

EP REVIEW PROJECT: THE JOINT COMMISSION DELETES 225 HOSPITAL REQUIREMENTS



The Joint Commission Perspectives®

This article was pulled from the May 2016 issue of [The Joint Commission Perspectives®](#), which is one of the best places to get the latest Joint Commission Project REFRESH updates.

Project REFRESH includes a project first announced in the December 2015 Perspectives: the evaluation of standards and elements of performance (EPs) in order to identify EPs that were no longer considered necessary to assess quality and safety. Some of these were no longer needed because they had become a routine part of operations or clinical practice. Others were actually covered under other EPs. This effort to modernize and streamline Joint Commission requirements resulted in the deletion of 225 EPs from the Comprehensive Accreditation Manual for Hospitals (CAMH).

The majority of these deletions—131—are effective July 1, 2016. The other 94 deleted EPs, which relate to duplicative restraint and seclusion standards, become effective in January 2017 and are discussed below. None of the deletions are connected to Medicare Conditions of Participation.

The Joint Commission deleted requirements from 13 of the CAMH's 18 standards chapters. The following chapters were excluded from review: "Accreditation Process Requirements" (APR), "Life Safety" (LS), "Medical Staff" (MS), and "National Patient Safety Goals" (NPSG). Potential deletions from the "Emergency Management" (EM) chapter will not be implemented until comparisons can be made to the Center for Medicare & Medicaid's (CMS) final rule on emergency management (which should be available in the first part of 2016).

RESTRAINT AND SECLUSION DELETIONS

Many of the deletions in the "Provision of Care" (PC) chapter—94 EPs—were restraint and seclusion standards, and these require more explanation. The deleted restraint and seclusion standards were only applicable to organizations that do not use accreditation for Medicare reimbursement purposes. The deleted standards were very similar to other restraint and seclusion requirements (Standards PC.03.05.01 through PC.03.05.19) that address the Conditions of Participation (CoPs). For simplicity and clarity, The Joint Commission decided to use the restraint and seclusion standards that address the CoPs for all organizations, regardless of deemed status.

These restraint standards deletions (Standards PC.03.02.01 through PC.03.03.31) will go into effect in January 2017, six months later than the others. Additional information about this change will be included in a future Perspectives article.

RATIONALE FOR DELETIONS

The deletion of these requirements is not expected to change current patient care processes or to affect quality and safety. The review project was initiated, in part, as a response to customer feedback regarding the complexity of Joint Commission standards. The Joint Commission also recognizes that the concepts of some standards, considered groundbreaking when they were introduced years ago, have now become part of organizations' routine operations. Therefore, while it is important to continue following the practices that hospitals find to be useful, it is no longer necessary to include them in standards. Removing such requirements allows a greater focus on the most important contemporary quality and safety issues.

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For the most part, the deletions fall into one or more of the following categories:

- Are duplicative of, or implicit in, other existing EPs
- Address issues that, having been covered by standards for many years and are now a routine part of operations or clinical care processes, no longer need to be addressed in standards. Some of them no longer address contemporary quality and safety concerns, and how they are managed can be left to the discretion of the organization.
- Are adequately addressed by law and regulation or other external requirements, so separate Joint Commission requirements are not needed

The deleted requirements listed in the table beginning on page 6 will be posted on The Joint Commission website at: http://www.jointcommission.org/standards_information/prepublication_standards.aspx; they are no longer part of the manual as of the spring E-dition® and the 2016 Update 1.

NEXT STEPS

In the next phase of the project, The Joint Commission will continue to evaluate EPs for possible deletion or consolidation in anticipation of a second phase of deletions for January 2017. During this time, The Joint Commission will also closely monitor feedback from the field for comments on the first phase of deletions. The complexity of federal and state regulations makes any changes in EPs challenging, and The Joint Commission is prepared to make further modifications to the EPs to improve standards and safeguard patients.

Questions may be directed to Maureen Carr, MBA, project director, Department of Standards and Survey Methods, The Joint Commission, at mcarr@jointcommission.org.

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REASONS FOR DELETION

Standard	Deleted EP	Topic	Duplicative of (or implicit of) EP shown	Addresses routine part of operations or clinical care processes	Adequately addressed by external requirements
IC.01.05.01	EP 3	Including written description of process for evaluating infection prevention and control plan		X	
IC.01.05.01	EP 7	Communicating responsibilities for	IC.02.01.01, EP 7		

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		preventing/controlling infection			
IC.01.06.01	EP 1	Identifying resources about infections that could cause influx of potentially infectious patients	IC.01.06.01, EP 2		
IC.01.06.01	EP 5	Describing methods for managing influx of potentially infectious patients	IC.01.06.01, EP 4		
IC.01.06.01	EP 6	Activating response to influx of potentially infectious patients	IC.01.06.01, EP 4		
IM.01.01.01	EP 1	Identifying internal and external information needed to provide care	LD.03.02.01, EP 1		
IM.01.01.01	EP 3	Using identified information in developing processes for managing information	LD.03.02.01, EP 1		
IM.01.01.01	EP 4	Assessing, selecting, integrating, and using information management systems	LD.03.02.01, EP 1		
IM.01.01.03	EP 5	Testing plan for managing interruptions to information processes	EC utilities management and EM emergency management requirements		
IM.01.01.03	EP 6	Implementing plan for managing interruptions to information processes	EC utilities management and EM emergency management requirements		

