

# Prepublication Requirements

• Issued April 25, 2016 •

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>.



## Standards and Elements of Performance Deletions for Hospital

### APPLICABLE TO HOSPITAL

**Effective July 1, 2016**

#### EC.01.01.01

The hospital plans activities to minimize risks in the environment of care.

Note: One or more persons can be assigned to manage risks associated with the management plans described in this standard.

#### Elements of Performance for EC.01.01.01

2. Leaders identify an individual(s) to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.

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**Rationale: Implicit in EP 1 of this standard**

#### EC.02.01.03

The hospital prohibits smoking except in specific circumstances.

#### Elements of Performance for EC.02.01.03

4. If the hospital decides that patients may smoke in specific circumstances, it designates smoking areas that are physically separate from care, treatment, and service areas. (See also EC.02.03.01, EP 2)

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**Rationale: Duplicative of EP 1 in this standard**

**EC.02.03.01**

The hospital manages fire risks.

**Elements of Performance for EC.02.03.01**

2. If patients are permitted to smoke, the hospital takes measures to minimize fire risk. (See also EC.02.01.03, EP 4)

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**Rationale: Duplicative of EP 1 in this standard**

**EC.02.04.01**

The hospital manages medical equipment risks.

**Elements of Performance for EC.02.04.01**

1. The hospital solicits input from individuals who operate and service equipment when it selects and acquires medical equipment.

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**Rationale: Issue that should be left to the discretion of the organization**

**EC.02.05.07**

The hospital inspects, tests, and maintains emergency power systems.

Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

**Elements of Performance for EC.02.05.07**

9. If a required emergency power system test fails, the hospital implements measures to protect patients, visitors, and staff until necessary repairs or corrections are completed.

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**Rationale: Part of regular operations/processes. Covered by EC.02.05.01, EPs 3, 4, and 9-14**

10. If a required emergency power system test fails, the hospital performs a retest after making the necessary repairs or corrections.

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**Rationale: Part of regular operations/processes. Covered by EC.02.05.01, EPs 3, 4, and 9-14**

**EC.04.01.03**

The hospital analyzes identified environment of care issues.

**Elements of Performance for EC.04.01.03**

3. Annually, representatives from clinical, administrative, and support services recommend one or more priorities for improving the environment of care.

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**Rationale: Implicit in other EPs in this standard**

**EC.04.01.05**

The hospital improves its environment of care.

**Elements of Performance for EC.04.01.05**

3. The hospital reports performance improvement results to those responsible for analyzing environment of care issues. (See also EC.04.01.03, EP 1; EM.03.01.03, EP 15)

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**Rationale: Should be left to the discretion of the organization**

**HR.01.04.01**

The hospital provides orientation to staff.

**Elements of Performance for HR.01.04.01**

7. The hospital orients external law enforcement and security personnel on the following:
- How to interact with patients
  - Procedures for responding to unusual clinical events and incidents
  - The hospital's channels of clinical, security, and administrative communication
  - Distinctions between administrative and clinical seclusion and restraint

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**Rationale: Issue should be left to the discretion of the organization**

**HR.01.05.03**

Staff participate in ongoing education and training.

**Elements of Performance for HR.01.05.03**

5. Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented. (See also PC.01.02.09, EP 3)

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**Rationale: Implicit in EPs 1 and 4 of this standard**

6. Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care. Staff participation is documented.

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**Rationale: Content should be left to the discretion of the organization**

7. Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented.

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**Rationale: Implicit in EPs 1 and 4 of this standard and in safety program reporting requirements in the Leadership chapter**

8. Staff participate in education and training on fall reduction activities. Staff participation is documented.

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**Rationale: Content should be left to the discretion of the organization**

### HR.01.06.01

Staff are competent to perform their responsibilities.

#### Elements of Performance for HR.01.06.01

2. The hospital uses assessment methods to determine the individual's competence in the skills being assessed.  
Note: Methods may include test taking, return demonstration, or the use of simulation.

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**Rationale: Process should be left to the discretion of the organization**

15. The hospital takes action when a staff member's competence does not meet expectations.

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**Rationale: Part of regular operations; process should be left to the discretion of the organization**

### IC.01.05.01

The hospital has an infection prevention and control plan.

#### Elements of Performance for IC.01.05.01

3. The hospital's infection prevention and control plan includes a written description of the process to evaluate the infection prevention and control plan.

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**Rationale: Process should be left to the discretion of the organization**

7. The hospital has a method for communicating responsibilities about preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. (See also IC.02.01.01, EP 7)  
 Note: Information may be in different forms of media, such as posters or pamphlets.

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**Rationale: Duplicative of IC.02.01.01, EP 7:**

**The hospital implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices.**

**Note: Information may have different forms of media, such as posters or pamphlets.**

### IC.01.06.01

The hospital prepares to respond to an influx of potentially infectious patients.

