

Prepublication Requirements



Revisions to Eliminate Term “Licensed Independent Practitioner”

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 deleted language struckthrough and new language underlined.

APPLICABLE TO THE AMBULATORY HEALTH CARE ACCREDITATION PROGRAM

Effective August 27, 2023

Standard EC.02.03.01

The organization manages fire risks.

EC.02.03.01, EP 9

The organization has a written fire response plan that describes the specific roles of staff ~~and licensed independent practitioners~~ during a fire, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. ~~Staff and licensed independent practitioners~~Staff are periodically instructed on and kept informed of their duties under the plan. A copy of the plan is readily available with the telephone operator or security.

Note: For full text, refer to NFPA 101-2012: 20/21.7.1; 7.2.

Standard EC.02.03.03

The organization conducts fire drills.

EC.02.03.03, EP 7

The organization conducts annual fire exit drills for operating rooms/surgical suites. (For full text, refer to NFPA 99-2012: 15.13.3.10.3)

Note 1: This drill involves applicable staff and ~~licensed practitioners and~~ focuses on prevention as well as simulated extinguishment and evacuation.

Note 2: An announced annual fire exit drill cannot be used to meet one of the unannounced quarterly fire drills required by NFPA 101-2012: 20/21.7.1.6.

EC.02.03.03, EP 8

For organizations that have hyperbaric facilities, emergency procedures and fire training drills are conducted annually. (For full text, refer to NFPA 99-2012: 14.2.4.5.4; 14.3.1.4.5)

Note 1: This drill includes recording the time to evacuate all persons from the area, involves applicable staff ~~and licensed practitioners~~, and focuses on prevention as well as simulated extinguishment and evacuation. Response procedures for fires within and outside the hyperbaric chamber address the role of the inside observer, the chamber operator, medical personnel, and other personnel, as applicable. For additional guidance, refer to NFPA 99-2012: B.14.2 and B.14.3.

Note 2: If the organization conducts an unannounced drill, it may serve as one of the required fire drills.

Standard EC.03.01.01

Staff ~~and licensed independent practitioners~~ are familiar with their roles and responsibilities relative to the environment of care.

EC.03.01.01, EP 2

Staff ~~and licensed independent practitioners~~ can describe or demonstrate actions to take in the event of an environment of care incident.

Standard EM.02.02.07

As part of its Emergency Management Plan, the organization prepares for how it will manage staff during an emergency.

EM.02.02.07, EP 9

For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will identify ~~licensed independent practitioners, staff,~~ and authorized volunteers during emergencies.

Note: This identification could include identification cards, wristbands, vests, hats, or badges.

(See also EM.02.02.13, EP 3; EM.02.02.15, EP 3)

Standard EM.02.02.13

During disasters, the organization may grant disaster privileges to volunteer licensed ~~independent~~ practitioners.

Note: A disaster is an emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

EM.02.02.13, EP 1

The organization grants disaster privileges to volunteer licensed ~~independent~~ practitioners only when the Emergency Management Plan has been activated in response to a disaster and the organization is unable to meet immediate patient needs.

EM.02.02.13, EP 2

The organization identifies, in writing, those individuals responsible for granting disaster privileges to volunteer licensed ~~independent~~ practitioners.

EM.02.02.13, EP 3

The organization determines how it will distinguish volunteer licensed ~~independent~~ practitioners from other licensed ~~independent~~ practitioners.

(See also EM.02.02.07, EP 9)

EM.02.02.13, EP 4

The organization describes, in writing, how it will oversee the performance of volunteer licensed ~~independent~~ practitioners who are granted disaster privileges (for example, by direct observation, mentoring, clinical record review).

EM.02.02.13, EP 5

Before a volunteer ~~licensed~~ practitioner is considered eligible to function as a volunteer licensed ~~independent~~ practitioner, the organization obtains the volunteer practitioner's valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:

- A current picture identification card from a health care organization that clearly identifies professional designation
- A current license to practice
- Primary source verification of licensure
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances
- Confirmation by a licensed ~~independent~~ practitioner currently privileged by the organization or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed ~~independent~~ practitioner during a disaster

EM.02.02.13, EP 6

During a disaster, the organization oversees the performance of each volunteer licensed ~~independent~~ practitioner.

