What's New
2015 CAMAC

Standards and elements of performance (EPs) published in this manual are effective as of January 1, 2015.

Note: Your organization is responsible for meeting all applicable changes to accreditation requirements for organizations accredited under the Ambulatory Care Program published in Joint Commission Perspectives®, the official monthly newsletter of The Joint Commission.

This document is intended to help you get up to speed regarding the substantive changes that have been made to the CAMAC over the previous year. Major changes that appear in this update to requirements for accreditation, policies, procedures, and other information include the following:

- Revisions made to various requirements to align standards for ambulatory surgical centers with deemed status with the Conditions for Coverage of the Centers for Medicare & Medicaid Services (CMS)
- Updated requirements and modified the placement of select requirements for Primary Care Medical Homes to ensure concepts are addressed in the appropriate standards chapters
- Reduction in requirements applicable to sample medications
- Removal of entire Priority Focus Process (PFP) section as well as all references to it from “The Accreditation Process” (ACC) chapter
- Updated “Accreditation Decision Rules” in “The Accreditation Process” (ACC) chapter to reflect 2015 decision rules
- Completely revised "Sentinel Events" (SE) chapter redefines sentinel event and includes a new appendix of sentinel event–related accreditation standards and elements of performance (EPs)
### Type of Change

<table>
<thead>
<tr>
<th>How to Use This Manual (HM)</th>
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</thead>
<tbody>
<tr>
<td>Made additions and revisions throughout the chapter for navigating both E-dition and print manuals</td>
</tr>
<tr>
<td>Changes to the Manual: Added statement that standards may be revised in response to law and regulation changes</td>
</tr>
<tr>
<td>Table 1. Acronyms Used in This Manual:</td>
</tr>
<tr>
<td>- Added OQPS (Office of Quality and Patient Safety) and OFI (Opportunities for Improvement)</td>
</tr>
<tr>
<td>- Removed references to CSG (clinical/service group), (PFP) priority focus areas, and (PFP) Priority Focus Process</td>
</tr>
<tr>
<td>Accreditation Requirements: Revised section title and clarified the Notes description</td>
</tr>
<tr>
<td>Accreditation Process Information: Revised section title</td>
</tr>
<tr>
<td>Identifying Applicable Standards:</td>
</tr>
<tr>
<td>- Added telehealth providers to the Ambulatory Care Accreditation Program</td>
</tr>
<tr>
<td>- Added case management services, corrections-based services, and opioid treatment programs to the Behavioral Health Care Accreditation Program</td>
</tr>
<tr>
<td>- Added private duty services, nonmedical personal care and support services, and mail order and specialty pharmacies to the Home Care Accreditation Program</td>
</tr>
<tr>
<td>- Revised description of Nursing Care Centers</td>
</tr>
<tr>
<td>Understanding the Icons Used in the Manual: Updated reference to scoring information in the ACC chapter</td>
</tr>
<tr>
<td>Keys to Successfully Achieving Standards Compliance: Added a bullet on signing up for news and alerts on the Joint Commission home page and using the “What’s New” feature in the E-dition</td>
</tr>
<tr>
<td>Sidebar 2. Where Should I Go for More Information? Clarified information regarding copies of print manuals and updated contact information</td>
</tr>
<tr>
<td>Minor editorial revisions</td>
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### Type of Change

