



The Joint Commission

New & Revised 2009 Accreditation Requirements in
Response to CMS Deeming Application

Accreditation Program: Hospital

Standard EC.02.02.01

The [organization] manages risks related to hazardous materials and waste.

Elements of Performance for EC.02.02.01

14. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital checks radiology staff, according to timeframes it defines, for radiation exposure using exposure meters or badge tests. The dates of the checks and amount of exposure are documented.
 15. For hospitals that use Joint Commission accreditation for deemed status purposes: The radiologic services, including ionizing radiology procedures, are free from hazards for patients and staff.
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Standard EC.02.04.03

The [organization] inspects, tests, and maintains medical equipment.

Elements of Performance for EC.02.04.03

14. For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The dates of these activities are documented.
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Standard EC.02.06.01

The [organization] establishes and maintains a safe, functional environment.

The [organization] establishes and maintains a safe, functional environment.

Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

Elements of Performance for EC.02.06.01

20. Areas used by patients are clean and free of offensive odors.
20. Areas used by patients are clean, sanitary, and free of offensive odors.

Standard HR.01.01.01

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] has the necessary staff to support the care, treatment, or services it provides.

Elements of Performance for HR.01.01.01

- 25. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital designates an individual to direct dietary services and oversee its daily management, whether the services are provided by the hospital or through a contracted service. This individual is a full-time employee who is qualified by experience and training.
- 26. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a dietitian on a full-time, part-time, or consultant basis.
- 27. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital employs a sufficient number and mix of medical record services staff to promptly complete, file, and retrieve records.
- 28. For hospitals that use Joint Commission accreditation for deemed status purposes: A full-time, part-time, or consulting pharmacist develops, supervises, and coordinates all the activities of the pharmacy department or pharmacy services.

Standard HR.01.02.01

The [organization] defines staff qualifications.

Elements of Performance for HR.01.02.01

15. For hospitals that use Joint Commission accreditation for deemed status purposes: Operating rooms are supervised by a registered nurse or doctor of medicine or osteopathy. These individuals have a background in surgical services and training in the provision of surgical services and/or management of surgical services.
 16. For hospitals that use Joint Commission accreditation for deemed status purposes: Licensed practical nurses and surgical technologists serve as scrub nurses only when supervised by a registered nurse.
 17. For hospitals that use Joint Commission accreditation for deemed status purposes: Only registered nurses perform circulating duties in the operating room.
 18. For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified registered nurse, who is immediately available to respond to emergencies supervises licensed practical nurses and surgical technologists who assist in circulating duties in the operating room. Staff participation in circulating duties is in accordance with state law and medical staff policies and procedures.
Note: The registered nurse is not considered immediately available if the registered nurse is outside the operating suite or engaged in other duties that prevent him or her from immediately intervening and assuming circulating duties provided by the licensed practical nurse or surgical technologist.
 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.
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Standard HR.01.04.01

The [organization] provides orientation to staff.

Elements of Performance for HR.01.04.01

3. The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures.
3. The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.

Standard IC.01.01.01

The [organization] identifies the individual(s) responsible for the infection prevention and control program.

Elements of Performance for IC.01.01.01

4. For hospitals that use Joint Commission accreditation for deemed status purposes: The individual with clinical authority over the infection prevention and control program is responsible for the following:
- Developing policies governing control of infections and communicable diseases
 - Implementing policies governing control of infections and communicable diseases
 - Developing a system for identifying, reporting, investigating, and controlling infections and communicable diseases
 - Maintaining a log of incidents related to infections and communicable diseases

Standard IM.02.02.01

The [organization] effectively manages the collection of health information.

Elements of Performance for IM.02.02.01

4. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a system of coding and indexing medical records. The system allows for timely retrieval by diagnosis and procedure, in order to support medical care evaluation studies.

Standard LD.01.02.01

The [organization] identifies the responsibilities of its leaders.

Elements of Performance for LD.01.02.01

3. For hospitals that use Joint Commission accreditation for deemed status purposes: The chief executive officer, medical staff, and nurse executive are responsible for the implementation of corrective action plans for infection control in affected problem areas. (See also IC.02.01.01, EP 1)
 4. 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 performance improvement program and training programs identified by the individual responsible for infection control are implemented. (See also IC.03.01.01, EP 7)
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Standard LD.01.05.01

The [organization] has an organized medical staff that is accountable to the governing body.

Elements of Performance for LD.01.05.01

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, is responsible for the organization and conduct of the medical staff.

Standard LD.04.01.03

The [organization] develops an annual operating budget and, when needed, a long-term capital expenditure plan.

Elements of Performance for LD.04.01.03

14. For hospitals that use Joint Commission accreditation for deemed status purposes: The budget includes all anticipated income and expenses. Note: The budget need not identify the components of each anticipated income or expense item by item.
15. For hospitals that use Joint Commission accreditation for deemed status purposes: The long-term capital expenditure plan provides for capital expenditures for at least a 3-year period.
16. For hospitals that use Joint Commission accreditation for deemed status purposes: The long-term capital expenditure plan identifies and includes the objectives and anticipated sources of financing for each anticipated capital expenditure in excess of \$600,000 or a lesser amount that is established, in accordance with section 1122(g)(1) of the Social Security Act, by the state in which the hospital is located that relates to any of the following:
 - Acquisition of land
 - Improvement of land, buildings, and equipment
 - The replacement, modernization, or expansion of buildings and equipment
17. For hospitals that use Joint Commission accreditation for deemed status purposes: The long-term capital expenditure plan is submitted to the planning agency for review.

