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 Hospital Program published in Joint Commission Perspectives®, the official monthly newsletter of The Joint Commission.

Major changes that appear in this update to requirements for accreditation, policies, procedures, and other information include the following:

- Addition of the “Patient Safety Systems” (PS) chapter to inform and educate hospitals about the importance and structure of an integrated patient safety system
- Revisions to requirements in the “Environment of Care” (EC), “Human Resources” (HR), “Leadership” (LD), “Medication Management” (MM), “Medical Staff” (MS), “Nursing” (NR), “Provision of Care, Treatment, and Services” (PC), “Record of Care, Treatment, and Services” (RC), and “Rights and Responsibilities of the Individual” (RI) chapters to realign standards with requirements from the Centers for Medicare & Medicaid Services (CMS)
- Reduction in requirements applicable to sample medications in the MM chapter
- Additional information in “The Accreditation Process” (ACC) chapter regarding inclusion of all single Category C observations and the number of open Plan for Improvement (PFI) items in the Summary of Survey Findings Report
- Removal of entire Priority Focus Process (PFP) section as well as all references to it from the ACC chapter
- Updated “Accreditation Decision Rules” in the 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 standards and elements of performance (EPs)
<table>
<thead>
<tr>
<th>Type of Change</th>
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<tbody>
<tr>
<td><strong>Title Page and Contents Page</strong></td>
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<tr>
<td>□ Updated title page and contents page</td>
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<tr>
<td><strong>How to Use This Manual (HM)</strong></td>
</tr>
<tr>
<td>□ Table 1. Acronyms Used in This Manual:</td>
</tr>
<tr>
<td>■ Removed entries for CSG (clinical/service group), (PFA) priority focus area, and (PFP) Priority Focus Process</td>
</tr>
<tr>
<td>■ Added entries for OFI (Opportunities for Improvement), OQPS (Office of Quality and Patient Safety), and PS (“Patient Safety Systems” chapter)</td>
</tr>
<tr>
<td>□ Accreditation Requirements: Revised section title from “Requirements for Accreditation” and clarified the Notes description</td>
</tr>
<tr>
<td>□ Accreditation Process Information: Revised section title from “Policies, Procedures, and Other Information”</td>
</tr>
<tr>
<td>□ Identifying Applicable Standards: Added telehealth providers to Ambulatory Care; added case management services, corrections-based services, and opioid treatment programs to Behavioral Health Care; added mail order pharmacies to Home Care; 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 and updated information regarding copies of print manuals and how to contact Joint Commission and JCR staff</td>
</tr>
<tr>
<td>□ Made additions and revisions throughout the chapter for navigating both E-dition and print manuals</td>
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<tr>
<td><strong>Patient Safety Systems (PS)</strong></td>
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<tr>
<td>□ Added new chapter</td>
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<tr>
<td><strong>Requirements for Accreditation</strong></td>
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<tr>
<td><strong>Accreditation Participation Requirements (APR)</strong></td>
</tr>
<tr>
<td>□ APR.04.01.01: Revised standard and EPs 11, 12, 18, 21, 24, and 26 by removing language about non-core performance measures and deleted EP 20</td>
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### Type of Change