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IM.02.01.01	EP 5	Monitoring compliance with policy on health information privacy	IM.02.01.01, EP 2		
IM.02.01.03	EP 8	Monitoring compliance with policies on health information security and integrity		X	
IM.02.02.01	EP 1	Using uniform data sets to standardize data collection		X	
IM.03.01.01	EP 2	Making cooperative or contractual arrangements for knowledge-based information resources	IM.03.01.01, EP 1		
LD.01.02.01	EP 2	Making decisions when a leadership group fails		X	
LD.01.03.01	EP 7	Providing a system for resolving conflicts	LD.02.04.01, EP 1		
LD.01.04.01	EP 11	Designating someone to perform duties of an absent chief executive		X	
LD.01.07.01 (the entire standard)	EPs 1–3	Making sure that leaders have the knowledge or seek guidance for their roles	Also addressed at LD.04.04.04 and LD.04.04.05		
LD.02.04.01	EP 2	Approving process for managing conflict among leadership groups		X	

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LD.02.04.01	EP 4	Making sure conflict management process includes certain steps		X	
LD.03.01.01	EP 3	Providing opportunities to participate in safety and quality initiatives		X	
LD.03.01.01	EP 6	Providing education on safety and quality for all individuals		X	
LD.03.01.01	EP 7	Establishing team approach among staff at all levels		X	
LD.03.01.01	EP 8	Making sure all staff can openly discuss issues of safety and quality		X	
LD.03.01.01	EP 9	Making patient safety literature and advisories available to all staff		X	
LD.03.01.01	EP 10	Defining how patients can help identify/manage safety/quality issues		X	
LD.04.01.03	EP 5	Monitoring implementation of budget and long-term capital expenditure plan		X	
LD.04.02.03	EP 4	Making sure that marketing materials accurately represent		X	

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		hospital as well as care, treatment, and services			
LD.04.02.03	EP 6	Making sure that care, treatment, and services are not negatively affected when staff are excused from responsibilities		X	
LD.04.02.05	EP 2	Making sure that safety and quality do not depend on patient's ability to pay			X
LD.04.03.07	EP 2	Making sure that care, treatment, services are consistent with mission, vision, goals		X	
LD.04.04.03	EP 6	Testing/analyzing design of new/modified services/processes and determining whether design is improvement		X	
LD.04.04.03	EP 7	Involving staff/patients in design of new/modified services/processes		X	
MM.03.01.05	EP 3	Informing prescriber and patient if medications that are brought in are not permitted	MM.03.01.05, EPs 1 and 2		
MM.08.01.01	EP 4	Reviewing literature and other external sources for new technologies and best practices		X	

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NR.01.02.01	EP 4	Considering education and experience required for peer leadership positions when appointing nurse executive	NR.01.02.01, EP 3		
NR.01.02.01	EP 5	Considering hospital's scope of services/complexity and position's authority/responsibility when appointing nurse executive		X	
NR.01.02.01	EP 6	Considering scope/complexity of nursing care needs of patient population when appointing nurse executive		X	
NR.01.02.01	EP 7	Considering availability of staff and services needed when appointing nurse executive		X	
NR.02.02.01	EP 5	Writing standards to measure, assess, and improve patient outcomes	Other EPs in standard; PI duties of leaders in LD and PI chapters		
PC.01.02.01	EP 4	Including certain information in initial patient assessment	PC.01.02.01, EPs 1 and 2		
PC.01.02.01	EP 23	Gathering required data and information during patient assessments and reassessments	PC.01.02.01, EP 1		

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PC.01.02.03	EP 7	Completing a nutritional screening within 24 hours of admission		X	
PC.01.02.03	EP 8	Completing a functional screening within 24 hours of admission		X	
PC.01.02.09	EP 5	Assessing (or referring for assessment) patients who meet criteria for possible abuse or neglect	Other EPs in this standard		
PC.01.02.15	EP 1	Performing testing and procedures as ordered		X	
PC.01.02.15	EP 3	Providing information to interpret results when test report requires clinical interpretation		X	
PC.01.03.05	EP 5	Making sure that group contingencies are based on collective group outcomes	Other EPs in this standard		
PC.01.03.05	EP 7	Using education and positive reinforcement in behavior management	Other EPs in this standard		
PC.01.03.05	EP 9	Protecting patient's physical safety during behavior management	Other EPs in this standard		
PC.02.01.11	EP 3	Locating resuscitation equipment strategically throughout hospital	PC.02.01.11, EP 2		