EM.02.02.13, EP 7

Based on its oversight of each volunteer licensed ~~independent~~ practitioner, the organization determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.

EM.02.02.13, EP 8

Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed ~~independent~~ practitioner arrives at the organization, whichever comes first. If primary source verification of a volunteer licensed ~~independent~~ practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the organization documents all of the following:

- Reason(s) it could not be performed within 72 hours of the practitioner's arrival
- Evidence of the ~~licensed independent~~ practitioner's demonstrated ability to continue to provide adequate care, treatment, or services
- Evidence of the organization's attempt to perform primary source verification as soon as possible

EM.02.02.13, EP 9

If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed ~~independent~~ practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

Note: Primary source verification of licensure is not required if the volunteer licensed ~~independent~~ practitioner has not provided care, treatment, or services under the disaster privileges.

Standard EM.02.02.15

During disasters, the organization may assign disaster responsibilities to volunteer practitioners ~~who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.~~

Note: While this standard allows for a method to streamline the process for verifying identification and licensure, certification, or registration, the elements of performance are intended to safeguard against inadequate care during a disaster.

EM.02.02.15, EP 1

The organization assigns disaster responsibilities to volunteer practitioners ~~who are not licensed independent practitioners~~ only when the Emergency Management Plan has been activated in response to a disaster and the organization is unable to meet immediate patient needs.

EM.02.02.15, EP 2

The organization identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners ~~who are not licensed independent practitioners.~~

EM.02.02.15, EP 3

The organization determines how it will distinguish volunteer practitioners ~~who are not licensed independent practitioners~~ from its staff.

(See also EM.02.02.07, EP 9)

EM.02.02.15, EP 4

The organization describes, in writing, how it will oversee the performance of volunteer practitioners who ~~are not licensed independent practitioners who~~ have been assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and clinical record review.

EM.02.02.15, EP 5

Before a volunteer practitioner ~~who is not a licensed independent practitioner~~ is considered eligible to function as a practitioner, the organization obtains the ~~volunteer~~ practitioner's valid government-issued photo identification (for

example, a driver's license or passport) and one of the following:

- A current picture identification card from a health care organization that clearly identifies professional designation
- A current license, certification, or registration
- Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice)
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances
- Confirmation by organization staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster

EM.02.02.15, EP 6

During a disaster, the organization oversees the performance of each volunteer practitioner ~~who is not a licensed independent practitioner.~~

EM.02.02.15, EP 7

Based on its oversight of each volunteer ~~practitioner who is not a licensed independent~~ practitioner, the organization determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.

EM.02.02.15, EP 8

Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners ~~who are not licensed independent practitioners~~ occurs as soon as the disaster is under control or within 72 hours from the time the ~~volunteer~~ practitioner arrives at the organization, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner ~~who is not a licensed independent practitioner~~ cannot be completed within 72 hours due to extraordinary circumstances, the organization documents all of the following:

- Reason(s) it could not be performed within 72 hours of the practitioner's arrival
- Evidence of the ~~volunteer~~ practitioner's demonstrated ability to continue to provide adequate care, treatment, or services
- Evidence of the organization's attempt to perform primary source verification as soon as possible

Standard HR.01.01.01

The organization defines and verifies staff qualifications.

HR.01.01.01, EP 2

The organization verifies and documents the following:

- Credentials of care ~~providers~~ staff using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed.
- Credentials of care ~~providers~~ staff (primary source not required) when licensure, certification, or registration is not required by law and regulation. This is done at the time of hire and at the time credentials are renewed.

Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.

Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.

Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

HR.01.01.01, EP 7

Before providing care, treatment, or services, the organization confirms that nonemployees who are brought into the organization by a physician or other licensed ~~independent~~ practitioner to provide care, treatment, or services have the same qualifications and competencies required of employed individuals performing the same or similar services at the organization.

Note 1: This confirmation can be accomplished either through the organization's regular process or with the physician or other licensed ~~independent~~ practitioner who brought in the individual.