#### Elements of Performance for IC.01.06.01

1. The hospital identifies resources that can provide information about infections that could cause an influx of potentially infectious patients.  
 Note: Resources may include local, state, and federal public health systems.

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**Rationale: Covered by EP 2 in this standard**

5. If the hospital decides to accept an influx of potentially infectious patients, then the hospital describes in writing its methods for managing these patients over an extended period of time.

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**Rationale: Duplicative of EP 4 in this standard**

6. When the hospital determines it is necessary, the hospital activates its response to an influx of potentially infectious patients.

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**Rationale: Covered by EP 4 in this standard**

### IM.01.01.01

The hospital plans for managing information.

#### Elements of Performance for IM.01.01.01

1. The hospital identifies the internal and external information needed to provide safe, quality care.

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**Rationale: Duplicative of LD.03.02.01, EP 1:**

**Leaders set expectations for using data and information to improve the safety and quality of care, treatment, and services.**

3. The hospital uses the identified information to guide development of processes to manage information.

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**Rationale: Duplicative of LD.03.02.01, EP 1:**

**Leaders set expectations for using data and information to improve the safety and quality of care, treatment, and services.**

4. Staff and licensed independent practitioners, selected by the hospital, participate in the assessment, selection, integration, and use of information management systems for the delivery of care, treatment, and services.

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**Rationale: Duplicative of LD.03.02.01, EP 1:**

**Leaders set expectations for using data and information to improve the safety and quality of care, treatment, and services.**

### IM.01.01.03

The hospital plans for continuity of its information management processes.

#### Elements of Performance for IM.01.01.03

5. The hospital's plan for managing interruptions to electronic information processes is tested for effectiveness according to time frames defined by the organization.

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**Rationale: Duplicative of EC utilities management requirements and EM emergency management requirements**

6. The hospital implements its plan for managing interruptions to information processes to maintain access to information needed for patient care, treatment, and services. (See also IM.03.01.01, EP 1)

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**Rationale: Duplicative of EC utilities management requirements and EM emergency management requirements**

**IM.02.01.01**

The hospital protects the privacy of health information.

**Elements of Performance for IM.02.01.01**

5. The hospital monitors compliance with its policy on the privacy of health information. (See also RI.01.01.01, EP 7)

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**Rationale: Implicit in EP 2 of this standard**

**IM.02.01.03**

The hospital maintains the security and integrity of health information.

**Elements of Performance for IM.02.01.03**

8. The hospital monitors compliance with its policies on the security and integrity of health information.

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**Rationale: Part of regular operations; process should be left to the discretion of the organization**

**IM.02.02.01**

The hospital effectively manages the collection of health information.

**Elements of Performance for IM.02.02.01**

1. The hospital uses uniform data sets to standardize data collection throughout the hospital.

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**Rationale: Process should be left to the discretion of the organization**

**IM.03.01.01**

Knowledge-based information resources are available, current, and authoritative.

**Elements of Performance for IM.03.01.01**

2. The hospital makes cooperative or contractual arrangements with another institution(s) to provide knowledge-based information resources that are not available on site.

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**Rationale: Implicit in EP 1 of this standard**

### LD.01.02.01

The hospital identifies the responsibilities of its leaders.

#### Elements of Performance for LD.01.02.01

2. The governing body establishes a process for making decisions when a leadership group fails to fulfill its responsibilities and/or accountabilities.

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**Rationale: Issue that should be left to the discretion of the organization**

### LD.01.03.01

The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

#### Elements of Performance for LD.01.03.01

7. The governing body provides a system for resolving conflicts among individuals working in the hospital.

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**Rationale: Issue should be left to the discretion of the organization. Conflict among leaders addressed on LD.02.04.01, EP 1:**

**Senior managers and leaders of the organized medical staff work with the governing body to develop an ongoing process for managing conflict among leadership groups.**

### LD.01.04.01

A chief executive manages the hospital.

#### Elements of Performance for LD.01.04.01

11. When the chief executive is absent from the hospital, a qualified individual is designated to perform the duties of this position.

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**Rationale: Issue should be left to the discretion of the organization**

### LD.01.07.01

The governing body, senior managers, and leaders of the organized medical staff have the knowledge needed for their roles in the hospital or they seek guidance to fulfill their roles.

**Rationale: Issue should be left to the discretion of the organization. Applies to all EPs within this standard. Also covered by LD.04.04.01 and LD.04.04.05**

#### Elements of Performance for LD.01.07.01

1. The governing body, senior managers, and leaders of the organized medical staff work together to identify the skills required of individual leaders.

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2. Individual members of the governing body, senior managers, and leaders of the organized medical staff are oriented to all of the following:
- The hospital's mission and vision
  - The hospital's safety and quality goals
  - The hospital's structure and the decision-making process
  - The development of the budget as well as the interpretation of the hospital's financial statements
  - The population(s) served by the hospital and any issues related to that population(s)
  - The individual and interdependent responsibilities and accountabilities of the governing body, senior managers, and leaders of organized medical staff as they relate to supporting the mission of the hospital and to providing safe and quality care
  - Applicable law and regulation

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3. The governing body provides leaders with access to information and training in areas where they need additional skills or expertise.

