

Revisions and Deletions Related to the Standards Simplification Project

Nursing Care Center (NCC) Accreditation Program

Environment of Care (EC) Chapter

EC.04.01.01

Current Requirement Text:

The organization collects information to monitor conditions in the environment.

EC.04.01.01**Current EP Text:**

The organization internally reports and investigates the following: Injuries to residents or others in the organization's facilities.

EP: 3**Revision Type:** Consolidated**EC.04.01.01****New EP Text:**

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

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

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.

Nursing Care Center (NCC) Accreditation Program

EC.04.01.01**EP: 4****Current EP Text:**

The organization internally reports and investigates the following: Occupational illnesses and staff injuries.

Revision Type: Consolidated**EC.04.01.01****EP: 1****New EP Text:**

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

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

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: 5****Current EP Text:**

The organization internally reports and investigates the following: Incidents of damage to its property or the property of others in locations it controls.

Revision Type: Consolidated**EC.04.01.01****EP: 1****New EP Text:**

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

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

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.

Nursing Care Center (NCC) Accreditation Program

EC.04.01.01**EP: 6****Current EP Text:**

The organization internally reports and investigates the following: Security incidents involving patients, residents, staff, or others in locations it controls.

Revision Type: Consolidated**EC.04.01.01****EP: 1****New EP Text:**

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

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

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: 8****Current EP Text:**

The organization internally reports and investigates the following: Hazardous materials and waste spills and exposures.

Revision Type: Consolidated**EC.04.01.01****EP: 1****New EP Text:**

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

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

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.

Nursing Care Center (NCC) Accreditation Program

EC.04.01.01**EP: 9****Current EP Text:****Revision Type:** Consolidated

The organization internally reports and investigates the following: Fire safety management problems, deficiencies, and failures.

EC.04.01.01**EP: 1****New EP Text:**

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

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

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: 10****Current EP Text:****Revision Type:** Consolidated

The organization internally reports and investigates the following: Medical equipment management problems, failures, and use errors.

EC.04.01.01**EP: 1****New EP Text:**

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

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

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.

Nursing Care Center (NCC) Accreditation Program

EC.04.01.01**EP: 11****Current EP Text:****Revision Type:** Consolidated

The organization internally reports and investigates the following: Utility systems management problems, failures, or use errors.

EC.04.01.01**EP: 1****New EP Text:**

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

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

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: 12****Current EP Text:****Revision Type:** Deleted

The organization conducts environmental tours every six months in patient and resident care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment of care.

EC.04.01.01**EP: 13****Current EP Text:****Revision Type:** Deleted

The organization conducts annual environmental tours in nonresident care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment.

Nursing Care Center (NCC) Accreditation Program

Human Resources (HR) Chapter

HR.02.01.05

Current Requirement Text:

The organization may permit licensed independent practitioners to provide care, treatment, and services on a temporary basis.

HR.02.01.05

EP: 2

Current EP Text:

Revision Type: Consolidated

Before the organization permits licensed independent practitioners to provide care, treatment, and services on a temporary basis to meet important patient or resident needs, the organization does the following:

- Documents required current licensure using primary sources, if available
- Uses primary source verification to document current competency

Note: Primary source verification of competency can be obtained through peer references or verification that the practitioner is privileged at a Joint Commission–accredited organization.

HR.02.01.05

EP: 2

New EP Text:

Before the organization permits physicians or other licensed practitioners to provide care, treatment, and services on a temporary basis to meet important patient or resident needs, the organization does the following:

- Documents required current licensure using primary sources, if available
- Uses primary source verification to document current competency

Note 1: Primary source verification of competency can be obtained through peer references or verification that the practitioner is privileged at a Joint Commission–accredited organization.

Note 2: The administrator or the administrator’s designee grants temporary privileges upon recommendation of clinical leadership or the medical director.

HR.02.01.05

EP: 9

Current EP Text:

Revision Type: Consolidated

The administrator or the administrator’s designee grants permission to licensed independent practitioners to provide care, treatment, and services on a temporary basis to meet important patient or resident needs upon recommendation of clinical leadership or the medical director.