**Requirements for Accreditation**

<table>
<thead>
<tr>
<th>Environment of Care (EC)</th>
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<tbody>
<tr>
<td>- Categorical Waivers to Certain Requirements: Added new section to the chapter overview addressing alternative provisions for certain requirements in the EC chapter</td>
</tr>
<tr>
<td>- EC.02.02.01, EP 4: Added standards reference</td>
</tr>
<tr>
<td>- EC.02.02.01, EPs 14 and 15: Removed Notes referring to Appendix A, which was removed from the manual</td>
</tr>
<tr>
<td>- EC.02.03.01, EP 9: Added to requirement regarding availability of fire response plans for ambulatory surgical centers with deemed status</td>
</tr>
<tr>
<td>- EC.02.03.01, EP 10, new Note: Added guidance about where to find additional information on content of fire response plan guidance</td>
</tr>
<tr>
<td>- EC.02.03.03, EP 3: Clarified expectations for fire drills</td>
</tr>
<tr>
<td>- EC.02.04.01, EPs 3 and 4: Deleted EP 4, merged frequency requirements for medical equipment maintenance from EP 4 into activity requirements of EP 3, streamlined types of acceptable maintenance strategies, and added a new section in EP 3 to relocate requirements from former EP 4 that apply only to ambulatory surgical centers with deemed status</td>
</tr>
<tr>
<td>- EC.02.04.03, EPs 2 and 3: Expanded requirement to all high-risk equipment, including life-support equipment, and non–high-risk equipment, respectively</td>
</tr>
<tr>
<td>- EC.02.05.01, EP 3: Deleted former EP 4, merged frequency requirements for utility system maintenance from EP 4 into activity requirements of EP 3, streamlined types of acceptable maintenance strategies, and added a new section in EP 3 to relocate requirements from former EP 4 that apply only to ambulatory surgical centers with deemed status</td>
</tr>
<tr>
<td>- EC.02.05.01, new EP 4: Transferred requirements from former EP 4 to EP and added new requirement for ventilation, temperature, and humidity levels for ambulatory surgical centers with deemed status</td>
</tr>
<tr>
<td>- EC.02.05.01, EP 6: Added standards reference</td>
</tr>
<tr>
<td>- EC.02.05.03, EPs 5 and 6: Added to requirement regarding Essential Electrical Distribution Systems (EES)</td>
</tr>
<tr>
<td>- EC.02.05.03, new EP 10: Added new requirement regarding EES) for ambulatory surgical centers with deemed status</td>
</tr>
</tbody>
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### Type of Change

- EC.02.05.07, EP 1: Changed time period from at least 30 days to at least monthly
- EC.02.05.09, new Note 2: Added additional Note, stating what piped medical gas systems and piped vacuum systems include
- EC.02.05.09, EP 1: Added new section for ambulatory surgical centers with deemed status regarding the time frames for testing piped medical gas and vacuum systems
- EC.02.06.01, EP 13: Added standards reference

### Human Resources (HR)

- HR.01.02.07, new EP 3: Moved requirements from former PC.02.04.05, EP 3, for organizations that elect The Joint Commission Primary Care Medical Home option regarding practicing within the scope of privileges for clinical team members
- HR.01.05.03, EP 1: Added new section for ambulatory surgical centers with deemed status requiring staff members to receive education and training specifically with respect to their roles in the fire response plan
- HR.01.06.01, EP 3, Note: Clarified to address suitable individuals for assessing staff competence (currently effective)
- HR.02.01.03, EPs 37 and 38: Deleted requirements for radiologists’ qualifications and practice for ambulatory surgical centers with deemed status and transferred responsibility to the governing body under LD.04.01.05, new EP 13
- HR.03.01.01, EP 1: Revised to address the qualifications and collaborative role of the primary care clinician in organizations that elect the Joint Commission Primary Care Medical Home option and to add a standards reference

### Infection Prevention and Control (IC)

- IC.02.01.01, EPs 2 and 6: Updated standards reference
- IC.01.05.01, EP 1: Added specific requirements regarding infection control program guidelines for ambulatory surgical centers with deemed status
## Type of Change

### Information Management (IM)

- For ambulatory surgical centers with deemed status:
  - IM.02.01.01, EPs 1–5: Replaced footnote in each EP with Note requiring ambulatory surgical centers with deemed status option to comply with HIPAA Privacy and Security Rules
  - IM.02.01.03, EPs 1, 5, and 8, new Notes: Added new Note to each EP requiring ambulatory surgical centers with deemed status option to comply with HIPAA Privacy and Security Rules
  - Minor editorial revisions