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### LD.02.04.01

The hospital manages conflict between leadership groups to protect the quality and safety of care.

#### Elements of Performance for LD.02.04.01

2. The governing body approves the process for managing conflict among leadership groups.

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**Rationale: Process should be left to the discretion of the organization**

4. The conflict management process includes the following:
- Meeting with the involved parties as early as possible to identify the conflict
  - Gathering information regarding the conflict
  - Working with the parties to manage and, when possible, resolve the conflict
  - Protecting the safety and quality of care

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**Rationale: Process should be left to the discretion of the organization**

### LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the hospital.

#### Elements of Performance for LD.03.01.01

3. Leaders provide opportunities for all individuals who work in the hospital to participate in safety and quality initiatives.

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**Rationale: Process should be left to the discretion of the organization**

6. Leaders provide education that focuses on safety and quality for all individuals. 

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**Rationale: Process should be left to the discretion of the organization**

7. Leaders establish a team approach among all staff at all levels. 

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**Rationale: Process should be left to the discretion of the organization**

8. All individuals who work in the hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality. (See also LD.04.04.05, EP 6) 

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**Rationale: Process should be left to the discretion of the organization**

9. Literature and advisories relevant to patient safety are available to all individuals who work in the hospital. 

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**Rationale: Process should be left to the discretion of the organization**

10. Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital. 

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**Rationale: Process should be left to the discretion of the organization**

### LD.04.01.03

The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.

#### Elements of Performance for LD.04.01.03

5. Leaders monitor the implementation of the budget and long-term capital expenditure plan. 

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**Rationale: Part of regular operations/processes**

### LD.04.02.03

Ethical principles guide the hospital's business practices.

#### Elements of Performance for LD.04.02.03

4. Marketing materials accurately represent the hospital and address the care, treatment, and services that the hospital provides either directly or by contractual arrangement. 

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**Rationale: Part of regular operations/processes**

6. When leaders excuse staff members from a job responsibility, care, treatment, and services are not affected in a negative way.

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**Rationale: Process should be left to the discretion of the organization**

### LD.04.02.05

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

#### Elements of Performance for LD.04.02.05

2. The safety and quality of care, treatment, and services do not depend on the patient's ability to pay.

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**Rationale: Covered by law and regulation and other external requirements**

### LD.04.03.07

Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.

#### Elements of Performance for LD.04.03.07

2. Care, treatment, and services are consistent with the hospital's mission, vision, and goals.

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**Rationale: Issue should be left to the discretion of the organization**

### LD.04.04.03

New or modified services or processes are well designed.

#### Elements of Performance for LD.04.04.03

6. The hospital tests and analyzes its design of new or modified services or processes to determine whether the proposed design or modification is an improvement.

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**Rationale: Process should be left to the discretion of the organization**

7. Leaders involve staff and patients in the design of new or modified services or processes.

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**Rationale: Process should be left to the discretion of the organization**

**MM.03.01.05**

The hospital safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners.

**Elements of Performance for MM.03.01.05**

3. The hospital informs the prescriber and patient if the medications brought into the hospital by patients, their families, or licensed independent practitioners are not permitted.

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

**Rationale: Implicit in EPs 1 and 2 of this standard**

**MM.08.01.01**

The hospital evaluates the effectiveness of its medication management system.

Note: This evaluation includes reconciling medication information. (Refer to NPSG.03.06.01 for more information)

**Elements of Performance for MM.08.01.01**

4. The hospital reviews the literature and other external sources for new technologies and best practices.

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**Rationale: Process should be left to the discretion of the organization**

**NR.01.02.01**

The nurse executive is a licensed professional registered nurse qualified by advanced education and management experience.

**Elements of Performance for NR.01.02.01**

4. When appointing the nurse executive, the hospital considers: The education and experience required for peer leadership positions.

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Note: For example, when leadership peers are expected to have a master's degree, doctoral degree, or professional certification, the nurse executive possesses similar qualifications.

**Rationale: Implicit in EP 3 of this standard. Determination of qualifications should be left to the discretion of the organization**

5. When appointing the nurse executive, the hospital considers: The hospital's scope of services and complexity and the position's authority and responsibility.

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**Rationale: Determination of qualifications should be left to the discretion of the organization**

6. When appointing the nurse executive, the hospital considers: The scope and complexity of the nursing care needs of the major patient population(s) served by the hospital.

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**Rationale: Determination of qualifications should be left to the discretion of the organization**

7. When appointing the nurse executive, the hospital considers: The availability of nursing and administrative staff and services needed to assist the nurse executive in the execution of responsibilities.

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**Rationale: Determination of qualifications should be left to the discretion of the organization**

### NR.02.02.01

The nurse executive establishes guidelines for the delivery of nursing care, treatment, and services.