Note 2: When the care, treatment, or services provided by the nonemployee are not currently performed by anyone employed by the organization, leadership consults the appropriate professional organization guidelines for the required credentials and competencies.

Standard HR.02.01.03

The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.

HR.02.01.03, EP 3

Before granting initial or revised privileges, the organization uses primary sources when documenting training specific to the privileges requested.

Note 1: The verification of relevant training informs the organization of the physician's or other licensed ~~independent~~ practitioner's clinical knowledge and skill set. Verification must be obtained from the primary source of the specific credential. Primary sources include the specialty certifying boards approved by the American Dental Association for a dentist's board certification, letters from professional schools (for example, medical, dental, nursing) and letters from postgraduate education or postdoctoral programs for completion of training. Designated equivalent sources may be used to verify certain credentials in lieu of using the primary source. See the Glossary for the list of designated equivalent sources.

Note 2: 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 3: 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 4: When it is not possible to obtain information from the primary source, reliable secondary sources may be used. A reliable secondary source could be another health care organization that has documented primary source verification of the applicant's credentials.

HR.02.01.03, EP 4

All physicians and other licensed ~~independent~~ practitioners that provide care possess a current license, certification, or registration, as required by law and regulation.

HR.02.01.03, EP 5

Before granting initial, renewed, or revised privileges and at the time of licensure expiration, the organization documents required current licensure of a physician or other licensed ~~independent~~ practitioner using primary sources, if available.

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.

Note 3: Verification of current licensure with the primary source through a secure electronic communication or by telephone is acceptable if this verification is documented.

HR.02.01.03, EP 6

Before granting initial, renewed, or revised privileges to a physician or other licensed ~~independent~~ practitioner, the organization's leadership documents current evidence, which includes peer and/or faculty recommendations, of the individual's ability to perform the privileges requested.

HR.02.01.03, EP 7

Before granting renewed or revised privileges to a physician or other licensed ~~independent~~ practitioner, the organization does the following:

- Reviews information from any of its performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills.
- Evaluates the results of any peer review of the individual's clinical performance.
- Reviews any clinical performance in the organization that is outside acceptable standards.

HR.02.01.03, EP 10

Before granting initial, renewed, revised, or temporary privileges to a physician or other licensed ~~independent~~ practitioner, leadership evaluates the following: The applicant's written statement that no health problems exist that could affect their ability to perform the requested privileges.

Note: Organizations should consider the applicability of the Americans with Disabilities Act to their credentialing and privileging activities, and, if applicable, review their policies and procedures. In addition, federal entities are required to comply with the Rehabilitation Act of 1974.

HR.02.01.03, EP 11

Before granting initial, renewed, or revised privileges to a physician or other licensed ~~independent~~ practitioner, leadership evaluates the following:

- Any challenges to licensure or registration

Note: The challenges addressed here are those that are in the process of an active investigation by the state licensing board.

- Any voluntary and involuntary relinquishment of license or registration
- Any voluntary and involuntary termination of medical staff membership at another organization.
- Any voluntary or involuntary limitation, reduction, or loss of clinical privileges
- Any professional liability actions that resulted in a final judgment against the applicant

- Information from the National Practitioner Data Bank
- Whether the requested privileges are consistent with the population served by the organization
- Whether the requested privileges are consistent with the site-specific care, treatment, or services provided by the organization

HR.02.01.03, EP 19

Before granting renewed or revised privileges to a physician or other licensed ~~independent~~ practitioner, the organization confirms the ~~licensed independent~~ practitioner's adherence to organization policies, procedures, rules, and regulations.

HR.02.01.03, EP 20

The organization uses current, written, ~~privileging~~ information as the basis for granting or denying all privileges for physicians and other licensed ~~independent~~ practitioners.

HR.02.01.03, EP 24

The organization notifies the requesting physician or other licensed practitioner about the decision to grant, renew, or deny requested privileges. The notification may be in either written or electronic format.

HR.02.01.03, EP 25

The scope and content of patient services provided by a physician or other licensed ~~independent~~ practitioner is limited to the granted initial, renewed, or revised privileges.

