

Prepublication Requirements

• Issued September 24, 2018 •



Standards Revisions for Deeming in Hospital

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 HOSPITALS

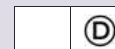
Effective January 1, 2019

Standard EC.02.03.01

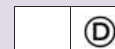
The hospital manages fire risks.

Elements of Performance for EC.02.03.01

9. The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and licensed independent practitioners are periodically instructed on and kept informed of their duties under the plan. A copy of the plan is readily available with the telephone operator or security.
Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.



9. **The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and licensed independent practitioners are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security.**
Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.



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

Standard LD.01.03.01

The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Elements of Performance for LD.01.03.01

13. For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body consults directly with the individual assigned the responsibility for the organization and conduct of the hospital's medical staff, or his or her designee. At a minimum, this direct consultation occurs periodically throughout the fiscal or calendar year and includes a discussion of matters related to the quality of medical care provided to patients of the hospital. For a multi-hospital system using a single governing body, the single multihospital system governing body consults directly with the individual responsible for the organized medical staff (or his or her designee) of each hospital within its system.

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Standard LD.04.03.01

The hospital provides services that meet patient needs.

Elements of Performance for LD.04.03.01

2. The hospital provides essential services, including the following:
- Diagnostic radiology
 - Dietary
 - Emergency
 - Medical records
 - Nuclear medicine
 - Nursing care
 - Pathology and clinical laboratory
 - Pharmaceutical
 - Physical rehabilitation
 - Respiratory care
 - Social work

Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.

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2. The hospital provides essential services, including the following:

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- Diagnostic radiology
- Dietary
- Emergency
- Medical records
- Nuclear medicine
- Nursing care
- Pathology and clinical laboratory
- Pharmaceutical
- Physical rehabilitation
- Respiratory care
- Social work

Note 1: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to “Appendix A: Medicare Requirements for Hospitals” (AXA).

Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The diagnostic radiology services provided by the hospital, as well as staff qualifications, meet professionally approved standards.

Standard LS.01.01.01

The hospital designs and manages the physical environment to comply with the Life Safety Code.

Elements of Performance for LS.01.01.01

1. The hospital assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies.

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Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital complies with the 2012 Life Safety Code.

1. The hospital assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies.

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Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital complies with the 2012 Life Safety Code.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services finds that a fire and safety code imposed by state law adequately protects patients in hospitals.

Standard PC.03.01.01

The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Note: Equipment identified in the elements of performance is available to the operating room suites.

Elements of Performance for PC.03.01.01

5. A registered nurse supervises perioperative nursing care.

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Note: A qualified registered nurse who is immediately available to respond to emergencies may delegate circulatory duties to licensed practical nurses and surgical technologists in accordance with law and regulation and hospital policy.

8. For hospitals that use Joint Commission accreditation for deemed status purposes: At a minimum, operating room suites have the following equipment available:

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- Call-in system (process to communicate with or summon staff outside of the operating room when needed)
- Cardiac monitor
- Resuscitator (hand-held or mechanical device that provides positive airway pressure)
- Defibrillator
- Aspirator (hand-held or mechanical device used to suction out fluids or secretions)
- Tracheotomy set