Note 1: The plan is submitted to the planning agency designated in accordance with section 1122(b) of the Social Security Act, or if an agency is not designated, the plan is submitted to the identified health planning agency in the state.

Note 2: Section 1122(b) review is not required if 75 percent of the hospital's patients who use the service for which the capital expenditure is made are enrolled in a health maintenance organization (HMO) or competitive medical plan (CMP) that meets the requirements of section 1876(b) of the Social Security Act. Section 1122(b) review is also not required if the Department determines that the capital expenditure is for services and facilities that are needed by the HMO or CMP in order to operate efficiently and economically which are not otherwise readily accessible to the HMO or CMP. Reasons that the services and facilities may not be available include the following:

 - The facilities do not provide common services at the same site
 - The facilities are not available under a contract of reasonable duration
 - Full and equal medical staff privileges in the facilities are not available
 - Arrangements with these facilities are not administratively feasible
 - The purchase of these services is more costly than if the HMO or CMP provided the services directly

Standard LD.04.01.05

The [organization] effectively manages its programs, services, sites, or departments.

Elements of Performance for LD.04.01.05

6. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's emergency services are:
 - Integrated with other departments of the hospital
 - Directed by a qualified member of the medical staff
 - Supervised by a qualified member of the medical staff

7. For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services:
 - Anesthesia
 - Nuclear Medicine
 - Respiratory care

Standard LD.04.03.01

The [organization] provides services that meet [patient] needs.

Elements of Performance for LD.04.03.01

2. The hospital provides essential services, including the following:
 - Diagnostic radiology
 - Dietetic services
 - Emergency services
 - Nuclear medicine
 - Nursing care
 - Pathology and clinical laboratory services
 - Pharmaceutical services
 - Physical rehabilitation
 - Respiratory care
 - Social work

Note: Nuclear medicine, physical rehabilitation, and respiratory care are not required for hospitals that provide only psychiatric and addiction treatment services.

2. The hospital provides essential services, including the following:
 - Diagnostic radiology
 - Dietary
 - Emergency
 - Medical records
 - Nuclear medicine
 - Nursing care
 - Pathology and clinical laboratory
 - Pharmaceutical
 - Physical rehabilitation
 - Respiratory care
 - Social work

Note: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services.

26. For hospitals that use Joint Commission accreditation for deemed status purposes: Emergency laboratory services are available 24 hours a day, 7 days a week.

Standard LD.04.03.07

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

Elements of Performance for LD.04.03.07

5. For hospitals that use Joint Commission accreditation for deemed status purposes: If laboratory tests are performed in the nuclear medicine area or the respiratory care unit, the area or unit meets the applicable requirements for laboratory services as specified in 42 CFR 482.27.
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Standard LD.04.03.09

Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Elements of Performance for LD.04.03.09

10. Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same.
 10. Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same.
Note: For law and regulation guidance on the Clinical Laboratory Improvement Amendments, see 42 CFR 493.
 23. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a list of all contracted services that includes the scope and nature of the services provided.
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Standard LD.04.04.01

Leaders establish priorities for performance improvement. (See also the "Performance Improvement" (PI) chapter.)

Elements of Performance for LD.04.04.01

5. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital identifies and documents its quality improvement projects. The hospital documents the following:
 - What quality improvement projects are being conducted
 - The reasons for conducting these projects
 - The measurable progress achieved on these projects
 6. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital participates either in a quality improvement organization (QIO) cooperative project or its own performance improvement projects that are comparable in scope and quality.
 7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital annually identifies the number of its distinct performance improvement projects.
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Standard LS.01.01.01

The [organization] designs and manages the physical environment to comply with the Life Safety Code.

Elements of Performance for LS.01.01.01

4. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.

Standard MM.01.01.03

The [organization] safely manages high-alert and hazardous medications.

Elements of Performance for MM.01.01.03

5. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports abuses and losses of controlled substances to the individual responsible for the pharmacy department or service and to the chief executive officer, in accordance with law and regulation.
 6. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains records of the receipt and distribution of radiopharmaceuticals.
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Standard MM.03.01.01

The [organization] safely stores medications.

Elements of Performance for MM.03.01.01

3. The hospital stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.
 3. The hospital stores controlled (scheduled) medications in a locked, secured area to prevent diversion, in accordance with law and regulation. Note: Scheduled medications include those listed in Schedules II-V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.
 19. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a pharmacy directed by a registered pharmacist or a supervised drug storage area, in accordance with law and regulation.
 20. For hospitals that use Joint Commission accreditation for deemed status purposes: Pharmaceutical services or drug storage areas are operated in accordance with accepted professional principles.
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Standard MM.05.01.07

The [organization] safely prepares medications.

Elements of Performance for MM.05.01.07

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 responsible for the patient's care, and in accordance with law and regulation. Note: For law and regulation guidance pertaining to those responsible for the care of patients, see 42 CFR 482.12(c).
 6. For hospitals that use Joint Commission accreditation for deemed status purposes: In-house preparation of radiopharmaceuticals is done by, or under the direct supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy.
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Standard MM.05.01.11

The [organization] safely dispenses medications.