<table>
<thead>
<tr>
<th>Environment of Care (EC)</th>
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<tbody>
<tr>
<td>Chapter Overview: Added “Categorical Waivers to Certain Requirements” section</td>
</tr>
<tr>
<td>EC.02.01.01, EP 1: Moved cross-reference to EC.04.01.01, EP 14, from the Note to the main EP text</td>
</tr>
<tr>
<td>EC.02.02.01, EP 4: Cross-referenced to IC.02.01.01, EP 2</td>
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<tr>
<td>EC.02.02.01, EP 12: Cross-referenced to IC.02.01.01, EP 6</td>
</tr>
<tr>
<td>EC.02.02.01, EPs 18–19: Added EPs for deemed hospitals on checking amount of radiation exposure in radiation workers and having procedures for trash storage/disposal</td>
</tr>
<tr>
<td>EC.02.03.01, EP 10: Revised EP for deemed hospitals on written fire response plans</td>
</tr>
<tr>
<td>EC.02.03.03, EP 3: Qualified when and how fire drills are held</td>
</tr>
<tr>
<td>EC.02.03.03, EP 4: Clarified that fire drills held between certain hours may use methods other than audible alarms</td>
</tr>
<tr>
<td>EC.02.04.01 on medical equipment: Revised EP 2 (including changing its scoring to Category C); revised EPs 3–4; added new EPs 5–7 for deemed hospitals (former EPs 5–6 are now EPs 8–9)</td>
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<tr>
<td>EC.02.04.03: Revised EP 1 for deemed hospitals; changed life-support to high-risk in EPs 2–3; deleted PC.02.01.11, EP 2, from cross-reference in EP 3</td>
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<tr>
<td>EC.02.05.01 on utility systems: Revised EP 2 (including changing its scoring to Category C); revised EPs 3–4; added new EPs 5–7 for deemed hospitals (former EPs 5–7 are now EPs 14–16); cross-referenced EP 15 to EC.02.06.01, EP 13</td>
</tr>
<tr>
<td>EC.02.05.05: Modified EP 1 for deemed hospitals; changed life-support to high-risk in EPs 3 and 5; removed cross-reference to EC.02.05.01, EP 3, from EPs 3–5</td>
</tr>
<tr>
<td>EC.02.05.07, EP 1: Clarified testing frequency for battery-powered egress lights</td>
</tr>
<tr>
<td>EC.02.06.01, EP 13: Added cross-reference to EC.02.05.01, EP 15</td>
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### Human Resources (HR)

- HR.01.01.01: Added EP 2 regarding qualified dieticians for deemed hospitals
- HR.01.02.01, EP 1: Revised Note 3 for deemed hospitals regarding 409.17 (Medicare) requirements
## Type of Change

- **HR.01.06.01, EP 3**: Clarified Note addressing suitable individuals for assessing staff competence
- **For hospitals with deemed status that have swing beds used for long term care:**
  - **HR.01.02.01, EP 12**: Added EP listing criteria for professional who directs activities program
  - **HR.01.02.01, EP 13**: Added EP specifying that facility does not employ individuals with certain convictions or records
  - **HR.01.02.05, EP 17**: Added EP describing the education and work experience of a qualified social worker

### Infection Prevention and Control (IC)

- **IC.02.01.01, EP 2**: Cross-referenced to EC.02.02.01, EP 4
- **IC.02.01.01, EP 6**: Cross-referenced to EC.02.02.01, EP 12

### Leadership (LD)

- **LD.01.03.01**: Added EP 21 for deemed hospitals on the governing body’s responsibility regarding performance improvement activities
- **For hospitals with deemed status that have swing beds used for long term care:**
  - **LD.04.02.03, EP 13**: Added EP listing information provided to each resident entitled to Medicaid benefits
  - **LD.04.02.03, EP 14**: Added EP requiring that residents are informed of changes to services specified in LD.04.02.03, EP 13
  - **LD.04.02.03, EP 15**: Added EP stating that residents who become eligible for Medicaid after admission to the hospital are charged only the Medicaid-allowable charge
  - **LD.04.02.03, EP 16**: Added EP requiring that residents are kept informed of available services and of charges for those not covered under Medicare or by the facility’s per diem rate
- **LD.04.04.01, EP 6**: Added requirement, which concerns interdisciplinary team’s participation in performance improvement activities for hospitals that elect the Primary Care Medical Home (PCMH) option (was formerly PC.02.04.05, EP 13)
- **LD.04.04.05**: Added Note to EP 6
- **LD.04.04.05**: Updated EP 7 with the terms *patient safety event* and *close call*
- **LD.04.04.05**: Updated EPs 8 and 12 with the term *comprehensive systematic analyses*
### Type of Change

