

# Prepublication Requirements

• Issued December 20, 2023 •



## Revisions to Post Acute Care 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>.

**Please note:** Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

### APPLICABLE TO THE NURSING CARE CENTER ACCREDITATION PROGRAM

Effective July 1, 2024

### Human Resources (HR) Chapter

#### HR.01.02.05

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

#### Element(s) of Performance for HR.01.02.05

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|---|---|
| <p>24. For organizations that elect The Joint Commission Post–Acute Care Certification option: A registered nurse(s) is on duty 24 hours a day, 7 days a week.<br/><del>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</del></p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>24. <b>For organizations that elect The Joint Commission Post–Acute Care Certification option: A registered nurse(s) is on duty 24 hours a day, 7 days a week.</b></p>   | <input type="checkbox"/> <input type="checkbox"/> |

Key: **D** indicates that documentation is required;

**R** indicates an identified risk area;

25. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization plans for clinical staffing based on the following: □ □
- Patient acuity
  - Complexity of clinical tasks
  - Staff experience and expertise
  - Physical layout of the facility
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
25. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization plans for clinical staffing based on the following: □ □
- Patient acuity
  - Complexity of clinical tasks
  - Staff experience and expertise
  - Physical layout of the facility

### HR.01.05.03

Staff participate in education and training.

#### Element(s) of Performance for HR.01.05.03

21. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization involves staff in identifying ~~staff~~ learning needs relevant to rehabilitation and advanced care services. R □  
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
21. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization involves staff in identifying their learning needs relevant to rehabilitation and advanced care services. Education and training align with current best practices. Staff participation is documented. R D
22. For organizations that elect The Joint Commission Post–Acute Care Certification option: Staff participate in education and training that addresses ~~how to identify early warning signs of a change in a patient's condition and how to respond to a patient's decline in condition.~~ Participation in this education is documented. R D  
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
22. For organizations that elect The Joint Commission Post–Acute Care Certification option: Staff participate in education and training regarding a patient's acute change of condition based on staff's roles and responsibilities. Education and training address the following: R D
- Identifying early warning signs
  - Responding to the acute change of condition
  - Communicating relevant clinical information to the appropriate individuals
  - Monitoring a patient according to their acute change of condition
- Participation in this education is documented.

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

**HR.01.06.01**

Staff are competent to perform their responsibilities.

**Element(s) of Performance for HR.01.06.01**

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|---|---|---|---|
| <p>24. For organizations that elect The Joint Commission Post–Acute Care Certification option: Staff competence is assessed and documented annually, or more frequently as required by organization policy or in accordance with law and regulation.<br/><del>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</del></p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">R</td> <td style="padding: 2px 5px;">D</td> </tr> </table> | R | D |
| R   | D   |   |   |
| <p>24. <b>For organizations that elect The Joint Commission Post–Acute Care Certification option: Staff competence <u>related to rehabilitation and advanced care services</u> is assessed and documented annually, or more frequently as required by organization policy or in accordance with law and regulation.</b></p>   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">R</td> <td style="padding: 2px 5px;">D</td> </tr> </table> | R | D |
| R   | D   |   |   |

Leadership (LD) Chapter

**LD.01.06.01**

A medical director oversees the care, treatment, and services provided to patients and residents.

**Element(s) of Performance for LD.01.06.01**

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| <p>6. For organizations that elect The Joint Commission Post–Acute Care Certification option: The responsibilities of the medical director include reviewing a sampling of records <del>as determined by the organization to determine whether admission, transfer, or discharge was justified.</del><br/><del>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</del></p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>                      |  |   |
|  |  |  |   |
| <p>6. <b>For organizations that elect The Joint Commission Post–Acute Care Certification option: The responsibilities of the medical director include reviewing a sampling of records <u>in accordance with the organization's written policy</u> to determine whether admission, transfer, or discharge was justified.</b></p>  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
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**LD.03.10.01**

The organization uses clinical practice guidelines, when available, to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.

