2022 Top Standards Noncompliance Data for Select Certification Programs

The Joint Commission regularly analyzes standards compliance data to identify areas that result in the highest number of Requirements for Improvement (RFIs) in its certified programs. These data help The Joint Commission identify trends and tailor education related to challenging standards.

The following bar charts display the most frequently cited elements of performance (EPs) from January 1 through December 31, 2022, for four categories of certification programs across two certification manuals. These four categories are stroke-specific certification programs, cardiac-specific programs, orthopedic-specific programs, and health care staffing. Immediately following each bar chart is a table with the following:

- Standard/EP text
  - Note: The standards/EPs table does not include standards notes, footnotes, references, or rationales. For a comprehensive look at each standard, refer to E-dition®.
- Applicable addenda for advanced disease-specific care programs
  - Note: The addenda content is not included. Refer to E-dition for the complete addenda content.

The Joint Commission hopes that, by publishing these lists of frequently cited standards/EPs, it will help organizations proactively assess their performance and address areas of potential noncompliance.
# 2022 Most Frequently Cited Certification Requirements for Stroke Programs

**Cited from January 1 through December 31, 2022**

785 Reviews Conducted in 2022 for the Following Advanced Disease-Specific Care Certification Programs:

- **Acute Stroke Ready Hospital (ASRH):** 71 Reviews Conducted
- **Comprehensive Stroke Center (CSC):** 127 Reviews Conducted
- **Primary Stroke Center (PSC):** 535 Reviews Conducted
- **Thrombectomy-Capable Stroke Center (TSC):** 52 Reviews Conducted

<table>
<thead>
<tr>
<th>Standard</th>
<th>EP</th>
<th>Program-Specific Addenda</th>
</tr>
</thead>
</table>
| DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs. | EP 2: The assessment(s) and reassessment(s) are completed according to the patient’s needs and clinical practice guidelines. | ASRH: Addenda a–h  
CSC: Addenda a–c  
PSC: Addenda a–h  
TSC: Addenda a–h |
| DSDF.02: The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care. | EP 5: The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services. | ASRH: No addenda  
CSC: Addenda a and b  
PSC: Addenda a and b*  
TSC: Addendum a |

*Note that Addendum b is applicable only to PSCs that perform mechanical thrombectomy.*
| **DSDF.03:** The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs. | **EP 3:** The program implements care, treatment, and services based on the patient’s assessed needs. | **ASRH:** Addenda a–d  
**CSC:** Addenda a–c  
**PSC:** Addenda a–c  
**TSC:** Addenda a–c |
| --- | --- | --- |
| **DSSE.03:** The program addresses the patient’s education needs. | **EP 5:** The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services. | **ASRH:** No addenda  
**CSC:** Addenda a–d  
**PSC:** No addenda  
**TSC:** Addenda a–d |
| **DSCT.05:** The program initiates, maintains, and makes accessible a medical record for every patient. | **EP 5:** The medical record contains sufficient information to document the course and results of care, treatment, and services. | **ASRH:** Addendum a  
**CSC:** Addendum a  
**PSC:** Addendum a  
**TSC:** Addendum a |
| **DSCT.05:** The program initiates, maintains, and makes accessible a medical record for every patient. | **EP 7:** The program reviews its medical records for completeness and accuracy. | **ASRH:** No addenda  
**CSC:** No addenda  
**PSC:** No addenda  
**TSC:** No addenda |
| **DSPR.01:** The program defines its leadership roles. | **EP 6:** The program leader(s) provides for the uniform performance of care, treatment, and services. | **ASRH:** No addenda  
**CSC:** No addenda  
**PSC:** No addenda  
**TSC:** No addenda |
| **DSPR.05:** The program determines the care, treatment, and services it provides. | **EP 3:** The program provides care, treatment, and services to patients in a planned and timely manner. | **ASRH:** Addenda a–c  
**CSC:** No addenda  
**PSC:** Addendum a  
**TSC:** Addenda a and b |
| **DSDF.01:** Practitioners are qualified and competent. | **EP 1:** Practitioners have education, experience, training, and/or certification consistent with the program’s scope of services, goals and objectives, and the care provided. | **ASRH:** Addenda a and b  
**CSC:** Addenda a–g  
**PSC:** Addenda a–d  
**TSC:** Addenda a–d |
| **DSCT.05:** The program initiates, maintains, and makes accessible a medical record for every patient. | **EP 6:** The medical record contains sufficient information to facilitate continuity of care. | **ASRH:** No addenda  
**CSC:** No addenda  
**PSC:** No addenda  
**TSC:** No addenda |

**EP:** element of performance; **DSDF:** delivering or facilitating clinical care; **DSSE:** supporting self-management; **DSCT:** clinical information management; **DSPR:** program management.
2022 Most Frequently Cited Certification Requirements for Cardiac Programs

Cited from January 1 through December 31, 2022
226 Reviews Conducted in 2022 for the Following Core and Advanced Disease-Specific Care Certification Programs:

- **Acute Myocardial Infarction**: 6 Reviews Conducted
- **Acute Heart Attack Ready (AHAR)**: 14 Reviews Conducted
- **Advanced Certification in Heart Failure (HF)**: 20 Reviews Conducted
- **Chest Pain**: 60 Reviews Conducted
- **Comprehensive Heart Attack Center (CHAC)**: 4 Reviews Conducted
- **Heart Failure**: 14 Reviews Conducted
- **Primary Heart Attack Center (PHAC)**: 30 Reviews Conducted
- **Ventricular Assist Device (VAD)**: 78 Reviews Conducted

### Standard EP Program-Specific Addenda

<table>
<thead>
<tr>
<th>Standard</th>
<th>EP</th>
<th>Program-Specific Addenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSDF.03</td>
<td>The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs.</td>
<td>EP 2: The assessment(s) and reassessment(s) are completed according to the patient’s needs and clinical practice guidelines.</td>
</tr>
</tbody>
</table>

AHAR: No addenda
CHAC: No addenda
HF: Addenda a–k
PHAC: No addenda
VAD: Addenda a and b
| **DSDF.02:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care. | **EP 5:** The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services. | **AHAR:** No addenda  
**CHAC:** No addenda  
**HF:** Addendum a  
**PHAC:** No addenda  
**VAD:** No addenda |
| --- | --- | --- |
| **DSDF.03:** The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs. | **EP 3:** The program implements care, treatment, and services based on the patient’s assessed needs. | **AHAR:** Addenda a–c  
**CHAC:** Addenda a and b  
**HF:** Addenda a–e  
**PHAC:** Addenda a–c  
**VAD:** Addenda a and b |
| **DSSE.03:** The program addresses the patient’s education needs. | **EP 5:** The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services. | **AHAR:** No addenda  
**CHAC:** No addenda  
**HF:** Addendum a  
**PHAC:** No addenda  
**VAD:** No addenda |
| **DSCT.05:** The program initiates, maintains, and makes accessible a medical record for every patient. | **EP 5:** The medical record contains sufficient information to document the course and results of care, treatment, and services. | **AHAR:** No addenda  
**CHAC:** No addenda  
**HF:** No addenda  
**PHAC:** No addenda  
**VAD:** No addenda |
| **DSCT.05:** The program initiates, maintains, and makes accessible a medical record for every patient. | **EP 7:** The program reviews its medical records for completeness and accuracy. | **AHAR:** No addenda  
**CHAC:** No addenda  
**HF:** No addenda  
**PHAC:** No addenda  
**VAD:** No addenda |
| **DSDF.02:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care. | **EP 4:** Practitioners are educated about clinical practice guidelines and their use. | **AHAR:** No addenda  
**CHAC:** No addenda  
**HF:** Addendum a  
**PHAC:** No addenda  
**VAD:** No addenda |
| **DSDF.01:** Practitioners are qualified and competent. | **EP 5:** The program assesses practitioner competence on an ongoing basis. This assessment is documented. | **AHAR:** No addenda  
**CHAC:** No addenda  
**HF:** No addenda  
**PHAC:** No addenda  
**VAD:** No addenda |
| **DSPR.07:** The program’s facilities are safe and accessible. | **EP 8:** The program implements activities to minimize risks associated with medical equipment used in the program. | **AHAR:** No addenda  
**CHAC:** No addenda  
**HF:** No addenda  
**PHAC:** No addenda  
**VAD:** No addenda |
DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.

**EP 6:** The medical record contains sufficient information to facilitate continuity of care.

**AHAR:** No addenda

**CHAC:** No addenda

**HF:** Addendum a

**PHAC:** No addenda

**VAD:** No addenda

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EP, element of performance; DSDF, delivering or facilitating clinical care; DSSE, supporting self-management; DSCT, clinical information management; DSPR, program management.
2022 Most Frequently Cited Certification Requirements for Orthopedic Programs

Cited from January 1 through December 31, 2022

588 Reviews Conducted in 2022 for the Following Core and Advanced Disease-Specific Care Certification Programs:

- **Advanced Certification in Spine Surgery (ACSS):** 10 Reviews Conducted
- **Advanced Total Hip and Total Knee Replacement (THKR):** 108 Reviews Conducted
- **Joint Replacement—Hip:** 187 Reviews Conducted
- **Joint Replacement—Knee:** 190 Reviews Conducted
- **Joint Replacement—Shoulder:** 30 Reviews Conducted
- **Spinal Fusion:** 5 Reviews Conducted
- **Spinal Surgery:** 58 Reviews Conducted

### Standard EP Program-Specific Addenda

<table>
<thead>
<tr>
<th>Standard</th>
<th>EP</th>
<th>Program-Specific Addenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSDF.03: The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs.</td>
<td>EP 2: The assessment(s) and reassessment(s) are completed according to the patient’s needs and clinical practice guidelines.</td>
<td>ACSS: Addenda a–e THKR: Addenda a–f</td>
</tr>
<tr>
<td>DSCT.05: The program initiates, maintains, and makes accessible a medical record for every patient.</td>
<td>EP 7: The program reviews its medical records for completeness and accuracy.</td>
<td>ACSS: No addenda THKR: No addenda</td>
</tr>
</tbody>
</table>