Elements of Performance for MM.05.01.11

15. For hospitals that use Joint Commission accreditation for deemed status purposes: A pharmacist, or pharmacy staff under the supervision of a pharmacist, packages and dispenses medications in accordance with law and regulation.
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Standard MM.07.01.03

The [organization] responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

Elements of Performance for MM.07.01.03

6. For hospitals that use Joint Commission accreditation for deemed status purposes: Medication administration errors, adverse drug reactions, and medication incompatibilities are immediately reported to the attending physician, and, as determined by the hospital, to the organization-wide performance improvement program.

Standard MS.01.01.01

Medical staff bylaws address self-governance and accountability to the governing body.

Elements of Performance for MS.01.01.01

20. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.
21. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy).

Standard MS.02.01.01

There is a medical staff executive committee.

Elements of Performance for MS.02.01.01

4. The majority of voting medical staff executive committee members are fully licensed physicians actively practicing in the hospital.
4. The majority of voting medical staff executive committee members are fully licensed doctors of medicine or osteopathy actively practicing in the hospital.

Standard MS.03.01.01

The organized medical staff oversees the quality of [patient] care, treatment, and services provided by practitioners privileged through the medical staff process.

Elements of Performance for MS.03.01.01

12. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff establishes, and has continuing responsibility for, written policies and procedures governing medical care provided in the emergency service or department.
13. For hospitals that use Joint Commission accreditation for deemed status purposes: When emergency services are provided at the hospital but not at one or more off-campus locations, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients at the off-campus locations.
14. For hospitals that use Joint Commission accreditation for deemed status purposes: When emergency services are not provided at the hospital, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment of patients, and referral of patients when needed.

Standard MS.03.01.03

The management and coordination of each [patient]'s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

Elements of Performance for MS.03.01.03

12. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy is on duty or on call at all times.
13. For hospitals that use Joint Commission accreditation for deemed status purposes: Every Medicare patient is under the care of a licensed practitioner as defined in 42 CFR 482.12(c)(1).
Note: 42 CFR 482.12(c)(1) defines licensed practitioner as:
 - A doctor of medicine or osteopathy
 - A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the state and who is acting within the scope of his or her license
 - A doctor of podiatric medicine, but only with respect to functions which he or she is legally authorized by the state to perform
 - A doctor of optometry who is legally authorized to practice optometry by the state in which he or she practices
 - A chiropractor who is licensed by the state or legally authorized to perform the services of a chiropractor but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist
 - A clinical psychologist (as defined in 42 CFR 410.71), but only with respect to clinical psychologist services as defined in 42 CFR 410.71 and only to the extent permitted by state law.
14. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy is responsible for the care of each Medicare patient with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization that is not within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, optometry, a chiropractor as limited under 42 CFR 482.12(c)(1)(v), or clinical psychologist as that scope is defined by the medical staff, permitted by state law.

Standard MS.05.01.01

The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and [patient] safety.

Elements of Performance for MS.05.01.01

17. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff attempts to secure autopsies in all cases of unusual deaths and of medical legal and educational interest.
18. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff, specifically the attending physician, is informed of autopsies that the hospital intends to perform.

Standard MS.06.01.03

The [organization] collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.

Elements of Performance for MS.06.01.03

9. For hospitals that use Joint Commission accreditation for deemed status purposes: A full-time, part-time, or consulting radiologist who is a doctor of medicine or osteopathy qualified by education and experience in radiology supervises ionizing radiology services.
10. For hospitals that use Joint Commission accreditation for deemed status purposes: The radiologist who supervises ionizing radiology services interprets those tests that are determined by the medical staff to require a radiologist's specialized knowledge.

Standard NR.02.03.01

The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).

Elements of Performance for NR.02.03.01

4. The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week, with at least one registered nurse on site who provides or supervises the nursing services.
4. The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. (See also NR.01.02.01, EP2)
7. A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.
8. For hospitals that use Joint Commission accreditation for deemed status purposes: Supervisory personnel for each department or nursing unit make certain that, when needed, a registered nurse is immediately available for bedside care.
Note: A registered nurse is not considered immediately available if the registered nurse is working on more than one unit, floor, or building (or any combination of these) at the same time.
9. For hospitals that use Joint Commission accreditation for deemed status purposes: The nursing service has adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other staff to provide nursing care to patients.
10. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a registered nurse on duty at all times.
Note: This element of performance is not applicable to rural hospitals that have in effect a 24-hour registered nurse waiver granted under 42 CFR 488.59(c).
11. For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse supervises and evaluates the nursing care for each patient.

Standard PC.01.02.03

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

Elements of Performance for PC.01.02.03

4. The patient receives a medical history and physical examination no more than 30 days prior to or within 24 hours after inpatient admission. (See also MS.03.01.01, EP 6)
 4. The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 6)
 5. For a medical history and physical examination that was completed within 30 days prior to inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after inpatient admission or prior to surgery, whichever comes first. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)
 5. For a medical history and physical examination that was completed within 30 days prior to inpatient admission or registration, an update documenting any changes in the patient's condition is completed within 24 hours after inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia services, whichever comes first. (See also MS.03.01.01, EP 8 and RC.02.01.03, EP 3)
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Standard PC.02.01.01

The [organization] provides care, treatment, and services for each [patient].

Elements of Performance for PC.02.01.01

15. For hospitals that use Joint Commission accreditation for deemed status purposes: Blood transfusions and intravenous medications are administered in accordance with state law and approved medical staff policies and procedures.

Standard PC.02.01.03

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.

