Standards and elements of performance (EPs) published in this manual are effective January 1, 2014.

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

Major changes reflected in the 2014 CAMH include the following:

- Added requirements to the “Emergency Management” (EM) and “Leadership” (LD) chapters to address leadership accountability for hospitalwide emergency management
- Added a requirement to the “Information Management” (IM) chapter to address radiation event reporting requirements for hospitals in California that provide computed tomography (CT) services
- Added new National Patient Safety Goal NPSG.06.01.01 and EPs 1–4 on improving the safety of clinical alarm systems
- Added the “Primary Care Medical Home Certification Option” (PCMH) chapter, which lists all the current and new requirements that apply to hospitals pursuing optional Primary Care Medical Home Certification
- Added new requirements for hospitals pursuing optional Primary Care Medical Home Certification to the LD chapter, the “Medication Management” (MM) chapter, the “Medical Staff” (MS) chapter, the “Provision of Care, Treatment, and Services” (PC) chapter, the “Performance Improvement” (PI) chapter, the “Record of Care, Treatment, and Services” (RC) chapter, and the “Rights and Responsibilities of the Individual” (RI) chapter
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- Revised “The Accreditation Process” (ACC) chapter to reflect that public representation of a physician practice as part of a hospital is no longer a criterion for its inclusion in survey
- Revised Early Survey Policy option in the ACC chapter to reflect that the first survey is announced and the second survey is unannounced
- Clarified in the ACC chapter that organizations in Preliminary Accreditation cannot use The Joint Commission’s Gold Seal of Approval®
- Updated eligibility criteria for the Top Performer on Key Quality Measures® program in the ACC chapter
- Updated “Accreditation Decision Rules” section in the ACC chapter to reflect the 2014 decision rules and added “Primary Care Medical Home Certification” section and decision rules PCMH01 and PCMH02
- Revised the “Review and Appeal Procedures” section in the ACC chapter

A summary of all revisions to requirements for accreditation, policies, procedures, and other information in the 2014 CAMH follows.

How to Use This Manual (HM)
- Standardized use of the terms standard and requirement
- Updated “What Is This Manual’s Purpose?” and “Changes to the Manual” sections
- Revised Table 1. Acronyms Used in This Manual
- Clarified the description of rationale
- Revised Figure 1. Components of a standards chapter
- Updated descriptions of the accreditation programs in “Identifying Applicable Standards” section
- Rearranged the order of the icon descriptions in the requirements chapters
- Revised Sidebar 1. Icons in This Manual
- Renamed “Keys to Successfully Using This Manual” to “Keys to Successfully Achieving Standards Compliance” and revised tips for organizations
- Updated Sidebar 2. Where Should I Go for More Information?
Accreditation Participation Requirements (APR)
- Revised fourth bullet point regarding electronic submission of information to The Joint Commission in Note 1 and updated definition of falsification in Note 2 at APR.01.02.01
- Clarified that the hospital uses measure data available through its ORYX® vendor in Standard APR.04.01.01 and EPs 22–23 and 26

Environment of Care (EC)
- Updated Note; clarified time frames for evaluation of requirements; and added triennial, monthly, and weekly intervals in the Chapter Overview
- Edited Note to EC.02.01.01, EP 1, to reflect that risks can be identified from any proactive risk assessments of high-risk processes—not just annual ones
- Changed “material safety data sheets” to “safety data sheets” in EC.02.02.01, EP 11
- Revised section reference in Note to EC.02.03.05, EP 20
- Clarified when (time frame and types) to test emergency generators in EC.02.05.07, EPs 4–6, 8

Emergency Management (EM)
- Added EM.03.01.01, EP 4, requiring senior hospital leadership to review emergency management planning reviews
- Revised EM.03.01.03, EP 13, to include input from all levels of staff affected
- Revised EM.03.01.03, EP 15, to include senior hospital leadership and additional cross-references

Human Resources (HR)
- Deleted HR.02.01.01 from Chapter Outline
- Updated web address in HR.01.02.01, EP 1, Note 2

Infection Prevention and Control (IC)
- Updated web address and access date in Chapter Overview footnote
- Updated web addresses in the footnotes to the Rationale and EP 1 for IC.02.02.01
- Updated Introduction to IC.02.04.01 (including the website also noted in EP 5) and deleted Rationale
Information Management (IM)
- Updated the government office and website in the Introduction to IM.02.02.03
- Added IM.02.02.03, EP 13, on radiation event reporting requirements for hospitals in California that provide CT services

