

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 September 13, 2020

Leadership (LD) Chapter

LD.04.01.10

Hospital leaders, including leaders of the organized medical staff, provide oversight for emergency management activities.

Element(s) of Performance for LD.04.01.10

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| <p>2. Senior hospital leadership directs implementation of selected hospitalwide improvements in emergency management based on the following:</p> <ul style="list-style-type: none"> - Review of the annual emergency management planning reviews (See also EM.03.01.01, EP 4) - Review of the evaluations of all emergency response exercises and all responses to actual emergencies (See also EM.03.01.03, EP 15) - Determination of which emergency management improvements will be prioritized for implementation, recognizing that some emergency management improvements might be a lower priority and not taken up in the near term | <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. Senior hospital leadership directs implementation of selected hospitalwide improvements in emergency management based on the following:</p> <ul style="list-style-type: none"> - <u>Examine the</u> emergency management planning reviews <u>at least every two years</u> (See also EM.03.01.01, EP 4) - Review of the evaluations of all emergency response exercises and all responses to actual emergencies (See also EM.03.01.03, EP 15) - Determination of which emergency management improvements will be prioritized for implementation, recognizing that some emergency management improvements might be a lower priority and not taken up in the near term | <input type="checkbox"/> <input type="checkbox"/> |

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

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

PC.01.02.03

The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance for PC.01.02.03

7. For hospitals that use Joint Commission accreditation for deemed status purposes: When the medical staff has chosen to allow an assessment (in lieu of a comprehensive medical history and physical examination) for patients receiving specific outpatient surgical or procedural services, the assessment of the patient is completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services. (For more information, refer to Standard to MS.03.01.01)

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Note: For further regulatory guidance, refer to 42 CFR 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and 482.22(c)(5)(v). Refer to “Appendix A: Medicare Requirements for Hospitals” (AXA) for full text.

PC.02.02.09

For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Residents participate in social and recreational activities according to their abilities and interests.

Element(s) of Performance for PC.02.02.09

4. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers residents a choice of activities, both independent and organization-sponsored group and individual activities, designed to meet the interests of residents; support their physical, mental, and psychosocial well-being; and encourage both independence and interaction in the community.

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3. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps residents to participate in social and recreational activities according to their abilities and interests.

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PC.04.01.01

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

Element(s) of Performance for PC.04.01.01

26. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written discharge planning policies and procedures applicable to all patients.

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

32. For hospitals that use Joint Commission accreditation for deemed status purposes: The patient’s discharge plan includes a list of home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care hospitals that are available to the patient, participating in the Medicare program, and serving the geographic area in which the patient resides (as defined by the home health agency or in the case of a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital, in the geographic area requested by the patient). The hospital documents in the medical record that this list was presented to the patient or the patient’s representative.

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Note 1: Home health agencies must request to be listed by the hospital.

Note 2: This list is only presented to patients for whom home health care, post-hospital extended care services, skilled nursing, inpatient rehabilitation, or long-term care hospital services are identified as needed.

PC.04.01.03

The hospital discharges or transfers the patient based on his or her assessed needs and the organization’s ability to meet those needs.

Element(s) of Performance for PC.04.01.03

2. The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.
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For hospitals that use Joint Commission accreditation for deemed status purposes: The identification of needs also includes hospice care, post-hospital extended care, home health, and non-health care services, as well as the need for community-based care providers. The hospital determines the availability of the post-hospital services as well as the patient’s access to those services.

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

3. The patient, the patient’s family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient’s care, treatment, and services participate in planning the patient’s discharge or transfer.

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Note 1: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital.

Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly. The hospital sends a copy of the notice to a representative of the office of the state’s long-term care ombudsman.

3. **The patient, the patient’s family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient’s care, treatment, and services participate in planning the patient’s discharge or transfer.**

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Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly. The hospital sends a copy of the notice to a representative of the office of the state’s long-term care ombudsman.

Note 4: For hospitals that use Joint Commission accreditation for deemed status purposes: Discharge planning is performed by, or under the supervision of, a registered nurse, social worker, or other qualified person.

PC.04.02.01

When a patient is discharged or transferred, the hospital gives information about the care, treatment, and services provided to the patient to other service providers who will provide the patient with care, treatment, or services.

Element(s) of Performance for PC.04.02.01

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

R indicates an identified risk area;

1. At the time of the patient's discharge or transfer, the hospital informs other service providers who will provide care, treatment, or services to the patient about the following:
- The reason for the patient's discharge or transfer
 - The patient's physical and psychosocial status
 - A summary of care, treatment, and services it provided to the patient
 - The patient's progress toward goals
 - A list of community resources or referrals made or provided to the patient
- (See also PC.02.02.01, EP 1)

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Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The information sent to the receiving provider also includes the following:

- Contact information of the practitioner responsible for the care of the resident
- Resident representative information, including contact information
- Advance directive information
- All special instructions or precautions for ongoing care, when appropriate
- Comprehensive care plan goals

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 - **The patient's physical and psychosocial status**
 - **A summary of care, treatment, and services it provided to the patient**
 - **The patient's progress toward goals**
 - **A list of community resources or referrals made or provided to the patient**
- (See also PC.02.02.01, EP 1)

Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital also informs other service providers of the patient's treatment preferences.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The information sent to the receiving provider also includes the following:

- **Contact information of the practitioner responsible for the care of the resident**
- **Resident representative information, including contact information**
- **Advance directive information**
- **All special instructions or precautions for ongoing care, when appropriate**
- **Comprehensive care plan goals**

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 his or her health information, in accordance with law and regulation.

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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.

RI.01.05.01

The hospital addresses patient decisions about care, treatment, and services received at the end of life.

Element(s) of Performance for RI.01.05.01

21. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital defines how it obtains and documents permission to perform an autopsy.

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