

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.1 | §482.1 Basis and scope. | | |
| §482.1(a) | (a) Statutory basis. | | |
| §482.1(a)(1) | (1) Section 1861(e) of the [Social Security] Act provides that— | | |
| §482.1(a)(1)(i) | (i) Hospitals participating in Medicare must meet certain specified requirements; and | LD.04.01.01, EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Description of a Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.) | LD.13.01.01, EP 1 The hospital provides care, treatment, and services in accordance with licensure requirements and federal, state, and local laws, rules, and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (Refer to https://www.ecfr.gov/ for the language of this CMS requirement) |
| §482.1(a)(1)(ii) | (ii) The Secretary may impose additional requirements if they are found necessary in the interest of the health and safety of the individuals who are furnished services in hospitals. | The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Description (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.) | LD.13.01.01, EP 1 The hospital provides care, treatment, and services in accordance with licensure requirements and federal, state, and local laws, rules, and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Deficiency (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (Refer to https://www.ecfr.gov/ for the language of this CMS requirement) |
| §482.1(b) | (b) Scope. Except as provided in subpart A of part 488 of this chapter, the provisions of this part serve as the basis of survey activities for the purpose of determining whether a hospital qualifies for a provider agreement under Medicare and Medicaid. | LD.04.01.01, EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital | LD.13.01.01, EP 1 The hospital provides care, treatment, and services in accordance with licensure requirements and federal, state, and local laws, rules, and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for |

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| | | meets the Centers for Medicare & mp; Medicaid | Medicare & mp; Medicaid Services' (CMS) definition of a hospital |
| | | Services' (CMS) definition of a hospital in accordance | in accordance with 42 CFR 482.1(a)(1) and (b). (Refer to |
| | | with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] | https://www.ecfr.gov/ for the language of this CMS requirement) |
| | | for the language of this CMS requirement.) | |
| §482.11 | §482.11 Condition of Participation: | | |
| | Compliance with Federal, State and Local | | |
| | Laws | | |
| §482.11(a) | (a) The hospital must be in compliance with | LD.04.01.01, EP 2 | LD.13.01.01, EP 1 |
| | applicable Federal laws related to the health | The hospital provides care, treatment, and services in | The hospital provides care, treatment, and services in accordance |
| | and safety of patients. | accordance with licensure requirements, laws, and | with licensure requirements and federal, state, and local laws, |
| | | rules and regulations. | rules, and regulations. |
| | | Note: For hospitals that use Joint Commission | Note: For hospitals that use Joint Commission accreditation for |
| | | accreditation for deemed status purposes: The hospital | deemed status purposes: The hospital meets the Centers for |
| | | meets the Centers for Medicare & Defication Medicaid Services' (CMS) definition of a hospital in accordance | Medicare & Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (Refer to |
| | | with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] | https://www.ecfr.gov/ for the language of this CMS requirement) |
| | | for the language of this CMS requirement.) | https://www.ech.gov/for the language of this CMS requirement) |
| §482.11(b) | (b) The hospital must be | or the tanguage of this or stequirement.) | |
| §482.11(b)(1) | (1) Licensed; or | LD.04.01.01, EP 1 | LD.13.01.01, EP 2 |
| 3402.11(b)(1) | (1) Electrised, or | The hospital is licensed, is certified, or has a permit, in | The hospital is licensed or approved as meeting the standards for |
| | | accordance with law and regulation, to provide the care, | licensing established by the state or responsible locality, in |
| | | treatment, or services for which the hospital is seeking | accordance with law and regulation to provide the care, treatment, |
| | | accreditation from The Joint Commission. | or services for which the hospital is seeking accreditation from The |
| | | Note 1: Each service location that performs laboratory | Joint Commission. |
| | | testing (waived or nonwaived) must have a Clinical | |
| | | Laboratory Improvement Amendments of 1988 (CLIA | |
| | | '88) certificate as specified by the federal CLIA | |
| | | regulations (42 CFR 493.55 and 493.3) and applicable | |
| | | state law. Laboratory services meet the applicable | |
| | | requirements at 42 CFR 482.27. | |
| | | Note 2: For more information on how to obtain a CLIA | |
| | | certificate, see http://www.cms.gov/Regulations-and- | |

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| | | Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_ | |
| | | Certificate_International_Laboratories.html. | |
| §482.11(b)(2) | (2) Approved as meeting standards for | LD.04.01.01, EP 1 | LD.13.01.01, EP 2 |
| | licensing established by the agency of the | The hospital is licensed, is certified, or has a permit, in | The hospital is licensed or approved as meeting the standards for |
| | State or locality responsible for licensing | accordance with law and regulation, to provide the care, | licensing established by the state or responsible locality, in |
| | hospitals. | treatment, or services for which the hospital is seeking | accordance with law and regulation to provide the care, treatment, |
| | | accreditation from The Joint Commission. | or services for which the hospital is seeking accreditation from The |
| | | Note 1: Each service location that performs laboratory | Joint Commission. |
| | | testing (waived or nonwaived) must have a Clinical | |
| | | Laboratory Improvement Amendments of 1988 (CLIA | |
| | | '88) certificate as specified by the federal CLIA | |
| | | regulations (42 CFR 493.55 and 493.3) and applicable | |
| | | state law. Laboratory services meet the applicable | |
| | | requirements at 42 CFR 482.27. | |
| | | Note 2: For more information on how to obtain a CLIA | |
| | | certificate, see http://www.cms.gov/Regulations-and- | |
| | | Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_ | |
| C400 44/-) | /-> Th | Certificate_International_Laboratories.html. | UD 44 04 00 FD 4 |
| §482.11(c) | (c) The hospital must assure that personnel | HR.01.01.01, EP 2 | HR.11.01.03, EP 1 |
| | are licensed or meet other applicable standards that are required by State or local | The hospital verifies and documents the following: | All staff who provide patient care, treatment, and services are |
| | | - Credentials of staff using the primary source when | qualified and possess a current license, certification, or |
| | laws. | licensure, certification, or registration is required by law and regulation to practice their profession. This is done | registration, in accordance with law and regulation. |
| | | at the time of hire and at the time credentials are | MS.17.01.03, EP 3 |
| | | renewed. | The credentialing process requires that the hospital verifies in |
| | | - Credentials of staff (primary source not required) when | writing and from the primary source whenever feasible, or from a |
| | | licensure, certification, or registration is not required by | credentials verification organization (CVO), the following |
| | | law and regulation. This is done at the time of hire and at | information for the applicant: |
| | | the time credentials are renewed. | - Current licensure at the time of initial granting, renewal, and |
| | | Note 1: It is acceptable to verify current licensure, | revision of privileges and at the time of license expiration |
| | | certification, or registration with the primary source via a | - Relevant training |
| | | secure electronic communication or by telephone, if this | - Current competence |
| | | verification is documented. | · |

