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.

### Revisions to Deeming Requirements for Hospitals

**Effective September 1, 2012**

#### Human Resources (HR)

**Standard HR.01.02.01**
The hospital verifies staff qualifications.

**Deleted Element of Performance for HR.01.02.01**

A 19. For hospitals that use Joint Commission accreditation for deemed status purposes:

If blood transfusions and intravenous medications are administered by staff other than doctors of medicine or osteopathy, the staff members have special training for this duty.

#### Leadership (LD)

**Standard LD.01.02.01**
The hospital identifies the responsibilities of its leaders.

**Revised Element of Performance for LD.01.02.01**

A 7. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff.

**Standard LD.01.02.01**
The hospital has an organized medical staff that is accountable to the governing body.

**Revised Element of Performance for LD.01.02.01**

A 7. For hospitals that use Joint Commission accreditation for deemed status purposes:

The chief executive officer, medical staff, and nurse executive make certain that the hospital-wide quality assessment and performance improvement and training programs address problems identified by the individual responsible for infection prevention and control and that corrective action plans are successfully implemented. (See also IC.03.01.01, EP 7)

**Standard LD.04.01.05**
The hospital effectively manages its programs, services, sites, or departments.

**Revised Element of Performance for LD.04.01.05**

A 8. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital assigns one or more individuals who are responsible for outpatient services.

#### Medication Management (MM)

**Standard MM.04.01.01**
Medication orders are clear and accurate.

**New Element of Performance for MM.04.01.01**

A 15. For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of pre-printed and electronic standing orders, order sets, and protocols for medication orders include the following:

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**Key:**
- **A** indicates scoring category A;
- **C** indicates scoring category C;
- **A** indicates an Immediate Threat to Health or Safety;
- **A** indicates situational decision rules apply;
- **A** indicates direct impact requirements apply;
- **A** indicates Measure of Success is needed;
- **A** indicates that documentation is required.

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● Review and approval of standing orders and protocols by the medical staff and the hospital’s nursing and pharmacy leadership
● Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines
● Regular review of such standing orders and protocols by the medical staff and the hospital’s nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols
● Dating, timing, and authenticating of standing orders and protocols by the ordering practitioner or another practitioner responsible for the patient’s care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.

**Standard MM.05.01.07**
The hospital safely prepares medications.

**Revised Element of Performance for MM.05.01.07**
A 5. For hospitals that use Joint Commission accreditation for deemed status purposes: Medications are prepared and administered in accordance with the orders of a licensed independent practitioner or other practitioner responsible for the patient’s care, and in accordance with hospital policies; medical staff bylaws, rules, and regulations; and law and regulation.*

*For law and regulation guidance pertaining to those responsible for the care of patients, refer to 42 CFR 482.12(c).

**Standard MM.07.01.03**
The hospital responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

**Revised Element of Performance for MM.07.01.03**
A 6. For hospitals that use Joint Commission accreditation for deemed status purposes: Medication administration errors, adverse drug reactions, and medication incompatibilities as defined by the hospital are reported to the attending physician or clinical psychologist, immediately when possible, and as appropriate to the organization-wide quality assessment and performance improvement program.

**Note:** The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

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

**Standard PC.02.01.03**
The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

**Revised Element of Performance for PC.02.01.03**
A 1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; and law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.*

*For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

**Standard PC.03.05.19**
For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports deaths associated with the use of restraint and seclusion.

**Revised and New Element of Performance for PC.03.05.19**
A 1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Medicaid Services (CMS) regarding deaths related to restraints (this requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to EP 3 in this standard):

- Each death that occurs while a patient is in restraint or seclusion
- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion
- Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient’s death

**Note:** In this element of performance “reasonable to assume” includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.

A 2. For hospitals that use Joint Commission accreditation for deemed status purposes: The deaths addressed in PC.03.05.19, EP 1 are reported to the Centers for Medicare & Medicaid Services (CMS) by telephone, facsimile, or electronically no later than the close of the next business day following knowledge of
the patient’s death. The date and time that the patient’s death was reported is documented in the patient’s medical record.

A 3. For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the hospital does the following:

- Records in a log or other system, any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient.
- Records in a log or other system, any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient.
- Documents in the log or other system the patient’s name, date of birth, date of death, name of attending physician or other licensed independent practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es)*
- Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request.

Note 1: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

Record of Care, Treatment, and Services (RC)

Standard RC.01.02.01
Entries in the medical record are authenticated.

Revised Element of Performance for RC.01.02.01
C 4. Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author. 

Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.

Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped.

Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: For a five-year period following January 26, 2007, all orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, medical record number, and primary diagnosis(es)*.

Qualified staff receive and record verbal orders.

Revised Element of Performance for RC.02.03.07
C 4. Verbal orders are authenticated within the time frame specified by law and regulation.

Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: If there is no state law that designates a specific time frame for authentication of verbal orders, the verbal orders are authenticated within 48 hours.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: In some instances, the ordering practitioner may not be able to authenticate his or her verbal order (for example, the ordering practitioner gives a verbal order that is written and transcribed, and then he or she is “off duty” for the weekend or an extended period of time). In such cases, for a temporary period expiring on January 26, 2012, it is acceptable for another practitioner who is responsible for the patient’s care to authenticate the verbal order of the ordering practitioner.