

# PROJECT REFRESH: PHASE II OF EP REVIEW PROJECT



*The Joint Commission Perspectives*

The following resource comes from the November 2016 issue of *The Joint Commission Perspectives*<sup>®</sup>. Subscribe to *The Joint Commission Perspectives*<sup>®</sup> for monthly, official news from The Joint Commission.

The Joint Commission recently completed the second phase of its EP Review Project, resulting in the deletion of 51 additional elements of performance (EPs) for hospitals. These deletions are effective January 1, 2017.

The EP Review Project is a multiphased component of Project REFRESH, a series of interrelated process improvement initiatives The Joint Commission is conducting throughout 2016 and 2017. Phase I of the EP Review Project (see May 2016 Perspectives, page 5) resulted in the deletion of 225 hospital EPs. A majority of these deletions—131—became effective July 1, 2016; the deletion of the remaining 94 EPs (see July 2016 Perspectives, page 5) will become effective January 1, 2017.

As with the Phase I deletions, deleting the 51 Phase II EPs is not expected to change hospitals' current patient care processes or to affect quality and safety. The Phase II deletions are a result of further evaluation of the current requirements; for the most part, the deletions fall into one or more of the categories established during Phase I:

- Are similar to, implicit in, or duplicative of 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 (and reasons for each deletion) are listed in the table that begins on page 3 and posted on The Joint Commission website at [http://www.jointcommission.org/standards\\_information/prepublication\\_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx).

These requirements will be removed from the fall E-dition<sup>®</sup> update as well as from 2016 Update 2 and the 2017 Comprehensive Accreditation Manual for Hospitals.

## NEXT STEPS

The third phase of the EP Review Project will include EP deletions from the accreditation programs for ambulatory care, behavioral health care, critical access hospitals, home care, laboratories, and nursing care centers. These EP deletions will become effective in July 2017. The next stage will involve consolidations of existing requirements across accreditation programs.

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## Reason for Deletion

Standard	Deleted EP	Topic	Duplicative of (or implicit in) EP shown	Addresses routine part of operations or clinical care processes	Adequately addressed by external requirements
EC.02.04.01	EP 8	Monitoring and reporting incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual			X
EC.02.05.01	EP 12	Having procedures that address how to obtain emergency repair services		X	
EC.02.06.01	EP 23	Providing emergency access to all locked and occupied spaces		X	
EC.03.01.01	EP 1	Making sure staff and LIPs can de-scribe or demonstrate methods for eliminating and minimizing physical risks in the environment of care		X	
EC.03.01.01	EP3	Making sure staff and licensed independent practitioners can de-scribe or demonstrate how to report environment of care risks		X	
EC.04.01.01	EP 12	Conducting environmental tours every six months in patient care areas to evaluate the effectiveness of previously implemented activities		X	
EC.04.01.01	EP 13	Conducting annual environmental tours in nonpatient care areas to evaluate the		X	

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		effectiveness of previously implemented activities			
EC.04.01.01	EP 14	Using tours to identify environmental deficiencies, hazards, and unsafe practices		X	
EC.04.01.03	EP 1	Making sure representatives from clinical, administrative, and support services participate in environment of care data analysis		X	
EC.04.01.05	EP 2	Determining whether changes re-solved environmental safety issues	EC.04.01.05, EP 1		
HR.01.02.05	EP 6	Uses information from HR.01.02.05, EPs 1–5, to make decisions about various staff job responsibilities		X	
HR.01.02.05	EP 17	Making sure social workers have certain education qualifications and experience (for orgs with deemed status and swing beds)	Moving to Glossary		
HR.01.05.03	EP 13	Providing education and training on how to identify early warning signs of a change in a patient's condition and how to respond to a deteriorating patient	PC.02.01.19		
IC.01.05.01	EP 8	Identifying methods for reporting infection surveillance and control information to external organizations	IC.02.01.01, EP 9		
IM.02.02.03	EP 1	Having written policies addressing data capture, display, transmission, and retention		X	