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| | | Note 2: A primary verification source may designate | MS.17.02.01, EP 9 |
| | | another agency to communicate credentials | All physicians and other licensed practitioners that provide care, |
| | | information. The designated agency can then be used as | treatment, and services possess a current license, certification, or |
| | | a primary source. | registration, as required by law and regulation. |
| | | Note 3: An external organization (for example, a | |
| | | credentials verification organization [CVO]) may be used | |
| | | to verify credentials information. A CVO must meet the | |
| | | CVO guidelines identified in the Glossary. | |
| | | HR.01.01.01, EP 3 | |
| | | The hospital verifies and documents that the applicant | |
| | | has the education and experience required by the job | |
| | | responsibilities. | |
| | | | |
| | | MS.06.01.03, EP 6 | |
| | | The credentialing process requires that the hospital | |
| | | verifies in writing and from the primary source whenever | |
| | | feasible, or from a credentials verification organization | |
| | | (CVO), the following information: | |
| | | - The applicant's current licensure at the time of initial | |
| | | granting, renewal, and revision of privileges, and at the time of license expiration | |
| | | - The applicant's relevant training | |
| | | - The applicant's current competence | |
| | | The applicant o carront competence | |
| | | MS.06.01.05, EP 1 | |
| | | All physicians and other licensed practitioners that | |
| | | provide care, treatment, and services possess a current | |
| | | license, certification, or registration, as required by law | |
| | | and regulation. | |
| | | MC 0C 04 0F FD 2 | |
| | | MS.06.01.05, EP 2 The begoing based on recommendations by the | |
| | <u> </u> | The hospital, based on recommendations by the | |

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| | | organized medical staff and approval by the governing | |
| | | body, establishes criteria that determine a physician's or | |
| | | other licensed practitioner's ability to provide patient | |
| | | care, treatment, and services within the scope of the | |
| | | privilege(s) requested. Evaluation of all of the following | |
| | | are included in the criteria: | |
| | | - Current licensure and/or certification, as appropriate, | |
| | | verified with the primary source | |
| | | - The applicant's specific relevant training, verified with | |
| | | the primary source | |
| | | - Evidence of physical ability to perform the requested | |
| | | privilege - Data from professional practice review by an | |
| | | organization(s) that currently privileges the applicant (if | |
| | | available) | |
| | | - Peer and/or faculty recommendation | |
| | | - When renewing privileges, review of the physician's or | |
| | | other licensed practitioner's performance within the | |
| | | hospital | |
| | | | |
| | | MS.06.01.05, EP 8 | |
| | | Peer recommendation includes written information | |
| | | regarding the physician's or other licensed practitioner's | |
| | | current: | |
| | | - Medical/clinical knowledge | |
| | | - Technical and clinical skills | |
| | | - Clinical judgment | |
| | | - Interpersonal skills | |
| | | - Communication skills | |
| | | - Professionalism | |
| | | Note: Peer recommendation may be in the form of | |
| | | written documentation reflecting informed opinions on | |
| | | each applicant's scope and level of performance, or a | |

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| | | written peer evaluation of physician- or other licensed practitioner-specific data collected from various sources for the purpose of validating current competence. | |
| §482.12 | \$482.12 Condition of Participation: Governing Body There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body. | LD.01.01.01, EP 1 The hospital identifies those responsible for governance. LD.01.01.01, EP 2 The governing body identifies those responsible for planning, management, and operational activities. LD.01.03.01, EP 1 The governing body defines in writing its responsibilities. LD.01.03.01, EP 2 The governing body provides for organization management and planning. LD.01.03.01, EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. LD.01.03.01, EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a governing body that assumes full legal responsibility for the operation of the hospital. LD.03.01.01, EP 5 Leaders create and implement a process for managing behaviors that undermine a culture of safety. | LD.11.01.01, EP 1 The hospital has a governing body that assumes full legal responsibility for the conduct of the hospital. If the hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital carry out the functions that pertain to the governing body. |

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| | | LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and | |
| | | services. | |
| | | Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. | |
| | | LD.04.01.01, EP 3 | |
| | | Leaders act on or comply with reports or recommendations from external authorized agencies, | |
| | | such as accreditation, certification, or regulatory | |
| | | bodies. | |
| | | LD.04.01.05, EP 4 | |
| | | Staff are held accountable for their responsibilities. | |
| | | LD.04.01.07, EP 1 | |
| | | Leaders review, approve, and manage the | |
| | | implementation of policies and procedures that guide and support patient care, treatment, and services. | |
| §482.12(a) | §482.12(a) Standard: Medical Staff. The governing body must: | | |
| §482.12(a)(1) | (1) Determine, in accordance with State law, | MS.01.01.01, EP 2 | LD.11.01.01, EP 2 |
| | which categories of practitioners are eligible | The organized medical staff adopts and amends medical | The governing body does the following: |
| | candidates for appointment to the medical | staff bylaws. Adoption or amendment of medical staff | - Approves and is responsible for the effective operation of the |
| | staff; | bylaws cannot be delegated. After adoption or | grievance process |
| | | amendment by the organized medical staff, the proposed bylaws are submitted to the governing body | - Reviews and resolves grievances, unless it delegates responsibility in writing to a grievance committee |
| | | for action. Bylaws become effective only upon governing | - Determines, in accordance with state law, which categories of |
| | | body approval. (See the "Leadership" [LD] chapter for | practitioners are eligible candidates for appointment to the |
| | | requirements regarding the governing body's authority | medical staff |
| | | and conflict management processes. See Element of | - Appoints members of the medical staff after considering the |
| | | Performance 17 for information on which medical staff | recommendations of the existing members of the medical staff |