HR.02.01.05

EP: 2

New EP Text:

Before the organization permits physicians or other licensed practitioners to provide care, treatment, and services on a temporary basis to meet important patient or resident needs, the organization does the following:

- Documents required current licensure using primary sources, if available
- Uses primary source verification to document current competency

Note 1: Primary source verification of competency can be obtained through peer references or verification that the practitioner is privileged at a Joint Commission–accredited organization.

Note 2: The administrator or the administrator’s designee grants temporary privileges upon recommendation of clinical leadership or the medical director.

Nursing Care Center (NCC) Accreditation Program

HR.02.01.07

Current Requirement Text: **Revision Type:** Deleted

Licensed independent practitioners who provide on-call coverage for attending licensed independent practitioners are competent.

HR.02.01.07

EP: 1

Current EP Text: **Revision Type:** Deleted

When the attending licensed independent practitioner designates an on-call licensed independent practitioner (who is not currently permitted to provide care, treatment, and services at the organization) to cover in the attending practitioner's absence, the following requirements are met:

- The medical director and the attending licensed independent practitioner determine that the on-call licensed independent practitioner can perform the required care, treatment, and services.
- The organization documents required current licensure using primary sources, if available.

Note: It may be more efficient to obtain a list of possible covering licensed independent practitioners ahead of time and verify licensure from the primary source in advance of the licensed independent practitioner actually covering for the attending licensed independent practitioner.

- A documented review of orders issued by the on-call licensed independent practitioner is conducted by the attending licensed independent practitioner upon the attending practitioner's return in the time frame defined by the organization.
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HR.02.01.07

EP: 4

Current EP Text: **Revision Type:** Deleted

The organization defines the maximum time frame an on-call licensed independent practitioner (who is not currently permitted to provide care, treatment, and services at the organization) can provide coverage in the absence of the attending licensed independent practitioner before the on-call practitioner is permitted to provide care, treatment, and services.

Nursing Care Center (NCC) Accreditation Program

Information Management (IM) Chapter

IM.02.02.01

Current Requirement Text:

The organization effectively manages the collection of health information.

IM.02.02.01

EP: 2

Current EP Text:

Revision Type: Deleted

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

Nursing Care Center (NCC) Accreditation Program

Leadership (LD) Chapter

LD.03.06.01

Current Requirement Text:

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

LD.03.06.01

EP: 4

Current EP Text:

Revision Type: Deleted

Leaders evaluate the effectiveness of those who work in the organization to promote safety and quality.

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, and services.

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, and services.

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.

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 conflict, and how the organization will address these conflicts of interest.

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.

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 conflict, and how the organization will address these conflicts of interest.

Nursing Care Center (NCC) Accreditation Program

Medication Management (MM) Chapter

MM.06.01.05

Current Requirement Text:

The organization safely manages investigational medications.

MM.06.01.05

EP: 2

Current EP Text:

Revision Type: Deleted

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

Nursing Care Center (NCC) Accreditation Program

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

PC.02.02.07

Current Requirement Text:

The organization arranges for academic education to children and youth, as needed.

PC.02.02.07

EP: 2

Current EP Text:

Educational resources are selected based on the child's or youth's identified needs.

Revision Type: Consolidated

PC.02.02.07

EP: 3

New EP Text:

The organization makes educational resources available based on the individual's identified needs that offer special education experiences for children or youth whose learning is hindered by their special needs.

PC.02.02.07

EP: 3

Current EP Text:

The organization makes educational resources available that offer special education experiences for children or youth whose learning is hindered by their special needs.

Revision Type: Consolidated

PC.02.02.07

EP: 3

New EP Text:

The organization makes educational resources available based on the individual's identified needs that offer special education experiences for children or youth whose learning is hindered by their special needs.

PC.02.03.01

Current Requirement Text:

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

PC.02.03.01

EP: 27

Current EP Text:

The organization provides the patient or resident education on how to communicate concerns about patient or resident safety issues that occur before, during, and after care is received.

Revision Type: Deleted
