

ACCEPTED: Changes to Requirements for Deemed Status Ambulatory Surgical Centers

Revisions to the definition of *ambulatory surgical center* in the Glossary and several elements of performance (EPs) for the **ambulatory care** program are **effective May 18, 2009**. These changes apply only to ambulatory surgical centers (ASCs) that elect to use The Joint Commission deemed status option for the Centers of Medicare & Medicaid Service (CMS).

CMS Changes Its Definition of an Ambulatory Surgical Center

CMS recently revised its definition of *ambulatory surgical center*. The Glossary of the *Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)* will be updated to reflect the CMS definition as follows:


Any distinct entity that operates exclusively for the purpose of providing surgical services to ~~clients~~ patients not requiring hospitalization, ~~has and in which the expected duration of services would not exceed 24 hours following an admission.~~ The entity must have an agreement with CMS to participate in Medicare as an ASC, and must meet the conditions for coverage as defined by regulation. The deemed status survey will be unannounced as required by the Centers for Medicare & Medicaid Services (CMS).


This change will appear in the first update to the 2009 *CAMAC* scheduled to be released in June.

Revised Requirements Posted Online

CMS recently revised its Conditions for Coverage for ASCs. As a result, several changes were made to The Joint Commission's requirements for ASCs that elect to use The Joint Commission deemed status option to maintain equivalency with CMS. The changes and new requirements are located on The Joint Commission's Web site at <http://www.jointcommission.org> and can be viewed in their entirety by selecting the "Accreditation Programs" tab and then the "Ambulatory Care" program option. The direct link to these changes is as follows: <http://www.jointcommission.org/AccreditationPrograms/AmbulatoryCare>. They will also appear in the first update to the 2009 *CAMAC*.

Additional Changes for ASCs

In January 2009, The Joint Commission submitted to CMS an updated version of the ASC crosswalk between its elements of performance and the CMS Conditions for Coverage. The updated crosswalk contained revisions and edits made as a result of work from the Standards Improvement Initiative. CMS responded with several requests for editorial changes to our current standards to ensure compliance with their Conditions for Coverage. These changes will publish in the first update to the 2009 *CAMAC* and appear in the box below. Revised language appears in underline and ~~strikethrough~~ text. 



Official Publication of Revised Standards

Ambulatory Surgical Center Deemed Status Requirement Changes to the CAMAC

APPLICABLE TO AMBULATORY CARE PROGRAM

Effective May 18, 2009

Environment of Care (EC)

Standard EC.02.03.03

EP 2 The organization conducts fire drills every 12 months from the date of the last drill in each area that is defined as a business occupancy by the *Life Safety Code* and in which care, treatment, or services are provided—or quarterly for ambulatory surgical centers seeking accreditation for Medicare certification.

Note 1: *In leased or rented facilities, drills need be conducted only in areas of the building that the organization occupies.*

Ambulatory Surgical Center Deemed Status Requirement Changes to the CAMAC (continued)

Note 2: *In sites that are used on average 70 hours or less per month, the organization may choose either to review the fire response plan or to conduct a fire drill every 12 months. This note does not apply to ambulatory surgical centers that elect to use The Joint Commission deemed status option.*

Change: Information was added to clarify that Note #2 is not applicable to ASCs.

Standard EC.02.03.05

EP 18 The organization operates fire and smoke dampers ~~1 year after installation and then~~ at least every 4 years to verify that they fully close. The completion date of the tests is documented.

Note 1: *The initial test that must occur 1 year after installation applies only to dampers installed on and after January 1, 2008.*

Note 2: *For additional guidance on performing tests, see NFPA 80 Standard for Fire Doors and Other Opening Protectives, 2007 edition (Section 19.4.1.1), and NFPA 405-2007 edition (Section 6.5.2). 90A Standard for the Installation of Air Conditioning and Ventilation Systems, 1999 edition (Section 3-4.7).*

Change: Regulatory language was updated.

Human Resources (HR)

Standard HR.02.01.03

EP 34 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: ~~Licensed independent practitioners~~ Medical staff are accountable to the governing body.

Change: The term “medical staff” was substituted for “licensed independent practitioners.”

Information Management (IM)

Standard IM.02.01.01

EP 1 The organization has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)*

EP 2 The organization implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7)*

* For ambulatory surgical centers that elect to use The Joint Commission deemed status option, this requirement is specified at 45 CFR 160 and 164.

EP 3 The organization uses health information only for purposes as required by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)*

EP 4 The organization discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)*

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

Change: A regulatory reference was added as a footnote.

Medication Management (MM)

Standard MM.07.01.03

EP 4 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: All adverse drug events are reported to the ~~licensed independent practitioner~~ physician [as defined in section 1861(r) of the Social Security Act] responsible for the patient and are documented in the clinical record.

Change: The term “physician,” as defined by CMS, was substituted for “licensed independent practitioners.”

Provision of Care, Treatment, and Services (PC)

Standard PC.03.01.07

EP 5 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Each patient is evaluated by a ~~licensed independent practitioner~~ physician [as defined in section 1861(r) of the Social Security Act] for proper recovery before discharge from the ambulatory surgical center.

Change: The term “physician,” as defined by CMS, was substituted for “licensed independent practitioners.”

Standard PC.04.01.01

EP 12 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Patients are transferred to local hospitals that meet requirements for payment of emergency services.

Note: *CMS requires patients to be transferred to hospitals that are either participating in Medicare or meet the requirements at 42 CFR 482.2, “Provision of emergency services by nonparticipating hospitals.”*

Change: A note was added to clarify the requirements for hospital transfers.

Continued on page 15

Ambulatory Surgical Center Deemed Status Requirement Changes to the CAMAC (continued)

Standard PC.04.01.01

EP 13 For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The ambulatory surgical center has a written transfer agreement with a hospital. In the absence of a transfer agreement, all ~~licensed independent practitioners~~ physicians [as defined in section 1861(r) of the Social Security Act] who perform surgery at the ambulatory surgical center have admitting privileges at the hospital.

Change: The term “physician,” as defined by CMS, was substituted for “licensed independent practitioners.”

Record of Care (RC)

Standard RC.02.01.01

EP 4 As needed to provide care, treatment, or services, the clinical record contains the following additional information:

- Any advance directives
- Any informed consent, ~~when required by organization policy~~ (See also RI.01.03.01, EP 13)
- Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services (See also RI.01.03.05, EPs 4-6)
- Any records of communication with the patient, such as telephone calls or e-mail
- Any referrals or communications made to internal or external care providers and community agencies
- Any patient-generated information

Change: The phrase “when required by the organization” was deleted from the second bullet point.