

# Revisions and Deletions Related to the Standards Simplification Project

## Ambulatory Health Care (AHC) Accreditation Program

### Environment of Care (EC) Chapter

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#### EC.02.05.05

**Current Requirement Text:**

The organization inspects, tests, and maintains utility systems.

Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but must have access to such documentation during survey and as needed.

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**EC.02.05.05****EP: 1****Current EP Text:**

When performing repairs or maintenance activities, the organization has a process to manage risks associated with air-quality requirements; infection control; utility requirements; noise, odor, dust, vibration; and other hazards that affect care, treatment, or services for patients, staff, and visitors.

**Revision Type:** Consolidated**EC.02.06.05****EP: 2****New EP Text:**

When planning for demolition, construction, renovation, or general maintenance, the organization conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services and mitigates the identified risks. Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

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# Ambulatory Health Care (AHC) Accreditation Program

## EC.02.06.05

### Current Requirement Text:

The organization manages its space during demolition, renovation, or new construction.

Note: These elements of performance are applicable to all occupancy types.

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### EC.02.06.05

**EP: 2**

### Current EP Text:

When planning for demolition, construction, renovation, or general maintenance, the organization conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services.

Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

**Revision Type:** Consolidated

### EC.02.06.05

**EP: 2**

### New EP Text:

When planning for demolition, construction, renovation, or general maintenance, the organization conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services and mitigates the identified risks.

Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.

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### EC.02.06.05

**EP: 3**

### Current EP Text:

The organization takes action based on its assessment to minimize risks during demolition, construction, renovation, or general maintenance.

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**Revision Type:** Deleted

# Ambulatory Health Care (AHC) Accreditation Program

## EC.04.01.01

### Current Requirement Text:

The organization collects information to monitor conditions in the environment.

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### EC.04.01.01

### EP: 1

### Current EP Text:

**Revision Type:** Revised

The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Problems and incidents related to risks addressed in the environment of care management plans
- Injuries to patients or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

### EC.04.01.01

### EP: 1

### New EP Text:

The organization develops and implements a process(es) for continually monitoring, internally reporting, and investigating the following:

- Problems and incidents related to risks addressed in the environment of care management plans
- Injuries to patients or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

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### EC.04.01.01

### EP: 2

### Current EP Text:

**Revision Type:** Deleted

Based on its process(es), the organization reports and investigates the following: Problems and incidents related to each of the environment of care management plans.

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### EC.04.01.01

### EP: 3

### Current EP Text:

**Revision Type:** Deleted

Based on its process(es), the organization reports and investigates the following: Injuries to patients or others within the organization's facilities.

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### EC.04.01.01

### EP: 4

### Current EP Text:

**Revision Type:** Deleted

Based on its process(es), the organization reports and investigates the following: Occupational illnesses and staff injuries.

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## Ambulatory Health Care (AHC) Accreditation Program

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**EC.04.01.01**

**EP: 5**

**Current EP Text:**

**Revision Type:** Deleted

Based on its process(es), the organization reports and investigates the following:  
Incidents of damage to its property or the property of others.

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# Ambulatory Health Care (AHC) Accreditation Program

## Human Resources (HR) Chapter

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### HR.02.01.05

**Current Requirement Text:**

The organization may grant temporary privileges.

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**HR.02.01.05**

**EP: 1**

**Current EP Text:**

**Revision Type:** Deleted

The organization follows a process for granting temporary privileges to licensed independent practitioners new to the organization or to meet important patient needs.

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**HR.02.01.05**

**EP: 2**

**Current EP Text:**

**Revision Type:** Consolidated

Before the organization grants temporary privileges either to a licensed independent practitioner new to the organization or to meet important patient needs, the organization does the following:

- Uses primary source verification to document current licensure
- Uses primary source verification to document current competency
- Uses primary source verification to document the individual's training
- Evaluates practitioner-specific information from the National Practitioner Data Bank
- Evaluates any involuntary termination of medical staff membership at another organization
- Evaluates any voluntary or involuntary limitation, reduction, or loss of clinical privileges

Note 1: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.

Note 2: An external organization (for example, a credentials verification organization [CVO]) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.