### Leadership (LD)

- For Primary Care Medical Homes:
  - LD.01.03.01, EP 20: Deleted EP and moved its requirement to new EP 11 at LD.04.01.05
  - LD.04.01.05, new EP 11: Inserted the requirements from previous LD.01.03.01, EP 20, to address the evaluation of the interdisciplinary team’s work
  - LD.04.04.01, new EP 6: Moved requirement for the interdisciplinary team to actively participate in performance improvement activities from former PC.02.04.05, EP 13

- For ambulatory surgical centers with deemed status:
  - LD.01.03.01, new EP 22: Added EP listing certain responsibilities of the governing body
  - LD.04.01.01, new EP 19: Added EP for organizations that do not provide their own laboratory services
  - LD.04.01.05, new EP 13 and Note: Transferred requirement from HR.02.01.03, EPs 37, to create new EP and Note regarding the qualifications of the responsible party for radiologic services appointed by the governing body
  - LD.04.01.07, new EP 10: Added EP regarding policies and procedures for overseeing and evaluating clinical activities of nonphysician practitioners
  - LD.04.01.11, EP 8: Revised to specify that medical staff and governing body collaborate on policies and procedures identifying emergency equipment
  - LD.04.04.01, EP 26: Added new EP regarding performance improvement activities
<table>
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<tr>
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<tbody>
<tr>
<td>□ LD.04.04.05, EP 6, new Note: Clarified the balance between increasing error reporting and maintaining individual accountability when appropriate</td>
</tr>
<tr>
<td>□ LD.04.04.05, EPs 7, 8, and 12: Revised requirements to be consistent with revisions to The Joint Commission’s Sentinel Event Policy, including the classification of patient safety events (of which sentinel events are one kind) and comprehensive systematic analyses (for example, a root cause analysis)</td>
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<thead>
<tr>
<th>Life Safety (LS)</th>
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<tbody>
<tr>
<td>□ Managing Compliance with the NFPA Life Safety Code: Revised section to address equivalency process between The Joint Commission and CMS</td>
</tr>
<tr>
<td>□ Categorical Waivers to Certain Requirements: Added new section to the chapter overview addressing alternative provisions for certain requirements in the LS chapter</td>
</tr>
<tr>
<td>□ LS.03.01.30, EPs 12, 17, 18: Updated National Fire Protection Association (NFPA) reference</td>
</tr>
<tr>
<td>□ LS.03.01.30, EP 16, Note: Revised note addressing whether a damper is needed with an automatic sprinkler system</td>
</tr>
<tr>
<td>□ LS.03.01.30, EP 17, Note: Removed note addressing dampers</td>
</tr>
<tr>
<td>□ LS.03.01.30, EP 19: Revised requirement addressing doors in smoke barriers</td>
</tr>
<tr>
<td>□ LS.03.01.30, EP 20, Note: Revised note addressing the amount of hand gel and foam permissible in a single smoke compartment</td>
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<thead>
<tr>
<th>Medication Management (MM)</th>
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<tbody>
<tr>
<td>□ About This Chapter: Revised section to address the new Note used throughout the “Medication Management” (MM) chapter to identify requirements that apply to the use of sample medications if an organization permits their use; EPs without this note are not applicable to sample medications</td>
</tr>
<tr>
<td>□ Added the new Note addressing the applicability of an EP’s requirements to the use of sample medications at the following:</td>
</tr>
<tr>
<td>▪ MM.01.01.01, EPs 1 and 2</td>
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<tr>
<td>▪ MM.01.01.03, EPs 1–3</td>
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<tr>
<td>▪ MM.01.02.01, EPs 1–3</td>
</tr>
<tr>
<td>▪ MM.02.01.01, EPs 1–3, 7, and 8</td>
</tr>
<tr>
<td>▪ MM.03.01.01, EPs 2, 3, 5–8, and 18</td>
</tr>
<tr>
<td>▪ MM.03.01.05, EPs 1–3</td>
</tr>
</tbody>
</table>
## Type of Change

