2017 Top Non-compliant Ambulatory Care Standards for Health Centers

Infection, Prevention, and Control

IC.01.03.01 EP 1: The organization identifies infection risks based on the following: Its geographic location, community, and population served.

IC.01.03.01 EP 2: The organization identifies infection risks based on the following: The care, treatment, or services it provides.

IC.01.03.01 EP 5: The organization prioritizes the identified risks for acquiring and transmitting infections. These prioritized risks are documented.

IC.02.01.01 EP 2: The organization uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4).

Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients. For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).

IC.02.02.01 EP 1: The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies.

Note: Low-level disinfection is used for items such as stethoscopes and blood glucose meters. Additional cleaning and disinfecting is required for medical equipment, devices, and supplies used by patients who are isolated as part of implementing transmission-based precautions. For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html.

IC.02.02.01 EP 2: The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4).

Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes. For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).
IC.02.02.01 EP 4: The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

**Environment of Care**

EC.02.02.01 EP 5: The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

EC.02.02.01 EP 11: For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.

EC.02.03.05 EP 15: At least monthly, the organization inspects portable fire extinguishers. The completion dates of the inspections are documented.

Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory.

Note 2: Inspections involve a visual check for the presence and correct type of extinguisher, broken parts, full charge, and ease of access.

Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10, Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4).

EC.02.04.03 EP 4: The organization conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2)

EC.02.05.07 EP 1: At least monthly, the organization performs a functional test of battery-powered lights on the inventory required for egress for a minimum duration of 30 seconds and a visual inspection of EXIT signs. The test results and completion dates are documented.

Note: For additional guidance, see NFPA 101-2012: 7.9.3; 7.10.9.

EC.02.05.09 EP 6: The organization implements a policy on all cylinders within the organization that includes the following:

- Proper handling and transporting (for example, in carts, attached to equipment, on racks) to ensure safety

- Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder

- Labeling empty cylinders

- Prohibiting transfilling in any compartment with patient care rooms

Note: For additional guidance, see NFPA 99-2012: 11.5.2.3; 11.6.2; 11.6.2.3; 11.6.5; 11.6.5.2; 11.6.5.3; 11.7.3.2.

EC.02.06.01 EP 1: Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, or services provided.

EC.04.01.01 EP 15: Every 12 months, the organization evaluates each environment of care management plan, including a review of the plan’s objectives, scope, performance, and effectiveness.
Medication Management

MM.01.02.01 EP 2: The organization takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications.

Note: This element of performance is also applicable to sample medications.

MM.03.01.01 EP 2: The organization stores medications according to the manufacturers' recommendations.

Note: This element of performance is also applicable to sample medications.

MM.03.01.01 EP 6: The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.

Note: This element of performance is also applicable to sample medications.

MM.03.01.01 EP 7: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.

Note: This element of performance is also applicable to sample medications.

MM.03.01.01 EP 8: The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.

Note: This element of performance is also applicable to sample medications.

MM.03.01.03 EP 2: Emergency medications and their associated supplies are readily accessible. (See also PC.03.01.01, EP 8)

Provision of Care, Treatment, and Services

PC.02.03.01 EP 1: The organization assesses the patient's learning needs.

PC.02.03.01 EP 30: For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient's health literacy needs.

Note: Typically this is an interactive process, the goal of which is to ascertain the patient’s capacity to process and understand basic health information needed to make appropriate health decisions.

PC.01.03.01 EP 44: For organizations that elect The Joint Commission Primary Care Medical Home option: Patient self-management goals are identified, agreed upon with the patient, and incorporated into the patient’s treatment plan. (Refer to RI.01.02.01, EP 1)

Waived Testing

WT.03.01.01 EP 5: Competency for waived testing is assessed using at least two of the following methods per person per test:

- Performance of a test on a blind specimen
- Periodic observation of routine work by the supervisor or qualified designee
- Monitoring of each user’s quality control performance
- Use of a written test specific to the test assessed
National Patient Safety Goals

NPSG.01.01.01 EP 1: Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11; NPSG.01.03.01, EP 1)

Record of Care, Treatment, and Services

RC.02.01.01 EP 29: For organizations that elect The Joint Commission Primary Care Medical Home option: The clinical record includes the patient’s self-management goals and the patient’s progress toward achieving those goals.

Human Resources

HR.02.01.03 EP 3: Before granting initial or revised privileges, the organization uses primary sources when documenting training specific to the privileges requested. (See also PC.03.01.01, EP 1)

Note 1: The verification of relevant training informs the organization of the licensed independent practitioner’s clinical knowledge and skill set. Verification must be obtained from the primary source of the specific credential. Primary sources include the specialty certifying boards approved by the American Dental Association for a dentist’s board certification, letters from professional schools (for example, medical, dental, nursing) and letters from postgraduate education or postdoctoral programs for completion of training. Designated equivalent sources include, but are not limited to, the following:

- The American Medical Association (AMA) Physician Masterfile for verification of a physician’s US and Puerto Rico medical school graduation and residency completion
- The American Board of Medical Specialties (ABMS) for verification of a physician’s board certification
- The Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a physician’s graduation from a foreign medical school
- The American Osteopathic Association (AOA) Physician Database for predoctoral education accredited by the AOA Bureau of Professional Education, postdoctoral education approved by the AOA Council on Postdoctoral Training, and Osteopathic Specialty Board Certification
- The Federation of State Medical Boards (FSMB) for all actions against a physician’s medical license
- The American Academy of Physician Assistants (AAPA) Profile for physician assistant education, provided through the AMA Physician Profile Service (https://profiles.ama-assn.org/amaprofiles/)

Note 2: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.

Note 3: An external organization (for example, a credentials verification organization [CVO]) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.

Note 4: When it is not possible to obtain information from the primary source, reliable secondary sources may be used. A reliable secondary source could be another health care organization that has documented primary source verification of the applicant’s credentials.