**HR.02.01.05**

**EP: 2**

**New EP Text:**

Before the organization grants temporary privileges either to a physician or other licensed practitioner new to the organization or to meet important patient needs, the organization does the following:

- Uses primary source verification to document current licensure
- Uses primary source verification to document current competency
- Uses primary source verification to document the individual's training
- Evaluates practitioner-specific information from the National Practitioner Data Bank
- Evaluates any involuntary termination of medical staff membership at another organization
- Evaluates any voluntary or involuntary limitation, reduction, or loss of clinical privileges

Note 1: A primary source of verified information may designate an agency for communicating credentials information. The designated agency then becomes acceptable to use as a primary source.

Note 2: An external organization (for example, a credentials verification organization [CVO]) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.

Note 3: The administrator or the administrator's designee grants temporary privileges upon recommendation of clinical leadership or the medical director.

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## Ambulatory Health Care (AHC) Accreditation Program

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**HR.02.01.05****EP: 9****Current EP Text:**

The administrator or the administrator's designee grants temporary privileges either to licensed independent practitioners new to the organization or to meet important patient needs upon recommendation of clinical leadership or the medical director.

**Revision Type:** Consolidated**HR.02.01.05****EP: 2****New EP Text:**

Before the organization grants temporary privileges either to a physician or other licensed practitioner new to the organization or to meet important patient needs, the organization does the following:

- Uses primary source verification to document current licensure
- Uses primary source verification to document current competency
- Uses primary source verification to document the individual's training
- Evaluates practitioner-specific information from the National Practitioner Data Bank
- Evaluates any involuntary termination of medical staff membership at another organization
- Evaluates any voluntary or involuntary limitation, reduction, or loss of clinical privileges

Note 1: A primary source of verified information may designate an agency for communicating credentials information. The designated agency then becomes acceptable to use as a primary source.

Note 2: An external organization (for example, a credentials verification organization [CVO]) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.

Note 3: The administrator or the administrator's designee grants temporary privileges upon recommendation of clinical leadership or the medical director.

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# Ambulatory Health Care (AHC) Accreditation Program

## Information Management (IM) Chapter

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### IM.02.01.03

**Current Requirement Text:**

The organization maintains the security and integrity of health information.

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### IM.02.01.03

**EP: 6**

**Current EP Text:**

**Revision Type:** Deleted

The organization protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.

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### IM.02.01.03

**EP: 7**

**Current EP Text:**

**Revision Type:** Deleted

The organization controls the intentional destruction of health information.

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### IM.02.02.01

**Current Requirement Text:**

The organization effectively manages the collection of health information.

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### IM.02.02.01

**EP: 2**

**Current EP Text:**

**Revision Type:** Deleted

The organization uses standardized terminology, definitions, abbreviations, acronyms, symbols, and dose designations.

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# Ambulatory Health Care (AHC) Accreditation Program

## Leadership (LD) Chapter

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### LD.01.03.01

**Current Requirement Text:**

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

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**LD.01.03.01**

**EP: 2**

**Current EP Text:**

Governance provides for organization management and planning.

**Revision Type:** Consolidated

**LD.01.03.01**

**EP: 2**

**New EP Text:**

Governance provides for organization management and planning and creates an operating budget that reflects the organization's goals and objectives.

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### LD.02.01.01

**Current Requirement Text:**

The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.

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**LD.02.01.01**

**EP: 1**

**Current EP Text:**

Leaders work together to create the organization's mission, vision, and goals.

**Revision Type:** Consolidated

**LD.02.01.01**

**EP: 1**

**New EP Text:**

Leaders work together to create the organization's mission, vision, and goals, which guide the leaders' actions and are communicated to staff and the population(s) the organization serves.

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**LD.02.01.01**

**EP: 2**

**Current EP Text:**

The organization's mission, vision, and goals guide the actions of leaders.

**Revision Type:** Consolidated

**LD.02.01.01**

**EP: 1**

**New EP Text:**

Leaders work together to create the organization's mission, vision, and goals, which guide the leaders' actions and are communicated to staff and the population(s) the organization serves.

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**LD.02.01.01**

**EP: 3**

**Current EP Text:**

Leaders communicate the mission, vision, and goals to staff and the population(s) the organization serves.