- MM.05.01.09, EPs 1–3
- MM.05.01.11, EP 2
- MM.05.01.17, EPs 1–4
- MM.05.01.19, EPs 1–4
- MM.07.01.01, EPs 1 and 2
- MM.07.01.03, EPs 1–3 and 5
- MM.08.01.01, EPs 1–3 and 6

- MM.03.01.03: Removed the word *any* with respect to emergency medications
- MM.04.01.01, EP 21: Added an MOS requirement, including an icon, and clarified organizations that elect the Joint Commission Primary Care Medical Home option are required to use an electronic prescribing process for at least 50% of allowable prescriptions
- MM.04.01.01, EP 21: Added an MOS requirement, including an icon, and clarified organizations that elect the Joint Commission Primary Care Medical Home option are required to use an electronic prescribing process for at least 50% of allowable prescriptions
- MM.08.01.01, EP 6: Added standards reference
- Made minor editorial revisions

## National Patient Safety Goals (NPSG)

- NPSG.03.04.01, EP 3: Clarified requirements for medication/solution labeling in perioperative and other procedural settings

## Provision of Care, Treatment, and Services (PC)

- PC.01.02.07, new Rationale: Added background information on revised pain management, which can include pharmacologic and nonpharmacologic strategies
- PC.01.02.07, EP 4, new Note: Added information regarding patient-centered treatment strategies for pain
- PC.02.01.01, EP 17: Deleted EP and moved requirement regarding the selection of a primary care clinician in a Primary Care Medical Home to RI.01.04.01, new EP 7
- PC.02.01.01, new EP 18: Added to require organizations that elect the Joint Commission Primary Care Medical Home option to use a computerized order entry system for at least 30% of laboratory orders
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<tr>
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<tbody>
<tr>
<td>PC.02.01.03, EP 1: Revised to specify the provision of radiologic services for ambulatory surgical centers with deemed status</td>
</tr>
<tr>
<td>PC.02.02.01, EP 15: Clarified when radiologic services may be provided and deleted requirement they be obtained from a Medicare-approved ambulatory surgical centers with deemed status</td>
</tr>
<tr>
<td>PC.02.02.01, EP 24, Note: Clarified the goal of the interactive process to ascertain patient health literacy needs</td>
</tr>
<tr>
<td>PC.02.02.01, EP 25: Revised to address consistency between patient education and health literacy needs</td>
</tr>
<tr>
<td>For Primary Care Medical Homes:</td>
</tr>
<tr>
<td>- PC.02.01.01, new EP 18: Added to require organizations to use a computerized order entry system for at least 30% of laboratory orders</td>
</tr>
<tr>
<td>- PC.02.01.01, new EP 19: Added to require organizations to use a computerized order entry system for at least 30% of radiologic orders</td>
</tr>
<tr>
<td>- PC.02.02.01, EPs 24 and 25: Deleted EPs and moved requirements regarding the patient’s health literacy needs to PC.02.03.01, new EPs 30 and 31</td>
</tr>
<tr>
<td>- PC.02.03.01, new EPs 30 and 31: Moved requirements from former PC.02.02.01, EPs 24 and 25, regarding the patient’s health literacy needs</td>
</tr>
<tr>
<td>- PC.02.04.01, EP 1: Revised to address the patients’ ability to request prescription renewals and obtain clinical advice; test results were removed from this EP as it now appears in the new EP 4 at PC.02.04.01</td>
</tr>
<tr>
<td>- PC.02.04.01, EP 3: Clarified that the primary care medical home must respond to (not simply address) patient urgent care needs</td>
</tr>
<tr>
<td>- PC.02.04.01, new EP 4: Added to address the patient’s online access to information including test and lab results</td>
</tr>
<tr>
<td>- PC.02.04.01, new EP 5: Added to address the patient’s access to the use of a certified electronic health record for appointment reminders</td>
</tr>
<tr>
<td>- PC.02.04.03, EP 1: Added optical health and rehabilitative services and equipment to the list of services to which the primary care medical home provides or facilitates patient access during transitions in care</td>
</tr>
</tbody>
</table>
### Type of Change

- **PC.02.04.03, EP 5**: Revised to require a certified electronic health record (not simply health information technology); added the types of reports that might be created and submitted to external providers and organizations; and added the need to identify and provide patient-specific education resources.