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| | | members are eligible to vote.) | - Makes certain that the medical staff has bylaws |
| | | | - Approves medical staff bylaws and other medical staff rules and |
| | | MS.01.01.01, EP 7 | regulations |
| | | The governing body upholds the medical staff bylaws, | - Makes certain that the medical staff is accountable to the |
| | | rules and regulations, and policies that have been | governing body for the quality of care provided to patients |
| | | approved by the governing body. | - Makes certain that the criteria for selection to the medical staff |
| | | | are based on individual character, competence, training, |
| | | MS.01.01.01, EP 12 | experience, and judgment |
| | | The medical staff bylaws include the following | - Makes certain that under no circumstances is the accordance of |
| | | requirements: The structure of the medical staff. | staff membership or professional privileges in the hospital |
| | | | dependent solely upon certification, fellowship, or membership in |
| | | MS.01.01.01, EP 13 | a specialty body or society |
| | | The medical staff bylaws include the following | - Makes certain that the medical staff develops and implements |
| | | requirements: Qualifications for appointment to the | written policies and procedures for appraisal of emergencies, |
| | | medical staff. | initial treatment, and referral of patients at the locations without |
| | | Note: For hospitals that use Joint Commission | emergency services when emergency services are not provided at |
| | | accreditation for deemed status purposes: The medical | the hospital, or are provided at the hospital but not at one or more |
| | | staff must be composed of doctors of medicine or | off-campus locations |
| | | osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also | |
| | | include other categories of physicians as listed at | |
| | | 482.12(c)(1) and other licensed practitioners who are | |
| | | determined to be eligible for appointment by the | |
| | | governing body. | |
| | | governing body. | |
| | | MS.01.01.01, EP 27 | |
| | | The medical staff bylaws include the following | |
| | | requirements: The process for appointment and re- | |
| | | appointment to membership on the medical staff. | |
| §482.12(a)(2) | (2) Appoint members of the medical staff | MS.02.01.01, EP 8 | LD.11.01.01, EP 2 |
| | after considering the recommendations of | The medical staff executive committee makes | The governing body does the following: |
| | the existing members of the medical staff; | recommendations, as defined in the medical staff | - Approves and is responsible for the effective operation of the |
| | | bylaws, directly to the governing body on, at least, all of | grievance process |

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| | | the following: Medical staff membership. | - Reviews and resolves grievances, unless it delegates |
| | | | responsibility in writing to a grievance committee |
| | | MS.06.01.07, EP 8 | - Determines, in accordance with state law, which categories of |
| | | The governing body or delegated governing body | practitioners are eligible candidates for appointment to the |
| | | committee has final authority for granting, renewing, or | medical staff |
| | | denying privileges. | - Appoints members of the medical staff after considering the |
| | | | recommendations of the existing members of the medical staff |
| | | MS.07.01.01, EP 5 | - Makes certain that the medical staff has bylaws |
| | | Membership is recommended by the medical staff and | - Approves medical staff bylaws and other medical staff rules and |
| | | granted by the governing body. | regulations |
| | | | - Makes certain that the medical staff is accountable to the |
| | | | governing body for the quality of care provided to patients |
| | | | - Makes certain that the criteria for selection to the medical staff |
| | | | are based on individual character, competence, training, |
| | | | experience, and judgment |
| | | | - Makes certain that under no circumstances is the accordance of |
| | | | staff membership or professional privileges in the hospital |
| | | | dependent solely upon certification, fellowship, or membership in |
| | | | a specialty body or society |
| | | | - Makes certain that the medical staff develops and implements |
| | | | written policies and procedures for appraisal of emergencies, |
| | | | initial treatment, and referral of patients at the locations without |
| | | | emergency services when emergency services are not provided at |
| | | | the hospital, or are provided at the hospital but not at one or more |
| 0.400.407.7707 | (0) 4 | NO 24 24 24 ED 4 | off-campus locations |
| §482.12(a)(3) | (3) Assure that the medical staff has bylaws; | MS.01.01.01, EP 1 | LD.11.01.01, EP 2 |
| | | The organized medical staff develops medical staff | The governing body does the following: |
| | | bylaws, rules and regulations, and policies. | - Approves and is responsible for the effective operation of the |
| | | MO 04 04 04 ED 0 | grievance process |
| | | MS.01.01.01, EP 2 | - Reviews and resolves grievances, unless it delegates |
| | | The organized medical staff adopts and amends medical | responsibility in writing to a grievance committee |
| | | staff bylaws. Adoption or amendment of medical staff | - Determines, in accordance with state law, which categories of |
| | | bylaws cannot be delegated. After adoption or | practitioners are eligible candidates for appointment to the |

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| | | amendment by the organized medical staff, the | medical staff |
| | | proposed bylaws are submitted to the governing body | - Appoints members of the medical staff after considering the |
| | | for action. Bylaws become effective only upon governing | recommendations of the existing members of the medical staff |
| | | body approval. (See the "Leadership" [LD] chapter for | - Makes certain that the medical staff has bylaws |
| | | requirements regarding the governing body's authority | - Approves medical staff bylaws and other medical staff rules and |
| | | and conflict management processes. See Element of | regulations |
| | | Performance 17 for information on which medical staff | - Makes certain that the medical staff is accountable to the |
| | | members are eligible to vote.) | governing body for the quality of care provided to patients |
| | | | - Makes certain that the criteria for selection to the medical staff |
| | | MS.01.01.01, EP 7 | are based on individual character, competence, training, |
| | | The governing body upholds the medical staff bylaws, | experience, and judgment |
| | | rules and regulations, and policies that have been | - Makes certain that under no circumstances is the accordance of |
| | | approved by the governing body. | staff membership or professional privileges in the hospital |
| | | | dependent solely upon certification, fellowship, or membership in |
| | | | a specialty body or society |
| | | | - Makes certain that the medical staff develops and implements |
| | | | written policies and procedures for appraisal of emergencies, |
| | | | initial treatment, and referral of patients at the locations without |
| | | | emergency services when emergency services are not provided at |
| | | | the hospital, or are provided at the hospital but not at one or more |
| \$400.40(=)(4) | (4) Analysis was displayed by Javos and other | MC 04 04 04 FD 0 | off-campus locations |
| §482.12(a)(4) | (4) Approve medical staff bylaws and other | MS.01.01.01, EP 2 | LD.11.01.01, EP 2 |
| | medical staff rules and regulations; | The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff | The governing body does the following: - Approves and is responsible for the effective operation of the |
| | | bylaws cannot be delegated. After adoption or | grievance process |
| | | amendment by the organized medical staff, the | - Reviews and resolves grievances, unless it delegates |
| | | proposed bylaws are submitted to the governing body | responsibility in writing to a grievance committee |
| | | for action. Bylaws become effective only upon governing | - Determines, in accordance with state law, which categories of |
| | | body approval. (See the "Leadership" [LD] chapter for | practitioners are eligible candidates for appointment to the |
| | | requirements regarding the governing body's authority | medical staff |
| | | and conflict management processes. See Element of | - Appoints members of the medical staff after considering the |
| | | Performance 17 for information on which medical staff | recommendations of the existing members of the medical staff |
| | | members are eligible to vote.) | - Makes certain that the medical staff has bylaws |
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| | | MS.01.01.01, EP 7 The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body. | Approves medical staff bylaws and other medical staff rules and regulations Makes certain that the medical staff is accountable to the governing body for the quality of care provided to patients Makes certain that the criteria for selection to the medical staff are based on individual character, competence, training, experience, and judgment Makes certain that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship, or membership in a specialty body or society Makes certain that the medical staff develops and implements written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients at the locations without emergency services when emergency services are not provided at the hospital, or are provided at the hospital but not at one or more off-campus locations |
| §482.12(a)(5) | (5) Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients; | LD.01.05.01, EP 6 The organized medical staff is accountable to the governing body for the quality of care provided to patients. | LD.11.01.01, EP 2 The governing body does the following: - Approves and is responsible for the effective operation of the grievance process - Reviews and resolves grievances, unless it delegates responsibility in writing to a grievance committee - Determines, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff - Appoints members of the medical staff after considering the recommendations of the existing members of the medical staff - Makes certain that the medical staff has bylaws - Approves medical staff bylaws and other medical staff rules and regulations - Makes certain that the medical staff is accountable to the governing body for the quality of care provided to patients |