#### Life Safety (LS)

- **Chapter Overview:**
  - Revised “Managing Compliance with the NFPA Life Safety Code” section to clarify that organizations must submit equivalency requests to The Joint Commission and that requests from deemed status organizations are approved by CMS regional office
  - Added “Categorical Waivers to Certain Requirements” section
- **LS.02.01.20, EP 1:** Clarified that means-of-egress doors are not equipped with a latch/lock requiring a tool/key from egress side
- **LS.02.01.20, EP 26:** Added Note regarding the use of dead-end corridors
- **LS.02.01.30, EP 9:** Revised language on fire resistance of corridor doors
- **LS.02.01.30, EP 20:** Removed Note regarding dampers and changed NFPA reference
- **LS.02.01.30, EP 23:** Revised language on fire resistance of smoke-barrier doors
- **LS.02.01.30, EP 25:** Updated Note on alcohol-based hand rub (ABHR) gel/foam in a smoke compartment
- **LS.03.01.30, EP 12:** Updated NFPA reference
- **LS.03.01.30, EP 16:** Qualified with Note about when dampers are not required
- **LS.03.01.30, EP 17:** Removed Note about when dampers are not required and changed NFPA reference
- **LS.03.01.30, EP 18:** Updated NFPA references
- **LS.03.01.30, EP 19:** Revised language on fire resistance of smoke-barrier doors
- **LS.03.01.30, EP 20:** Updated Note on ABHR gel/foam in a smoke compartment

#### Medication Management (MM)

- **Chapter Overview:** Updated to reflect that selected EPs now include a Note highlighting their applicability to sample medications
- **MM.03.01.01:** Added EP 24 for deemed hospitals on maintaining records regarding radiopharmaceuticals
- **MM.04.01.01, EP 14:** Removed the word *polysaccharide*
- **MM.08.01.01, EP 6:** Cross-referenced to PI.03.01.01, EP 2
### Type of Change

- Added Note to the following EPs to reflect their applicability to sample medications:
  - MM.01.01.01, EPs 1–2
  - MM.01.01.03, EPs 1–3, 5
  - MM.01.02.01, EPs 1–3
  - MM.02.01.01, EPs 1–3, 7–8
  - MM.03.01.01, EPs 2–8, 10, 18–19
  - MM.03.01.05, EPs 1–3
  - MM.04.01.01, EP 10
  - MM.05.01.09, EPs 1–3
  - MM.05.01.11, EPs 1–2
  - MM.05.01.17, EPs 1–4
  - MM.05.01.19, EPs 1–4
  - MM.07.01.03, EPs 1–3, 5
  - MM.08.01.01, EPs 1–3, 6

### Medical Staff (MS)

- Chapter Outline: Added MS.01.01.05
- MS.01.01.01, EP 37: Added EP requiring that bylaws for hospitals with deemed status describe process by which medical staff members in multihospital systems are advised of certain rights
- MS.01.01.05: Added standard (and EPs 1–4) for hospitals with deemed status regarding a unified and integrated medical staff across a multihospital system
- MS.03.01.03: Added EP 13 for deemed hospitals regarding licensed practitioners permitted by the state to admit patients
- MS.06.01.05: Added EP 15 for deemed hospitals regarding surgical service rosters listing practitioners’ surgical privileges

### National Patient Safety Goals (NPSG)

- Chapter Outline: Changed “Critical Tests and Critical Results” to “Critical Results of Tests”
- NPSG.03.04.01, EP 3: Clarified what to include on medication or solution labels
- NPSG.06.01.01, EPs 1–2: Deleted references to effective dates
### Type of Change

**Nursing (NR)**

- NR.02.03.01: Added EP 8 for deemed hospitals regarding assignation of care by a registered nurse