- **PC.02.04.05, EP 1**: Added the requirement to include a doctor of medicine or doctor of osteopathy to the interdisciplinary team and added an explanatory Note about the extent of the doctor’s involvement.

- **PC.02.04.05, EP 3**: Deleted EP and moved requirements regarding the scope of practice to HR.01.02.07, new EP 3; added a standards reference.

- **PC.02.04.05, EP 4**: Clarified the interdisciplinary care team cares for a *panel* of patients (not a designated *group* of patients).

- **PC.02.04.05, EP 13**: Deleted EP and moved requirements regarding the participation of the interdisciplinary team in performance improvement to LD.04.04.01, new EP 6.

- Minor editorial revisions

### Performance Improvement (PI)

- **PI.03.01.01, EP 12**: Added EP specifying what is demonstrated by quality assurance and performance improvement activities for ambulatory surgical centers with deemed status.

### Record of Care, Treatment, and Services (RC)

- **For ambulatory surgical centers with deemed status:**
  - **RC.01.05.01, EP 1**, new Note: Clarified requirements for applicable films, scans, and other images in record retention.
  - **RC.02.01.01, EP 4**, new Note: Added information about documenting whether or not the patient has advance directives in place.
  - **RC.02.01.03, EP 4**: Revised to require that results of preoperative diagnostic studies are included in the clinical record before surgery.

- **RC.02.01.01, EP 28**: Removed the MOS requirement and added additional required elements for a primary care medical home’s clinical record including patient’s gender, family history, work history, blood pressure, and smoking status.

- **RC.02.01.01, EP 30**: Removed the MOS requirement, removed a standards cross reference, and clarified the requirement to include a patient’s preferred language in the primary care medical home’s clinical record.
## Type of Change

### Rights and Responsibilities of the Individual (RI)

- RI.01.02.01, EP 21: Made revisions to align with revised Sentinel Event Policy
- RI.01.04.01, new EP 7: Moved requirements for Primary Care Medical Homes regarding the selection of the primary care clinician from former PC.02.01.01, EP 17
- RI.01.04.03, EP 2: Clarified what information is provided about the primary care medical home to the patient and revised standards reference
- RI.01.04.03, EP 3: Clarified what information the primary care medical home communicates to a patient about care and services
- RI.01.04.03, EP 4: Deleted EP and moved its communication requirement into RI.01.04.03, EP 3
- RI.01.04.03, new EP 7: Added to address information about the primary care clinician provided to the primary care medical home patient