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| | | | - Makes certain that the criteria for selection to the medical staff |
| | | | are based on individual character, competence, training, |
| | | | experience, and judgment |
| | | | - Makes certain that under no circumstances is the accordance of |
| | | | staff membership or professional privileges in the hospital |
| | | | dependent solely upon certification, fellowship, or membership in |
| | | | a specialty body or society |
| | | | - Makes certain that the medical staff develops and implements |
| | | | written policies and procedures for appraisal of emergencies, |
| | | | initial treatment, and referral of patients at the locations without |
| | | | emergency services when emergency services are not provided at |
| | | | the hospital, or are provided at the hospital but not at one or more |
| 2422 424 1421 | | | off-campus locations |
| §482.12(a)(6) | (6) Ensure the criteria for selection are | MS.06.01.03, EP 6 | LD.11.01.01, EP 2 |
| | individual character, competence, training, | The credentialing process requires that the hospital | The governing body does the following: |
| | experience, and judgment; and | verifies in writing and from the primary source whenever | - Approves and is responsible for the effective operation of the |
| | | feasible, or from a credentials verification organization | grievance process |
| | | (CVO), the following information: | - Reviews and resolves grievances, unless it delegates |
| | | - The applicant's current licensure at the time of initial | responsibility in writing to a grievance committee |
| | | granting, renewal, and revision of privileges, and at the | - Determines, in accordance with state law, which categories of |
| | | time of license expiration | practitioners are eligible candidates for appointment to the |
| | | - The applicant's relevant training | medical staff |
| | | - The applicant's current competence | - Appoints members of the medical staff after considering the |
| | | MC OC O4 OF FD O | recommendations of the existing members of the medical staff |
| | | MS.06.01.05, EP 2 | - Makes certain that the medical staff has bylaws |
| | | The hospital, based on recommendations by the | - Approves medical staff bylaws and other medical staff rules and |
| | | organized medical staff and approval by the governing | regulations Makes portain that the madical staff is a securitable to the |
| | | body, establishes criteria that determine a physician's or | - Makes certain that the medical staff is accountable to the |
| | | other licensed practitioner's ability to provide patient | governing body for the quality of care provided to patients - Makes certain that the criteria for selection to the medical staff |
| | | care, treatment, and services within the scope of the | |
| | | privilege(s) requested. Evaluation of all of the following are included in the criteria: | are based on individual character, competence, training, |
| | | | experience, and judgment |
| | | - Current licensure and/or certification, as appropriate, | - Makes certain that under no circumstances is the accordance of |

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| | | verified with the primary source | staff membership or professional privileges in the hospital |
| | | - The applicant's specific relevant training, verified with | dependent solely upon certification, fellowship, or membership in |
| | | the primary source | a specialty body or society |
| | | - Evidence of physical ability to perform the requested | - Makes certain that the medical staff develops and implements |
| | | privilege | written policies and procedures for appraisal of emergencies, |
| | | - Data from professional practice review by an | initial treatment, and referral of patients at the locations without |
| | | organization(s) that currently privileges the applicant (if | emergency services when emergency services are not provided at |
| | | available) | the hospital, or are provided at the hospital but not at one or more |
| | | - Peer and/or faculty recommendation | off-campus locations |
| | | - When renewing privileges, review of the physician's or | |
| | | other licensed practitioner's performance within the | |
| | | hospital | |
| | | MS.06.01.05, EP 7 | |
| | | The hospital queries the National Practitioner Data Bank | |
| | | (NPDB) in accordance with applicable law and | |
| | | regulation. | |
| | | | |
| | | MS.06.01.05, EP 8 | |
| | | Peer recommendation includes written information | |
| | | regarding the physician's or other licensed practitioner's | |
| | | current: | |
| | | - Medical/clinical knowledge | |
| | | - Technical and clinical skills | |
| | | - Clinical judgment | |
| | | - Interpersonal skills | |
| | | - Communication skills | |
| | | - Professionalism | |
| | | Note: Peer recommendation may be in the form of | |
| | | written documentation reflecting informed opinions on | |
| | | each applicant's scope and level of performance, or a | |
| | | written peer evaluation of physician- or other licensed | |
| | | practitioner-specific data collected from various | |