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

- Chapter Outline: Added applicability to PC.02.02.09
- PC.01.02.03, EP 3: Modified Note to include discharge planning needs
- PC.01.02.07: Updated Rationale and added Note to EP 4 regarding pharmacologic and nonpharmacologic strategies
- PC.02.01.01: Added EP 5 for deemed hospitals regarding supervision and evaluation of care by a registered nurse
- PC.02.01.01, EP 17: Moved requirement, which concerns primary care medical homes allowing patients to select primary care clinicians, to RI.01.04.01, EP 7
- PC.02.01.03, EP 1: Added Note listing criteria for non–medical staff practitioners who order outpatient services for hospitals with deemed status
- PC.02.01.11, EP 2: Deleted EC.02.04.03, EP 3, from cross-reference
- PC.02.02.01, EPs 24–25: Moved requirements, which concern primary care medical homes and interdisciplinary teams, to PC.02.03.01, EPs 30–31
- PC.02.04.05, EP 13: Moved requirement, which concerns primary care medical homes and interdisciplinary teams’ participation in performance improvement, to LD.04.04.01, EP 6
- PC.03.01.01, EP 10: Modified sixth bullet point for deemed hospitals regarding immediate availability of anesthesiologist
- PC.04.01.01, EP 23: Clarified list of participating Medicare home health agencies for deemed hospitals to include those that have requested to be listed

For hospitals with deemed status that have swing beds used for long term care:

- PC.01.02.09, EP 8: Added EP requiring hospital to report legal actions indicating an employee is unfit for service
- PC.02.02.01, EP 8: Added EP requiring provision of activity services for residents at various functional levels
- PC.02.02.01, EP 9: Added EP requiring provision of family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge services
### Type of Change

- **PC.02.02.01, EP 12**: Added EP requiring provision of 24-hour emergency dental services
- **PC.02.02.09**: Added standard (and EPs 1 and 3) requiring provision of, and support of participation in, a variety of appropriate social and recreational activities
- **PC.04.01.03, EP 5**: Added EP regarding timing of written notice of transfer or discharge
- **PC.04.01.03, EP 6**: Added EP stating what is included in written notice of transfer or discharge
- **PC.04.01.07**: Added standard (and EP 1) regarding criteria to be met before a resident is transferred or discharged

### Performance Improvement (PI)

- **PI.02.01.03**: Added Notes to reflect that standard and EP are not in effect in 2015

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

- **RC.02.01.01, EP 2**: Modified seventh bullet point to include complications and hospital-acquired infections
- For hospitals with deemed status that have swing beds used for long term care:
  - **RC.02.04.01, EP 1**: Added EP requiring that medical record includes discharge information provided to resident and/or receiving organization
  - **RC.02.04.01, EP 2**: Added EP listing what is included in resident’s discharge information

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

- **Chapter Outline**: Added applicability to RI.01.06.09, RI.01.06.11, RI.01.07.05, and RI.01.07.13
- **RI.01.01.01, EP 2**: Added Note 2 for deemed hospitals on ensuring that patients are informed of their rights in advance of furnishing or discontinuing patient care
- **RI.01.02.01, EP 1**: Revised to include notification of family (as well as physician)
- **RI.01.02.01, EP 21**: Deleted the descriptor *reviewable* and changed reference from the SE chapter to the Glossary
- **RI.01.04.01, EP 7**: Added requirement, which concerns primary care medical homes allowing patients to select primary care clinicians (was formerly PC.02.01.01, EP 17)
### Type of Change