**Revision Type:** Consolidated

**LD.02.01.01**

**EP: 1**

**New EP Text:**

Leaders work together to create the organization's mission, vision, and goals, which guide the leaders' actions and are communicated to staff and the population(s) the organization serves.

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# Ambulatory Health Care (AHC) Accreditation Program

## LD.02.03.01

### Current Requirement Text:

Leaders regularly communicate with each other on issues of safety and quality.

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### LD.02.03.01

**EP: 1**

### Current EP Text:

Leaders discuss issues that affect the organization and the population(s) it serves, including the following:

- Performance improvement activities
- Reported safety and quality issues
- Proposed solutions and their impact on the organization's resources
- Reports on key quality measures and safety indicators
- Safety and quality issues specific to the population served
- Input from the population(s) served

**Revision Type:** Consolidated

### LD.02.03.01

**EP: 1**

### New EP Text:

Leaders discuss issues, within the organization's established time frames, that affect the organization and the population(s) it serves, including the following:

- Performance improvement activities
  - Reported safety and quality issues
  - Proposed solutions and their impact on the organization's resources
  - Reports on key quality measures and safety indicators
  - Safety and quality issues specific to the population served
  - Input from the population(s) served
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### LD.02.03.01

**EP: 2**

### Current EP Text:

The organization establishes time frames for the discussion of issues that affect the organization and the population(s) it serves.

**Revision Type:** Consolidated

### LD.02.03.01

**EP: 1**

### New EP Text:

Leaders discuss issues, within the organization's established time frames, that affect the organization and the population(s) it serves, including the following:

- Performance improvement activities
  - Reported safety and quality issues
  - Proposed solutions and their impact on the organization's resources
  - Reports on key quality measures and safety indicators
  - Safety and quality issues specific to the population served
  - Input from the population(s) served
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## LD.03.06.01

### Current Requirement Text:

Those who work in the organization are focused on improving safety and quality.

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### LD.03.06.01

**EP: 5**

### Current EP Text:

Those who work in the organization adapt to changes in the environment.

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**Revision Type:** Deleted

# Ambulatory Health Care (AHC) Accreditation Program

## LD.04.01.03

### Current Requirement Text:

The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.

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### LD.04.01.03

**EP: 3**

### Current EP Text:

The operating budget reflects the organization's goals and objectives.

**Revision Type:** Consolidated

### LD.01.03.01

**EP: 2**

### New EP Text:

Governance provides for organization management and planning and creates an operating budget that reflects the organization's goals and objectives.

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## LD.04.01.11

### Current Requirement Text:

The organization makes space and equipment available as needed for the provision of care, treatment, or services.

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### LD.04.01.11

**EP: 3**

### Current EP Text:

The interior and exterior space provided for care, treatment, or services meets the needs of patients.

**Revision Type:** Consolidated

### LD.04.01.11

**EP: 5**

### New EP Text:

The leaders provide for interior and exterior space, equipment, information systems, supplies, and other resources to meet the needs of the patient.

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### LD.04.01.11

**EP: 5**

### Current EP Text:

The leaders provide for equipment, information systems, supplies, and other resources.

**Revision Type:** Consolidated

### LD.04.01.11

**EP: 5**

### New EP Text:

The leaders provide for interior and exterior space, equipment, information systems, supplies, and other resources to meet the needs of the patient.

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# Ambulatory Health Care (AHC) Accreditation Program

## LD.04.02.01

**Current Requirement Text:**                      **Revision Type:** Revised

The leaders address any conflict of interest involving licensed independent practitioners and/or staff that affects or has the potential to affect the safety or quality of care, treatment, or services.

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## LD.04.02.01

**New Requirement Text:**

The leaders address any conflict of interest that affects or has the potential to affect the safety or quality of care, treatment, or services.

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### LD.04.02.01

**EP: 2**

**Current EP Text:**

**Revision Type:** Consolidated

The leaders follow a written policy that defines situations that represent a conflict of interest involving licensed independent practitioners and/or staff and how the organization will address these conflicts of interest.

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### LD.04.02.01

**EP: 2**

**New EP Text:**

The leaders follow a written policy that defines situations that represent a conflict of interest, the need to disclose the conflicts, and how the organization will address these conflicts of interest.

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### LD.04.02.01

**EP: 3**

**Current EP Text:**

**Revision Type:** Consolidated

Existing or potential conflicts of interest involving licensed independent practitioners and/or staff, as defined by the organization, are disclosed.