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| | | sources for the purpose of validating current competence. | |
| | | MS.06.01.05, EP 9 Before recommending privileges, the organized medical staff also evaluates the following: - Challenges to any licensure or registration - Voluntary and involuntary relinquishment of any license or registration - Voluntary and involuntary termination of medical staff membership - Voluntary and involuntary limitation, reduction, or loss of clinical privileges - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant - Documentation as to the applicant's health status - Relevant physician- or other licensed practitioner-specific data as compared to aggregate data, when available - Morbidity and mortality data, when available | |
| §482.12(a)(7) | (7) Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society. | MS.06.01.07, EP 2 The hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society. | LD.11.01.01, EP 2 The governing body does the following: - Approves and is responsible for the effective operation of the grievance process - Reviews and resolves grievances, unless it delegates responsibility in writing to a grievance committee - Determines, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff - Appoints members of the medical staff after considering the |
| | | MS.07.01.01, EP 1 The organized medical staff develops criteria for | recommendations of the existing members of the medical staff - Makes certain that the medical staff has bylaws |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | medical staff membership. | - Approves medical staff bylaws and other medical staff rules and |
| | | Note: Medical staff membership and professional | regulations |
| | | privileges are not dependent solely upon certification, | - Makes certain that the medical staff is accountable to the |
| | | fellowship, or membership in a specialty body or | governing body for the quality of care provided to patients |
| | | society. | - Makes certain that the criteria for selection to the medical staff |
| | | | are based on individual character, competence, training, |
| | | | experience, and judgment |
| | | | - Makes certain that under no circumstances is the accordance of |
| | | | staff membership or professional privileges in the hospital |
| | | | dependent solely upon certification, fellowship, or membership in |
| | | | a specialty body or society |
| | | | - Makes certain that the medical staff develops and implements |
| | | | written policies and procedures for appraisal of emergencies, |
| | | | initial treatment, and referral of patients at the locations without |
| | | | emergency services when emergency services are not provided at |
| | | | the hospital, or are provided at the hospital but not at one or more |
| 0.400.40(.)(0) | (0) 5 | I D 0 4 00 00 FD 0 | off-campus locations |
| §482.12(a)(8) | (8) Ensure that, when telemedicine services | LD.04.03.09, EP 2 | MS.20.01.01, EP 1 |
| | are furnished to the hospital's patients | The hospital describes, in writing, the nature and scope | When telemedicine services are furnished to the hospital's |
| | through an agreement with a distant-site | of services provided through contractual agreements. | patients through an agreement with a distant-site hospital or |
| | hospital, the agreement is written and that it | LD 04 02 00 FD 4 | telemedicine entity, the governing body of the originating hospital |
| | specifies that it is the responsibility of the | LD.04.03.09, EP 4 | may choose to rely upon the credentialing and privileging |
| | governing body of the distant-site hospital to | Leaders monitor contracted services by establishing | decisions made by the distant-site hospital or telemedicine entity |
| | meet the requirements in paragraphs (a)(1) through (a)(7) of this section with regard to | expectations for the performance of the contracted services. | for the individual distant-site physicians and other licensed practitioners providing such services if the hospital's governing |
| | the distant-site hospital's physicians and | Note 1: In most cases, each physician and other | body includes all of the following provisions in its written |
| | practitioners providing telemedicine | licensed practitioner providing services through a | agreement with the distant-site hospital or telemedicine entity: |
| | services. The governing body of the hospital | contractual agreement must be credentialed and | - The distant site telemedicine entity provides services in |
| | whose patients are receiving the | privileged by the hospital using their services following | accordance with contract service requirements |
| | telemedicine services may, in accordance | the process described in the "Medical Staff" (MS) | - The distant-site telemedicine entity's medical staff credentialing |
| | with \$482.22(a)(3) of this part, grant | chapter. | and privileging process and standards is consistent with the |
| | privileges based on its medical staff | Note 2: For hospitals that do not use Joint Commission | hospital's process and standards, at a minimum. |
| | privileges based on its iniculation | accreditation for deemed status purposes: When the | - The distant-site hospital providing the telemedicine services is a |
| | | decreation for decined status purposes. When the | The distant site hospital providing the telemedicine services is a |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | recommendations that rely on information | hospital contracts with another accredited organization | Medicare-participating hospital. |
| | provided by the distant-site hospital. | for patient care, treatment, and services to be provided | - The individual distant-site physician or other licensed practitioner |
| | | off site, it can do the following: | is privileged at the distant-site hospital or telemedicine entity |
| | | - Verify that all physicians and other licensed | providing the telemedicine services, and the distant-site hospital |
| | | practitioners who will be providing patient care, | or telemedicine entity provides a current list of the distant-site |
| | | treatment, and services have appropriate privileges by | physician's or practitioner's privileges at the distant-site hospital |
| | | obtaining, for example, a copy of the list of privileges. | or telemedicine entity. |
| | | - Specify in the written agreement that the contracted | - The individual distant-site physician or other licensed practitioner |
| | | organization will ensure that all contracted services | holds a license issued or recognized by the state in which the |
| | | provided by physicians and other licensed practitioners | hospital whose patients are receiving the telemedicine services is |
| | | will be within the scope of their privileges. | located. |
| | | Note 3: For hospitals that use Joint Commission | - For distant-site physicians or other licensed practitioners |
| | | accreditation for deemed status purposes: The leaders | privileged by the originating hospital, the originating hospital |
| | | who monitor the contracted services are the governing | internally reviews services provided by the distant-site physician or |
| | | body. | other licensed practitioner and sends the distant-site hospital or |
| | | | telemedicine entity information for use in the periodic evaluation |
| | | LD.04.03.09, EP 23 | of the practitioner. At a minimum, this information includes |
| | | For hospitals that use Joint Commission accreditation | adverse events that result from the telemedicine services provided |
| | | for deemed status purposes: When telemedicine | by the distant-site physician or other licensed practitioner to the |
| | | services are furnished to the hospital's patients, the | hospital's patients and complaints the hospital has received about |
| | | originating site has a written agreement with the distant | the distant-site physician or other licensed practitioner. |
| | | site that specifies the following: | Note: For hospitals that use Joint Commission accreditation for |
| | | - The distant site is a contractor of services to the | deemed status purposes: The distant-site telemedicine entity's |
| | | hospital. | medical staff credentialing and privileging process and standards |
| | | - The distant site furnishes services in a manner that | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | permits the originating site to be in compliance with the | and 482.22(a)(1) through (a)(2). |
| | | Medicare Conditions of Participation | |
| | | - The originating site makes certain through the written | |
| | | agreement that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: For the language of the Medicare Conditions of | |
| | | Participation pertaining to telemedicine, see Appendix | |
| | | A. | |
| | | If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine | |
| | | provider, then the following requirements apply: | |
| | | - The governing body of the distant site is responsible for | |
| | | having a process that is consistent with the | |
| | | credentialing and privileging requirements in the | |
| | | "Medical Staff" (MS) chapter (Standards MS.06.01.01 | |
| | | through MS.06.01.13). | |
| | | - The governing body of the originating site grants | |
| | | privileges to a distant site physician or other licensed | |
| | | practitioner based on the originating site's medical staff recommendations, which rely on information provided | |
| | | by the distant site. | |
| | | by the distant ofter | |
| | | MS.02.01.01, EP 11 | |
| | | The medical staff executive committee makes | |
| | | recommendations, as defined in the medical staff | |
| | | bylaws, directly to the governing body on, at least, all of | |
| | | the following: The delineation of privileges for each | |
| | | physician and other licensed practitioner privileged through the medical staff process. | |
| | | tillough the medical stail process. | |
| | | MS.06.01.07, EP 8 | |
| | | The governing body or delegated governing body | |
| | | committee has final authority for granting, renewing, or | |
| | | denying privileges. | |
| §482.12(a)(9) | (9) Ensure that when telemedicine services | LD.04.03.09, EP 2 | LD.13.03.03, EP 3 |
| | are furnished to the hospital's patients | The hospital describes, in writing, the nature and scope | For hospitals that use Joint Commission accreditation for deemed |
| | through an agreement with a distant-site | of services provided through contractual agreements. | status purposes: When telemedicine services are furnished to the |
| | telemedicine entity, the written agreement | | hospital's patients, the originating site has a written agreement |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|--|---|--|
| | specifies that the distant-site telemedicine | LD.04.03.09, EP 3 | with the distant site that specifies the following: |
