The Joint Commission

Prepublication Requirements

• Issued December 20, 2022 •

Select Retired 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 NURSING CARE CENTER ACCREDITATION PROGRAM

Effective February 19, 2023

RETIRED ELEMENTS OF PERFORMANCE

Life Safety (LS) Chapter

Standard LS.02.01.40
The organization provides and maintains special features to protect individuals from the hazards of fire and smoke.

LS.02.01.40, EP 2
The organization meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.4.2.

Medication Management (MM) Chapter

Standard MM.03.01.01
The organization safely stores medications.

MM.03.01.01, EP 9
The organization keeps concentrated electrolytes present in patient and resident care areas only when patient or resident safety necessitates their immediate use, and precautions are used to prevent inadvertent administration.

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
When a patient or resident is involved in an investigational protocol that is independent of the organization, the organization evaluates and, if no contraindication exists, accommodates the patient's or resident's continued participation in the protocol.

National Patient Safety Goals (NPSG) Chapter

Standard NPSG.03.05.01
Reduce the likelihood of harm to patients and residents 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 or residents receiving warfarin therapy, use a current international normalized ratio (INR) to monitor and adjust dosage. For patients or residents 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

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

Standard PC.02.02.13
The patient's or resident's comfort and dignity receive priority during end-of-life care.

PC.02.02.13, EP 1
To the extent possible, the organization provides care and services that accommodate the patient's or resident's and their family's comfort; dignity; and psychosocial, emotional, and spiritual end-of-life needs.

PC.02.02.13, EP 2
The organization provides staff with education about the unique needs of dying patients and residents and their families.

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 used safely (for example, tracking of adverse events such as over-sedation).

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 multidrug-resistant organisms (MDRO).

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 or resident's clinical record.