**Element(s) of Performance for LD.03.10.01**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

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| <p>1. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization uses clinical practice guidelines, <del>when available,</del> to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.<br/> <b>Note:</b> This element of performance applies only for those patients receiving post-acute care under the optional certification.</p>   | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |
| <p>1. <b>For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization uses clinical practice guidelines to design or improve processes <u>for care, treatment, and services. This includes leadership reviewing and approving guidelines used by the organization, ensuring the implementation of the guidelines, and monitoring for updates to the guidelines.</u></b><br/> <b>Note: Organizations may follow established evidence-based protocols for care, treatment, and services when clinical practice guidelines are not available.</b></p>   | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |
| <p>3. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization does the following related to the use of clinical practice guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms:<br/> <del>–Leaders review and approve the clinical practice guidelines that have been selected.<br/>         –Leaders manage and evaluate the implementation of the guidelines.<br/>         –Leaders monitor and review clinical practice guidelines for their effectiveness and modify them as needed.<br/>         –When clinical practice guidelines are not available, leaders either follow established protocols or develop their own protocols for care, treatment, and services.</del><br/> <b>Note:</b> This element of performance applies only for those patients receiving rehabilitation or advanced care under the optional certification.</p> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |

## Provision of Care, Treatment, and Services (PC) Chapter

### PC.01.01.01

The organization accepts the patient or resident for care, treatment, and services based on its ability to meet the patient’s or resident’s needs.

#### Element(s) of Performance for PC.01.01.01

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| <p>24. For organizations that elect The Joint Commission Post–Acute Care Certification option: The process for accepting patients that are seeking rehabilitation and advanced care services includes written screening criteria developed by the interdisciplinary team.<br/> <b>Note 4:</b> Screening criteria may address exclusionary conditions.<br/> <del><b>Note 2:</b> This element of performance applies only for those patients receiving post-acute care under the optional certification.</del></p> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 30px; border: 1px solid black; text-align: center; vertical-align: middle;"/> D |
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### PC.01.02.01

The organization assesses and reassesses its patients and residents.

**Key:** D indicates that documentation is required; R indicates an identified risk area;

**Element(s) of Performance for PC.01.02.01**




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| <p>17. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization assess the patients’ nutritional status within 14 days of admission, establishing a baseline for the following:</p> <ul style="list-style-type: none"> <li>- Admission weight</li> <li>- Height and body mass index</li> <li>- Eating preferences (for example, food choices, portion sizes, frequency of meals, times of day, cultural considerations, allergies)</li> <li>- Laboratory values</li> </ul> <p><b>Note:</b> Minimum Data Set items related to unintended weight loss can be used to inform the assessment.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
|   |   |  |  |
| <p>18. For organizations that elect The Joint Commission Post–Acute Care Certification option: When a patient’s nutritional status is altered, the organization does the following:</p> <ul style="list-style-type: none"> <li>- Evaluates the amount of any unintended weight loss or gain</li> <li>- Identifies any probable contributing factors</li> <li>- Determines interventions or treatments based on the plan for care</li> </ul> <p>This information is documented.</p>  | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
|   |   |  |  |
| <p>39. For organizations that elect The Joint Commission Post–Acute Care Certification option: Information gathered in the assessment and reassessments is used to identify the patient’s ability to perform self-managed tasks.</p> <p><del>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</del></p>  | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
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| <p>40. For organizations that elect The Joint Commission Post–Acute Care Certification option: Interdisciplinary team members collaborate and share information when conducting patient assessments and reassessments.</p> <p><del>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</del></p>  | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
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**PC.01.02.03**

The organization assesses and reassesses the patient or resident and the patient's or resident's condition according to defined time frames.

