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.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO DISEASE SPECIFIC CARE CERTIFICATION
Effective January 1, 2022

Delivering or Facilitating Clinical Care (DSDF) Chapter

DSDF.3

The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

Element(s) of Performance for DSDF.3

2. The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.
requirements specific to the chronic obstructive pulmonary disease setting

a. Initial assessment is based on, but not limited to, the following:
   - Past medical history
   - Patient’s level of symptoms, including dyspnea, chronic cough, sputum production, and history of exposure to risk factors
   - Future risk of exacerbations
   - Severity of spirometric abnormality
   - Identification of comorbidities
   - Family history
   - Medications
   - Nutritional status
b. The program evaluates patients for alpha-1 antitrypsin deficiency in accordance with the clinical practice guidelines used by the program.
c. The program performs spirometry to confirm diagnosis of chronic obstructive pulmonary disease in accordance with current clinical practice guidelines used by the program.
d. The severity of the patient’s disease and obstruction is determined by his or her symptoms and spirometric classification.
e. The program has a process to make certain that it is using high-quality spirometry results when making clinical decisions.

requirements specific to the chronic obstructive pulmonary disease setting

a. Initial assessment is based on, but not limited to, the following:
   - Past medical history
   - Patient’s level of symptoms, including dyspnea, chronic cough, sputum production, and history of exposure to risk factors
   - History of exacerbations
   - Future risk of exacerbations
   - Severity of spirometric abnormality
   - Identification of comorbidities
   - Family history
   - Medications
   - Nutritional status
b. The program evaluates patients for alpha-1 antitrypsin deficiency in accordance with the clinical practice guidelines used by the program.
c. The program performs spirometry to confirm diagnosis of chronic obstructive pulmonary disease in accordance with current clinical practice guidelines used by the program.
d. The severity of the patient’s disease and obstruction is determined by his or her symptoms, severity of exacerbations, and spirometric classification.
e. The program has a process to make certain that it is using high-quality spirometry results when making clinical decisions.
   - The program monitors patient symptoms, exacerbations, and spirometric measures to guide disease management and identify complications.