Elements of Performance for PC.02.01.03

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 in accordance with professional standards of practice and law and regulation.
 7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).
 14. For hospitals that use Joint Commission accreditation for deemed status purposes: Respiratory services are provided only on, and in accordance with, the orders of a doctor of medicine or osteopathy.
 15. For hospitals that use Joint Commission accreditation for deemed status purposes: Orders for medications are documented and signed by a licensed independent practitioner authorized to write orders by hospital policy and in accordance with state law and who is responsible for the care of the patient.
Note: For law and regulation guidance pertaining to those responsible for the care of the patient, see 42 CFR 482.12(c).
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Standard PC.02.02.03

The [organization] makes food and nutrition products available to its [patient]s.

Elements of Performance for PC.02.02.03

22. For hospitals that use Joint Commission accreditation for deemed status purposes: A current therapeutic diet manual approved by the dietitian and medical staff is readily available to all medical, nursing, and food service staff.

Standard PC.03.01.01

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

Elements of Performance for PC.03.01.01

10. For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the hospital's policy and state scope of practice laws, anesthesia is administered only by the following individuals:
- An anesthesiologist
 - A doctor of medicine or osteopathy other than an anesthesiologist
 - A doctor of dental surgery or dental medicine
 - A doctor of podiatric medicine
 - A certified registered nurse anesthetist (CRNA) supervised by the operating practitioner except as provided in 42 CFR 482.52(c) regarding the state exemption for this supervision
 - An anesthesiologist's assistant supervised by an anesthesiologist
 - A supervised trainee in an approved educational program
- Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law, or if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission.
- Note 2: An anesthesiologist assistant is defined in 42 CFR 410.69(b) and is included in The Joint Commission glossary.
- Footnote: The CoP at 42 CFR 482.52(c) for state exemption states: A hospital may be exempted from the requirement for doctor of medicine or osteopathy supervision of CRNAs if the state in which the hospital is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation with the state's Boards of Medicine and Nursing, requesting exemption from doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor attests that he or she has consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission.
11. For hospitals that use Joint Commission accreditation for deemed status purposes: The following equipment is available in the operating room suites:
- A call-in system
 - Cardiac monitor and equipment
 - Ventilator
 - Defibrillator
 - Suction equipment
 - Tracheotomy set
 - Manual breathing bags

Standard PC.03.01.03

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

Elements of Performance for PC.03.01.03

10. For hospitals that use Joint Commission accreditation for deemed status purposes: A pre-anesthesia evaluation is completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requiring anesthesia services.

Standard PC.03.01.07

The [organization] 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

7. For hospitals that use Joint Commission accreditation for deemed status purposes: A post-anesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services.
8. For hospitals that use Joint Commission accreditation for deemed status purposes: The post-anesthesia evaluation for anesthesia recovery is completed in accordance with law and regulation and policies and procedures that have been approved by the medical staff.

Standard PC.03.01.08

For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has written policies and procedures for the handling of tissue specimens removed during a surgical procedure.

Elements of Performance for PC.03.01.08

1. For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has a written policy, approved by the medical staff and a pathologist, that establishes which tissue specimens require only a macroscopic examination, and which require both a macroscopic and microscopic examination.
2. For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory has written policies and procedures for collecting, preserving, transporting, receiving, and reporting examination results for tissue specimens.
3. For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory follows its policies and procedures for the handling of tissue specimens removed during a surgical procedure.

Standard PC.03.05.01

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] uses restraint or seclusion only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.

Elements of Performance for PC.03.05.01

1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others.
 2. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation.
 3. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.
 4. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others.
 5. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital discontinues restraint or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.
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Standard PC.03.05.03

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] uses restraint or seclusion safely.

Elements of Performance for PC.03.05.03

1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation.
2. For hospitals that use Joint Commission accreditation for deemed status purposes: The use of restraint and seclusion is in accordance with a written modification to the patient's plan of care.

Standard PC.03.05.05

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] initiates restraint or seclusion based on an individual order.

Elements of Performance for PC.03.05.05

1. For hospitals that use Joint Commission accreditation for deemed status purposes: A physician or other authorized licensed independent practitioner primarily responsible for the patient's ongoing care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation.
Note: For law and regulation guidance pertaining to those responsible for the care of patients, see 42 CFR 482.12(c).
2. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital does not use standing orders or PRN (also known as "as needed") orders for restraint or seclusion.
3. For hospitals that use Joint Commission accreditation for deemed status purposes: The attending physician is consulted as soon as possible, in accordance with hospital policy, if he or she did not order the restraint or seclusion.
4. For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following limits:
 - 4 hours for adults 18 years of age or older
 - 2 hours for children and adolescents 9 to 17 years of age
 - 1 hour for children under 9 years of ageOrders may be renewed according to the time limits for a maximum of 24 consecutive hours.
5. For hospitals that use Joint Commission accreditation for deemed status purposes: Unless state law is more restrictive, every 24 hours, a physician or other authorized licensed independent practitioner primarily responsible for the patient's ongoing care sees and evaluates the patient before writing a new order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others in accordance with hospital policy and law and regulation.
Note: For law and regulation guidance pertaining to those responsible for the care of patients, see 42 CFR 482.12(c).
6. For hospitals that use Joint Commission accreditation for deemed status purposes: Orders for restraint used to protect the physical safety of the nonviolent or non-self-destructive patient are renewed in accordance with hospital policy.