**Element(s) of Performance for PC.01.02.03**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

18. For organizations that elect The Joint Commission Post–Acute Care Certification option: The attending physician or licensed practitioner performs the patient's medical history and physical examination within 24 hours prior to or 48 hours after the patient's admission or readmission to the organization.   
 Note 4: When permitted by law and regulation, a medical history and physical examination performed by the attending physician or licensed practitioner within 30 days prior to the patient's admission or readmission can be used, provided it is updated with a summary of the patient's condition and course of care during the 30-day time period.  
 Note 2: This element of performance applies only for those patients receiving post-acute care under the optional certification.
18. For organizations that elect The Joint Commission Post–Acute Care Certification option: The attending physician or other qualified licensed practitioner performs the patient's medical history and physical examination within 24 hours prior to or 48 hours after the patient's admission or readmission to the organization. When the medical history and physical examination is performed by someone else, the attending physician or other qualified licensed practitioner does the following:   
- Reviews the patient's medical history  
- Reviews the patient's medications  
- Reexamines the patient  
- Updates any findings or other information as needed and provides a summary of the patient's physical condition and psychosocial status  
- Signs and dates the updated information and findings  
 Note : When permitted by law and regulation, a medical history and physical examination performed by the attending physician or licensed practitioner within 30 days prior to the patient's admission or readmission can be used, provided it is updated with a summary of the patient's condition and course of care during the 30-day time period.
19. ~~For organizations that elect The Joint Commission Post–Acute Care Certification option: When the medical history and physical examination is performed by someone other than the attending physician or licensed practitioner within 30 days of admission, the attending physician or licensed practitioner does the following within 24 hours prior to or 48 hours after the patient's or resident's admission or readmission to the organization:~~   
~~–Reviews the patient's medical history~~  
~~–Reexamines the patient~~  
~~–Updates any findings or other information as needed and provides a summary of the patient's physical condition and psychosocial status~~  
~~–Signs and dates the updated information and findings~~  
 Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.

20. For organizations that elect The Joint Commission Post–Acute Care Certification option: ~~The organization specifies, in writing, the following time frames for completion of initial assessments:~~
- ~~–The organization assesses the patient within the first hour to determine immediate care needs (based on the patient's admission diagnosis) to assist in developing the interim plan of care. (Refer to PC.01.03.01, EP 3)~~
  - ~~–The organization assesses the patient for pain, fall risk, skin condition, assistance needed in activities of daily living, and risk for rehospitalization no later than eight hours after admission. (Refer to PC.01.02.03, EP 17)~~
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
20. **For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization assesses the patient to determine their immediate care needs (based on the patient's admission diagnosis) to assist in developing the interim plan of care. The assessment includes pain, fall risk, skin condition, assistance needed in daily living activities and risk for rehospitalization. (Refer to PC.01.02.03, EP 17 and PC.01.03.01, EP 3)**
24. ~~For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization reassesses each patient based on factors that hinder the achievement of desired outcomes.~~
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

### PC.01.02.07

The organization assesses and manages the patient's or resident's pain and minimizes the risks associated with treatment.

#### Element(s) of Performance for PC.01.02.07

10. ~~For organizations that elect The Joint Commission Post–Acute Care Certification option: When assessing the patient for pain, the organization documents the following:~~
- ~~–Location~~
  - ~~–Duration~~
  - ~~–Type (for example: sharp, dull, throbbing)~~
  - ~~–Intensity (pain scale)~~
  - ~~–Exacerbating factors~~
  - ~~–Alleviating factors~~
  - ~~–Previous treatments and response~~
  - ~~–Any barriers which may prevent effective treatment~~
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
11. ~~For organizations that elect The Joint Commission Post–Acute Care Certification option: If the patient is unable to convey the presence of pain, the organization solicits input from the family in identifying and managing the patient's pain. This input is documented.~~
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

Key:  indicates that documentation is required;  indicates an identified risk area;

12. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization takes measures to ~~prevent or~~ reduce discomfort and pain ~~before~~ a treatment or procedure. Note 4: Nonmedication (nonpharmacological) interventions for pain can be important adjuncts to pain treatment regimens. ~~Note 2: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~ □ □

**12. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization takes measures to reduce discomfort and pain related to a treatment or procedure before, during, or after it is performed.** Note: Nonmedication (nonpharmacological) interventions for pain can be important adjuncts to pain treatment regimens. □ □

**PC.01.02.15**

The organization provides for diagnostic testing.