Leadership (LD)
- Updated Chapter Outline
- Added the following for hospitals that elect the Primary Care Medical Home option:
  - LD.01.03.01, EP 20
  - LD.04.01.06 and EP 1
  - LD.04.04.01, EPs 5 and 24
- Added LD.04.01.05, EP 12, on identifying an accountable individual for specific matters of emergency management
- Revised LD.04.03.09, EP 23, to reflect telemedicine services furnished to a hospital’s patients
- Removed effective date lead-in from LD.04.03.11, EPs 6 and 9
- Updated the website in the footnote to LD.04.01.01, EP 1
- Added LD.04.04.01, EP 25, requiring senior leadership to direct implementation of select improvements to emergency management

Life Safety (LS)
- Updated The Joint Commission web address for Life Safety Code® information in the following:
  - NFPA compliance section of the Chapter Overview
  - LS.02.01.30, EP 25
  - LS.02.01.34, EP 1
  - LS.03.01.30, EP 20
  - LS.03.01.34, EP 1
- Updated NFPA references in the following:
  - LS.02.01.10, EP 2
  - LS.02.01.20, EPs 8 and 19
  - LS.02.01.34, EP 2
Medication Management (MM)
- Clarified that MM.05.01.15 is not applicable to hospitals in Chapter Outline
- For MM.01.01.03, updated web addresses in the Rationale and the footnote to EP 1
- Added MM.04.01.01, EP 21, for hospitals that elect the Primary Care Medical Home option
- Revised MM.07.01.03, EP 6, on the reporting of medication errors

Medical Staff (MS)
- Added note about other categories of nonphysician practitioners to MS.01.01.01, EP 13
- Added MS.03.01.01, EP 18, for hospitals that elect the Primary Care Medical Home option

National Patient Safety Goals (NPSG)
- Added new National Patient Safety Goal NPSG.06.01.01 and EPs 1–4 on improving the safety of clinical alarm systems
- Revised NPSG.07.05.01, EP 5, on measuring surgical site infection rates

Nursing (NR)
- Made minor editorial changes

 Provision of Care, Treatment, and Services (PC)
- Deleted PC.05.01.01, PC.05.01.03, PC.05.01.05, and PC.05.01.07 from Chapter Outline
- Deleted cross-reference from PC.01.01.01, EP 4
- Added cross-reference to PC.01.02.01, EP 23
- Added the following for hospitals that elect the Primary Care Medical Home option:
  - PC.01.03.01, EPs 44–45
  - PC.02.01.01, EPs 16–17
  - PC.02.02.01, EPs 24–25
  - PC.02.03.01, EP 28
  - PC.02.04.01 and EPs 1–3
  - PC.02.04.03 and EPs 1–5
  - PC.02.04.05 and EPs 1–2, 4–13
Clarified third bullet in PC.03.05.19, EP 1, regarding the exception of soft wrist restraints

Performance Improvement (PI)
- Added the following for hospitals that elect the Primary Care Medical Home option:
  - PI.01.01.01, EPs 40–42
  - PI.03.01.01, EP 11
- Removed the Measure of Success requirement from PI.02.01.01, EP 3

Record of Care, Treatment, and Services (RC)
- Added the following for hospitals that elect the Primary Care Medical Home option:
  - Note to RC.01.01.01, EP 8
  - RC.02.01.01, EP 29

Rights and Responsibilities of the Individual (RI)
- Updated Chapter Outline
- Added the following for hospitals that elect the Primary Care Medical Home option:
  - RI.01.02.01, EPs 31–32
  - RI.01.04.03 and EPs 1–6

Transplant Safety (TS)
- Corrected cross-reference in second bullet of footnote to TS.03.02.01, EP 7

Waived Testing (WT)
- Updated web addresses in Chapter Overview

The Accreditation Process (ACC)
- Updated descriptions in “Joint Commission Accreditation Programs” section
- Clarified what is meant by a “specialty hospital” and changed “10 patients must be present” to “10 inpatients must be served” in “Eligibility Requirements for Initial Surveys” section
- Revised “Inclusion of Physician Practices in Survey” section to reflect that public representation of a practice as part of a hospital is no longer a criterion
- Moved and updated “Tailored Survey Policy” section, including adding language for entities seeking separate accreditation
Added “Primary Care Medical Home Certification Option” section

Revised “Accrediting in Accordance with CMS Certification Numbers” section to reflect The Joint Commission’s continued deeming authority

Updated “Initial Surveys” section by clarifying that the initial survey for which a hospital may be eligible is unannounced, changing percentage of organizations that undergo a random unannounced on-site validation survey from 5% to 2%, clarifying what is meant by a specialty hospital, changing “10 patients” to “10 inpatients,” and adding language about hospitals not using Joint Commission accreditation for deemed status