Standard PC.03.05.07

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] monitors patients who are restrained or secluded.

Elements of Performance for PC.03.05.07

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Physicians or other licensed independent practitioners or staff who have been trained in accordance with 42 CFR 482.13(f) monitor the condition of patients in restraint or seclusion. (See PC.03.05.17, EP 3)

Standard PC.03.05.09

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] has written policies and procedures that guide the use of restraint or seclusion.

Elements of Performance for PC.03.05.09

1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's policies and procedures regarding restraint or seclusion include the following:
 - Physician and other authorized licensed independent practitioner training requirements
 - Staff training requirements
 - The determination of who has authority to order restraint and seclusion
 - The determination of who has authority to discontinue the use of restraint or seclusion
 - The determination of who can initiate the use of restraint or seclusion
 - The circumstances under which restraint or seclusion is discontinued
 - The requirement that restraint or seclusion is discontinued as soon as is safely possible
 - A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A-C)
 - A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii)
 - A definition or description of what constitutes the use of medications as a restraint in accordance with 42 CFR 482.13(e)(1)(i)(B)
 - A determination of who can assess and monitor patients in restraint or seclusion
 - Time frames for assessing and monitoring patients in restraint or seclusion

Note 1: The definition of restraint per 42 CFR 482.13(e)(1)(i)(A-C) is as follows:
42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is -) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows:
Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.
Seclusion may only be used for the management of violent or self-destructive behavior.
2. For hospitals that use Joint Commission accreditation for deemed status purposes: Physicians and other licensed independent practitioners authorized to order restraint or seclusion (through hospital policy in accordance with law and regulation) have a working knowledge of the hospital policy regarding the use of restraint and seclusion.

Standard PC.03.05.11

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] evaluates and reevaluates the patient who is restrained or secluded.

Elements of Performance for PC.03.05.11

1. For hospitals that use Joint Commission accreditation for deemed status purposes: A physician or other licensed independent practitioner responsible for the care of the patient evaluates the patient in-person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse or a physician assistant may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements at PC.03.05.17, EP 3.
Note: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance.
2. For hospitals that use Joint Commission accreditation for deemed status purposes: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse or trained physician assistant, he or she consults with the attending physician or other licensed independent practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy.
3. For hospitals that use Joint Commission accreditation for deemed status purposes: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient staff or others, includes the following:
 - An evaluation of the patient's immediate situation
 - The patient's reaction to the intervention
 - The patient's medical and behavioral condition
 - The need to continue or terminate the restraint or seclusion

Standard PC.03.05.13

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] continually monitors patients who are simultaneously restrained and secluded.

Elements of Performance for PC.03.05.13

1. For hospitals that use Joint Commission accreditation for deemed status purposes: The patient who is simultaneously restrained and secluded is continually monitored by trained staff either in-person or through the use of both video and audio equipment that is in close proximity to the patient.
Note: In this element of performance "continually" means ongoing without interruption.

Standard PC.03.05.15

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] documents the use of restraint or seclusion.

Elements of Performance for PC.03.05.15

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of restraint and seclusion in the medical record includes the following:
 - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior
 - A description of the patient's behavior and the intervention used
 - Any alternatives or other less restrictive interventions attempted
 - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion
 - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention
 - Individual patient assessments and reassessments
 - The intervals for monitoring
 - Revisions to the plan of care
 - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
 - Injuries to the patient
 - Death associated with the use of restraint or seclusion
 - The identity of the physician or other licensed independent practitioner who ordered the restraint or seclusion
 - Orders for restraint or seclusion
 - Notification of the use of restraint or seclusion to the attending physician
 - Consultations

Standard PC.03.05.17

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] trains staff to safely implement the use of restraint or seclusion.

Elements of Performance for PC.03.05.17

2. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals:
 - At orientation
 - Before participating in the use of restraint and seclusion
 - On a periodic basis thereafter
3. For hospitals that use Joint Commission accreditation for deemed status purposes: Based on the population served, staff education, training, and demonstrated knowledge focus on the following:
 - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion
 - Use of nonphysical intervention skills
 - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition
 - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia)
 - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary
 - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion
 - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification
4. For hospitals that use Joint Commission accreditation for deemed status purposes: Individuals providing staff training in restraint or seclusion have education, training, and experience in the techniques used to address patient behaviors that necessitate the use of restraint or seclusion.
5. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in staff records that restraint and seclusion training and demonstration of competence were completed.

Standard PC.03.05.19

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] reports deaths associated with the use of restraint and seclusion.

Elements of Performance for PC.03.05.19

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):
 - 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.
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 no later than the close of the next business day following knowledge of the patient's death.
3. For hospitals that use Joint Commission accreditation for deemed status purposes: Staff document in the patient's medical record the date and time the patient death was reported to the Centers for Medicare & Medicaid Services (CMS).

Standard PC.04.01.01

The [organization] has a process that addresses the [patient]'s need for continuing care, treatment, and services after discharge or transfer.

