

# Prepublication Requirements

• Issued May 20, 2020 •



## Changes Related to CMS Requirements

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

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

### APPLICABLE TO HOSPITAL ACCREDITATION PROGRAMS

Effective July 1, 2020

### Human Resources (HR) Chapter

#### **HR.01.01.01**

The hospital defines and verifies staff qualifications.

#### **Element(s) of Performance for HR.01.01.01**

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

**(R)** indicates an identified risk area;

1. The hospital defines staff qualifications specific to their job responsibilities. (See also HR.01.01.01, EP 32; IC.01.01.01, EP 3; RI.01.01.03, EP 2)

Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).

Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at <https://www.ecfr.gov/cgi-bin/text-idx?SID=1248e3189da5e5f936e55315402bc38b&node=pt42.5.493&rgn=div5#sp42.5.493.m>.

Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix A for 409.17 requirements.

Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.

1. **The hospital defines staff qualifications specific to their job responsibilities. (See also HR.01.01.01, EP 32; IC.01.01.01, EP 3; RI.01.01.03, EP 2)**

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**Note 5: For hospitals that use Joint Commission accreditation for deemed status purposes: Staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing.**

## Leadership (LD) Chapter

### LD.03.07.01

Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

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

**Element(s) of Performance for LD.03.07.01**

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| <p>2. As part of performance improvement, leaders do the following:</p> <ul style="list-style-type: none"> <li>- Set priorities for performance improvement activities and patient health outcomes (See also PI.01.01.01, EPs 1 and 2)</li> <li>- Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities (See also PI.01.01.01, EPs 3, 5–7, 10, 12, and 13)</li> <li>- Reprioritize performance improvement activities in response to changes in the internal or external environment</li> </ul>                                                                                                                     | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table> |  |  |
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**LD.04.01.01**

The hospital complies with law and regulation.

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|
| <p>1. The hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the hospital is seeking accreditation from The Joint Commission.</p> <p>Note 1: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law. (<del>See also WT.04.01.01, EP 1; WT.04.01.01, EP 1</del>)</p> <p>Note 2: For more information on how to obtain a CLIA certificate, see <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html">http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html</a>.</p>                                         | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px; text-align: center;">ⓓ</td> </tr> </table> |  | ⓓ |
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Medication Management (MM) Chapter

**MM.06.01.03**

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

Self-administered medications are administered safely and accurately.

Note: The term "self-administered medication(s)" may refer to medications administered by a family member.

**Element(s) of Performance for MM.06.01.03**

- 1. If self-administration of medications is allowed, the hospital follows written processes that guide the safe and accurate self-administration of medications or the administration of medications by a family member. The processes address training, supervision, and documentation. (See also MM.06.01.01, EP 1)
- 1. **If self-administration of medications is allowed, the hospital follows written processes that guide the safe and accurate self-administration of medications or the administration of medications by a family member (refer to the Glossary for the definition of family). The processes address training, supervision, and documentation. (See also MM.06.01.01, EP 1)**

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

**RC.01.05.01**

The hospital retains its medical records.

**Element(s) of Performance for RC.01.05.01**

- 1. The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.
- 1. **The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.**  
Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, scans; and other applicable image records.

Transplant Safety (TS) Chapter

**TS.01.01.01**

The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.

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

- 5. ~~Staff education includes training~~ in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.
- 5. **Staff who have been designated to discuss potential organ, tissue, or eye donations with families are educated and trained** in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families.

Key:  indicates that documentation is required;

indicates an identified risk area;