Updated “Public Information Policy” section to reflect that Denial of Accreditation decisions are not published in Quality Reports and clarify that aggregate performance data is not available for ambulatory care organizations and office-based surgery practices

Revised “Early Survey Policy” section by clarifying that the first survey is announced and the second survey is unannounced, stating that CMS recognition comes after the second full survey and an Accredited decision, noting that organizations in Preliminary Accreditation (PA) cannot use The Joint Commission’s Gold Seal of Approval*, and deleting the statement that organizations may stay in Preliminary Accreditation for one year

Decreased billing time frame for on-site fees to within two days after survey in “Survey Fees” section

Updated medication management subprocesses to include disposal in “Priority Focus Areas (PFAs)” section

Updated “Unannounced Surveys” section by revising Table 1. Exceptions to Unannounced Triennial Surveys, stating that avoid dates can be identified in the E-App, and clarifying that the survey eligibility range is after the last full (rather than last full unannounced) survey


Revised “Survey Agenda” section by deleting statement that surveyors can review MOS during the planning session, adding language about Life Safety Code Surveyors to individual tracer activity, adding a “Competence Assessment” section, and revising the “Leadership” section
Revised applicability of suicide prevention tracers to include all hospitals in Table 2. Hospital-Specific Tracer Applicability and Objectives

Revised definition of Immediate Threat to Health or Safety to signify a threat of immediate risk rather than a threat of “the most” immediate risk, deleted bullet stating corrective action is considered when an organization demonstrates that it prepared a root cause analysis, and clarified that abatement survey results help determine the Accreditation Committee’s decision in “Immediate Threat to Health or Safety” section

Updated “The Summary of Survey Findings Report” section

Clarified that Evidence of Standards Compliance (ESCs) are required at 45 (direct impact) and 60 (indirect impact) calendar days in “How Accreditation Decisions Are Made” section

Added statement that Quality Check® will show Requirements for Improvement (RFIs) for organizations that receive a decision of Accreditation with Follow-up Survey (AFS), Contingent Accreditation (CONT), or Preliminary Denial of Accreditation (PDA) to “Accreditation Effective Date” section

Added cross-reference to “Random Validation of Evidence of Standards Compliance” to “Measure of Success (MOS) Report”

Clarified that organizations have 10 business days to clarify RFIs in “The Process for Accreditation with Follow-up Survey, Contingent Accreditation, or Preliminary Denial of Accreditation” section

Added statement that organizations have 5 days to submit post-survey corrections in Figure 7. Process Flow for a Preliminary Denial of Accreditation (PDA) Decision and Figure 8. Process Flow for a Contingent Accreditation (CONT) Decision

Updated “Top Performer on Key Quality Measures® Program” section with the program’s new name and by clarifying the eligibility criteria

Clarified the options for and timing of Focused Standards Assessment (FSA) submission in the “Focused Standards Assessment (FSA)” section

Updated Sidebar 3. Focused Standards Assessment Options and deleted the bullets stating that surveyors may review any required MOS at full survey

Revised “Changes to the Site of Care, Treatment, or Services” section to reflect that organizations must complete a new Statement of Conditions if offering services or programs at a new location or in a significantly altered physical plant that is not a business occupancy
Deleted the 50% minimum of services offered at a new location or in a significantly altered physical plant previously required as a condition of conducting extension surveys from “Extension Surveys” section

- Deleted redundant information about when for-cause surveys may be conducted from “For-Cause Surveys” section

- Changed percentage of organizations that undergo a random unannounced on-site validation survey from 5% to 2% in “Random Validation of Evidence of Standards of Compliance” section

- Updated “Accreditation Decision Rules” section, including
  - Revising CONT01 to reflect that abatement survey results help determine the Accreditation Committee’s decision
  - Clarifying that the initial survey is for deemed status in CONT04
  - Revising CONT05 to include failure to successfully address all RFIs
  - Updating Note in AFS08 to specify organizations that are already Medicare certified
  - Adding reference to CONT06 in AFS09
  - Clarifying that standards compliance in a written ESC is validated on site in ESC02 (On-site ESC Survey)
  - Deleting reference to deemed status from the Note to PA01 and changing “announced survey” to “unannounced survey”
  - Adding “Primary Care Medical Home Certification” section and decision rules PCMH01 and PCMH02

- Updated “Review and Appeal Procedures” section, including
  - Changing “First Level Review & Appeal Committee” to “Review Hearing Panel” throughout
  - Changing time frame from six to four months in “III. Contingent Accreditation” section and stating that follow-up electronic survey will replace MOS submission
  - Adding “IV. Accreditation with Follow-up Survey” section
  - Replacing “IV. First Level Review & Appeal” section with “V. Review Hearings”
  - Replacing “V. Second Consideration by the Accreditation Committee” section with “VI. Accreditation Committee Review Following Review Hearing”
• Revising “VI. Final Review & Appeal Request” and renumbering it as section VII.
• Renumbering sections VII.–X as VIII.–XI.