- **RI.01.07.07**: Revised standard (and EPs 1–5) to include hospitals with deemed status that have swing beds used for long term care
- For hospitals with deemed status that have swing beds used for long term care:
  - **RI.01.06.05**, EP 8: Added EP requiring provision of accommodations for residents with significant others living in the same facility
  - **RI.01.06.05**, EP 14: Added EP stating residents may have access to postage and writing materials at their own expense
  - **RI.01.06.09**: Added standard (and EPs 1–3) regarding residents’ right to choose their licensed independent practitioners
  - **RI.01.06.11**: Added standard (and EP 3) regarding residents’ communication and appointments with their licensed independent practitioners
  - **RI.01.07.05**: Added standard (and EPs 1, 3, 5, and 6) regarding residents’ right to receive and restrict visitors
  - **RI.01.07.13**: Added standard (and EP 1) regarding residents’ right to transportation services

### Accreditation Process Information

#### The Accreditation Process (ACC)

- Joint Commission Accreditation Programs: 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
- General Eligibility Requirements: Deleted bullet point on meeting parameters for minimum number of patients/volume of services for initial organizations
- Eligibility Requirements for Initial Surveys: Clarified definition of small hospital
- Complex Organization Survey Process: Clarified that The Joint Commission gives organizations access to electronic editions of manuals
- Primary Care Medical Home Certification Option: Added link to The Joint Commission website for additional information and noted similar certification option for ambulatory care organizations, behavioral health care organizations, and critical access hospitals
- Initial Surveys: Changed Contingent Accreditation footnote into last paragraph
- Survey Postponement Policy: Clarified that in rare circumstances, it may be appropriate to postpone a survey
<table>
<thead>
<tr>
<th>Type of Change</th>
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<tbody>
<tr>
<td>Information Accuracy and Truthfulness Policy: Updated to reflect that a root cause analysis is one example of a comprehensive systematic analysis</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>
</tr>
<tr>
<td>Confidential Information: Changed “root cause analysis” in third bullet to “comprehensive systematic analysis”</td>
</tr>
<tr>
<td>Process for Responding to a Complaint: Changed Office of Quality Monitoring to Office of Quality and Patient Safety</td>
</tr>
<tr>
<td>Sidebar 1. Early Survey Policy: Added “or in licensing process”</td>
</tr>
<tr>
<td>Eligibility for Preliminary Accreditation: Clarified that Preliminary Accreditation remains in effect until completion of a second, full, <em>unannounced</em> survey</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>
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<tr>
<td>Annual Survey Fees: Revised title to include “Annual” and noted that letters of nonpayment are posted to the extranet instead of sent via certified mail</td>
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<tr>
<td>Priority Focus Process (PFP): Deleted section as well as all references to it</td>
</tr>
<tr>
<td>Clinical/Service Groups (CSGs): Deleted section as well as all references to it</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 the inclusion of at least one clinical surveyor</td>
</tr>
<tr>
<td><em>Life Safety Code</em>® Surveyor Scope of Service: Removed two-day minimum and updated to reflect inclusion of at least one clinical surveyor</td>
</tr>
<tr>
<td>Survey Agenda: Added bullet point about program-specific areas to System Tracers; added Facility Maintenance Review; clarified that <em>Life Safety Code</em> Building Assessment includes layout orientation and tour and added bullet about reviewing <em>Statement of Conditions™</em> and Plan for Improvement (PFI)</td>
</tr>
<tr>
<td>Tracer Methodology: Updated information about how surveyors determine what tracers to conduct</td>
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## Type of Change

- **Immediate Threat to Health or Safety:** Updated to reflect that finding(s) contributing to Immediate Threat will be documented as a Condition-level deficiency for deemed hospitals 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 and resurveyed organizations and added information about Condition-level deficiencies.

- **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 that survey will be unannounced for deemed-status organizations.

- **Sentinel Event Follow-up:** Revised to reflect that accredited hospitals are expected to identify and respond to all sentinel events (not just those defined by the hospital) and to conduct a comprehensive systematic analysis.

- **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 that survey will be unannounced for deemed-status organizations.