**Element(s) of Performance for PC.01.02.15**

8. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization develops written procedures for managing the critical results of tests and diagnostic procedures including the following: R D

- The definition of critical results of tests and diagnostic procedures
- By whom and to whom critical results of tests and diagnostic procedures are reported
- The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures, including any critical results of tests and diagnostic procedures received postdischarge or transfer
- The acceptable length of time between the reporting of critical results of tests and diagnostic procedures and the response, including intervention

~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

**8. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization develops written procedures for managing the critical results of tests and diagnostic procedures including the following:** R D

- **The definition of critical results of tests and diagnostic procedures**
- **By whom and to whom critical results of tests and diagnostic procedures are reported**
- **The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures, including any critical results of tests and diagnostic procedures received postdischarge or transfer**
- **The acceptable length of time between the reporting of critical results of tests and diagnostic procedures and the response, including intervention**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;



9. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization implements the procedures for managing the critical results of tests and diagnostic procedures.    
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

**9. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization implements the procedures for managing the critical results of tests and diagnostic procedures.**

**PC.01.03.01**

The organization plans the patient’s or resident’s care.

**Element(s) of Performance for PC.01.03.01**

~~14. For organizations that elect The Joint Commission Post–Acute Care Certification option: The plan for care, treatment, and services identifies any advance directives of the patient. (Refer to PC.01.03.01, EP 8)~~    
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

46. For organizations that elect The Joint Commission Post–Acute Care Certification option: Until the comprehensive plan of care is developed, the interim plan of care is updated in response to changes in the patient’s condition, and the patient’s progress toward meeting the goals of care, treatment, and services.    
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

**46. For organizations that elect The Joint Commission Post–Acute Care Certification option: Until the comprehensive plan of care is developed, the interim plan of care is updated in response to changes in the patient’s condition, and the patient’s progress toward meeting the goals of care, treatment, and services.**

~~47. For organizations that elect The Joint Commission Post–Acute Care Certification option: The patient and/or family is involved in developing an individualized plan of care.~~    
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

**PC.02.01.05**

The organization provides interdisciplinary, collaborative care, treatment, and services.

**Element(s) of Performance for PC.02.01.05**

~~27. For organizations that elect The Joint Commission Post–Acute Care Certification option: The interdisciplinary team regularly reviews the patient’s progress towards goal attainment.~~    
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

Key: **(D)** indicates that documentation is required; **(R)** indicates an identified risk area;

28. For organizations that elect The Joint Commission Post–Acute Care Certification option: The interdisciplinary team discusses the care, treatment, and services with the patient and/or family on an ongoing basis including the following: □ □
- Current status
  - Outcomes
  - Barriers to achieving goals
  - Alternative interventions to facilitate achieving goals
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
28. **For organizations that elect The Joint Commission Post–Acute Care Certification option: The interdisciplinary team discusses the care, treatment, and services with the patient and/or family on an ongoing basis including the following:** □ □
- **Current status**
  - **Outcomes**
  - **Barriers to achieving goals**
  - **Alternative interventions to facilitate achieving goals**
29. For organizations that elect The Joint Commission Post–Acute Care Certification option: An attending or other on-call licensed practitioner is available 24 hours a day, 7 days a week. □ □
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
29. **For organizations that elect The Joint Commission Post–Acute Care Certification option: An attending or other on-call licensed practitioner is available 24 hours a day, 7 days a week.** □ □
30. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization has a written plan to access a physician or other licensed practitioner should the organization be unable to communicate with the attending or other on-call licensed practitioner regarding a change in a patient's condition. □ (D)
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
30. **For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization has a written plan to access a physician or other licensed practitioner should the organization be unable to communicate with the attending or other on-call licensed practitioner regarding an acute change of a patient's condition.** □ (D)

**PC.02.01.09**

The organization plans for and responds to life-threatening emergencies.