### Chart

<table>
<thead>
<tr>
<th>Standard</th>
<th>Count</th>
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<tbody>
<tr>
<td>DSDF.03, EP 2</td>
<td>183</td>
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<tr>
<td>DSCT.05, EP 7</td>
<td>63</td>
</tr>
<tr>
<td>DSSE.01, EP 1</td>
<td>50</td>
</tr>
<tr>
<td>DSCT.05, EP 6</td>
<td>42</td>
</tr>
<tr>
<td>DSDF.03, EP 3</td>
<td>40</td>
</tr>
<tr>
<td>DSSE.03, EP 5</td>
<td>36</td>
</tr>
<tr>
<td>DSDF.02, EP 5</td>
<td>34</td>
</tr>
<tr>
<td>DSDF.01, EP 5</td>
<td>28</td>
</tr>
<tr>
<td>DSPM.05, EP 1</td>
<td>28</td>
</tr>
<tr>
<td>DSCT.05, EP 5</td>
<td>27</td>
</tr>
</tbody>
</table>
| **DSSE.01:** The program involves patients in making decisions about managing their disease or condition. | **EP 1:** The program involves patients in decisions about their care, treatment, and services. | **ACSS:** Addenda a–d  
**THKR:** Addenda a–f |
|---|---|---|
| **DSCT.05:** The program initiates, maintains, and makes accessible a medical record for every patient. | **EP 6:** The medical record contains sufficient information to facilitate continuity of care. | **ACSS:** No addenda  
**THKR:** No addenda |
| **DSDF.03:** The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs. | **EP 3:** The program implements care, treatment, and services based on the patient’s assessed needs. | **ACSS:** Addenda a–c  
**THKR:** Addenda a–c |
| **DSSE.03:** The program addresses the patient’s education needs. | **EP 5:** The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services. | **ACSS:** Addenda a–d  
**THKR:** Addenda a–d |
| **DSDF.02:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care. | **EP 5:** The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services. | **ACSS:** Addenda a–c  
**THKR:** Addenda a and b |
| **DSPM.05:** The program evaluates patient satisfaction with the quality of care. | **EP 1:** The program evaluates patient satisfaction with and perception of quality of care at the program level. | **ACSS:** No addenda  
**THKR:** No addenda |
| **DSCT.05:** The program initiates, maintains, and makes accessible a medical record for every patient. | **EP 5:** The medical record contains sufficient information to document the course and results of care, treatment, and services. | **ACSS:** Addenda a–c  
**THKR:** Addenda a–c |

EP, element of performance; DSDF, supporting self-management; DSCT, delivering or facilitating clinical care; DSSE, clinical information management; DSPM, program measurement.
# 2022 Most Frequently Cited Certification Requirements for Health Care Staffing Services

**Cited from January 1 through December 31, 2022**

**302 Reviews Conducted in 2022**

<table>
<thead>
<tr>
<th>Standard</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSLD.09: The HCSS firm addresses emergency management.</td>
<td>EP 5: The firm tests the emergency management plan at least annually documenting the test date and any opportunities to improve the plan.</td>
</tr>
<tr>
<td>HSHR.03: The HCSS firm provides new employee orientation to clinical staff before their first assignment start date.</td>
<td>EP 10: The firm documents that clinical staff orientation has been completed prior to providing care, treatment, or services.</td>
</tr>
<tr>
<td>HSLD.05: The HCSS firm provides services to customers according to a written agreement.</td>
<td>EP 6: At a minimum, as part of or in addition to the agreement, the firm provides the customer with a written description of the following: How unexpected incidents, errors, and sentinel events that involve HCSS staff are communicated to the firm.</td>
</tr>
<tr>
<td>HSHR.01: The HCSS firm confirms that a person’s qualifications are consistent with their assignment(s).</td>
<td>EP 3: For clinical staff, the firm does the following: Verifies and documents compliance with applicable health screening and immunization requirements established by law, regulation, and the firm’s policy or its customers’ requirements.</td>
</tr>
<tr>
<td><strong>HSLD.05</strong></td>
<td>The HCSS firm provides services to customers according to a written agreement.</td>
</tr>
<tr>
<td><strong>HSHR.03</strong></td>
<td>The HCSS firm provides new employee orientation to clinical staff before their first assignment start date.</td>
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<td>The HCSS firm provides services to customers according to a written agreement.</td>
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<tr>
<td><strong>HSLD.09</strong></td>
<td>The HCSS firm addresses emergency management.</td>
</tr>
<tr>
<td><strong>HSHR.04</strong></td>
<td>The HCSS firm assesses and reassesses the competence of clinical staff.</td>
</tr>
<tr>
<td><strong>HSLD.05</strong></td>
<td>The HCSS firm provides services to customers according to a written agreement.</td>
</tr>
</tbody>
</table>

EP, element of performance; HSLD, leadership; HCSS, health care staffing services; HSHR, human resources management.