

Prepublication Requirements

- Issued December 20, 2022 •



Select Retired and Revised Accreditation 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 deleted language struckthrough and new language underlined.

APPLICABLE TO THE AMBULATORY HEALTH CARE ACCREDITATION PROGRAM

Effective February 19, 2023

RETIRED ELEMENTS OF PERFORMANCE

Environment of Care (EC) Chapter

Standard EC.02.01.03

The organization prohibits smoking.

EC.02.01.03, EP 1

Smoking is not permitted in the organization.

Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.

Human Resources (HR) Chapter

Standard HR.01.07.01

The organization evaluates staff performance.

HR.01.07.01, EP 5

When a licensed independent practitioner brings a nonemployee individual into the organization to provide care, treatment, or services, the organization reviews the individual's competencies and performance at the same frequency as individuals employed by the organization.

Note: This review can be accomplished either through the organization's regular process or with the licensed independent practitioner who brought staff into the organization.

Information Management (IM) Chapter

Standard IM.02.02.03

The organization retrieves, disseminates, and transmits health information in useful formats.

IM.02.02.03, EP 13

For organizations in California that provide computed tomography (CT) services: The organization complies with radiation event reporting requirements specified in section 115113 of the California Health and Safety Code.

Leadership (LD) Chapter

Standard LD.04.02.03

Ethical principles guide the organization's business practices.

LD.04.02.03, EP 1

The organization follows a process that allows staff, patients, and families to address ethical issues or issues prone to conflict.

Medication Management (MM) Chapter

Standard MM.05.01.19

The organization safely manages returned medications.

MM.05.01.19, EP 1

The organization determines under what circumstances unused, expired, or returned medications will be managed by the pharmacy or the organization.

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

MM.05.01.19, EP 3

The organization determines if and when outside sources are used for destruction of medications.

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

Standard MM.06.01.05

The organization safely manages investigational medications.

MM.06.01.05, EP 1

The organization follows a written process addressing the use of investigational medications that includes review, approval, supervision, and monitoring.

MM.06.01.05, EP 3

The written process for the use of investigational medications specifies that when a patient is involved in an investigational protocol that is independent of the organization, the organization evaluates and accommodates the patient's continued participation in the protocol.

National Patient Safety Goals (NPSG) Chapter

Standard NPSG.03.04.01

Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.

Note: Medication containers include syringes, medicine cups, and basins.

NPSG.03.04.01, EP 6

Immediately discard any medication or solution found unlabeled.

NPSG.03.04.01, EP 7

Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure.

Note: This does not apply to multiuse vials that are handled according to infection control practices.

NPSG.03.04.01, EP 8

All medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for the management of medications.

Standard NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Note: This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for preventing venous thromboembolism (for example, related to procedures or hospitalization).

NPSG.03.05.01, EP 1

The organization uses approved protocols and evidence-based practice guidelines for the initiation and maintenance of anticoagulant therapy that address medication selection; dosing, including adjustments for age and renal or liver function; drug–drug and drug–food interactions; and other risk factors as applicable.

NPSG.03.05.01, EP 4

The organization has a written policy addressing the need for baseline and ongoing laboratory tests to monitor and adjust anticoagulant therapy.

Note: For all patients receiving warfarin therapy, use a current international normalized ratio (INR) to monitor and adjust dosage. For patients on a direct oral anticoagulant (DOAC), follow evidence-based practice guidelines regarding the need for laboratory testing.

NPSG.03.05.01, EP 5

The organization addresses anticoagulation safety practices through the following:

- Establishing a process to identify, respond to, and report adverse drug events, including adverse drug event outcomes
- Evaluating anticoagulation safety practices, taking actions to improve safety practices, and measuring the effectiveness of those actions in a time frame determined by the organization

NPSG.03.05.01, EP 6

The organization provides education to patients and families specific to the anticoagulant medication prescribed, including the following:

- Adherence to medication dose and schedule
- Importance of follow-up appointments and laboratory testing (if applicable)
- Potential drug–drug and drug–food interactions
- The potential for adverse drug reactions

Standard UP.01.01.01

Conduct a preprocedure verification process.

UP.01.01.01, EP 3

Match the items that are to be available in the procedure area to the patient.

Performance Improvement (PI) Chapter**Standard PI.03.01.01**

The organization compiles and analyzes data.

PI.03.01.01, EP 19

The organization monitors the use of opioids to determine if they are being prescribed safely.

PI.03.01.01, EP 20

For organizations that provide fluoroscopic services: The organization reviews and analyzes instances where the radiation exposure and skin dose threshold levels identified by the organization are exceeded.

Note: Radiation exposure thresholds may be established based on metrics such as reference-air kerma, cumulative-air kerma, kerma-area product, or fluoroscopy time.

PI.03.01.01, EP 21

The organization provides incidence data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians on surgical site infections.

Waived Testing (WT) Chapter**Standard WT.05.01.01**

The organization maintains records for waived testing.

WT.05.01.01, EP 2

Test results for waived testing are documented in the patient's clinical record.

REVISED ELEMENTS OF PERFORMANCE**Standard WT.02.01.01**

The person from the organization whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate identifies the staff responsible for performing and supervising waived testing.

Note 1: Responsible staff may be employees of the organization, contracted staff, or employees of a contracted service.

Note 2: Responsible staff may be identified within job descriptions or by listing job titles or individual names.

WT.02.01.01, 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, identifies in writing the staff responsible for performing and supervising waived testing.