#### Elements of Performance for NR.02.02.01

5. The nurse executive, registered nurses, and other designated nursing staff write: Standards to measure, assess, and improve patient outcomes.

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**Rationale: Implicit in other EPs in this standard. Also covered by PI responsibilities of leaders in the LD and PI chapters**

### PC.01.02.01

The hospital assesses and reassesses its patients.

#### Elements of Performance for PC.01.02.01

4. Based on the patient's condition, information gathered in the initial assessment includes the following:
- Physical, psychological, and social assessment
  - Nutrition and hydration status
  - Functional status
  - For patients who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief (See also RC.02.01.01, EP 2)

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**Rationale: Part of clinical care process; identification of components of the assessment should be defined by the organization; also covered at PC.01.02.01, EPs 1 and 2**

23. During patient assessments and reassessments, the hospital gathers the data and information it requires. (See also PC.01.01.01, EP 24)

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**Rationale: Part of clinical care process; also covered at PC.01.02.01, EP 1**

### PC.01.02.03

The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

#### Elements of Performance for PC.01.02.03

7. The hospital completes a nutritional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EPs 2 and 3; RC.02.01.01, EP 2)

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**Rationale: Part of clinical care process; identification of components of the assessment should be defined by the organization**

8. The hospital completes a functional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission. (See also PC.01.02.01, EP 2; RC.02.01.01, EP 2)

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**Rationale: Part of clinical care process; identification of components of the assessment should be defined by the organization**

### PC.01.02.09

The hospital assesses the patient who may be a victim of possible abuse and neglect.

#### Elements of Performance for PC.01.02.09

5. The hospital either assesses the patient who meets criteria for possible abuse and neglect or refers the patient to a public or private community agency for assessment.

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**Rationale: Implicit in other EPs in this standard**

### PC.01.02.15

The hospital provides for diagnostic testing.


#### Elements of Performance for PC.01.02.15

1. Diagnostic testing and procedures are performed as ordered.

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**Rationale: Part of clinical care process**

3. When a test report requires clinical interpretation, information necessary to interpret the results is provided with the request for the test.

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**Rationale: Part of clinical care process**

**PC.01.03.05**

The hospital's use of behavior management procedures adhere to the patient's plan for care, treatment, and services and organization policy.

**Elements of Performance for PC.01.03.05**

5. Group contingencies are based on collective group outcomes and not on a single patient's behavior. 

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**Rationale: Part of clinical care process determined by the organization; Covered by other EPs in this standard**

7. When behavior management techniques are used, the hospital uses education and positive reinforcement techniques whenever possible. 

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**Rationale: Part of clinical care process determined by the organization; Covered by other EPs in this standard**

9. When behavior management techniques are used, the hospital protects the patient's physical safety. 

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**Rationale: Part of clinical care process determined by the organization; Covered by PC.01.03.03, EP 2**

**PC.02.01.11**

Resuscitation services are available throughout the hospital.

**Elements of Performance for PC.02.01.11**

3. Resuscitation equipment is located strategically throughout the hospital. 

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**Rationale: Implicit in EP 2 of this standard**

**PC.02.01.19**

The hospital recognizes and responds to changes in a patient's condition.

Note: Hospitals are not required to create "rapid response teams" or "medical emergency teams" in order to meet this standard. The existence of these types of teams does not mean that all of the elements of performance are automatically achieved.

**Elements of Performance for PC.02.01.19**

3. Based on the hospital's early warning criteria, staff seek additional assistance when they have concerns about a patient's condition. 

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**Rationale: Implicit in other EPs in this standard**

4. The hospital informs the patient and family how to seek assistance when they have concerns about a patient's condition.

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**Rationale: Implicit in other EPs in this standard**

### PC.02.02.03

The hospital makes food and nutrition products available to its patients.

#### Elements of Performance for PC.02.02.03

1. The hospital assigns responsibility for the safe and accurate provision of food and nutrition products.

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**Rationale: Covered by PC.02.02.03, EP 6**

### PC.02.02.07

The hospital arranges for academic education to children and youth, as needed.

**Rationale: Addressed by law and regulation or other external requirements. Applies to all EPs within this standard.**

#### Elements of Performance for PC.02.02.07

1. The hospital arranges for a child or youth to receive academic education based on his or her length of stay and condition in accordance with law and regulation.

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### PC.02.02.11

The hospital provides access to the outdoors to patients with long lengths of stay.

**Rationale: Part of clinical process/operations issues that should be determined by the organization. Applies to all EPs within this standard. Also covered by PC.01.03.01, EP 1**

#### Elements of Performance for PC.02.02.11

1. The hospital arranges for patients who experience long lengths of stay to spend time outdoors, according to their plan of care, treatment, and services.  
Note: The hospital can use its own grounds for this purpose or it can use community resources, such as parks.

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### PC.02.03.03

The patient's personal hygiene is maintained.