| | entity is a contractor of services to the | Designated leaders approve contractual agreements. | - The distant site is a contractor of services to the hospital. |
| | hospital and as such, in accordance with | | - The distant site furnishes services in a manner that permits the |
| | §482.12(e), furnishes the contracted | LD.04.03.09, EP 4 | originating site to be in compliance with the Medicare Conditions |
| | services in a manner that permits the | Leaders monitor contracted services by establishing | of Participation. |
| | hospital to comply with all applicable | expectations for the performance of the contracted | - The originating site makes certain through the written agreement |
| | conditions of participation for the contracted | services. | that all distant-site telemedicine providers' credentialing and |
| | services, including, but not limited to, the | Note 1: In most cases, each physician and other | privileging processes meet, at a minimum, the Medicare |
| | requirements in paragraphs (a)(1) through | licensed practitioner providing services through a | Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) |
| | (a)(7) of this section with regard to the | contractual agreement must be credentialed and | and 482.22(a)(1) through (a)(4). |
| | distant-site telemedicine entity's physicians | privileged by the hospital using their services following | Note: For the language of the Medicare Conditions of Participation |
| | and practitioners providing telemedicine | the process described in the "Medical Staff" (MS) | pertaining to telemedicine, see Appendix A. |
| | services. The governing body of the hospital | chapter. | If the originating site chooses to use the credentialing and |
| | whose patients are receiving the | Note 2: For hospitals that do not use Joint Commission | privileging decision of the distant-site telemedicine provider, then |
| | telemedicine services may, in accordance | accreditation for deemed status purposes: When the | the following requirements apply: |
| | with §482.22(a)(4) of this part, grant | hospital contracts with another accredited organization | - The governing body of the distant site is responsible for having a |
| | privileges to physicians and practitioners | for patient care, treatment, and services to be provided | process that is consistent with the credentialing and privileging |
| | employed by the distant-site telemedicine | off site, it can do the following: | requirements in the "Medical Staff" (MS) chapter (Standards |
| | entity based on such hospital's medical staff | - Verify that all physicians and other licensed | MS.17.01.01 through MS.17.04.01). |
| | recommendations; such staff | practitioners who will be providing patient care, | - The governing body of the originating site grants privileges to a |
| | recommendations may rely on information | treatment, and services have appropriate privileges by | distant site physician or other licensed practitioner based on the |
| | provided by the distant-site telemedicine | obtaining, for example, a copy of the list of privileges. | originating site's medical staff recommendations, which rely on |
| | entity. | - Specify in the written agreement that the contracted | information provided by the distant site. |
| | | organization will ensure that all contracted services | The written agreement includes that it is the responsibility of the |
| | | provided by physicians and other licensed practitioners | governing body of the distant-site hospital to meet the |
| | | will be within the scope of their privileges. | requirements of this element of performance. |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The leaders | |
| | | who monitor the contracted services are the governing | |
| | | body. | |
| | | LD 04 02 00 FD F | |
| | | LD.04.03.09, EP 5 | |
| | | Leaders monitor contracted services by communicating | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the expectations in writing to the provider of the | |
| | | contracted services. | |
| | | Note: A written description of the expectations can be | |
| | | provided either as part of the written agreement or in | |
| | | addition to it. | |
| | | LD 04 00 00 FD 0 | |
| | | LD.04.03.09, EP 6 | |
| | | Leaders monitor contracted services by evaluating these | |
| | | services in relation to the hospital's expectations. | |
| | | LD.04.03.09, EP 23 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: When telemedicine | |
| | | services are furnished to the hospital's patients, the | |
| | | originating site has a written agreement with the distant | |
| | | site that specifies the following: | |
| | | - The distant site is a contractor of services to the | |
| | | hospital. | |
| | | - The distant site furnishes services in a manner that | |
| | | permits the originating site to be in compliance with the | |
| | | Medicare Conditions of Participation | |
| | | - The originating site makes certain through the written | |
| | | agreement that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). | |
| | | Note: For the language of the Medicare Conditions of | |
| | | Participation pertaining to telemedicine, see Appendix | |
| | | A. | |
| | | If the originating site chooses to use the credentialing | |
| | | and privileging decision of the distant-site telemedicine | |
| | | provider, then the following requirements apply: | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site physician or other licensed practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site. | |
| | | MS.02.01.01, EP 11 The medical staff executive committee makes recommendations, as defined in the medical staff bylaws, directly to the governing body on, at least, all of the following: The delineation of privileges for each physician and other licensed practitioner privileged through the medical staff process. | |
| | | MS.06.01.07, EP 8 The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges. | |
| §482.12(a)(10) | (10) Consult directly with the individual assigned the responsibility for the organization and conduct of the hospital's medical staff, or his or her designee. At a minimum, this direct consultation must occur periodically throughout the fiscal or calendar year and include discussion of matters related to the quality of medical care provided to patients of the hospital. For a | LD.01.03.01, EP 13 For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body consults directly with the individual assigned the responsibility for the organization and conduct of the hospital's medical staff, or the individual's designee. At a minimum, this direct consultation occurs periodically throughout the fiscal or calendar year and includes a discussion of matters related to the quality of medical | ED.11.01.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body consults directly with the individual assigned the responsibility for the organization and conduct of the hospital's medical staff, or with the individual's designee. At a minimum, this direct consultation occurs periodically throughout the fiscal or calendar year and includes a discussion of matters related to the quality of medical care provided to the hospital's patients. For a multi-hospital system |
| I | multi-hospital system using a single | care provided to patients of the hospital. For a multi- | using a single governing body, the single multihospital system |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | governing body, the single multihospital | hospital system using a single governing body, the single | governing body consults directly with the individual responsible for |
| | system governing body must consult directly | multihospital system governing body consults directly | the organized medical staff (or the individual's designee) of each |
| | with the individual responsible for the | with the individual responsible for the organized medical | hospital within its system. |
| | organized medical staff (or his or her | staff (or the individual's designee) of each hospital | |
| | designee) of each hospital within its system | within its system. | |
| | in addition to the other requirements of this | | |
| | paragraph (a). | | |
| §482.12(b) | §482.12(b) Standard: Chief Executive Officer | LD.01.03.01, EP 4 | LD.11.01.01, EP 6 |
| | The governing body must appoint a chief | The governing body selects the chief executive | The governing body appoints the chief executive officer |
| | executive officer who is responsible for | responsible for managing the hospital. | responsible for managing the hospital. |
| | managing the hospital. | | |
| §482.12(c) | §482.12(c) Standard: Care of Patients In | | |
| | accordance with hospital policy, the | | |
| | governing body must ensure that the | | |
| | following requirements are met: | | |
| §482.12(c)(1) | (1) Every Medicare patient is under the care | | |
| | of: | | |
| §482.12(c)(1)(i) | (i) A doctor of medicine or osteopathy. (This | MS.03.01.03, EP 1 | LD.11.01.01, EP 7 |
| | provision is not to be construed to limit the | Physicians and clinical psychologists with appropriate | The governing body makes certain that patients are under the care |
| | authority of a doctor of medicine or | privileges manage and coordinate the patient's care, | of the appropriate licensed practitioners. |
| | osteopathy to delegate tasks to other | treatment, and services. | NO 40 04 00 ED 4 |
| | qualified health care personnel to the extent | Note: The definition of "physician" is the same as that | MS.16.01.03, EP 4 |
| | recognized under State law or a State's | used by the Centers for Medicare & Description (OMO) (1.5 to 1.5 | For hospitals that use Joint Commission accreditation for deemed |
| | regulatory mechanism.); | Services (CMS) (refer to the Glossary). | status purposes: Every Medicare patient is under the care of at |
| | | MS 02 04 02 ED 2 | least one of the following: |
| | | MS.03.01.03, EP 3 | - A doctor of medicine or osteopathy (This requirement does not |
| | | A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For | limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified health care staff to the extent |
| | | hospitals that use Joint Commission accreditation for | recognized under state law or a state's regulatory mechanism.) |
| | | deemed status purposes: A doctor of medicine or | - A doctor of dental surgery or dental medicine who is legally |
| | | osteopathy manages and coordinates the care of any | authorized to practice dentistry by the state and who is acting |
| | | Medicare or Medicaid patient's psychiatric problem that | within the scope of their license |
| | | is not specifically within the scope of practice of a | - A doctor of podiatric medicine, but only with respect to functions |
| | | is not specifically within the scope of practice of a | - A doctor of podiatric medicine, but only with respect to functions |