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

- **Accreditation Decision Rules:**

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CAMH, January 2015
<table>
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<tr>
<td>▪ Changed “RCA” to “comprehensive systematic analysis” in third bullet of</td>
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<tr>
<td>Preliminary Denial of Accreditation (PDA) decision rule PDA05</td>
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<tr>
<td>▪ Changed “FSA” to “ICM” in fourth bullet of PDA05</td>
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<tr>
<td>▪ Updated Contingent Accreditation (CONT) decision rules CONT04,</td>
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<td>CONT05, CONT06, CONT07</td>
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<tr>
<td>▪ Revised Accreditation with Follow-up Survey (AFS) decision rule AFS01 to</td>
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<tr>
<td>include risk-related standards; revised AFS06 to reflect participation rather</td>
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<td>than submission</td>
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<tr>
<td>▪ Revised On-site ESC Survey (ESC02) decision rule to reflect that an on-site</td>
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<td>survey may be scheduled to evaluate a written ESC</td>
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<tr>
<td>▪ Deleted Note from Preliminary Accreditation (PA) decision rule PA01</td>
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<tr>
<td>▪ Revised PCMH Certification decision rules</td>
</tr>
<tr>
<td>▪ Review and Appeal Procedures: Revised III. Contingent Accreditation and IV.</td>
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<tr>
<td>Accreditation with Follow-up Survey regarding Condition-level deficiencies</td>
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<thead>
<tr>
<th>Standards Applicability Grid (SAG)</th>
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<tbody>
<tr>
<td>▪ Deleted APR.04.01.01, EP 20</td>
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<tr>
<td>▪ Added the following requirements (with applicability to all four services):</td>
</tr>
<tr>
<td>▪ EC.02.02.01, EPs 18–19</td>
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<tr>
<td>▪ EC.02.04.01, EPs 7–9</td>
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<tr>
<td>▪ EC.02.05.01, EPs 14–16</td>
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<td>▪ HR.01.01.01, EP 2</td>
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<td>▪ LD.01.03.01, EP 21</td>
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<tr>
<td>▪ LD.04.04.01, EP 6 (new name for deleted PC.02.04.05, EP 13)</td>
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<td>▪ MM.03.01.01, EP 24</td>
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<td>▪ MS.01.01.01, EP 37</td>
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<td>▪ MS.01.01.05, EPs 1–4</td>
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<td>▪ MS.03.01.03, EP 13</td>
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<td>▪ MS.06.01.05, EP 15</td>
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<td>▪ NR.02.03.01, EP 8</td>
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<td>▪ PC.02.01.01, EP 5</td>
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</table>
**Type of Change**

- PC.02.03.01, EPs 30–31 (new name for deleted PC.02.02.01, EPs 24–25)
- RI.01.04.01, EP 7 (new name for deleted PC.02.01.01, EP 17)
- Added the following requirements (with applicability to Acute Care service):
  - HR.01.02.01, EPs 12–13
  - HR.01.02.05, EP 17
  - LD.04.02.03, EPs 13–16
  - PC.01.02.09, EP 8
  - PC.02.02.01, EPs 8–9 and 12
  - PC.02.02.09, EPs 1 and 3
  - PC.04.01.03, EPs 5–6
  - PC.04.01.07, EP 1
  - RC.02.04.01, EPs 1–2
  - RI.01.06.05, EPs 8 and 14
  - RI.01.06.09, EPs 1–3
  - RI.01.06.11, EP 3
  - RI.01.07.05, EPs 1, 3, and 5–6
  - RI.01.07.13, EP 1

**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 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
### Type of Change

- 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

### Performance Measurement and the ORYX Initiative (PM)

- The Continued Role of ORYX: Deleted reference to retired Strategic Surveillance System (S3)

- Current Requirements for Hospitals: Updated section, including the addition of three options for ORYX measure reporting

- Requirements for Long Term Acute Care Hospitals and Inpatient Rehabilitation Facilities: Added statement that the 2013 suspension in ORYX performance measure reporting requirements remains in effect for 2015