### Accreditation Process Information

#### The Accreditation Process (ACC)

- Joint Commission Accreditation Programs: Updated program descriptions, deleted section to eliminate redundancies with “How to Use This Manual” (HM) chapter and updated a reference to this section in Complex Organization Survey Process section
- Joint Commission Accreditation Programs: Updated program descriptions
- General Eligibility Requirements: Revised eligibility criteria (already in effect for organizations seeking initial accreditation)
- Complex Organization Survey Process: Clarified that The Joint Commission gives organizations access to electronic editions of manuals
- System Accreditation Option: Clarified the maximum number and percentage of site sampling for some resurveyed organizations and revised Table 1. Categorization of Sampling for System Surveys by Risk and Table 2. Categorization of Sampling for System Surveys by Size to reflect that all sites performing surgery or providing anesthesia services require on-site surveys for the systems process
- Primary Care Medical Home Certification Option: Added link to website for additional information and noted similar certification option for hospitals, critical access hospitals, and behavioral health care organizations
<table>
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<tr>
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<tbody>
<tr>
<td>Initial Surveys: Adjusted parameters for minimum number of patients/volume of services to match General Eligibility Requirements and changed Contingent Accreditation footnote into last paragraph</td>
</tr>
<tr>
<td>Sidebar 1. Early Survey Policy: Added “or in licensing process”</td>
</tr>
<tr>
<td>Data Release to Government Agencies and Organizations with Which The Joint Commission Performs Coordinated Survey Activities: Added bullet about evaluating and submitting <em>Life Safety Code</em>® equivalencies</td>
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<tr>
<td>Process for Responding to a Complaint: Changed Office of Quality Monitoring to Office of Quality and Patient Safety</td>
</tr>
<tr>
<td>An Organization’s Secure <em>Joint Commission Connect</em> Site: Revised to include information about guest access</td>
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<tr>
<td>Electronic Application for Accreditation (E-App): Clarified that certain official records and reports must be made available to The Joint Commission during initial on-site surveys</td>
</tr>
<tr>
<td>Annual Survey Fees: Revised title to include “Annual,” added information about a PCMH fee, and noted that letters of nonpayment are posted to the extranet instead of sent via certified mail</td>
</tr>
<tr>
<td>Unannounced Surveys: Revised to reflect that survey avoid dates can be identified in the 27-month E-App and cannot be modified after E-App submission</td>
</tr>
<tr>
<td>Initial and Full Survey Team Composition: Updated to reflect applicability to both initial and full surveys and added information about the survey team composition for ambulatory surgery centers using The Joint Commission for deemed status purposes</td>
</tr>
<tr>
<td>Advanced Diagnostic Imaging Specialist Role: Clarified that sleep diagnostic and Primary Care Medical Home survey extensions are not included</td>
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<tr>
<td>Priority Focus Process (PFP): Removed section as well as all references to it</td>
</tr>
<tr>
<td>Clinical/Service Groups (CSGs): Removed section as well as all references to it</td>
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<tr>
<td>Survey Agenda:</td>
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<tr>
<td>▪ Added bullet point about program-specific areas to System Tracers</td>
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<tr>
<td>▪ Deleted “Facility Maintenance Review”</td>
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<tr>
<td>▪ Retitled <em>Life Safety Code</em> Building Tour and clarified it includes a building layout orientation and tour</td>
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Type of Change

- Replaced bullet about processes for designing buildings with bullet about reviewing Statement of Conditions™ and Plan for Improvement (PFI) in *Life Safety Code* Building Tour

- Tracer Methodology: Updated information about how surveyors determine what tracers to conduct

- Table 4. Ambulatory Care–Specific Tracer Applicability and Objectives: Added applicability to surveys that include the Primary Care Medical Home Certification option

- Immediate Threat to Health or Safety: Added information about consequences in deemed status scenarios and clarified that status *may* change from Preliminary Denial of Accreditation to Contingent Accreditation after an organization resolves an Immediate Threat situation

- The Summary of Survey Findings Report: Revised to reflect that preliminary report includes all single Category C observations and the number of open PFI items

- How Accreditation Decisions Are Made: Clarified that status *may* change from Preliminary Denial of Accreditation to Contingent Accreditation after an organization resolves an Immediate Threat situation

- Accreditation Decision Categories: Revised “Accreditation with Follow-up Survey” decision category to reflect that organizations may receive this decision if PFI items remain incomplete within six months of projected completion date

- Accreditation Effective Date: Clarified when accreditation decisions are effective for initial organizations

- Evidence of Standards Compliance (ESC) Process: Clarified that PFI items in the Survey Report do not require an ESC

- Corrective ESC: Clarified accreditation effective date for initial organizations

- Continuous Compliance: Clarified surveys of Joint Commission ambulatory surgery centers that use The Joint Commission for deeming purposes will be unannounced

