

# Revisions to Requirements for Ambulatory Care Organizations

The Joint Commission recently approved several revisions to ambulatory care standards to ensure that these accreditation requirements remain relevant. These requirements, located in the “Human Resources” (HR), “Leadership” (LD), “Medication Management” (MM), “National Patient Safety Goals” (NPSG), and “Provision of Care, Treatment, and Services” chapters, were identified as not adding value, needing clarification, or containing language that may not be relevant to all ambulatory settings. For example, several ambulatory care requirements have been modified to reflect how the term *discharge* might apply to certain ambulatory settings (but not to others).

The revised elements of performance (EPs) are effective January 1, 2014. The box below displays the revised requirements; new text is underlined and deleted text is shown in ~~strike through~~. These revisions will appear in the *2013 Update 2* to the *Comprehensive Accreditation Manual for Ambulatory Care* as well as the fall 2013 E-dition® update for ambulatory care organizations.

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## Revisions to Ambulatory Care Requirements

APPLICABLE TO AMBULATORY CARE ORGANIZATIONS

**Effective January 1, 2014**

### Human Resources (HR)

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**Standard HR.02.01.03**

The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.

**Elements of Performance for HR.02.01.03**

**A 3.** © Before granting initial, ~~renewed~~, 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 U.S. 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 and ~~National Commission on Certification of Physician Assistants (NCCPA) certification, 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.*

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**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.

- A 10.** © Before granting temporary initial, renewed, or revised privileges to a licensed independent practitioner, leadership evaluates the following: The applicant's written statement that no health problems exist that could affect his or her ability to perform the requested privileges. **R**

**Note:** Organizations should consider the applicability of the Americans with Disabilities Act to their credentialing and privileging activities, and, if applicable, review their policies and procedures. In addition, federal entities are required to comply with the Rehabilitation Act of 1974.

- C 24.** © The organization provides notifies the licensed independent requesting practitioner with a written list of granted initial, renewed, or revised privileges and any denied about the decision to grant, renew, or deny requested privileges. The notification may be in either written or electronic format. **M**

### Standard HR.02.01.05

The organization may grant temporary privileges.

#### Element of Performance for HR.02.01.05

- A-6.** Before the organization grants temporary privileges to a licensed independent practitioner new to the organization, leadership does the following: Evaluates the applicant's written statement that no health problems exist that could affect his or her ability to perform the requested privileges.

## Leadership (LD)

### Standard LD.04.02.03

Ethical principles guide the organization's business practices.

#### Element of Performance for LD.04.02.03

- A 10.** The safety and quality of care, treatment, or services do not depend on the patient's ability to pay.\* **R**

### Standard LD.04.02.05

When internal or external review results in the denial of care, treatment, or services, or payment, the organization makes decisions regarding the ongoing provision of care, treatment, or services, and discharge or transfer, based on the assessed needs of the patient.

#### Rationale for LD.04.02.05

The organization is professionally and ethically responsible for providing care, treatment, or services within its capability and law and regulation. At times, such care, treatment, or services are denied because of payment limitations. In these situations, the decision to continue providing care, treatment, or services or to discharge the patient is based solely on the patient's identified needs.

#### Elements of Performance for LD.04.02.05

- A-1.** Decisions regarding the provision of ongoing care, treatment, or services, discharge, or transfer are based on the assessed needs of the patient, regardless of the recommendations of any internal or external review. **R**
- A-2.** The safety and quality of care, treatment, or services do not depend on the patient's ability to pay. **R**<sup>†</sup>

## Medication Management (MM)

### Standard MM.04.01.01

Medication orders are clear and accurate.

#### Element of Performance for MM.04.01.01

- A 1.** © The organization has a written policy that identifies the specific types of medication orders that it deems acceptable for use.

**Note:** There are several different types of medication orders. Medication orders commonly used include the following:

- As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom

\* This EP has moved from LD.04.02.05, EP 2.

† This EP has moved to LD.04.02.03, EP 10.

## Revisions to Ambulatory Care Requirements (continued)

- *Standing orders: A pre-written medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances*
- *Automatic stop orders: Orders that include a date or time to discontinue a medication*
- *Titration orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status*
- *Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval*
- *Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status*
- *Orders for compounded drugs or drug mixtures not commercially available*
- *Orders for medication-related devices (for example, nebulizers, catheters)*
- *Orders for investigational medications*
- *Orders for herbal products*
- *Orders for medications at the end of an episode of care, or at discharge or transfer*

### National Patient Safety Goals (NPSG)

#### Standard NPSG.03.06.01

Maintain and communicate accurate patient medication information.

#### Element of Performance for NPSG.03.06.01

**C 4. © For organizations that prescribe medications:**

Provide the patient (or family as needed) with written information on the medications the patient should be taking at the end of the episode of care (for example, name, dose, route, frequency, purpose). **M** **A** **R**

**Note:** *When the only additional medications prescribed are for a short duration, the medication information the organization provides may include only those medications. For more information about communications to other providers of care at the end of an episode of care, or when the patient is discharged or transferred, refer to Standard PC.04.02.01.*

### Provision of Care, Treatment, and Services (PC)

#### Standard PC.04.01.05

Before the organization discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, or services.

#### Elements of Performance for PC.04.01.05

- C 1.** When the organization determines the patient's needs at the end of an episode of care, or at discharge or transfer ~~needs~~, it promptly shares this information with the patient. **M** **R**
- C 8.** The organization provides written ~~discharge~~ instructions at the end of an episode of care or at discharge in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1) **M** **A** **R**

#### Standard PC.04.02.01

When a patient is discharged or transferred, the organization gives information about the care, treatment, or services provided to the patient to other service providers who will provide the patient with care, treatment, or services.

#### Element of Performance for PC.04.02.01

- C 1.** At the end of an episode of care, or at the time of the patient's discharge or transfer, the organization informs other service providers who will provide care, treatment, or services to the patient about the following: **M** **R**
- The reason for the patient's discharge or transfer
  - The patient's physical and psychosocial status
  - A summary of care, treatment, or services it provided to the patient
  - The patient's progress toward goals
- Note:** *This bullet is not applicable to settings that do not provide ~~episodic~~ continuing care, such as urgent care and convenient care clinics.*
- A list of community resources or referrals made or provided to the patient (See also PC.02.02.01, EP 1)
  - A list of the patient's current medications, including any allergies to medications