Note: This standard applies to hospitals with behavioral health units.

**Rationale: Part of the clinical care process. Applies to all EPs within this standard.**

#### Elements of Performance for PC.02.03.03

3. The hospital implements an oral care program.

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| 4. The hospital provides the patient with education about maintaining his or her personal hygiene and grooming.                      | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">C</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  | C |  | M |  |
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| 6. The hospital helps the patient with his or her personal hygiene and grooming activities.  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">C</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  | C |  | M |  |
|  | C   |  | M |  |   |  |
| 7. Patients who are incontinent are cleaned or bathed immediately after voiding or soiling, in a manner that respects their privacy. | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">C</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  | C |  | M |  |
|  | C   |  | M |  |   |  |

### PC.03.01.01

The hospital plans operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

Note: Equipment identified in the elements of performance is available to the operating room suites.

#### Elements of Performance for PC.03.01.01

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|---|--|----------|----------|---|--|---|
| 1. Individuals administering moderate or deep sedation and anesthesia are qualified and have credentials to manage and rescue patients at whatever level of sedation or anesthesia is achieved, either intentionally or unintentionally. (See also MS.06.01.03, EP 6) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;"><b>R</b></td> <td style="width: 20px; height: 20px; text-align: center;"><b>A</b></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">3</td> </tr> </table> | <b>R</b> | <b>A</b> |   |  | 3 |
| <b>R</b>  | <b>A</b>   |          |          | 3 |  |   |

**Rationale: Duplicative of EP 10 in this standard and MS.06.01.03, EP 6:**

**The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information:**

- The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration
- The applicant's relevant training
- The applicant's current competence

**Duplicative of LD.03.06.01, EP 3:**

**Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.**

**Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.**

**Also covered at HR.01.02.01, EP 1; HR.01.02.05, EP 3; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1**

2. In addition to the individual performing the procedure, a sufficient number of qualified staff are present to evaluate the patient, to provide the sedation and/or anesthesia, to help with the procedure, and to monitor and recover the patient. Note: Hospitals that provide obstetric emergency operative services can provide anesthesia services as required by law or regulation.



**Rationale: Duplicative of EP 10 in this standard and MS.06.01.03, EP 6:**

The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information:

- The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration
- The applicant's relevant training
- The applicant's current competence

Duplicative of LD.03.06.01, EP 3:

Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.

Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.

Also covered at HR.01.06.01, EP 1

### PC.03.01.03

The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

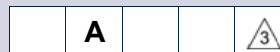
#### Elements of Performance for PC.03.01.03

2. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital assesses the patient's anticipated needs in order to plan for the postprocedure care.



**Rationale: Part of the clinical care process determined by the organization**

3. Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital provides the patient with preprocedural treatment and services, according to his or her plan for care.



**Rationale: Part of the clinical care process determined by the organization**

7. Before administering moderate or deep sedation or anesthesia, a licensed independent practitioner plans or concurs with the plan for sedation or anesthesia.



**Rationale: Part of the clinical care process determined by the organization; also covered at PC.01.03.01, EP 1**

### PC.03.01.07

The hospital provides care to the patient after operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia.

#### Elements of Performance for PC.03.01.07

- Patients who have received sedation or anesthesia as outpatients are discharged in the company of an individual who accepts responsibility for the patient.

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**Rationale: Part of the clinical care process determined by the organization**

### PC.03.01.11

The hospital uses surgical treatments for emotional, mental, or behavioral disorders safely.

**Rationale: Part of the clinical care process determined by the organization. Applies to all EPs within this standard.**

#### Elements of Performance for PC.03.01.11

- The hospital has a written policy that addresses the use of surgical treatments for emotional, mental, or behavioral disorders.
- Whenever surgical treatments for emotional, mental, or behavioral disorders are used, the hospital justifies their use in the patient's medical record.
- The hospital implements its policy addressing surgical treatment for mental, emotional, or behavioral disorders.

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### PC.04.01.05

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

#### Elements of Performance for PC.04.01.05

- The hospital provides written discharge instructions in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1)

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**Rationale: Duplicative of RI.01.01.03, EP 1:**

**The hospital provides information in a manner tailored to the patient's age, language, and ability to understand.**

### PI.01.01.01

The hospital collects data to monitor its performance.

#### Elements of Performance for PI.01.01.01

38. The hospital evaluates the effectiveness of all fall reduction activities including assessment, interventions, and education.  
 Note: Examples of outcome indicators to use in the evaluation include number of falls and number and severity of fall-related injuries.

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**Rationale: Data collection on this topic should be left to the discretion of the organization**

39. The hospital collects data on the effectiveness of its response to change or deterioration in a patient's condition.  
 Note: Measures may include length of stay, response time for responding to changes in vital signs, cardiopulmonary arrest, respiratory arrest, and mortality rates before and after implementation of an early intervention plan.

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**Rationale: Data collection on this topic should be left to the discretion of the organization**

### PI.04.01.01

The hospital uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.