**Element(s) of Performance for PC.02.01.09**

Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;

9. For organizations that elect The Joint Commission Post–Acute Care Certification option: Resuscitation equipment and supplies are available for staff use and are based on the needs of the population served (for example, crash cart, oxygen, automated external defibrillator, and weight-based equipment).    
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
9. **Resuscitation equipment and supplies are available to meet the needs of the population served and in accordance with the organization’s policies and procedures (for example, oxygen, automated defibrillator, or crash cart).**

**PC.02.01.15**

Patients and residents at risk for health-related complications receive preventive care.

**Element(s) of Performance for PC.02.01.15**

10. **For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization assesses patient weights weekly for four weeks and then monthly if weight is stable to help identify altered nutritional status.**    
**Note: The Minimum Data Set can be used as a tool to monitor changes in condition that impact nutritional status.**

**PC.02.01.19**

For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization recognizes and responds to changes in a patient’s ~~condition.~~

Note: Organizations are not required to create rapid response teams or medical emergency teams in order to meet this standard. The existence of these types of teams does not mean that all of the elements of performance are automatically achieved.

**For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization recognizes and responds to acute changes of condition in a patient.**

**Note: Organizations are not required to create rapid response teams or medical emergency teams in order to meet this standard. The existence of these types of teams does not mean that all of the elements of performance are automatically achieved.**

**Element(s) of Performance for PC.02.01.19**

4. ~~For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization follows a process for recognizing and responding to changes in a patient’s condition as soon as it appears to be worsening.~~    
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

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| <p>2. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization develops and follows written criteria describing early warning signs of a change or deterioration in a patient's condition and when to seek further assistance.<br/>         Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</p>   | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> |  | D |
|   | D  |  |   |
| <p>2. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization develops and <b>implements a written procedure for managing acute changes of condition that includes the following:</b><br/> <u>- On-site capabilities for acute care management</u><br/> <u>- Criteria for recognizing and responding to acute changes of condition</u><br/> <u>- Frequency of monitoring and assessments</u><br/> <u>- Clearly defined staff roles and responsibilities for the care of patients with acute change of condition</u><br/> <u>- Circumstances for when a patient needs to be transferred to a higher level of care</u></p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> |  | D |
|   | D  |  |   |
| <p>3. For organizations that elect The Joint Commission Post–Acute Care Certification option: Based on the organization's early warning criteria, staff seek additional assistance when they have concerns about a patient's condition.<br/>         Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</p>  | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>         |  |   |
|   |  |  |   |
| <p>4. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization informs the patient and family on how to seek assistance when they have concerns about the patient's condition.<br/>         Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</p>   | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>         |  |   |
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**PC.02.02.02**

For organizations that elect a Joint Commission Certification option: An individual(s) coordinates the provision of specialty care, treatment, and services for patients and residents.

**Element(s) of Performance for PC.02.02.02**

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| <p>1. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization designates a qualified individual (such as a registered nurse, occupational therapist, physical therapist, speech therapist, or social worker) who is competent to coordinate the provision of rehabilitation and advanced care services. (Refer to HR.01.01.01, EP 1)<br/>         Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table> |  |  |
|  |  |  |  |
| <p>1. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization designates a qualified individual (such as a registered nurse, occupational therapist, physical therapist, speech therapist, or social worker) who is competent to coordinate the provision of rehabilitation and advanced care services.</p>   | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table> |  |  |
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Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