Elements of Performance for PC.04.01.01

22. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient or the patient's family of his or her freedom to choose among participating Medicare providers and, when possible, respects the patient's and family's preferences when they are expressed. The hospital does not limit the qualified providers that are available to the patient.
23. For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for home health care, the hospital includes in the discharge plan a list of participating Medicare home health agencies that are available and serve the patient's geographic area. For patients enrolled in managed care organizations, the hospital lists home health agencies that have a contract with the managed care organization.
24. For hospitals that use Joint Commission accreditation for deemed status purposes: When the discharge planning evaluation indicates a need for post-hospital extended care services, the hospital includes in the discharge plan a list of participating Medicare skilled nursing facilities that are available and in the geographic area requested by the patient. For patients enrolled in managed care organizations, the hospital lists skilled nursing facilities that have a contract with the managed care organization.
25. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in the patient's medical record that the list of home health agencies or skilled nursing facilities was presented to the patient or to the individual acting on the patient's behalf. The discharge plan identifies disclosable financial interests between the hospital and any home health agency or skilled nursing facility on the list.
Note: Disclosure of financial interest is determined in accordance with the provisions under 42 CFR 420.206.
26. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has written discharge planning policies and procedures applicable to all patients.
27. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides a discharge planning evaluation to each patient who is likely to suffer adverse health consequences and to any other patient who requests a discharge planning evaluation. Discharge planning evaluations are also provided upon the request of the physician, or the patient's family member or surrogate when he or she is involved in decision-making or on-going care.
28. For hospitals that use Joint Commission accreditation for deemed status purposes: The discharge planning evaluation is used when developing the discharge plan and is discussed with the patient, and also with the patient's family when it is involved in decision-making or on-going care.
29. For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse, social worker, or other qualified staff develops or supervises the development of the discharge plan.
30. For hospitals that use Joint Commission accreditation for deemed status purposes: In the absence of a finding by the hospital that a patient needs a discharge plan, the hospital develops a discharge plan for the patient when requested by the patient's physician.

31. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital arranges for the initial implementation of the patient's discharge plan.
 32. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reassesses the patient's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan.
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Standard PC.04.01.03

The [organization] discharges or transfers the [patient] based on his or her assessed needs and the organization's ability to meet those needs.

Elements of Performance for PC.04.01.03

10. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital conducts reassessments of its discharge planning process within its established time frames for reassessment.
 11. For hospitals that use Joint Commission accreditation for deemed status purposes: The reassessment of the discharge planning process includes a review of discharge plans to determine if the discharge plans meet the needs of patients.
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Standard PC.04.01.05

Before the [organization] 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

1. When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient.
1. When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is involved in decision-making or on-going care.
2. Before the patient is discharged, the hospital informs the patient of the kinds of continuing care, treatment, and services he or she will need.
2. Before the patient is discharged, the hospital informs the patient, and also the patient's family when it is involved in decision-making or on-going care, of the kinds of continuing care, treatment, and services the patient will need.
7. The hospital educates the patient about how to obtain any continuing care, treatment, and services that he or she will need.
7. The hospital educates the patient, and also the patient's family when it is involved in decision-making or on-going care, about how to obtain any continuing care, treatment, and services that the patient will need.

Standard PC.05.01.01

For hospitals that use Joint Commission accreditation for deemed status purposes: An adequate supply of blood and blood components is available at all times to the [organization].

Elements of Performance for PC.05.01.01

1. For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital regularly uses the services of an outside blood supplier, it has a written agreement with the blood supplier on procurement, transfer, and availability of blood and blood components.
2. For hospitals that use Joint Commission accreditation for deemed status purposes: The written agreement requires that the blood supplier notify the hospital within three calendar days after the blood supplier determined that it had supplied blood and blood components collected from a donor who tested negative at the time of donation subsequently tests reactive for Human Immunodeficiency Virus (HIV) or Hepatitis C Virus (HCV) infection on a later donation, or subsequently is determined to be at increased risk for transmitting HIV or HCV.
3. For hospitals that use Joint Commission accreditation for deemed status purposes: The written agreement requires that within 45 days of a HIV or HCV screening test, the blood supplier notify the hospital of the results of any supplemental test for HIV or HCV, or other follow up testing required by the U.S. Food and Drug Administration.
4. For hospitals that use Joint Commission accreditation for deemed status purposes: The written agreement requires that the blood supplier notify the hospital within three calendar days after the blood supplier determined that it had supplied blood and blood components collected from an infectious donor, whenever records are available.
Footnote: See 21 CFR 610.48(b)(3) for further information.

Standard PC.05.01.03

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] determines the disposition of blood and blood components and quarantines potentially infectious blood and blood components pending completion of reactive HIV or HCV screening test results.

Elements of Performance for PC.05.01.03

1. For hospitals that use Joint Commission accreditation for deemed status purposes: If the blood supplier notifies the hospital of a reactive HIV or HCV screening test result, the hospital determines the disposition of the blood or blood components and quarantines all blood and blood components from previous donations in inventory.
2. For hospitals that use Joint Commission accreditation for deemed status purposes: If the blood supplier notifies the hospital that the result of the supplemental test or other follow-up testing required by the U.S. Food and Drug Administration is negative, the hospital may release the blood and blood components from quarantine.
3. For hospitals that use Joint Commission accreditation for deemed status purposes: If the blood supplier notifies the hospital that the result of the supplemental test or other follow-up testing required by the U.S. Food and Drug Administration is positive, the hospital disposes of the blood and blood components.
4. For hospitals that use Joint Commission accreditation for deemed status purposes: If the blood supplier notifies the hospital that the result of the supplemental test or other follow-up testing required by the U.S. Food and Drug Administration is indeterminate, the hospital disposes of the blood and blood components or labels prior collections of blood and blood components held in quarantine.
Footnote: For federal regulations on labeling, see 21 CFR 610.46(b)(2), 610.47(b)(2), and 610.48(c)(2).
5. For hospitals that use Joint Commission accreditation for deemed status purposes: For look-back activities related to new blood safety issues after August 24, 2007, the hospital complies with U.S. Food and Drug Administration regulations pertaining to blood safety issues in the areas of testing and quarantining of infectious blood and blood components.