Note: This standard is not in effect at this time.

**Rationale: Standard is not in effect at this time. Applies to all EPs within this standard.**

#### Elements of Performance for PI.04.01.01

1. The hospital identifies two or more inpatient units for which data on staffing effectiveness are to be collected.  
 Note 1: If the hospital has only one inpatient unit, the hospital collects data for that single unit.  
 Note 2: This element of performance is not in effect at this time.
2. The hospital identifies the inpatient units for staffing effectiveness data collection based on an assessment of relevant information or risk including the following:  
 - Type of setting  
 - Patient population served  
 - Knowledge about staffing issues likely to affect patient safety or quality of care  
 - Existing data (for example, incident logs, sentinel event data, performance improvement reports)  
 - Input from clinical staff who provide patient care  
 Note 1: If the hospital has only one unit, it need not apply these criteria.  
 Note 2: This element of performance is not in effect at this time.
3. A minimum set of four indicators is selected for each of the identified inpatient units.  
 Note 1: Hospitals may choose the same set, the same set in part, or completely different measure sets for each identified unit.  
 Note 2: This element of performance is not in effect at this time.

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| <p>4. Of the four indicators required for each unit, two must be clinical/service indicators and two must be human resource indicators.<br/>           Note: This element of performance is not in effect at this time.</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>A</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  | <b>A</b> |  |  |
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| <p>5. One of the human resource indicators and one of the clinical/service indicators for each population and setting must be selected from The Joint Commission's list of approved indicators. (Refer to the "Staffing Effectiveness Indicators" (SEI) chapter.)<br/>           Note 1: Additional indicators may be selected from among the hospital's own indicators.<br/>           Note 2: The Joint Commission's list of approved screening indicators consists of National Quality Forum (NQF) nursing sensitive patient care measures and Joint Commission consensus measures.<br/>           Note 3: This element of performance is not in effect at this time.</p>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>A</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  | <b>A</b> |  |  |
|   | <b>A</b>   |  |          |  |  |
| <p>6. The hospital selects the indicators for each unit based on an assessment of relevant information or risk including the following:<br/>           - Type of setting<br/>           - Patient population served<br/>           - Knowledge about staffing issues likely to affect patient safety or quality of care<br/>           - Existing data (for example, incident logs, sentinel event data, performance improvement reports)<br/>           - Input from clinical staff who provide patient care<br/>           Note: This element of performance is not in effect at this time.</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>A</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  | <b>A</b> |  |  |
|   | <b>A</b>   |  |          |  |  |
| <p>7. The human resource indicators for all identified units include all nursing staff (including registered nurses, licensed practical nurses, and nursing assistants or aides).<br/>           Note 1: Decisions regarding stratification of data by discipline are left to the hospital. When the hospital chooses to include other practitioner groups in addition to nursing staff, this decision is based on the impact such care/service providers have on patient outcomes.<br/>           Note 2: This element of performance is not in effect at this time.</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>A</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  | <b>A</b> |  |  |
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| <p>8. When the hospital chooses indicators for staffing effectiveness, it performs the following:<br/>           - Defines the numerator and denominator<br/>           - Standardizes the data element definitions for each indicator, including those indicators applied in more than one setting<br/>           - Determines acceptable ranges, parameters, or trigger levels<br/>           Note 1: Acceptable ranges, parameters, or trigger levels may be reflective of past performance, expert opinion, expert literature, or a combination of these. The ranges, parameters, or trigger levels should be reasonable goals that are possible to attain. When desired ranges, parameters, or trigger levels are not met, an investigation into the cause(s) is needed.<br/>           Note 2: This element of performance is not in effect at this time.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>A</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  | <b>A</b> |  |  |
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| <p>9. For each inpatient unit selected the hospital analyzes the collected data for all indicators, investigates to identify any staffing effectiveness issues when data varies from expected, and takes action to improve.<br/>           Note: This element of performance is not in effect at this time.</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>A</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  | <b>A</b> |  |  |
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10. The hospital reports at least annually to the leaders on the status of staffing effectiveness and any actions taken to resolve identified problems.  
Note: This element of performance is not in effect at this time.

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## RC.01.01.01

The hospital maintains complete and accurate medical records for each individual patient.