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| | | doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | which they are legally authorized by the state to perform - A doctor of optometry who is legally authorized to practice optometry by the state in which they practice - A chiropractor who is licensed by the state or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist - A clinical psychologist as defined in 42 CFR 410.71, but only with respect to clinical psychologist services as defined in 42 CFR 410.71 and only to the extent permitted by state |
| §482.12(c)(1)(ii) | (ii) A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the State and who is acting within the scope of his or her license; | MS.03.01.03, EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. | LD.11.01.01, EP 7 The governing body makes certain that patients are under the care of the appropriate licensed practitioners. |
| | | Note: The definition of "physician" is the same as that used by the Centers for Medicare & Deficient (CMS) (refer to the Glossary). | MS.16.01.03, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: Every Medicare patient is under the care of at least one of the following: |
| | | MS.03.01.03, EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare or Medicaid patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | - A doctor of medicine or osteopathy (This requirement does not limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified health care staff to the extent recognized under state law or a state's regulatory mechanism.) - A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the state and who is acting within the scope of their license - A doctor of podiatric medicine, but only with respect to functions which they are legally authorized by the state to perform - A doctor of optometry who is legally authorized to practice optometry by the state in which they practice - A chiropractor who is licensed by the state or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | - A clinical psychologist as defined in 42 CFR 410.71, but only with |
| | | | respect to clinical psychologist services as defined in 42 CFR |
| \$400.40(=)(4)(:::) | (iii) A do chou of a adichuic ma diaine leut celu | MC 00 04 00 FD 4 | 410.71 and only to the extent permitted by state |
| §482.12(c)(1)(iii) | (iii) A doctor of podiatric medicine, but only with respect to functions which he or she is | MS.03.01.03, EP 1 Physicians and clinical psychologists with appropriate | LD.11.01.01, EP 7 The governing body makes certain that patients are under the care |
| | legally authorized by the State to perform; | privileges manage and coordinate the patient's care, treatment, and services. | of the appropriate licensed practitioners. |
| | | Note: The definition of "physician" is the same as that | MS.16.01.03, EP 4 |
| | | used by the Centers for Medicare & Design Medicaid | For hospitals that use Joint Commission accreditation for deemed |
| | | Services (CMS) (refer to the Glossary). | status purposes: Every Medicare patient is under the care of at least one of the following: |
| | | MS.03.01.03, EP 3 | - A doctor of medicine or osteopathy (This requirement does not |
| | | A patient's general medical condition is managed and | limit the authority of a doctor of medicine or osteopathy to |
| | | coordinated by a doctor of medicine or osteopathy. For | delegate tasks to other qualified health care staff to the extent |
| | | hospitals that use Joint Commission accreditation for | recognized under state law or a state's regulatory mechanism.) |
| | | deemed status purposes: A doctor of medicine or | - A doctor of dental surgery or dental medicine who is legally |
| | | osteopathy manages and coordinates the care of any | authorized to practice dentistry by the state and who is acting |
| | | Medicare or Medicaid patient's psychiatric problem that | within the scope of their license |
| | | is not specifically within the scope of practice of a | - A doctor of podiatric medicine, but only with respect to functions |
| | | doctor of dental surgery, dental medicine, podiatric | which they are legally authorized by the state to perform |
| | | medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | - A doctor of optometry who is legally authorized to practice optometry by the state in which they practice |
| | | | - A chiropractor who is licensed by the state or legally authorized to |
| | | | perform the services of a chiropractor, but only with respect to |
| | | | treatment by means of manual manipulation of the spine to |
| | | | correct a subluxation demonstrated by x-ray to exist |
| | | | - A clinical psychologist as defined in 42 CFR 410.71, but only with |
| | | | respect to clinical psychologist services as defined in 42 CFR |
| | | | 410.71 and only to the extent permitted by state |
| §482.12(c)(1)(iv) | (iv) A doctor of optometry who is legally | MS.03.01.03, EP 1 | LD.11.01.01, EP 7 |
| | authorized to practice optometry by the | Physicians and clinical psychologists with appropriate | The governing body makes certain that patients are under the care |
| | State in which he or she practices; | privileges manage and coordinate the patient's care, treatment, and services. | of the appropriate licensed practitioners. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| Cor Hoquilonionic | | Note: The definition of "physician" is the same as that used by the Centers for Medicare & Deficient (CMS) (refer to the Glossary). MS.03.01.03, EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare or Medicaid patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | MS.16.01.03, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: Every Medicare patient is under the care of at least one of the following: - A doctor of medicine or osteopathy (This requirement does not limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified health care staff to the extent recognized under state law or a state's regulatory mechanism.) - A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the state and who is acting within the scope of their license - A doctor of podiatric medicine, but only with respect to functions which they are legally authorized by the state to perform - A doctor of optometry who is legally authorized to practice optometry by the state in which they practice - A chiropractor who is licensed by the state or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist - A clinical psychologist as defined in 42 CFR 410.71, but only with respect to clinical psychologist services as defined in 42 CFR 410.71 and only to the extent permitted by state |
| §482.12(c)(1)(v) | (v) A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist; and | MS.03.01.03, EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Described Company (CMS) (refer to the Glossary). MS.03.01.03, EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For | LD.11.01, EP 7 The governing body makes certain that patients are under the care of the appropriate licensed practitioners. MS.16.01.03, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: Every Medicare patient is under the care of at least one of the following: - A doctor of medicine or osteopathy (This requirement does not limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified health care staff to the extent |