Standard PC.05.01.05

For hospitals that use Joint Commission accreditation for deemed status purposes: The [organization] maintains records on the receipt, testing, and disposition of all blood and blood components.

Elements of Performance for PC.05.01.05

1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital retains records, in a manner that permits prompt retrieval, of the source, recipient, and disposition of all blood and blood components for a minimum of 10 years from the date of disposition.
2. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a fully funded plan to transfer the records on blood and blood components to another organization if the hospital ceases operation for any reason.

Standard PC.05.01.07

For hospitals that use Joint Commission accreditation for deemed status purposes: If potentially Human Immunodeficiency Virus (HIV) or Hepatitis C Virus (HCV) infectious blood or blood components have been administered, the [organization] uses written procedures to identify recipients and inform them of the risk of infection.

Note 1: Potentially HIV infectious blood and blood components are prior collections from a donor:

- Who tested negative at the time of donation but tested reactive for evidence of HIV infection on a later donation
- Who tests positive on the supplemental (additional, more specific) test or other follow-up testing required by the U.S. Food and Drug Administration (FDA)
- Whose timing of seroconversion cannot be precisely estimated

Note 2: Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47.

Elements of Performance for PC.05.01.07

1. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital notifies the recipient that potentially HIV or HCV infectious blood or blood components were transfused to the recipient and that there may be a need for HIV or HCV testing and counseling. This notification may also go to the recipient's family or surrogate as appropriate, or another authorized individual, or to the attending physician who ordered the blood or blood component with the request that the physician notify the recipient, family, surrogate, or other authorized individual on the recipient's behalf.
Note 1: For notifications resulting from donors tested on or after February 20, 2008, the notification effort begins when the blood supplier notifies the hospital that it received potentially HIV or HCV infectious blood or blood components. The hospital makes a reasonable attempt to give notification over a period of 12 weeks unless: (a) The recipient is located and notified; or (b) The hospital is unable to locate the recipient and then documents in the recipient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks.
Note 2: For notification resulting from donors tested before February 20, 2008, the notification effort begins when the blood supplier notifies the hospital that it received potentially HCV infectious blood and blood components. The hospital makes reasonable attempts to give notification and completes the actions within one year of the date on which the hospital received notification from the outside blood supplier. This notification requirement will expire on August 24, 2015.
Note 3: If the recipient has been judged incompetent by a state court, the hospital notifies a surrogate decision maker in accordance with state law. If the recipient is competent, but state law permits the family or surrogate decision maker to receive the information on the recipient's behalf, the hospital notifies the recipient, family, or surrogate decision maker. If the recipient is a minor, the parents or legal guardian are notified.
Note 4: If the recipient is deceased, the physician or hospital informs the recipient's legal representative or relative that the recipient received potentially HIV infectious blood or blood components.
2. For hospitals that use Joint Commission accreditation for deemed status purposes: If the attending physician is unavailable or declines to make the notification, the hospital notifies the recipient, family, surrogate, or other authorized person that blood or blood components that were potentially HIV or HCV infected were transfused to the recipient and that there may be a need for HIV or HCV testing and counseling.

3. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's notification to the recipient includes the following:
 - An explanation of the need for HIV or HCV testing and counseling
 - Oral or written information about HIV or HCV testing and counseling
 - A list of programs or places where HIV or HCV testing and counseling can be obtained, including any requirements or restrictions of a counseling program
4. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents in the recipient's medical record its attempts to notify the recipient and whether the recipient was located.
5. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies and procedures for notification and documentation conform to law and regulation, including confidentiality of the medical record and other recipient information.
6. For hospitals that use Joint Commission accreditation for deemed status purposes: For look-back activities related to new blood safety issues after August 24, 2007, the hospital complies with U.S. Food and Drug Administration regulations pertaining to blood safety issues addressing notification and counseling of recipients that may have received infectious blood and blood components.

Standard RC.01.01.01

The [organization] maintains complete and accurate medical records.

Elements of Performance for RC.01.01.01

11. All entries in the medical record are dated.
11. All entries in the medical record, including all orders, are dated.
18. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital creates and maintains a medical record for every individual that receives care, treatment, or services.
19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

Standard RC.01.02.01

Entries in the medical record are authenticated.

Elements of Performance for RC.01.02.01

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.
4. Entries in the medical record, including all orders, 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.

Standard RC.01.03.01

Documentation in the medical record is entered in a timely manner.

Elements of Performance for RC.01.03.01

4. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital records the patient's medical history and physical examination, including updates, in the medical record within 24 hours after inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia.

Standard RC.01.05.01

The [organization] retains its medical records.

Elements of Performance for RC.01.05.01

1. The retention time of the medical record is determined by its use and hospital policy, in accordance with law and regulation
1. The hospital retains the original or legally reproduced medical record for at least 5 years or longer if required by law and regulation.

Standard RC.02.01.01

The medical record contains information that reflects the [patient]'s care, treatment, and services.