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### LD.04.02.01

**EP: 2**

**New EP Text:**

The leaders follow a written policy that defines situations that represent a conflict of interest, the need to disclose the conflicts, and how the organization will address these conflicts of interest.

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## LD.04.03.07

**Current Requirement Text:**

Patients with comparable needs receive the same standard of care, treatment, or services throughout the organization.

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### LD.04.03.07

**EP: 1**

**Current EP Text:**

**Revision Type:** Deleted

Variances in staff, setting, or payment source do not affect outcomes of care, treatment, or services in a negative way.

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# Ambulatory Health Care (AHC) Accreditation Program

## Medication Management (MM) Chapter

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### MM.02.01.01

**Current Requirement Text:**

The organization selects and procures medications.

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**MM.02.01.01**

**EP: 1**

**Current EP Text:**

The organization develops criteria for determining which medications are available for dispensing or administering to patients.

Note: This element of performance is also applicable to sample medications.

**Revision Type:** Consolidated

**MM.02.01.01**

**EP: 1**

**New EP Text:**

The organization develops criteria for determining which medications are available for dispensing or administering to patients including the indications for use, effectiveness, and risks.

Note: This element of performance is also applicable to sample medications.

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**MM.02.01.01**

**EP: 2**

**Current EP Text:**

The criteria for selecting medications are approved by the organization and include indications for use, effectiveness, and risks.

Note: This element of performance is also applicable to sample medications.

**Revision Type:** Consolidated

**MM.02.01.01**

**EP: 1**

**New EP Text:**

The organization develops criteria for determining which medications are available for dispensing or administering to patients including the indications for use, effectiveness, and risks.

Note: This element of performance is also applicable to sample medications.

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**MM.02.01.01**

**EP: 3**

**Current EP Text:**

Before using a medication new to the organization, the organization determines a method to monitor the response of the patient.

Note: This element of performance is also applicable to sample medications.

(See also MM.07.01.01, EP 2)

**Revision Type:** Consolidated

**MM.07.01.01**

**EP: 1**

**New EP Text:**

The organization monitors the patient's perception of side effects and the effectiveness of the patient's medication(s).

Note 1: Before using a medication new to the organization, the organization determines a method to monitor the response of the patient.

Note 2: This element of performance is also applicable to sample medications.

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**MM.02.01.01**

**EP: 7**

**Current EP Text:**

The organization follows a process to select and procure medications that are not on its list of medications.

Note: This element of performance is also applicable to sample medications.

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**Revision Type:** Deleted

# Ambulatory Health Care (AHC) Accreditation Program

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**MM.02.01.01****EP: 9****Current EP Text:****Revision Type:** Deleted

Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.

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**MM.05.01.07****Current Requirement Text:**

The organization safely prepares medications.

Note: This standard is applicable to all organizations that prepare medications for administration.

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**MM.05.01.07****EP: 4****Current EP Text:****Revision Type:** Revised

The organization uses a laminar airflow hood or other ISO Class 5 environment in the pharmacy for preparing intravenous (IV) admixture or any sterile product that will not be used within 24 hours.

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**MM.05.01.07****EP: 4****New EP Text:**

The organization uses a laminar airflow hood or other ISO Class 5 environment in the pharmacy for preparing intravenous (IV) admixture or any sterile product that will not be used within 4 hours.

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**MM.06.01.05****Current Requirement Text:**

The organization safely manages investigational medications.

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**MM.06.01.05****EP: 2****Current EP Text:****Revision Type:** Deleted

If the organization operates a pharmacy, the process for the use of investigational medications specifies that the pharmacy controls the storage, dispensing, labeling, and distribution of investigational medications.

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# Ambulatory Health Care (AHC) Accreditation Program

## MM.07.01.01

### Current Requirement Text:

The organization monitors patients to determine the effects of their medication(s).

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### MM.07.01.01

**EP: 1**

### Current EP Text:

**Revision Type:** Consolidated

The organization monitors the patient's perception of side effects and the effectiveness of the patient's medication(s).  
Note: This element of performance is also applicable to sample medications.