HR.02.01.03, EP 27

For organizations providing telemedicine services to patients at a hospital: Before granting renewed or revised privileges, leaders do the following:

- Evaluate the comparison of relevant licensed practitioner-specific data to aggregate data
- Evaluate morbidity and mortality data

Note: Leaders chosen to evaluate credentialing and privileging information of a licensed ~~independent~~ practitioner who provides services through a telemedical link should, whenever possible, represent disciplines and expertise consistent with the privileges being sought.

HR.02.01.03, EP 29

For organizations providing telemedicine services to patients at a hospital: The organization obtains peer recommendations from licensed practitioners who are in the same professional discipline as the applicant requesting privileges and who have personal knowledge of the applicant's ability to practice.

HR.02.01.03, EP 35

Before granting initial or revised privileges to physicians or other licensed practitioners responsible for interpreting sleep studies, the organization verifies that they have at least one of the following qualifications:

- Certification in Sleep Medicine by the American Board of Sleep Medicine (ABSM) or by a member board of either the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA)
- A completed fellowship in sleep medicine through an Accreditation Council for Graduate Medical Education

(ACGME)–accredited program. Following the completed fellowship, certification in sleep medicine is completed within two examination cycles through the American Board of Sleep Medicine (ABSM) or a member board of either the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).

Standard HR.02.01.05

The organization may grant temporary privileges.

HR.02.01.05, EP 10

Temporary privileges for physicians and other licensed ~~independent~~ practitioners new to the organization do not exceed 120 days.

Standard HR.02.02.01

The organization provides orientation to physicians and other licensed ~~independent~~ practitioners.

HR.02.02.01, EP 1

The organization orients its physicians and other licensed ~~independent~~ practitioners to key safety content it identifies before they provide care, treatment, or services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control.

HR.02.02.01, EP 3

The organization orients physicians and other licensed ~~independent~~ practitioners on the following:

- Relevant policies and procedures
- Their specific responsibilities, including those related to infection prevention and control and assessing and managing pain
- Sensitivity to cultural diversity based on their specific responsibilities

Completion of this orientation is documented.

Standard HR.02.04.01

For organizations providing telemedicine services to patients at a hospital: Leadership implements a process to identify and manage matters of individual health or impairment for physicians and other licensed ~~independent~~ practitioners that is separate from actions taken for disciplinary purposes.

HR.02.04.01, EP 1

For organizations providing telemedicine services to patients at a hospital: The organization educates staff ~~and licensed independent practitioners~~ about how to recognize risk criteria for illness and impairment in physicians and other licensed ~~independent~~ practitioners.

HR.02.04.01, EP 2

For organizations providing telemedicine services to patients at a hospital: The organization has a process for

physicians and other licensed ~~independent~~ practitioners to refer themselves for evaluation, diagnosis, and treatment of illness or impairment.

HR.02.04.01, EP 3

For organizations providing telemedicine services to patients at a hospital: The organization has a process for staff ~~and licensed independent practitioners~~ to confidentially report concerns about a perceived illness or impairment of a physician or other licensed ~~independent~~ practitioner.

HR.02.04.01, EP 4

For organizations providing telemedicine services to patients at a hospital: The organization has a process to refer physicians and other licensed ~~independent~~ practitioners who have an illness or impairment to internal or external professional resources for evaluation, diagnosis, and treatment of the concern or condition.

HR.02.04.01, EP 5

For organizations providing telemedicine services to patients at a hospital: The organization has a process to protect the confidentiality of a physician or other licensed ~~independent~~ practitioner who seeks a referral or who is referred for assistance, except as limited by applicable law, ethical obligation, or when the health and safety of a patient is threatened.

HR.02.04.01, EP 6

For organizations providing telemedicine services to patients at a hospital: The organization has a process to evaluate the credibility of a complaint, allegation, or concern about the possible illness or impairment of a physician or other licensed ~~independent~~ practitioner.

HR.02.04.01, EP 7

For organizations providing telemedicine services to patients at a hospital: The organization has a process to monitor the physician or other licensed ~~independent~~ practitioner receiving treatment and the safety of their patients until treatment is completed and, if required, periodically thereafter.