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PC.02.01.19	EP 3	Seeking additional assistance when staff have concerns about patient's condition	Other EPs in this standard		
PC.02.01.19	EP 4	Informing patient and family how to seek assistance when there are concerns about patient's condition	Other EPs in this standard		
PC.02.02.03	EP 1	Assigning responsibility for safe/accurate provision of food/nutrition products	PC.02.02.03, EP 6		
PC.02.02.07 (entire standard)	EP 1	Arranging for academic education for children and youth			X
PC.02.02.11 (entire standard)	EP 1	Providing access to the outdoors to patients with long lengths of stay	PC.01.03.01, EP 1		
PC.02.03.03 (entire standard)	EPs 3, 4, 6, and 7	Maintaining personal hygiene of patients in hospitals with behavioral health units		X	
PC.03.01.01	EP 1	Making sure of the qualifications and credentials of those administering moderate or deep sedation and anesthesia	HR.01.02.01, EP 1; HR.01.02.05, EP 3; HR.01.02.07, EPs 1 and 2; HR.01.06.01, EP 1; LD.03.06.01, EP 3; MS.06.01.03, EP 6;		

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			PC.03.01.01,, EP10		
PC.03.01.01	EP 2	Assessing patient's anticipated needs for care after operative/high-risk procedures or those involving moderate or deep sedation and anesthesia		X	
PC.03.01.03	EP 3	Providing the patient with treatment and services before operative/high-risk procedures or those involving moderate or deep sedation and anesthesia		X	
PC.03.01.03	EP 7	Making sure that an LIP plans or concurs with the plan for sedation or anesthesia before it is administered	PC.01.03.01, EP 1		
PC.03.01.07	EP 6	Discharging outpatients who have received sedation or anesthesia in the company of a person who accepts responsibility for the patient		X	
PC.03.01.11 (entire standard)	EPs 1–3	Making sure of safe use of surgical treatments for emotional, mental, or behavioral disorders		X	
PC.04.01.05	EP 8	Providing written discharge instructions that the patient/family/caregiver can understand	RI.01.01.03, EP 1		

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PI.01.01.01	EP 38	Evaluating effectiveness of fall reduction activities		X	
PI.01.01.01	EP 39	Collecting data on efficacy of response to changes in patient's condition		X	
PI.04.01.01 (entire EP)	EPs 1–10	Using data from clinical/service screening indicators and human resource screening indicators to assess/improve staffing effectiveness	Standard is not in effect at this time.	X	
RC.01.01.01	EP 4	Making sure that medical record contains information unique to patient	RC.02.01.01, EPs 1 and 2		
RC.01.01.01	EP 13	Making sure that medical record has all information required to provide care, treatment, and services		X	
RC.01.04.01	EP 3	Measuring medical record delinquency rate no less regularly than every three months		X	
RC.01.04.01	EP 4	Making sure that medical record delinquency rates are no greater than 50% of the average monthly discharge rate	RC.01.03.01, EP 2		
RC.02.01.07 (entire standard)	EPs 1–4	Making sure that medical record contains summary list for each patient receiving continued ambulatory care	EP 1: RC.01.01.01, EP 13 EP 2: RC.02.01.01,		

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			EP 2, and RC.02.01.03, EP 1		
RI.01.03.01	EP 12	Discussing circumstances in which patient information must be disclosed/reported			X
RI.01.03.03	EPs 2–8	Honoring patient's right to give or withhold informed consent regarding external use of recordings, films, or other images		X	
RI.01.03.05	EP 1	Reviewing all research protocols and weighing risks/benefits to research participant	Other EPs in this standard		
RI.01.03.05	EP 9	Keeping all information given to subjects in the medical record or research file		X	
RI.01.06.05	EP 2	Basing number of patients in a room on age, development, condition, diagnosis needs, and hospital goals		X	
RI.01.06.05	EP 17	Determining restrictions on communication with patient's and/or family's participation		X	
RI.01.06.05	EP 18	Documenting restrictions on communication in the medical record		X	

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RI.01.06.05	EP 19	Evaluating restrictions on communication for therapeutic effectiveness		X	
RI.01.07.01	EP 10	Allowing patients to freely and safely voice complaints and recommend changes			X
RI.01.07.03	EP 2	Maintaining a list of patient advocacy groups and their contact information	RI.01.07.03, EP 1		
RI.01.07.03	EP 3	Giving list of patient advocacy groups to patient	RI.01.07.03, EP 1		
TS.01.01.01	EP 2	Identifying affiliated organ procurement organization in written policies and procedures	TS.01.01.01, EP 1		
TS.03.01.01	EP 4	Coordinating tissue acquisition, receipt, storage, and issuance	TS.03.01.01, EP 2		
TS.03.01.01	EP 11	Complying with state and/or federal regulations as a tissue supplier			X
WT.01.01.01	EP 5	Making sure current and complete policies and procedures are available to person doing waived test	WT.01.01.01, EPs 1 and 2		
WT.01.01.01	EP 6	Following written policies, procedures, and manufacturer's	WT.01.01.01, EPs 1 and 2		

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		instructions for waived testing			
WT.01.01.01	EP 7	Following specified criteria for confirmatory testing	WT.01.01.01, EPs 1 and 2		
WT.01.01.01	EP 8	Making sure that the clinical use of results is consistent with hospital policies and manufacturer's recommendations	WT.01.01.01, EPs 1 and 2		X