Elements of Performance for RC.02.01.01

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 (See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1 and 8)
 - 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
 - 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
 - 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 (See also PC.01.03.01, EP 1 and 23)
 - Orders for diagnostic and therapeutic tests and procedures and their results
 - Any medications dispensed or prescribed on discharge
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 (See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1 and 8)
 - 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
 - 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 (See also PC.01.03.01, EP 1 and 23)
 - Results of diagnostic and therapeutic tests and procedures

- Any medications dispensed or prescribed on discharge
 - Health care – associated infections
 - Complications
 - Discharge diagnosis
 - Nursing notes
 - Vital signs
 - Discharge plan and evaluation results
-

Standard RC.02.01.03

The [patient]'s medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

Elements of Performance for RC.02.01.03

15. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a complete and up-to-date operating room register that includes the following:
- Patient name
 - Patient's hospital identification number
 - Date of operation
 - Inclusive or total time of operation
 - Name of the surgeon and any assistants
 - Name of nursing personnel
 - Type of anesthesia used and name of person administering it
 - Operation performed
 - Pre and post operation diagnosis
 - Age of patient

Note: A post operation summary may be considered equivalent if all items listed in this element of performance are included.

Standard RC.02.03.07

Qualified staff receive and record verbal orders.

Elements of Performance for RC.02.03.07

1. The hospital identifies, in writing, the staff who are authorized to receive and record verbal orders, in accordance with law and regulation.
1. The hospital has policies and procedures that identify the staff who are authorized to receive and record verbal orders, in accordance with law and regulation.
4. Verbal orders are authenticated within the time frame specified by law and regulation.
4. Verbal orders are authenticated within the time frame specified by law and regulation. 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: 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 (e.g., the ordering practitioner gives a verbal order which is written and transcribed, and then 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.
6. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received.

Standard RC.02.04.01

The [organization] documents the [patient]'s discharge information.

Elements of Performance for RC.02.04.01

3. In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains the following:
- A concise discharge summary that includes the reason for hospitalization
 - The procedures performed
 - The care, treatment, and services provided
 - The patient's condition at discharge
 - Information provided to the patient and family
- Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary.
- Note 2: When a patient is transferred to a different level of care within the hospital and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.
3. In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains a concise discharge summary that includes the following:
- The reason for hospitalization
 - The procedures performed
 - The care, treatment, and services provided
 - The patient's condition and disposition at discharge
 - Information provided to the patient and family
 - Provisions for follow-up care
- Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary.
- Note 2: When a patient is transferred to a different level of care within the hospital and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.

Standard RI.01.01.01

The [organization] respects [patient] rights.

Elements of Performance for RI.01.01.01

12. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets requests from patients for access to medical record information as quickly as its record keeping system permits.
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Standard RI.01.02.01

The [organization] respects the [patient]'s right to participate in decisions about his or her care, treatment, and services.

Elements of Performance for RI.01.02.01

27. For hospitals that use Joint Commission accreditation for deemed status purposes: The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.
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Standard RI.01.05.01

The [organization] addresses [patient] decisions about care, treatment, and services received at the end of life.

Elements of Performance for RI.01.05.01

21. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital defines how it obtains and documents permission to perform an autopsy.

Standard RI.01.07.01

The [patient] and his or her family have the right to have complaints reviewed by the [organization].

The [patient] and his or her family have the right to have complaints and grievances reviewed by the [organization].

Elements of Performance for RI.01.07.01

1. The hospital establishes a complaint resolution process. (See also MS.09.01.01, EP 1)
1. The hospital establishes a complaint and grievance resolution process. (See also MS.09.01.01, EP 1)
2. The hospital informs the patient and his or her family about the complaint resolution process. (See also MS.09.01.01, EP 1)
2. The hospital informs the patient and his or her family about the complaint and grievance resolution process. (See also MS.09.01.01, EP 1)
4. The hospital reviews and, when possible, resolves complaints from the patient and his or her family. (See also MS.09.01.01, EP 1)
4. The hospital reviews and, when possible, resolves complaints and grievances from the patient and his or her family. (See also MS.09.01.01, EP 1)
6. When a patient submits a complaint that the hospital recognizes as significant, the hospital acknowledges receipt of the complaint and notifies the patient of follow-up to the complaint. (See also MS.09.01.01, EP 1)
6. The hospital acknowledges receipt of a complaint or grievance that the hospital recognizes as significant and notifies the patient of follow-up to the complaint or grievance.
7. The hospital provides the patient with the phone number and address needed to file a complaint with the relevant state authority. (See also MS.09.01.01, EP 1)
7. The hospital provides the patient with the phone number and address needed to file a complaint or grievance with the relevant state authority. (See also MS.09.01.01, EP 1)
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)
10. The hospital allows the patient to voice complaints or grievances and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care. (See also MS.09.01.01, EP 1)
17. For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body reviews and resolves grievances unless it delegates this responsibility, in writing, to a grievance committee.
18. For hospitals that use Joint Commission accreditation for deemed status purposes: In its resolution of grievances, the hospital provides the individual with a written notice of its decision, which contains the following:
 - The name of the hospital contact person
 - The steps taken on behalf of the individual to investigate the grievance
 - The results of the process
 - The date of completion of the grievance process

19. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital determines time frames for grievance review and response.
20. For hospitals that use Joint Commission accreditation for deemed status purposes: The process for resolving grievances includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the Quality Improvement Organization (QIO).
21. For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body approves the complaint and grievance resolution process.