Standards Revisions for Swing Bed Final Rule in Hospitals

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®), certified 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.

Standard HR.01.01.01

The hospital defines and verifies staff qualifications.

Element(s) of Performance for HR.01.01.01

18. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The facility does not employ individuals who have been found guilty by a court of law of abusing, neglecting, or mistreating residents or who have had a finding entered into the state nurse aide registry concerning abuse, neglect, or mistreatment of residents or misappropriation of their property.

Element(s) of Performance for HR.01.01.01

18. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The facility does not employ individuals who have been found guilty by a court of law of abusing, neglecting, exploiting, misappropriating property, or mistreating residents or who have had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident’s property.

Standard LD.04.02.03

Ethical principles guide the hospital’s business practices.

Element(s) of Performance for LD.04.02.03

15. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: When a resident becomes eligible for Medicaid after admission to the hospital, the hospital charges the resident only the Medicaid allowable charge.

Standard PC.01.02.01

The hospital assesses and reassesses its patients.

Element(s) of Performance for PC.01.02.01

53. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital coordinates assessments with the pre-admission screening and resident review (PASARR) program under Medicaid to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes the following:

- Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into the resident’s assessment, care planning, and transitions of care
- Referring all level II residents and all residents with newly evident or possibly serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment
Standard PC.02.02.01

The hospital coordinates the patient’s care, treatment, and services based on the patient’s needs.

Element(s) of Performance for PC.02.02.01

12. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides 24-hour emergency dental services directly or through arrangement with an external provider. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital may charge a Medicare resident an additional amount for routine and emergency dental services.

Element(s) of Performance for PC.02.02.01

29. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital follows its policy identifying circumstances when loss of or damage to a resident’s dentures is the hospital’s responsibility and it may not charge a resident for the loss or damage of dentures.

Element(s) of Performance for PC.02.02.01

30. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital refers residents with lost or damaged dentures for dental services within three days. If referral does not occur within three days, the hospital documents what was done to make sure that the resident could adequately eat and drink and any extenuating circumstances that led to the delay.

Standard 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

1. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers residents a variety of social and recreational activities according to their abilities and interests.
Element(s) of Performance for PC.02.02.09

1. 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.

Standard 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

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.
   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.
6. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:
- The reason for transfer or discharge
- The effective date of transfer or discharge
- The location to which the resident is transferred or discharged
- A statement that the resident has the right to appeal the action to the state
- The name, address, and telephone number of the state’s long term care ombudsman
- For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act
- For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act

Element(s) of Performance for PC.04.01.03

6. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:
- The reason for transfer or discharge
- The effective date of transfer or discharge
- The location to which the resident is transferred or discharged
- A statement of the resident’s appeal rights including, the name, address (mailing and email), and telephone number of the entity which receives such requests; information on how to obtain an appeal form; where to find assistance in completing the form; and how to submit the appeal hearing request
- The name, address (mailing and email), and telephone number of the office of the state’s long-term care ombudsman
- For a resident with intellectual and developmental disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000
- For a resident with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under the Protection and Advocacy for Mentally Ill Individuals Act
The Joint Commission

Prepublication Requirements continued
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Standard PC.04.01.07

For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds:
Residents are not transferred or discharged from the hospital unless they meet specific criteria, in accordance with law and regulation.

Element(s) of Performance for PC.04.01.07

1. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:
   - The resident’s health has improved to the point where he or she no longer needs the hospital’s services.
   - The transfer or discharge is necessary for the resident’s benefit or if the hospital cannot meet the resident’s needs.
   - The health or safety of the resident is endangered by remaining in the hospital.
   - The hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the hospital and in accordance with law and regulation.
   - The hospital ceases operation.
   - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.

   Element(s) of Performance for PC.04.01.07

1. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met:
   - The resident’s health has improved to the point where he or she no longer needs the hospital’s services.
   - The transfer or discharge is necessary for the resident’s welfare and the hospital cannot meet the resident’s needs.
   - The safety of the individuals in the hospital is endangered due to the clinical or behavioral status of the resident.
   - The health of individuals in the hospital would otherwise be endangered.
   - The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the hospital. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a hospital, the hospital may charge a resident only the allowable charges under Medicaid.
   - The hospital ceases operation.

   Note: The hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the hospital. The hospital documents the danger that failure to transfer or discharge would pose.
Standard 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**

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)

   **Element(s) of Performance for PC.04.02.01**

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)

   **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

Standard RI.01.02.01

The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.

**Note:** For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

**Element(s) of Performance for RI.01.02.01**

1. The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.
The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed in advance of changes to their plan of care.

Element(s) of Performance for RI.01.02.01

1. The hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the hospital.

Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed in advance of changes to their plan of care.

Element(s) of Performance for RI.01.02.01

2. When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision maker in making these decisions. (See also PC.01.02.07, EP 5; RI.01.03.01, EP 1)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The selection of the surrogate decision maker is in accordance with state law.

Element(s) of Performance for RI.01.02.01

2. When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision maker in making these decisions. (See also PC.01.02.07, EP 5; RI.01.03.01, EP 1)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The selection of the surrogate decision maker is in accordance with state law.

Standard RI.01.06.01

For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be free from chemical and physical restraint.

Element(s) of Performance for RI.01.06.01

1. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has policies and procedures that support the resident's right to be free from chemical and physical restraint.

Note: The hospital's use of restraint is consistent with the requirements in the "Provision of Care, Treatment, and Services" (PC) chapter.

Standard RI.01.06.03

The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

Element(s) of Performance for RI.01.06.03

3. The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7)

Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Alleged violations of mistreatment, neglect, or abuse and misappropriation of resident property are reported immediately to the administrator of the hospital.
Element(s) of Performance for RI.01.06.03

3. The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7)
   Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source, and misappropriation of resident property are reported to the administrator of the facility and to other officials (including the state survey agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with state law and established procedures. The alleged violations are reported in the following timeframes:
   - No later than two hours after the allegation is made if the allegation involves abuse or serious bodily injury
   - No later than 24 hours after the allegation is made if the allegation does not involve abuse or serious bodily injury

Element(s) of Performance for RI.01.06.03

5. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds:
   The hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to the administrator or his or her designated representative within five working days of the incident.

Element(s) of Performance for RI.01.06.03

5. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to the administrator or his or her designated representative and to other officials in accordance with state law, within five working days of the incident. If the alleged violation is verified, appropriate corrective action is taken.

Standard RI.01.06.05

The patient has the right to an environment that preserves dignity and contributes to a positive self-image.

Element(s) of Performance for RI.01.06.05

15. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population.
Standard RI.01.06.09

For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to choose his or her medical, dental, and other licensed independent practitioner care providers.

**Element(s) of Performance for RI.01.06.09**

1. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident’s right to choose an attending physician, dentist, and other licensed independent practitioner.

2. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital must make reasonable attempts to respond to requests from residents to choose a different licensed independent practitioner upon admission and throughout the course of care.

3. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident’s preferences, if any, among the options.

Standard RI.01.06.11

For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.

**Element(s) of Performance for RI.01.06.11**

1. For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides the resident and his or her family with the name, specialty, and telephone number of the licensed independent practitioner primary responsible for the resident’s care.