2. For organizations that elect The Joint Commission Post–Acute Care Certification option: The individual coordinates the provision of rehabilitation and advanced care services with members of the interdisciplinary team and each patient and/or family by making sure of the following:
- Assessments are completed within time frames per organizational policy
  - Patient's needs are supported in a person-centered manner in order to meet self-managed care goals
  - Discharge planning occurs from the time of admission to discharge
  - Educational resources are provided to the patient and/or family in order to increase knowledge about the patient's disease process(es)
- Note 4: An organization may designate more than one individual to coordinate the provision of rehabilitation and advanced care services as long as each individual performs the roles listed above.  
~~Note 2: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~

2. **For organizations that elect The Joint Commission Post–Acute Care Certification option: The individual coordinates the provision of rehabilitation and advanced care services with members of the interdisciplinary team and each patient and/or family by making sure of the following:**
- **Assessments are completed within time frames per organizational policy**
  - **Patient's needs are supported in a person-centered manner in order to meet self-managed care goals**
  - **Discharge planning occurs from the time of admission to discharge**
  - **Educational resources are provided to the patient and/or family in order to increase knowledge about the patient's disease process(es)**
- Note: An organization may designate more than one individual to coordinate the provision of rehabilitation and advanced care services as long as each individual performs the roles listed above.**

**PC.04.01.01**

The organization follows a process that addresses transitions in the patient's or resident's care.

**Element(s) of Performance for PC.04.01.01**

27. For organizations that elect The Joint Commission Post–Acute Care Certification option: A staff member designated by the organization discusses the patient's discharge plan with the family and relevant licensed practitioners across different care settings. (Refer to PC.04.01.03, EP 3)
- ~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
27. **For organizations that elect The Joint Commission Post–Acute Care Certification option: A staff member designated by the organization discusses the patient's discharge plan with the patient, family, and relevant licensed practitioners across different care settings in accordance with law and regulation. (Refer to PC.04.01.03, EP 3)**

**PC.04.01.05**

Before the organization transfers or discharges a patient or resident, it informs and educates the patient or resident about their follow-up care, treatment, and services.

**Element(s) of Performance for PC.04.01.05**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

15. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization includes the name and contact information of the health care provider(s) responsible for the care of the patient in the discharge instructions. ☐☐  
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
15. **For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization includes the name and contact information of the health care provider(s) responsible for the care of the patient in the discharge instructions.** ☐☐
16. For organizations that elect The Joint Commission Post–Acute Care Certification option: Prior to discharge, the organization documents that the patient or family understands the following (Refer to PC.02.03.01, EPs 10 and 25; PC.04.01.03, EP 3): ☐ⓓ  
 - Medications the patient should be taking when they leave the organization’s care and how to manage those medications safely and effectively (Refer to NPSG.03.06.01, EPs 4 and 5)  
 - Diet and fluid intake  
 - Safety considerations  
 - Recommended exercises and other activities  
 - Lifestyle changes  
 - Access to resources in the community  
 - Follow-up appointments  
 - Recognition of indications of a worsening condition and how to respond  
 - Adherence to the plan of care to prevent readmission across care settings (for example, hospital, skilled nursing facility, rehabilitation facility, home care)  
~~Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.~~
16. **For organizations that elect The Joint Commission Post–Acute Care Certification option: Prior to discharge, the organization documents that the patient or family understands the following (Refer to PC.02.03.01, EPs 10 and 25; PC.04.01.03, EP 3):** ☐ⓓ  
 - **Medications the patient should be taking when they leave the organization’s care and how to manage those medications safely and effectively (Refer to NPSG.03.06.01, EPs 4 and 5)**  
 - **Diet and fluid intake**  
 - **Safety considerations**  
 - **Recommended exercises and other activities**  
 - **Lifestyle changes**  
 - **Access to resources in the community**  
 - **Follow-up appointments**  
 - **Recognition of indications of a worsening condition and how to respond**  
 - **Adherence to the plan of care to prevent readmission across care settings (for example, hospital, skilled nursing facility, rehabilitation facility, home care)**  
**Note: This information is provided to the patient and family in writing (Refer to PC.04.01.05, EP 8).**

**PC.04.02.01**

When a patient or resident is transferred or discharged, the organization gives information about the care, treatment, and services provided to the patient or resident to other service providers who will provide the patient or resident with care, treatment, and services.