- Performance Expectations for Accountability Measures: Deleted section to reflect temporary suspension of PI.02.01.03, EP 1

- ORYX Performance Measure Report: Updated section to reflect temporary suspension of PI.02.01.03, EP 1, renumbered Figures (in parentheses), and deleted reference to comparison charts

- Analyzing ORYX Data: Deleted all references to comparison charts

- Integrating Accountability Measure Data into the On-site Survey Process: Deleted section to reflect temporary suspension of PI.02.01.03, EP 1

- Deleted Figure 1. Accountability Measure Composite Rate (and renumbered Figures 2–5 as 1–4)
### Type of Change

**Required Written Documentation (RWD)**
- Changed “Material Safety Data Sheets” to “safety data sheets” in introductory text
- Added the following requirements:
  - EC.02.04.01, EPs 5, 7, and 9
  - EC.02.05.01, EPs 5–6 and 16
  - LD.04.02.03, EP 13
  - MM.03.01.01, EP 24
  - PC.04.01.03, EPs 5–6

**Early Survey Policy Option (ESP)**
- Added the following requirements:
  - EC.02.02.01, EPs 18–19
  - EC.02.04.01, EPs 5, 7, and 9
  - EC.02.05.01, EPs 5 and 15–16
  - HR.01.01.01, EP 2
  - HR.01.02.01, EPs 12–13
  - HR.01.02.05, EP 17
  - LD.01.03.01, EP 21
  - LD.04.02.03, EPs 13–16
  - MM.03.01.01, EP 24
  - MS.01.01.01, EP 37
  - MS.01.01.05, EPs 1–4
  - MS.03.01.03, EP 13
  - MS.06.01.05, EP 15
  - NR.02.03.01, EP 8
  - PC.01.02.09, EP 8
  - PC.02.01.01, EP 5
  - PC.02.02.01, EPs 8–9 and 12
  - PC.02.02.09, EPs 1 and 3
  - PC.04.01.03, EPs 5–6
  - PC.04.01.07, EP 1
### Type of Change

- RC.02.04.01, EPs 1–2
- RI.01.06.05, EPs 8 and 14
- RI.01.06.09, EPs 1–2
- RI.01.07.05, EPs 1, 3, and 6
- RI.01.07.13, EP 1

### Primary Care Medical Home Certification Option (PCMH)

- **Patient-Centered Care:**
  - Replaced PC.02.01.01, EP 17, with RI.01.04.01, EP 7
  - Replaced PC.02.02.01, EPs 24–25, with PC.02.03.01, EPs 30–31
  - Added PC.02.03.01, EP 25
- **Coordinated Care:**
  - Removed PC.02.04.03, EP 3
- **Systems-Based Approach to Quality and Safety:**
  - Deleted LD.04.04.01, EP 4
  - Replaced PC.02.04.05, EP 13, with LD.04.04.01, EP 6

### Appendix A: Medicare Requirements for Hospitals (AXA)

- Added Part 409 Subpart B—Inpatient Hospital Services and Inpatient Critical Access Hospital Services: 409.17: Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services

### Glossary (GL)

- Added the following terms:
  - *adverse event*
  - *comprehensive systematic analysis*
  - *nursing care center*
  - *patient safety event*
  - *primary care medical home (PCMH)*
- Deleted the following terms:
  - *clinical/service groups (CSGs)*
  - *nursing and rehabilitation center care*
  - *primary priority focus area*
## Type of Change

- *priority focus areas (PFAs)*
- Changed cross-reference in *long term care*
- Revised definitions of the following terms:
  - *close call*
  - *root cause analysis*
  - *sentinel event*

## Index (IX)

- Updated index
Comprehensive Accreditation Manual

CAMH for Hospitals
Effective January 1, 2015

Standards
Elements of Performance
Scoring
Accreditation Policies

The Joint Commission
Accreditation
Hospital
The Joint Commission Mission

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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