Revised Requirements for Nursing Care Centers

As part of its ongoing evaluation and review process, The Joint Commission has revised five elements of performance (EPs) for accredited nursing care centers. The revisions become effective with on-site surveys beginning January 1, 2016.

The revisions include the following requirements:

- The smoking policy (for organizations that allow smoking) must state how often patients and residents are assessed and reassessed regarding where and when they may smoke and whether supervision is needed.
- An initial assessment of patients’ and residents’ ability to meet the organization’s written criteria for allowing an individual to smoke (if the organization allows smoking) is required.
- Information obtained from the National Practitioner Data Bank (NPDB) includes details about all newly appointed licensed independent practitioners providing care, treatment, and services.
- At least every two years after their initial appointment, information is obtained from the NPDB about all licensed independent practitioners who continue to provide care, treatment, and services.
- A valid and reliable tool must be used to evaluate the culture of safety and quality.
- Initial assessments of patients and residents include an evaluation of their skin condition.

The revised requirements will be displayed on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx, posted in the fall E-dition®, and published in the 2016 Comprehensive Accreditation Manual for Nursing Care Centers (CAMNCC). The box that begins below displays the revised requirements; new text is underlined, and deleted language is crossed out.

For more information, please contact John Fishbeck, associate project director, Department of Standards and Survey Methods, at jfishbeck@jointcommission.org or 630-792-4758.

Revisions to Requirements for Nursing Care Centers

Official Publication of Joint Commission Requirements

Applicable to Nursing Care Centers

Effective January 1, 2016

Environment of Care (EC)

Standard EC.02.01.03
The organization prohibits smoking except in specific circumstances.

Element of Performance for EC.02.01.03
A 3. @ If the organization decides that certain patients and residents may smoke, the leaders develop written criteria identifying the specific circumstances under which they may smoke, as determined by an initial smoking assessment. The criteria also describe where and when they may smoke, and whether supervision is required, and the frequency of smoking reassessments. (See also PC.01.02.01, EP 13)

Human Resources (HR)

Standard HR.02.01.04
The organization permits licensed independent practitioners to provide care, treatment, and services.

Elements of Performance for HR.02.01.04
A 3. @ Before permitting licensed independent practitioners new to the organization to provide care, treatment, and services, the organization does the following: The organization obtains and documents information from the National Practitioner Data Bank (NPDB) on physicians and dentists. The medical director evaluates this information.

A 6. @ At least every two years, before permitting licensed independent practitioners to continue to provide care, treatment, and services, the organization does the following: The organization obtains and documents information from the National Practitioner Data Bank (NPDB) on physicians and dentists. The medical director evaluates this information.
Leadership (LD)

**Standard LD.03.01.01**
Leaders create and maintain a culture of safety and quality throughout the organization.

**Element of Performance for LD.03.01.01**

A 1. Leaders regularly evaluate the culture of safety and quality using a valid and reliable tool.*

* An example of a valid and reliable tool is the Agency for Healthcare Research and Quality (AHRQ) Nursing Home Survey on Patient Safety. Culture found at www.ahrq.gov.

Provision of Care, Treatment, and Services (PC)

**Standard PC.01.02.01**
The organization assesses and reassesses its patients and residents.

**Element of Performance for PC.01.02.01**

A 13. The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:

- The patient’s or resident’s skin condition
- The patient’s or resident’s communication status
- The patient’s or resident’s functional status
- Whether or not the patient or resident smokes; and if so, the patient’s or resident’s ability to meet the organization’s written criteria under which one may smoke (See also EC.02.01.03)
- The patient’s or resident’s rehabilitation status, potential, and needs
- The patient’s or resident’s nutritional and hydration status
- The patient’s or resident’s oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The patient’s or resident’s pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
- The patient’s or resident’s psychosocial and spiritual needs
- The patient’s or resident’s cultural and ethnic factors that can influence care, treatment, and services
- The patient’s or resident’s personal preferences regarding schedules, activities, and grooming
- For the dying patient or resident, the social, spiritual, and cultural variables that influence both the patient’s or resident’s and family’s perceptions and experience of the process of dying