

Prepublication Requirements

• Issued January 20, 2022 •



Revisions Resulting from the Hospital Deeming Application

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

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

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective July 1, 2022

Environment of Care (EC) Chapter

EC.02.03.01

The hospital manages fire risks.

Element(s) of Performance for EC.02.03.01

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| <p>9. The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report 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 are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.</p> | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |
| <p>9. The written fire response plan describes the specific roles of staff at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, how to evacuate to areas of refuge, and how staff will cooperate with firefighting authorities. Staff are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.</p> | <input type="checkbox"/> <input checked="" type="checkbox"/> (D) |

Key: (D) indicates that documentation is required;

(R) indicates an identified risk area;

EC.02.06.05

The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

Element(s) of Performance for EC.02.06.05

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| <p>1. When planning for new, altered, or renovated space, the hospital uses one of the following design criteria:</p> <ul style="list-style-type: none"> - State rules and regulations - Guidelines for Design and Construction of Hospitals, 2018 edition, published by the Facility Guidelines Institute <p>When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.</p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
| | | | |
| <p>1. When planning for new, altered, or renovated space, the hospital uses one of the following design criteria:</p> <ul style="list-style-type: none"> - State rules and regulations - Guidelines for Design and Construction of Hospitals, 2018 edition, published by the Facility Guidelines Institute <p>When the above rules, regulations, and guidelines do not meet specific design needs, use other reputable standards and guidelines that provide equivalent design criteria.</p> <p><u>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital complies with National Fire Protection Association requirements, including emergency generator location requirements as follows:</u></p> <ul style="list-style-type: none"> - <u>Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6)</u> - <u>Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4)</u> - <u>NFPA 110-2010 when a new structure is built or when an existing structure or building is renovated.</u> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
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Leadership (LD) Chapter

LD.04.01.03

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

Element(s) of Performance for LD.04.01.03

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| <p>3. The operating budget reflects the hospital's goals and objectives.</p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
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| <p>3. The operating budget reflects the hospital's goals and objectives.</p> <p><u>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix A [AXA] for the language of this CMS requirement.)</u></p> | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | |
| | | | |

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

LD.04.01.11

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

Element(s) of Performance for LD.04.01.11

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| 3. | The interior and exterior space provided for care, treatment, and services meets the needs of patients. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | The interior and exterior space provided for care, treatment, and services meets the needs of patients. | <input type="checkbox"/> | <input type="checkbox"/> |
- Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The extent and complexity of facilities must be determined by the services offered.**

Medication Management (MM) Chapter

MM.05.01.07

The hospital safely prepares medications.

Element(s) of Performance for MM.05.01.07

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| 5. | For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. | <input style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 8px;" type="checkbox"/> R | <input type="checkbox"/> |
| 5. | For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a <u>physician</u> or other <u>licensed</u> practitioner responsible for the patient's care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation. | <input style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 8px;" type="checkbox"/> R | <input type="checkbox"/> |

Medical Staff (MS) Chapter

MS.03.01.03

The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

Element(s) of Performance for MS.03.01.03

3. A patient’s general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare patient’s psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.

3. **A patient’s general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare or Medicaid patient’s psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.**

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

PC.02.01.03

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

Element(s) of Performance for PC.02.01.03

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

R indicates an identified risk area;

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a ~~licensed independent practitioner~~ or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. □ □
- Note 1: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as the practitioner meets the following:
- Responsible for the care of the patient
 - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements
 - Acting within the practitioner's scope of practice under state law
 - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services
- Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals.

1. **For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.** □ □
- Note 1: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the physician or other licensed practitioner meets the following:**
- **Responsible for the care of the patient**
 - **Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements**
 - **Acting within the practitioner's scope of practice under state law**
 - **Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services**
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Rights and Responsibilities of the Individual (RI) Chapter

RI.01.01.01

The hospital respects, protects, and promotes patient rights.

Element(s) of Performance for RI.01.01.01

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

R indicates an identified risk area;

10. The hospital allows the patient to access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Access to medical records, including past and current records, is in the form requested by the patient (including in electronic form when available) ~~within a reasonable time frame (that is, as quickly as the hospital's recordkeeping system permits)~~. If electronic is unavailable, the medical record is in hard copy form or another form agreed to by the organization and patient.

10. **The hospital allows the patient, through oral or written request, to access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation.**

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Access to medical records, including past and current records, is in the form and format requested by the patient (including in electronic form or format when available). If electronic is unavailable, the medical record is in hard copy form or another form agreed to by the organization and patient. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these electronic or hard-copy requests within a reasonable time frame (that is, as quickly as its record keeping system permits).