HR.02.04.01, EP 8

For organizations providing telemedicine services to patients at a hospital: The organization has a process for staff ~~and licensed independent practitioners~~ to report to leadership instances in which a physician or other licensed ~~independent~~ practitioner is providing unsafe care.

HR.02.04.01, EP 9

For organizations providing telemedicine services to patients at a hospital: Leadership has a process to initiate appropriate action if a physician or other licensed ~~independent~~ practitioner fails to complete required treatment.

Standard HR.02.04.03

For organizations providing telemedicine services to patients at a hospital: The organization has a process for focused review of a physician or other licensed ~~independent~~ practitioner's performance.

HR.02.04.03, EP 1

For organizations providing telemedicine services to patients at a hospital: The organization defines the special circumstances requiring a focused review of a physician's or other licensed ~~independent~~ practitioner's performance.

HR.02.04.03, EP 7

For organizations providing telemedicine services to patients at a hospital: The focused review process includes provisions for participation by the physician or other licensed ~~independent~~ practitioner whose performance is being reviewed.

HR.02.04.03, EP 8

For organizations providing telemedicine services to patients at a hospital: The focused review process includes communicating to the appropriate parties the findings, recommendations, and any actions taken to improve physician or other licensed practitioner performance.

Standard IC.01.06.01

The organization prepares to respond to an influx of potentially infectious patients.

IC.01.06.01, EP 3

The organization has a method for communicating critical information to ~~licensed independent practitioners and~~ staff about emerging infections that could cause an influx of potentially infectious patients.

Standard IC.02.01.01

The organization implements infection prevention and control activities.

IC.02.01.01, EP 7

The organization implements its methods to communicate responsibilities for preventing and controlling infection to ~~licensed independent practitioners,~~ staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices.

Note: Information may be provided via different forms of media, such as posters or pamphlets.

Standard IC.02.03.01

The organization works to prevent the transmission of infectious disease among patients, ~~licensed independent practitioners,~~ and staff.

IC.02.03.01, EP 1

The organization makes screening for exposure and/or immunity to infectious disease available to ~~licensed independent practitioners and~~ staff who may come in contact with infections at the workplace.

IC.02.03.01, EP 2

~~When licensed independent practitioners or~~When staff have, are suspected of having, or have been occupationally exposed to an infectious disease that puts others at risk, the organization provides them with or refers them for assessment and potential testing, prophylaxis/treatment, or counseling.

Standard IC.02.04.01

The organization offers vaccination against influenza to ~~licensed independent practitioners and~~ staff.

Note: This standard is applicable to staff ~~and licensed independent practitioners~~ only when care, treatment, or services are provided on site. When care, treatment, or services are provided off site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff ~~and licensed independent practitioners~~.

IC.02.04.01, EP 1

The organization establishes an annual influenza vaccination program that is offered to ~~licensed independent practitioners and~~ staff.

IC.02.04.01, EP 2

The organization educates ~~licensed independent practitioners and~~ staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.

IC.02.04.01, EP 3

The organization offers the influenza vaccination on site to ~~licensed independent practitioners and~~ staff or facilitates their obtaining the influenza vaccination off site.

IC.02.04.01, EP 7

The organization collects and reviews the reasons given by staff ~~and licensed independent practitioners~~ for declining the influenza vaccination. This collection and review occur at least annually.

Standard IM.01.01.03

The organization plans for continuity of its information management processes.

IM.01.01.03, EP 2

The organization's plan for managing interruptions to information processes addresses the following:

- Scheduled and unscheduled interruptions of electronic information systems
- Training for staff ~~and licensed independent practitioners~~ on alternative procedures to follow when electronic information systems are unavailable
- Backup of electronic information systems

(See also EM.01.01.01, EP 6; IM.03.01.01, EP 1)

Standard LD.03.04.01

The organization communicates information related to safety and quality to those who need it, including staff, ~~licensed independent practitioners~~, patients, families, and external interested parties.

Standard LD.04.01.05

The organization effectively manages its programs, services, or sites.

LD.04.01.05, EP 2

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

Standard LD.04.02.01

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.