- Sentinel Event Follow-Up: Updated section to align with revised Sentinel Event Policy

- Changes Affecting E-App Information: Added primary care medical home services as an example of a more intensive level of service
Type of Change

- Accreditation Status of Organizations That Cease Provision of Services for a Period of Time: Added paragraph about what occurs when an on-site survey reveals that an organization has not provided services for more than six months

- For-Cause Surveys: Clarified surveys of Joint Commission ambulatory surgery centers that use The Joint Commission for deeming purposes will be unannounced

- On-site Follow-up Survey for a Condition-level Deficiency: Clarified that additional full survey is *unannounced* and clarified time frames for follow-up surveys and the impact of CMS notification

- Accreditation Decision Rules:
  - Changed “RCA” to “comprehensive systematic analysis” in the third bullets and changed “FSA” to “ICM” in fourth bullet of Preliminary Denial of Accreditation (PDA) decision rule PDA05
  - Updated Contingent Accreditation (CONT) decision rules CONT04, CONT05, CONT06, CONT07
  - Revised Accreditation with Follow-up Survey (AFS) decision rule AFS01 to include risk-related standards; revised AFS06 to reflect participation rather than submission
  - Revised On-site ESC Survey (ESC02) decision rule to reflect that an on-site survey may be scheduled to evaluate a written ESC
  - Deleted Note from Preliminary Accreditation (PA) decision rule PA01
  - Revised Primary Care Medical Home (PCMH) Certification decision rules

- Review and Appeal Procedures: Revised III. Contingent Accreditation and IV. Accreditation with Follow-up Survey regarding Condition-level deficiencies

- Minor editorial revisions

Standards Applicability Process (SAP)

- Made the following structural changes to the chapter:
  - Split the service Medical/Dental Centers into two services (Medical Centers and Dental Centers) and populated the two columns with applicable standards
  - Added the new service Kidney Care/Dialysis and populated the column with applicable standards
  - Rearranged the column order in which the services appear
  - Populated the columns with applicable EPs
## Type of Change

- Added the following EPs to Medical Centers’ applicability:
  - HR.01.02.07, EP 3
  - LD.04.04.01, EP 6
  - PC.02.03.01, EPs 30 and 31
  - RI.01.04.01, EP 7
- Deleted the following EPs from Medical Centers’ applicability:
  - PC.02.01.01, EP 17
  - PC.02.02.01, EPs 24 and 25
  - PC.02.04.05, EPs 3 and 13
- Added the following EPs to Ambulatory Surgery Centers’ applicability:
  - EC.02.05.01, new EP 4
  - EC.02.05.03, EP 10
  - LD.01.03.01, EP 22
  - LD.04.01.01, EP 19
  - LD.04.01.05, EP 13
  - LD.04.01.07, EP 10
  - LD.04.04.01, EP 26
  - PI.03.01.01, EP 12
- Deleted the following EP from Ambulatory Surgery Centers’ applicability
  - HR.02.01.03, EPs 37 and 38
- Added the following new EPs to the standards listing and populated each EP with applicable settings:
  - LD.04.01.05, EP 11
  - MM.04.01.01, EP 22
  - PC.02.01.01, EPs 18 and 19
  - PC.02.04.01, EPs 4 and 5
  - RI.01.04.03, EP 7
- Deleted the following EPs from the applicability grid entirely:
  - EC.02.04.01, EP 4
### Type of Change
- EC.02.05.01, former EP 4
- LD.01.03.01, EP 20
- RI.01.04.03, EP 4