Standards Applicability Grid (SAG)

- Added IM.02.02.03, EP 13 (with applicability to Acute and Surgical Specialty services)
- Added the following (with applicability to all four services):
  - EM.03.01.01, EP 4
  - LD.01.03.01, EP 20
  - LD.04.01.05, EP 12
  - LD.04.01.06, EP 1
  - LD.04.04.01, EPs 5, 24–25
  - MM.04.01.01, EP 21
  - MS.03.01.01, EP 18
  - NPSG.06.01.01, EPs 1–4
  - PC.01.03.01, EPs 44–45
  - PC.02.01.01, EPs 16–17
  - PC.02.02.01, EPs 24–25
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  - PC.02.04.03, EPs 1–5
  - PC.02.04.05, EPs 1–2, 4–13
  - PI.01.01.01, EPs 40–42
  - PI.03.01.01, EP 11
  - RC.02.01.01, EP 29
  - RI.01.02.01, EPs 31–32
  - RI.01.04.03, EPs 1–6

- Deleted applicability to Long Term Acute Care for the following:
  - HR.01.02.05, EPs 16 and 18
  - LD.04.01.01, EP 16
  - LD.04.01.05, EP 10
  - LD.04.03.01, EP 14
  - MS.06.01.03, EP 7
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- PC.01.02.13, EP 7
- PC.01.03.01, EP 43
- RC.02.01.01, EP 10

Sentinel Events (SE)
- Revised “Definition of Occurrences That Are Subject to Review by The Joint Commission Under the Sentinel Event Policy” section
- Revised Table 1. Examples of Sentinel Events That Are Reviewable Under The Joint Commission’s Sentinel Event Policy

The Joint Commission Quality Report (QR)
- Made minor editorial changes

Performance Measurement and the ORYX® Initiative (PM)
- Revised “Current Requirements for Hospitals” and “Requirements for Small Hospitals” sections
- Added section describing requirements for long term acute care hospitals and inpatient rehabilitation facilities
- Replaced Figures 1 through 5

Staffing Effectiveness Indicators (SEI)
- No changes

Required Written Documentation (RWD)
- Added NPSG.06.01.01, EP 3
- Added PI.02.01.01, EP 14

Early Survey Policy Option (ESP)
- Revised introductory text to reflect that the first survey is announced and the second survey is unannounced
- Added the following:
  - EM.03.01.01, EP 4
  - LD.04.01.05, EP 12
  - LD.04.04.01, EP 25
  - NPSG.06.01.01, EPs 1–4

Primary Care Medical Home Certification Option (PCMH)
• Added chapter that lists all standards and EPs that apply to hospitals pursuing optional Primary Care Medical Home Certification

Appendix A: Medicare Requirements for Hospitals (AXA)
• Revised second paragraph to reflect that the Appendix includes only a subset of the Conditions of Participation

Appendix B: Special Conditions of Participation for Psychiatric Hospitals (AXB)
• No changes

Glossary (GL)
• Added new terms boarded patients and clinical alarm
• Revised definitions for the terms accreditation decisions, accreditation process, anesthesia and sedation, appeal process, applicant organization, assessment, behavioral health care, best practices, child, Early Survey Policy, Focused Standards Assessment (FSA), home care, Immediate Threat to Health or Safety, initial survey, Intracycle Monitoring (ICM), protective services, read-back, situational decision rules, surveyor, tabletop exercise, The Joint Commission, and tracer methodology
• Updated definitions for the terms accreditation manual, medical record, medication error, and record to reflect revisions resulting from the Long Term Care Reinvention Project
• Added new terms chronic care, clinical decision support, electronic prescribing, functional exercise, health literacy, health risk behaviors, population-based care, preventive care, primary care clinician, self-management, and urgent care, all related to the new Primary Care Medical Home Certification program
• Changed the term First Level Review & Appeal to Review Hearing Panel and revised definition
• Deleted the definition for the term long term care and in its place created a cross-reference to the new term nursing and rehabilitation center care

Index (IX)
• Updated index
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CAMH for Hospitals
Effective January 1, 2014

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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Permissions Editor
Department of Publications and Education
Joint Commission Resources
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
permissions@jcrinc.com

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