### Elements of Performance for RC.01.01.01

4. The medical record contains information unique to the patient, which is used for patient identification.

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**Rationale: Duplicative of RC.02.01.01, EPs 1 and 2:**

**1. The medical record contains the following demographic information:**

- The patient's name, address, and date of birth and the name of any legally authorized representative
- The patient's sex
- The legal status of any patient receiving behavioral health care services
- The patient's communication needs, including preferred language for discussing health care

**Note:** If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

**2. The medical record contains the following clinical information:**

- The reason(s) for admission for care, treatment, and services
  - The patient's initial diagnosis, diagnostic impression(s), or condition(s)
  - Any findings of assessments and reassessments
  - Any allergies to food
  - Any allergies to medications
  - Any conclusions or impressions drawn from the patient's medical history and physical examination
  - Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections).
- For psychiatric hospitals using Joint Commission accreditation for deemed status purposes:** The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses.
- Any consultation reports
  - Any observations relevant to care, treatment, and services
  - The patient's response to care, treatment, and services
  - Any emergency care, treatment, and services provided to the patient before his or her arrival
  - Any progress notes
  - All orders
  - Any medications ordered or prescribed
  - Any medications administered, including the strength, dose, and route
  - Any access site for medication, administration devices used, and rate of administration
  - Any adverse drug reactions
  - Treatment goals, plan of care, and revisions to the plan of care
  - Results of diagnostic and therapeutic tests and procedures
  - Any medications dispensed or prescribed on discharge
  - Discharge diagnosis
  - Discharge plan and discharge planning evaluation

13. The hospital assembles or makes available in a summary in the medical record all information required to provide patient care, treatment, and services. (See also MM.01.01.01, EP 1)

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**Rationale: Part of regular operations/process that should be determined by the organization**

### RC.01.04.01

The hospital audits its medical records.

#### Elements of Performance for RC.01.04.01

3. The hospital measures its medical record delinquency rate at regular intervals, but no less than every three months. (See also MS.05.01.03, EP 3)

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**Rationale: Part of regular operations/process that should be determined by the organization**

4. The medical record delinquency rate averaged from the last four quarterly measurements is 50% or less of the average monthly discharge (AMD) rate. Each individual quarterly measurement is no greater than 50% of the AMD rate. (See also MS.05.01.03, EP 3)

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Note: To calculate the quarterly and annual average medical record delinquency rate, the Medical Record Statistics Form can be used. This form is available at [http://www.jointcommission.org/Hospital\\_Medical\\_Record\\_Statistics\\_Form/](http://www.jointcommission.org/Hospital_Medical_Record_Statistics_Form/)

**Rationale: Part of regular operations/process that should be determined by the organization; also covered at RC.01.03.01, EP 2**

### RC.02.01.07

The medical record contains a summary list for each patient who receives continuing ambulatory care services.

**Rationale: Part of regular operations/process that should be determined by the organization. Applies to all EPs within this standard.**

#### Elements of Performance for RC.02.01.07

1. A summary list is initiated for the patient by his or her third visit.

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**Rationale: Also covered at RC.01.01.01, EP 13**

2. The patient's summary list contains the following information:
- Any significant medical diagnoses and conditions
  - Any significant operative and invasive procedures
  - Any adverse or allergic drug reactions
  - Any current medications, over-the-counter medications, and herbal preparations

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**Rationale: Also covered at RC.02.01.01, EP 2; RC.02.01.03, EP 1**



3. The patient's summary list is updated whenever there is a change in diagnoses, medications, or allergies to medications, and whenever a procedure is performed.

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4. The summary list is readily available to practitioners who need access to the information of patients who receive continuing ambulatory care services in order to provide care, treatment, and services.

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### RI.01.03.01

The hospital honors the patient's right to give or withhold informed consent.

#### Elements of Performance for RI.01.03.01

12. The informed consent process includes a discussion about any circumstances under which information about the patient must be disclosed or reported.  
Note: Such circumstances may include requirements for disclosure of information regarding cases of HIV, tuberculosis, viral meningitis, and other diseases that are reported to organizations such as health departments or the Centers for Disease Control and Prevention.

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**Rationale: Covered by law and regulation or external requirements**

### RI.01.03.03

The hospital honors the patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

#### Elements of Performance for RI.01.03.03

2. When recordings, films, or other images of patients are made for external use, the hospital obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used.  
Note: Recordings, films, or other images made for external use are those that will be heard or seen by the public (for example, commercial filming, television programs, or marketing materials).

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**Rationale: Process issue that should be left to the discretion of the organization**

3. When a patient is unable to give informed consent prior to the production of recordings, films, or other images, the production may occur provided that doing so is permitted by the hospital's written policy, which is established through an ethical mechanism (for example, an ethics committee) that includes community input.

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**Rationale: Process issue that should be left to the discretion of the organization**

4. When a patient is unable to give informed consent prior to the production of recordings, films, or other images, the product remains in the hospital's possession and is not used for any purpose until and unless informed consent is obtained.

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**Rationale: Process issue that should be left to the discretion of the organization**

5. When a patient is unable to give informed consent prior to the production of recordings, films, or other images and informed consent for use cannot subsequently be obtained, the hospital either destroys the product or removes the nonconsenting patient from the product.

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**Rationale: Process issue that should be left to the discretion of the organization**

6. The hospital informs the patient of his or her right to request cessation of the production of the recordings, films, or other images.

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**Rationale: Process issue that should be left to the discretion of the organization**

7. Before engaging in the production of recordings, films, or other images of patients, anyone who is not already bound by the hospital's confidentiality policy signs a confidentiality statement to protect the patient's identity and confidential information.