### Sentinel Events (SE)
- Sentinel Event Policy rewritten for improved clarity and flow
- I. Sentinel Events:
  - Revised the definition of sentinel event and introduced the broader classification term patient safety event
  - Explained a comprehensive taxonomy of patient safety events, of which one category is sentinel events
- III. Responding to Sentinel Events:
  - Added discussion of additional related standards beyond Leadership (LD) Standard LD.04.04.05
  - Introduced the term comprehensive systematic analysis (for identifying causal and contributory factors), with root cause analysis identified as the most common example
  - Explained the more collaborative approach to follow-up activities between The Joint Commission and accredited organizations
- IV. The Sentinel Event Database:
  - Changed due dates to business days instead of calendar days in some instances
  - Expanded the types of appropriate follow-up activities (such as Measures of Success or other appropriate mutually agreed-upon documentation of sustained improvement)
- Appendix: Accreditation Requirements Related to Sentinel Events:
  - Added new listing of related accreditation standards
## Type of Change

### Required Written Documentation (RWD)

- Rearranged the order in which the services appear
- Split the service Medical/Dental Centers into two services (Medical Centers and Dental Centers)
- Added WT.05.01.01, EP 1, Medical Centers
- Added the new service Kidney Care/Dialysis
- Populated the new Dental Centers and Kidney Care/Dialysis services with applicable documentation requirements

### Early Survey Policy Option (ESP)

- Added the following EPs:
  - EC.02.05.03, EP 10
  - LD.01.03.01, EP 22
  - LD.04.01.01, EP 19
  - LD.04.01.05, EP 13
  - LD.04.01.07, EP 10
  - LD.04.04.01, EP 26
- Deleted EC.02.04.01, EP 4

### Primary Care Medical Home (PCMH)

- Overview: Updated to align description with the revisions to primary care medical home requirements
- Under Patient-Centered Care:
  - Revised LD.04.04.01, EP 24, Note
  - Deleted PC.02.01.01, EP 17
  - Deleted PC.02.02.01, EPs 24 and 25
  - Added PC.02.03.01, EPs 30 and 31
  - Added PC.02.04.01, EPs 4 and 5
  - Revised RC.02.01.01, EPs 28 and 30
  - Added RI.01.04.01, EP 7
  - Revised R1.01.04.03, EPs 2 and 3
  - Deleted R1.01.04.03, EP 4
## Type of Change

- **Under Comprehensive Care:**
  - Revised HR.03.01.01, EP 1
  - Revised PC.02.04.03, EP 1
  - Revised PC.02.04.05, EP 1

- **Under Coordinated Care:**
  - Added Standard HR.01.02.07 and its EP 3
  - Revised PC.02.04.03, EP 5
  - Deleted PC.02.04.05, EP 3
  - Revised PC.02.04.05, EP 4

- **Under Superb Access to Care:**
  - Revised PC.02.04.01, EPs 1 and 3
  - Added PC.02.04.01, EP 4

- **Under Systems-Based Approach to Quality and Safety:**
  - Deleted LD.01.03.01, EP 20
  - Added LD.04.01.05, EP 11
  - Added LD.04.04.01, EP 6
  - Revised LD.04.04.05, EPs 7, 8, and 12
  - Revised MM.04.01.01, EPs 21
  - Added MM.04.04.01, EP 22
  - Revised PC.01.03.01, EP 45
  - Added PC.02.01.01, EPs 18 and 19
  - Deleted Standard PC.02.04.05 and EP 13
Type of Change

Glossary

- Added the following new terms:
  - adverse event
  - certified electronic health record
  - comprehensive systematic analysis
  - computerized order entry system
  - interdisciplinary team
  - nursing care center
  - panel (primary care medical home)
  - patient safety event
  - primary care medical home (PCMH)

- Revised definitions of the following terms:
  - close call
  - long term care
  - primary care clinician
  - root cause analysis
  - sentinel event

- Removed the following terms:
  - clinical/service groups (CSGs)
  - nursing and rehabilitation center care
  - primary priority focus area
  - priority focus areas (PFAs)

- Minor editorial revisions

Appendix A: §482.26 Condition of Participation: Radiologic Services (AXA)

- Removed appendix
TheJointCommissionMission

The mission of The Joint Commission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

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