### MM.07.01.01

**EP: 1**

### New EP Text:

The organization monitors the patient's perception of side effects and the effectiveness of the patient's medication(s).  
Note 1: Before using a medication new to the organization, the organization determines a method to monitor the response of the patient.  
Note 2: This element of performance is also applicable to sample medications.

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## MM.08.01.01

### Current Requirement Text:

The organization evaluates the effectiveness of its medication management system.  
Note: This evaluation includes reconciling medication information. (Refer to NPSG.03.06.01 for more information)

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### MM.08.01.01

**EP: 5**

### Current EP Text:

**Revision Type:** Deleted

Based on analysis of its data, as well as review of the literature for new technologies and best practices, the organization identifies opportunities for improvement in its medication management system.

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### MM.08.01.01

**EP: 6**

### Current EP Text:

**Revision Type:** Consolidated

When opportunities are identified for improvement of the medication management system, the organization does the following:  
- Takes action on improvement opportunities identified as priorities for its medication management system  
- Evaluates its actions to confirm that they resulted in improvements  
Note: This element of performance is also applicable to sample medications.  
(See also PI.04.01.01, EP 2)

### MM.08.01.01

**EP: 6**

### New EP Text:

When opportunities are identified for improvement of the medication management system, the organization does the following:  
- Takes action on improvement opportunities identified as priorities for its medication management system  
- Evaluates its actions to confirm that they resulted in improvements  
- Takes additional action when planned improvements for its medication management processes are either not achieved or not sustained  
Note: This element of performance is also applicable to sample medications.  
(See also PI.04.01.01, EP 2)

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## Ambulatory Health Care (AHC) Accreditation Program

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**MM.08.01.01****EP: 8****Current EP Text:**

The organization takes additional action when planned improvements for its medication management processes are either not achieved or not sustained.

**Revision Type:** Consolidated**MM.08.01.01****EP: 6****New EP Text:**

When opportunities are identified for improvement of the medication management system, the organization does the following:

- Takes action on improvement opportunities identified as priorities for its medication management system
- Evaluates its actions to confirm that they resulted in improvements
- Takes additional action when planned improvements for its medication management processes are either not achieved or not sustained

Note: This element of performance is also applicable to sample medications.  
(See also PI.04.01.01, EP 2)

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# Ambulatory Health Care (AHC) Accreditation Program

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

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### PC.01.02.03

**Current Requirement Text:**

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

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### PC.01.02.03

**EP: 9**

**Current EP Text:**

**Revision Type:** Deleted

At each patient's visit, the organization documents updates to the patient's condition.

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### PC.02.02.03

**Current Requirement Text:**

The organization makes food and nutrition products available to its patients.

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### PC.02.02.03

**EP: 7**

**Current EP Text:**

**Revision Type:** Deleted

Food and nutrition products are consistent with each patient's care, treatment, or services.

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# Ambulatory Health Care (AHC) Accreditation Program

## Record of Care, Treatment, and Services (RC) Chapter

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### RC.01.02.01

**Current Requirement Text:**

Entries in the clinical record are authenticated.

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**RC.01.02.01**

**EP: 1**

**Current EP Text:**

**Revision Type:** Deleted

Only authorized individuals make entries in the clinical record.

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### RC.01.03.01

**Current Requirement Text:**

Documentation in the clinical record is entered in a timely manner.

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**RC.01.03.01**

**EP: 1**

**Current EP Text:**

**Revision Type:** Consolidated

The organization defines the time frame for completion of the clinical record.

**RC.01.03.01**

**EP: 1**

**New EP Text:**

The organization follows its written policy requiring entry of information into the patient's clinical record within a time frame defined by the organization.

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**RC.01.03.01**

**EP: 2**

**Current EP Text:**

**Revision Type:** Consolidated

The organization follows its written policy requiring timely entry of information into the patient's clinical record.  
(See also PC.01.02.03, EP 1)

**RC.01.03.01**

**EP: 1**

**New EP Text:**

The organization follows its written policy requiring entry of information into the patient's clinical record within a time frame defined by the organization.

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### RC.02.03.07

**Current Requirement Text:**

Qualified staff receive and record verbal orders.

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**RC.02.03.07**

**EP: 2**

**Current EP Text:**

**Revision Type:** Deleted

Only authorized staff receive and record verbal orders.

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