LD.04.02.01, EP 5

Policies, procedures, and information about the relationship between care, treatment, or services and financial incentives are available upon request to all patients, ~~and those individuals who work in the organization, including staff and licensed independent practitioners and staff.~~

Standard LD.04.02.03

Ethical principles guide the organization's business practices.

LD.04.02.03, EP 5

Care, treatment, or services are provided based on patient needs, regardless of compensation or financial risk-sharing with those who work in the organization, ~~including staff and licensed independent practitioners.~~

Standard LD.04.03.09

Care, treatment, or services provided through contractual agreement are provided safely and effectively.

LD.04.03.09, EP 4

Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note: When the organization contracts with another accredited organization for patient care, treatment, or services to be provided off site, it can do the following:

- Verify that all physicians and licensed ~~independent~~ practitioners who will be providing patient care, treatment, or services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by physicians and other licensed ~~independent~~ practitioners will be within the scope of their privileges.

Standard LD.04.03.13

Pain assessment and pain management, including safe opioid prescribing, are identified as an organizational priority.

LD.04.03.13, EP 3

The organization provides staff ~~and licensed independent practitioners~~ with educational resources to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.

LD.04.03.13, EP 4

The organization provides information to staff ~~and licensed independent practitioners~~ on available services for consultation and referral of patients with complex pain management needs.

LD.04.03.13, EP 6

The organization facilitates licensed practitioner and pharmacist access to the Prescription Drug Monitoring Program databases.

Note: This element of performance is applicable in any state that has a Prescription Drug Monitoring Program database, whether querying is voluntary or is mandated by state regulations for all patients prescribed opioids.

Standard MM.01.01.01

The organization plans its medication management processes.

MM.01.01.01, EP 1

The organization follows a written policy that describes that the following information about the patient is accessible to ~~licensed independent practitioners and~~ staff who participate in the management of the patient's medications:

- Age
- Sex
- Diagnoses
- Allergies
- Sensitivities
- Current medications
- Height and weight (when necessary)
- Pregnancy and lactation information (when necessary)
- Laboratory results (when necessary)
- Any additional information required by the organization

Note 1: This element of performance does not apply in emergency situations.

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

(See also IM.02.01.01, EP 3)

Standard MM.02.01.01

The organization selects and procures medications.

MM.02.01.01, EP 10

The organization follows a process to communicate medication shortages and outages to ~~licensed independent practitioners and~~ staff who participate in medication management.

MM.02.01.01, EP 14

The organization follows a process to communicate the medication substitution protocols for shortages or outages to ~~licensed independent practitioners and~~ staff who participate in medication management.

Standard MM.03.01.01

The organization safely stores medications.

MM.03.01.01, EP 4

The organization safely handles medications between receipt by ~~licensed independent practitioners or~~ staff and administration of the medications.

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

Standard MM.03.01.05

The organization safely controls medications brought into the organization by patients, their families, or licensed ~~independent~~ practitioners.

MM.03.01.05, EP 1

The organization defines when medications brought into the organization by patients, their families, or licensed ~~independent~~ practitioners can be administered.

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

MM.03.01.05, EP 2

Before use or administration of a medication brought into the organization by a patient, their family, or a licensed ~~independent~~ practitioner, the organization identifies the medication and visually evaluates the medication's integrity.

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

(See also MM.06.01.01, EP 3)

Standard MM.04.01.01

Medication orders are clear and accurate.

MM.04.01.01, EP 1

The organization follows 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 prewritten medication order and specific instructions from the physician or other 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
 - Signed and held orders: New prewritten (held) medication orders and specific instructions from a physician or other licensed ~~independent~~ practitioner to administer medication(s) to a patient in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s)
 - 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 the end of an episode of care, or at discharge or transfer

Standard MM.06.01.01

The organization safely administers medications.

MM.06.01.01, EP 1

Only authorized ~~licensed independent practitioners and~~ clinical staff administer medications. The organization defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation.

Note: This does not prohibit self-administration of medications by patients, when indicated.