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IM.04.01.01	EP 1	Having processes to check health information accuracy	RC.01.04.01, EP1		
LD.01.04.01	EP 2	Making sure chief executive provides for staff recruitment and retention	LD.03.06.01, EP 3		
LD.01.05.01	EP 3	Making sure medical staff structure conforms to its guiding principles	MS introduction; MS.01.01.01		
LD.01.05.01	EP 5	Making sure organized medical staff oversees quality of care, treatment and services provided by individuals with clinical privileges	MS.03.01.01		
LD.02.03.01	EP 1	Discussing various issues (such as performance improvement, safety and quality issues) that affect the hospital and its population(s)	LD.04.04.05		
LD.02.03.01	EP 2	Establishing time frames for discussing issues that affect the hospital and its population(s)		X	
LD.04.01.03	EP 6	Making sure independent public accountant conducts annual audit of hospital's finances		X	
LD.04.01.05	EP 1	Making sure leaders of program, service, site, or department oversee operations	LD.04.01.05, EPs 2-5		
LD.04.01.11	EP 2	Using arrangement and allocation of space to support care, treatment, and services	LD.04.01.11, EP 3		
LD.04.02.03	EP 3	Following ethical practices for marketing and billing		X	
LD.04.02.03	EP 7	Giving patients information about		X	

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		charges they are responsible for			
LD.04.04.07	EP 1	Considering the use of clinical practice guidelines when designing or improving processes		X "not surveyable"	
MM.03.01.01	EP 10	Making sure medications in patient care areas are available in the most ready-to-administer forms commercially available or in unit doses re-packaged by pharmacy or licensed repackager	MM.05.01.11		
NR.01.01.01	EP 2	Giving nurse executive same authority to speak on behalf of nursing that other leaders have for their disciplines, departments, or service lines	NR.01.01.01, EP1		
NR.01.01.01	EP 4	Making sure nurse executive participates in defined and established meetings of hospital's corporate (and other senior clinical and managerial) leaders	NR.01.01.01, EP 5		
NR.01.02.01	EP 1	Establishing process for selecting, electing, or appointing a qualified nurse as the nurse executive		X	
NR.02.01.01	EP 1	Making sure nurse executive coordinates development of hospital-wide plans to provide nursing care, treatment, and services	NR.02.01.01, EP 4		
PC.02.02.03	EP 8	Accommodates a patient's special diet and altered diet schedule	PC.02.02.03, EP 7		
PC.02.02.03	EP 10	Offering substitutes of equal nutritional value	PC.02.02.03, EP 7		

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		when a patient refuses food			
PC.02.03.01	EP 4	Providing education and training to patients based on assessed needs	PC.02.03.01, EP 10		
PC.03.01.01	EP 8	Having resuscitation equipment available for operative or other high-risk procedures	PC.02.01.11, EP 2		
PC.04.01.01	EP 3	Describing mechanisms for external transfer of patient	PC.04.01.01, EP 2		
PC.04.01.01	EP 4	Making sure hospital and receiving organization agree about their roles in keeping patients safe during transfer	PC.04.01.01, EP 2		
PC.04.01.05	EP 3	Providing patients with information about why they are being discharged or transferred	Other EPs in standard		
PC.04.01.05	EP 5	Providing patients with information about any alternatives to a transfer	Other EPs in standard		
PI.01.01.01	EP 12	Collecting data on behavior management and treatment		X	
PI.01.01.01	EP 30	Considering data collection on staff opinions and needs, perceptions of risk to individuals, suggestions for improving patient safety, and willingness to report adverse events		X	
PI.02.01.01	EP 1	Compiling data in usable formats		X	
PI.02.01.01	EP 2	Identifying data analysis frequency		X	
PI.02.01.01	EP 5	Comparing data with available external sources		X	

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PI.03.01.01	EP 1	Prioritizing identified improvement opportunities		X	
PI.03.01.01	EP 3	Evaluating actions to confirm they resulted in improvements	PI.03.01.01, EPs 2 and 4		
RC.01.01.01	EP 9	Using standardized formats to document the care, treatment, and services it provides		X	
RC.01.01.01	EP 12	Tracking the location of all components of the medical record		X	
RI.01.06.05	EP 15	Offering patients telephone and mail service (based on setting and population)		X	
RI.01.06.05	EP 16	Providing access to telephones for patients who desire conversations in a private space, based on setting and population		X	