familiar with these strategies. (See also LD.04.04.05, EPs 5, 6, 7, 12)
- 11. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization uses the data it collects on the patient's perception of the safety and quality of care, treatment, or services to improve its performance. This data includes the following:**
 - Patient experience and satisfaction related to access to care, treatment, or services and communication
 - Patient perception of the comprehensiveness of care, treatment, or services
 - Patient perception of the coordination of care, treatment, or services
 - Patient perception of the continuity of care, treatment, or services

Ambulatory Care Accreditation Program

RC.01.01.01

The organization maintains complete and accurate clinical records.

Elements of Performance for RC.01.01.01

1. The organization defines the components of a complete clinical record.
5. The clinical record contains the information needed to support the patient's diagnosis and condition.
6. The clinical record contains the information needed to justify the patient's care, treatment, or services.
7. The clinical record contains information that documents the course and result of the patient's care, treatment, or services.
- 8. The clinical record contains information about the patient's care, treatment, or services that promotes continuity of care among providers.**
Note: For organizations that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.
9. The organization uses standardized formats to document the care, treatment, or services it provides to patients.
11. All entries in the clinical record are dated.
12. The organization tracks the location of all components of the clinical record.
13. The organization assembles or makes available in a summary in the clinical record all information required to provide patient care, treatment, or services. (See also MM.01.01.01, EP 1)
14. When needed to provide care, summaries of treatment and other documents provided by the organization are forwarded to other care providers.

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RC.02.01.01

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

Elements of Performance for RC.02.01.01

1. **The clinical record contains the following demographic information:**
 - The patient's name, address, phone number, and date of birth, and the name of any legally authorized representative
 - The patient's sex, height, and weight
 - The legal status of any patient receiving behavioral health care services
 - The patient's language and communication needs
 - For organizations that elect The Joint Commission Primary Care Medical Home option: The patient's communication needs, including preferred language for discussing health care

Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative are documented in the clinical record. (See also PC.02.01.21, EP 1)
2. The clinical record contains the following clinical information:
 - 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, or services
 - Any consultation reports
 - Any progress notes
 - 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
 - The patient's response to any medication administered
 - Any adverse drug reactions
 - Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1)
 - Orders for diagnostic and therapeutic tests and procedures and their results
4. As needed to provide care, treatment, or services, the clinical record contains the following additional information:
 - Any advance directives
 - 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

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21. The clinical record of a patient who receives urgent or immediate care, treatment, or services contains the following:
 - The time and means of arrival
 - Indication that the patient left against medical advice, when applicable
 - Conclusions reached at the termination of care, treatment, or services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, or services
 - A copy of any information made available to the practitioner or medical organization providing follow-up care, treatment, or services
 28. **For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record contains the patient's race and ethnicity.**
 29. **For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record includes the patient's self-management goals and the patient's progress toward achieving those goals.**
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RI.01.01.03

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

Elements 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; 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)
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 and 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.

Ambulatory Care Accreditation Program

RI.01.02.01

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

Elements of Performance for RI.01.02.01

1. The organization involves the patient in making decisions about his or her care, treatment, or services.
3. The organization respects the patient's right to refuse care, treatment, or services, in accordance with law and regulation.
6. When a patient is unable to make decisions about his or her care, treatment, or services, the organization involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
7. When a surrogate decision-maker is responsible for making care, treatment, or services decisions, the organization respects the surrogate decision-maker's right to refuse care, treatment, or services on the patient's behalf, in accordance with law and regulation.
8. The organization involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
20. The organization provides the patient or surrogate decision-maker with the information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions.
21. The organization informs the patient or surrogate decision-maker about unanticipated outcomes of care, treatment, or services that relate to sentinel events considered reviewable by The Joint Commission. (Refer to the "Sentinel Events" (SE) chapter for a definition of reviewable sentinel events.)
- 31. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization respects the patient's right to make decisions about the management of his or her care.**
- 32. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization respects the patient's right and provides the patient the opportunity to do the following:**
 - Obtain care from other clinicians of the patient's choosing within the primary care medical home
 - Seek a second opinion from a clinician of the patient's choosing
 - Seek specialty care**Note: This element of performance does not imply financial responsibility for any activities associated with these rights.**

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RI.01.04.03

For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with information about the functions and services of the primary care medical home.

Elements of Performance for RI.01.04.03

1. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: The mission, vision, and goals of the primary care medical home. (See also LD.02.01.01, EP 3)
Note: This may include how it provides for patient-centered and team-based comprehensive care, a systems-based approach to quality and safety, and enhanced patient access.
2. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: The scope of care and types of services provided by the primary care medical home. (See also PC.01.01.01, EP 7 and LD.01.03.01, EP 3)
3. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: How the primary care medical home functions, including the following:
 - Processes supporting patient selection of a primary care clinician
 - Involving the patients in his or her treatment plan
 - Obtaining and tracking referrals
 - Coordinating care
 - Collaborating with patient-selected clinicians who provide specialty care or second opinions
4. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: How to access the primary care medical home for care or information.
5. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: Patient responsibilities, including providing health history and current medications, and participating in self-management activities. (See also RI.02.01.01, EP 2)
6. For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides information to the patient about: The patient's right to obtain care from other clinicians within the primary care medical home, to seek a second opinion, and to seek specialty care. (See also PC.02.03.01, EP 4 and RI.01.01.03, EPs 1 and 3)

Definition of primary care clinician:

Primary care clinicians have the educational background and broad-based knowledge and experience necessary to handle most medical and other health care needs of the patients who have selected them, including resolving conflicting recommendations for care. The primary care clinician works collaboratively with an interdisciplinary team and in partnership with the patient to address the patient's primary health care needs. The primary care clinician is selected by the patient and serves as the primary point of contact for the patient and family. A primary care clinician operating within the primary care home is a doctor of medicine or doctor of osteopathy, advanced practice nurse, or physician assistant. (See also HR.03.01.01, EP 1)