Key: ⓓ indicates that documentation is required; **R** indicates an identified risk area;

**Element(s) of Performance for PC.04.02.01**

7. For organizations that elect The Joint Commission Post–Acute Care Certification option: Prior to transfer or discharge, the organization facilitates the transfer of important information to other service providers.    
 Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.
7. For organizations that elect The Joint Commission Post–Acute Care Certification option: Prior to transfer or discharge, the organization facilitates the transfer of important information to other service providers including the following:    
 - Medication regimen  
 - Relevant test results (available or pending)  
 - Any existing advanced directives  
 - Any follow-up appointments

**PC.04.02.02**

For organizations that elect The Joint Commission Post–Acute Care Certification option: When a patient is discharged, the organization communicates with the patient and/or family about the care, treatment, and services provided to the patient.

**Element(s) of Performance for PC.04.02.02**

1. For organizations that elect The Joint Commission Post–Acute Care Certification option: Within a time frame identified by the organization, the organization communicates with the patient and/or family following the patient's discharge from the organization to inquire about:    
 - The patient's degree of compliance with discharge instructions  
 - The patient's current condition and ability to function  
 - The opportunities for improvement related to the patient's stay  
 - Whether equipment/services, as indicated at discharge, were provided  
 Note 4: The organization may consider the clinical condition of the patient at discharge when determining the time frame.  
 Note 2: This element of performance applies only for those patients receiving post-acute care under the optional certification.  
 (See also PI.01.01.01, EP 31)
1. For organizations that elect The Joint Commission Post–Acute Care Certification option: Within a time frame identified by the organization, the organization communicates with the patient and/or family following the patient's discharge from the organization to inquire about the following:    
 - The patient's degree of compliance with discharge instructions  
 - The patient's current condition and ability to function  
 - The opportunities for improvement related to the patient's stay  
 - Whether equipment/services, as indicated at discharge, were provided  
 Note: The organization may consider the clinical condition of the patient at discharge when determining the time frame.  
 (See also PI.01.01.01, EP 31)

Performance Improvement (PI) Chapter

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

**PI.01.01.01**

The organization collects data to monitor its performance.

**Element(s) of Performance for PI.01.01.01**

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| <p>30. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data relevant to patient readmissions from the organization to the hospital, emergency department, or other rehabilitation or advanced care setting.<br/><i>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</i></p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
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| <p><b>30. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data relevant to patient readmissions from the organization to the hospital, emergency department, or other rehabilitation or advanced care setting.</b></p>   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
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| <p>31. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data on opportunities for improvement identified following the patient's discharge.<br/><i>Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.</i><br/>(See also PC.04.02.02, EP 1)</p>                                 | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
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| <p><b>31. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data on opportunities for improvement to care, treatment, and services.</b><br/>(See also PC.04.02.02, EP 1)</p>   | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
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| <p><b>49. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization collects data on the management of critical results of tests and diagnostic procedures based on their written procedures. (Refer to PC.01.02.15, EP 8)</b></p>  | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
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**PI.03.01.01**

The organization compiles and analyzes data.

**Element(s) of Performance for PI.03.01.01**

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| <p><b>23. For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization analyzes the data from unplanned hospital and emergency room transfers to reduce avoidable hospitalizations.</b><br/><i>Note: The analysis may include time of day the unplanned hospital transfers occurred, efforts to manage the patient at the facility, and obstacles that may have contributed to an avoidable transfer.</i></p> | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> |  | D |
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