MM.06.01.01, EP 3

Before administration, the individual administering the medication does the following:

- Verifies that the medication selected matches the medication order and product label
- Visually inspects the medication for particulates, discoloration, or other loss of integrity
- Verifies that the medication has not expired
- Verifies that no contraindications exist
- Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route
- Discusses any unresolved concerns about the medication with the patient's physician or other licensed ~~independent~~ practitioner, prescriber (if different from the physician or other licensed ~~independent~~ practitioner), and/or staff involved with the patient's care, treatment, or services

Note 1: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Centers for Medicare & Medicaid Services require ambulatory surgical centers to use single dose (single-use) medication vials for only one patient.

Note 2: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The Centers for Medicare & Medicaid Services require ambulatory surgical centers to date multi-dose injectable medications that are used for more than one patient when they are opened, and discard them within 28 days of opening or according to the manufacturer's recommendations, whichever is more stringent.

(See also MM.03.01.05, EP 2)

Standard MM.09.01.03

Antimicrobial stewardship is identified as an organizational priority.

MM.09.01.03, EP 4

The organization provides all clinical staff ~~and licensed independent practitioners~~ with educational resources related to its antimicrobial stewardship goal(s) and strategies that promote appropriate antimicrobial medication prescribing practices.

Standard NPSG.03.06.01

Maintain and communicate accurate patient medication information.

NPSG.03.06.01, EP 5

For organizations that prescribe medications: Explain the importance of managing medication information to the patient at the end of the episode of care.

Note: Examples include instructing the patient to give a list to their primary care physician or other licensed practitioner; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations. (For information on patient education on medications, refer to Standards PC.02.03.01 and PC.04.01.05.)

Standard NPSG.16.01.01

Improving health care equity for the organization's patients is a quality and safety priority.

NPSG.16.01.01, EP 6

At least annually, the organization informs key stakeholders, including leaders, ~~licensed practitioners~~, and staff, about its progress to improve health care equity.

Standard PC.02.01.03

The organization provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

PC.02.01.03, EP 1

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Radiologic services are provided based on orders from licensed practitioners with clinical privileges in accordance with professional standards of practice, or from other practitioners authorized by the medical staff and the governing body, consistent with state law.

Standard PC.03.01.03

The organization provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

PC.03.01.03, EP 15

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient has a presurgical assessment completed upon admission by a physician or other qualified licensed practitioner, in accordance with applicable state health and safety laws, standards of practice, and organization policy. This assessment includes documentation of any allergies to drugs and biologicals.

Standard PC.03.01.07

The organization provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.

PC.03.01.07, EP 4

A qualified physician or other licensed ~~independent~~ practitioner discharges the patient from the recovery area or from the organization. In the absence of a qualified licensed ~~independent~~ practitioner, patients are discharged according to criteria approved by clinical leaders.

(See also RC.02.01.03, EPs 9, 10)

Standard PC.04.01.01

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

PC.04.01.01, EP 1

The organization describes the following:

- The reason(s) for and conditions under which the patient is discharged or transferred
- The method for shifting responsibility for a patient's care from one clinician provider, organization, program, or service to another

Standard PC.04.01.03

The organization discharges or transfers the patient based on the patient's assessed needs and the organization's ability to meet those needs.

PC.04.01.03, EP 3

The patient, the patient's family, physicians, other licensed ~~independent~~ practitioners, ~~physicians~~, and staff involved in the patient's care, treatment, or services participate in planning the patient's discharge or transfer.

Standard RC.01.02.01

Entries in the clinical record are authenticated.

RC.01.02.01, EP 2

The organization defines the types of entries in the clinical record made by ~~nonindependent~~licensed practitioners that require countersigning, in accordance with law and regulation.

Standard RC.02.01.01

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

RC.02.01.01, EP 18

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~~provider or medical organization providing follow-up care, treatment, or services

Standard RC.02.01.03

The patient's clinical record contains documentation on any operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

RC.02.01.03, EP 2

A physician or other licensed-~~independent~~ practitioner involved in the patient's care documents the provisional diagnosis in the clinical record before an operative or other high-risk procedure is performed.

