Deletions and Clarifications to Core Disease-Specific Care Certification Requirements

The Joint Commission recently deleted or clarified several elements of performance (EPs) under Program Management (DSPR) Standard DSPR.7 for disease-specific care as a result of an ongoing review of its certification programs. Feedback from Joint Commission–certified customers noted that these requirements were very similar to Environment of Care (EC) and Human Resources (HR) requirements evaluated during their organization’s accreditation survey and should not be reevaluated during a program’s certification review.

The deletion of eight EPs and the clarification of two EPs are applicable to the Disease-Specific and Advanced Disease-Specific Care programs—with the exception of the Lung Volume Reduction Surgery (LVRS) and Ventricular Assist Device (VAD) programs. Two of the twelve requirements, EP 2 and EP 6, remain unchanged.

These changes became effective August 1, 2015, and are currently displayed on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. The new underlined text and the deleted crossed-out text shown in the box below will be published in the fall E-dition® as well as the hard copy 2016 Comprehensive Certification Manual for Disease-Specific Care and 2016 Standards for Disease-Specific Care Certification.

Questions may be directed to John Fishbeck, associate project director, Department of Standards and Survey Methods, at jfishbeck@jointcommission.org.

Deletions and Clarifications to Standard DSPR.7 Requirements

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Applicable to all Disease-Specific Care Programs except LVRS and VAD

Effective August 1, 2015

Program Management (DSPR)

Standard DSPR.7

The program’s facilities are safe and accessible.

Note: The program may use the organization’s plan and processes for safety and accessibility if they address the program’s unique needs and target population.

Elements of Performance for DSPR.7

A 1. The program identifies its security risks.

A 3. The unique needs of the program’s patients and/or the program’s setting are included in the organization’s emergency management plan.

C 4. The program implements strategies to minimize the risk of disruption of care due to an emergency.

A 5. The program evaluates its fire risk.

A 7. The program develops and identifies activities to minimize risks associated with medical equipment management plan used in the program.

C 8. The program implements its activities to minimize risks associated with medical equipment management plan used in the program.

A 9. The program evaluates risks to its power, gas, and communication services.

C 10. The program implements strategies to minimize risks to its power, gas, and communication services.

C 11. The program educates staff on environment of care risk-reduction strategies.

A 12. The program tracks incidents related to the environment of care and makes changes accordingly.