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**Rationale: Process issue that should be left to the discretion of the organization**

8. The organization accommodates the patient's right to rescind consent before the recording, film, or image is used.

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**Rationale: Process issue that should be left to the discretion of the organization**

### RI.01.03.05

The hospital protects the patient and respects his or her rights during research, investigation, and clinical trials.

#### Elements of Performance for RI.01.03.05

1. The hospital reviews all research protocols and weighs the risks and benefits to the patient participating in the research.

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**Rationale: Part of clinical care; process should be left to the discretion of the organization. Implicit in other EPs in this standard**

9. The hospital keeps all information given to subjects in the medical record or research file along with the consent forms.

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**Rationale: Operational issue that should be left to the discretion of the organization**

**RI.01.06.05**

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

**Elements of Performance for RI.01.06.05**

2. For hospital settings that provide longer-term care (more than 30 days): The number of patients in a room is based on the patients' ages, developmental levels, clinical conditions, and diagnosis needs, and the hospital's goals.

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**Rationale: Part of clinical and operational processes that should be left to the discretion of the organization**

17. For hospital settings that provide longer-term care (more than 30 days): When the hospital restricts a patient's visitors, mail, telephone calls, or other forms of communication, the restrictions are determined with the patient's participation and, when appropriate, his or her family's participation.

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**Rationale: Part of regular operations that should be left to the discretion of the organization**

18. For hospital settings that provide longer-term care (more than 30 days): When the hospital restricts a patient's visitors, mail, telephone calls, or other forms of communication, the restrictions and their justification are documented in the medical record.

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**Rationale: Part of regular operations that should be left to the discretion of the organization**

19. For hospital settings that provide longer-term care (more than 30 days): When the hospital restricts a patient's visitors, mail, telephone calls, or other forms of communication, the restrictions are evaluated for therapeutic effectiveness.

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**Rationale: Part of regular operations that should be left to the discretion of the organization**

**RI.01.07.01**

The patient and his or her family have the right to have complaints reviewed by the hospital.

**Elements of Performance for RI.01.07.01**

10. The hospital allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. (See also MS.09.01.01, EP 1)

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**Rationale: Covered by law and regulation or other external requirements**

**RI.01.07.03**

The patient has the right to access protective and advocacy services.

**Elements of Performance for RI.01.07.03**

2. The hospital maintains a list of names, addresses, and telephone numbers of patient advocacy groups, such as a state authority or a protection and advocacy network.

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**Rationale: Implicit in EP 1 of this standard**

3. The hospital gives the list of patient advocacy groups to the patient when requested.

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**Rationale: Implicit in EP 1 of this standard**

**TS.01.01.01**

The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.

**Elements of Performance for TS.01.01.01**

2. The hospital's written policies and procedures identify the organ procurement organization (OPO) with which it is affiliated.

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**Rationale: Implicit in EP 1 of this standard**

**TS.03.01.01**

The hospital uses standardized procedures for managing tissues.

**Elements of Performance for TS.03.01.01**

4. The hospital coordinates its acquisition, receipt, storage, and issuance of tissues throughout the hospital.

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**Rationale: Part of regular operations that should be left to the discretion of the organization. Covered by EP 2 in this standard**

11. The hospital complies with state and/or federal regulations when it acts as a tissue supplier. \*

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Note: The U.S. Food and Drug Administration (FDA) considers the routine policy or practice of shipping tissue to another facility as distribution which requires FDA registration. Returning unused tissue back to the tissue supplier is not considered distribution and does not require FDA registration.

Footnote \*: Please refer to the following website:  
<http://www.fda.gov/cber/tissue/tisreg.htm>.

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**Rationale: Covered by law and regulation or other external requirements**

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### WT.01.01.01

Policies and procedures for waived tests are established, current, approved, and readily available.

#### Elements of Performance for WT.01.01.01

5. Current and complete policies and procedures are available for use during testing to the person performing the waived test.

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**Rationale: Part of regular operations that should be left to the discretion of the organization. Also covered by EPs 1 and 2 in this standard**

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6. Written policies, procedures, and manufacturers' instructions for waived testing are followed. (See also WT.04.01.01, EPs 3-5)  
 Note: Manufacturers' recommendations and suggestions are surveyed as requirements.

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**Rationale: Part of regular operations that should be left to the discretion of the organization; covered by law and regulation or other external requirements. Also covered at WT.01.01.01, EPs 1 and 2**

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7. The criteria for confirmatory testing are followed as specified in the waived testing written procedures.

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**Rationale: Part of regular operations that should be left to the discretion of the organization. Also covered by EPs 1 and 2 in this standard**

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8. Clinical use of results is consistent with the hospital's policies and the manufacturers' recommendations for waived tests.

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**Rationale: Part of regular operations that should be left to the discretion of the organization; covered by law and regulation or other external requirements. Also covered by EPs 1 and 2 in this standard**

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