RC.02.01.03, EP 5

An operative or other high-risk procedure report is written or dictated upon completion of the operative or other high-risk procedure and before the patient is transferred to the next level of care.

Note 1: The exception to this requirement occurs when an operative or other high-risk procedure progress note is written immediately after the procedure, in which case the full report can be written or dictated within a time frame defined by the organization.

Note 2: If the physician or other licensed practitioner performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, the report can be written or dictated in the new unit or area of care.

RC.02.01.03, EP 6

The operative or other high-risk procedure report includes the following information:

- The name(s) of the physician(s) or other licensed-~~independent~~ practitioner(s) who performed the procedure and their assistant(s)
- The name of the procedure performed
- A description of the procedure
- Findings of the procedure

- Any estimated blood loss
- Any specimen(s) removed
- The postoperative diagnosis

RC.02.01.03, EP 9

The clinical record contains documentation that the patient was discharged from the recovery phase of the operation or procedure either by the physician or other licensed ~~independent~~ practitioner responsible for the patient's care or according to discharge criteria.

(See also PC.03.01.07, EP 4)

RC.02.01.03, EP 11

The postoperative documentation contains the name of the physician or other licensed ~~independent~~ practitioner responsible for discharge.

RC.02.01.03, EP 14

For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The patient's postsurgical condition is assessed and documented in the medical record by a physician, other qualified licensed practitioner, or registered nurse with, at a minimum, postoperative care experience, in accordance with applicable state health and safety laws, standards of practice, and organizational policy.

Standard RI.01.04.01

The organization respects the patient's right to receive information about the individual(s) responsible for the patient's care, treatment, or services.

RI.01.04.01, EP 1

The organization informs the patient of the following:

- The name of the physician or other licensed practitioner who has primary responsibility for the patient's care, treatment, or services
- The name of the physician(s) or other licensed practitioner(s) who will provide the patient's care, treatment, or services

Standard UP.01.02.01

Mark the procedure site.

UP.01.02.01, EP 3

The procedure site is marked by a licensed ~~independent~~ practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed ~~independent~~ practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications:

- An individual in a medical postgraduate education program who is being supervised by the licensed ~~independent~~ practitioner performing the procedure; who is familiar with the patient; and who will be present when the procedure is performed

- A licensed individual who performs duties requiring a collaborative agreement or supervisory agreement with the licensed ~~independent~~ practitioner performing the procedure (that is, an advanced practice registered nurse [APRN] or physician assistant [PA]); who is familiar with the patient; and who will be present when the procedure is performed.

Note: The organization's leaders define the limited circumstances (if any) in which site marking may be delegated to an individual meeting these qualifications.

Standard WT.03.01.01

Staff ~~and licensed independent practitioners~~ performing waived tests are competent.

WT.03.01.01, EP 1

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, provides orientation and training to and assesses the competency of staff ~~and licensed independent practitioners~~ who perform waived testing.

WT.03.01.01, EP 2

Staff ~~and licensed independent practitioners~~ who perform waived testing have received orientation in accordance with the organization's specific services. The orientation for waived testing is documented.

WT.03.01.01, EP 3

Staff ~~and licensed independent practitioners~~ who perform waived testing have been trained for each test that they are authorized to perform. The training for each waived test is documented.

WT.03.01.01, EP 4

Staff ~~and licensed independent practitioners~~ who perform waived testing that requires the use of an instrument have been trained on its use and maintenance. The training on the use and maintenance of an instrument for waived testing is documented.

WT.03.01.01, EP 6

Competence for waived testing is assessed according to organization policy at defined intervals, but at least at the time of orientation and annually thereafter. This competency is documented.

Note 1: When a physician or other licensed ~~independent~~ practitioner performs waived testing that does not involve an instrument and the test falls within their specialty, the organization may use the credentialing and privileging process to document evidence of training and competency in lieu of annual competency assessment. In this circumstance, individual ~~practitioner~~ privileges include the specific waived tests appropriate to their scope of practice that they are authorized to perform. At the discretion of the person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate or according to organization policy, more stringent competency requirements may be implemented.

Note 2: Provider-performed microscopy (PPM) procedures are not waived tests.