

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 OFFICE-BASED SURGERY ACCREDITATION PROGRAM

Effective February 19, 2023

RETIRED ELEMENTS OF PERFORMANCE

Environment of Care (EC) Chapter

Standard EC.02.01.03

The practice prohibits smoking.

EC.02.01.03, EP 1

Smoking is not permitted in the practice.

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 practice evaluates staff performance.

HR.01.07.01, EP 5

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

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

Leadership (LD) Chapter

Standard LD.03.06.01

Those who work in the practice are focused on improving safety and quality.

LD.03.06.01, EP 5

Those who work in the practice adapt to changes in the environment.

Medication Management (MM) Chapter

Standard MM.03.01.01

The practice safely stores medications.

MM.03.01.01, EP 9

The practice keeps concentrated electrolytes present in patient care areas only when patient safety necessitates their immediate use, and precautions are used to prevent inadvertent administration.

Standard MM.03.01.03

The practice safely manages emergency medications.

MM.03.01.03, EP 6

When emergency medications or supplies are used or expired, the practice replaces them as soon as possible to maintain a full stock.

Standard MM.06.01.05

The practice safely manages investigational medications.

MM.06.01.05, EP 1

The practice 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 practice, the practice 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 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 practice compiles and analyzes data.

PI.03.01.01, EP 19

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

PI.03.01.01, EP 20

For practices that provide fluoroscopic services: The practice reviews and analyzes instances where the radiation exposure and skin dose threshold levels identified by the practice 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 practice 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.01.01.01**

Policies and procedures for waived tests are established, current, approved, and readily available.

WT.01.01.01, EP 4

The person from the practice whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate, or a qualified designee, approves in writing policies and procedures for waived testing at the following times:

- Before initial use of the test for patient testing
- Periodically thereafter, as defined by the person whose name appears on the CLIA certificate but at least once every three years
- When changes in procedures occur (for example, when manufacturers' updates to package inserts include procedural changes or when a different manufacturer is used)

Standard WT.02.01.01

The person from the practice 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 practice, 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 2

The person from the practice 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 supervising waived testing.

Standard WT.04.01.01

The practice performs quality control checks for waived testing on each procedure.

Note: Internal quality controls may include electronic, liquid, or control zone. External quality controls may include electronic or liquid.

WT.04.01.01, EP 1

The person from the practice whose name appears on the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate establishes a written quality control plan for waived testing that specifies the method(s) for controlling procedures for quality, establishes timetables, and explains the rationale for choice of procedures and timetables.

Standard WT.05.01.01

The practice 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 practice 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 practice, 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 practice 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.