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| | | hospitals that use Joint Commission accreditation for | recognized under state law or a state's regulatory mechanism.) |
| | | deemed status purposes: A doctor of medicine or | - A doctor of dental surgery or dental medicine who is legally |
| | | osteopathy manages and coordinates the care of any | authorized to practice dentistry by the state and who is acting |
| | | Medicare or Medicaid patient's psychiatric problem that | within the scope of their license |
| | | is not specifically within the scope of practice of a | - A doctor of podiatric medicine, but only with respect to functions |
| | | doctor of dental surgery, dental medicine, podiatric | which they are legally authorized by the state to perform |
| | | medicine, or optometry; a chiropractor, as limited under | - A doctor of optometry who is legally authorized to practice |
| | | 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | optometry by the state in which they practice |
| | | | - A chiropractor who is licensed by the state or legally authorized to |
| | | | perform the services of a chiropractor, but only with respect to |
| | | | treatment by means of manual manipulation of the spine to |
| | | | correct a subluxation demonstrated by x-ray to exist |
| | | | - A clinical psychologist as defined in 42 CFR 410.71, but only with |
| | | | respect to clinical psychologist services as defined in 42 CFR |
| | | | 410.71 and only to the extent permitted by state |
| §482.12(c)(1)(vi) | (vi) A clinical psychologist as defined in | MS.03.01.03, EP 1 | LD.11.01.01, EP 7 |
| | §410.71 of this chapter, but only with respect | Physicians and clinical psychologists with appropriate | The governing body makes certain that patients are under the care |
| | to clinical psychologist services as defined in | privileges manage and coordinate the patient's care, | of the appropriate licensed practitioners. |
| | §410.71 of this chapter and only to the extent | treatment, and services. | |
| | permitted by State law. | Note: The definition of "physician" is the same as that | MS.16.01.03, EP 4 |
| | | used by the Centers for Medicare & Dedicaid | For hospitals that use Joint Commission accreditation for deemed |
| | | Services (CMS) (refer to the Glossary). | status purposes: Every Medicare patient is under the care of at |
| | | | least one of the following: |
| | | MS.03.01.03, EP 3 | - A doctor of medicine or osteopathy (This requirement does not |
| | | A patient's general medical condition is managed and | limit the authority of a doctor of medicine or osteopathy to |
| | | coordinated by a doctor of medicine or osteopathy. For | delegate tasks to other qualified health care staff to the extent |
| | | hospitals that use Joint Commission accreditation for | recognized under state law or a state's regulatory mechanism.) |
| | | deemed status purposes: A doctor of medicine or | - A doctor of dental surgery or dental medicine who is legally |
| | | osteopathy manages and coordinates the care of any | authorized to practice dentistry by the state and who is acting |
| | | Medicare or Medicaid patient's psychiatric problem that | within the scope of their license |
| | | is not specifically within the scope of practice of a | - A doctor of podiatric medicine, but only with respect to functions |
| | | doctor of dental surgery, dental medicine, podiatric | which they are legally authorized by the state to perform |
| | | | - A doctor of optometry who is legally authorized to practice |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | optometry by the state in which they practice - A chiropractor who is licensed by the state or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist - A clinical psychologist as defined in 42 CFR 410.71, but only with respect to clinical psychologist services as defined in 42 CFR 410.71 and only to the extent permitted by state |
| §482.12(c)(2) | (2) Patients are admitted to the hospital only on the recommendation of a licensed practitioner permitted by the State to admit patients to a hospital. If a Medicare patient is admitted by a practitioner not specified in paragraph (c)(1) of this section, that patient is under the care of a doctor of medicine or osteopathy. | MS.03.01.01, EP 2 Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff. MS.03.01.03, EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Dedicare & | LD.11.01.01, EP 7 The governing body makes certain that patients are under the care of the appropriate licensed practitioners. MS.16.01.03, EP 1 Patients are admitted to the hospital only on the recommendation of a licensed practitioner permitted by the state to admit patients to a hospital. For hospitals that use Joint Commission accreditation for deemed status purposes: If a Medicare patient is admitted by a practitioner not specified in MS.16.01.03, EP 5, that patient is under the care of a doctor of medicine or osteopathy. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | MS.03.01.03, EP 13 For hospitals that use Joint Commission accreditation for deemed status purposes: Patients are admitted to the hospital only on the decision of a licensed practitioner permitted by the state to admit patients to a hospital. | |
| §482.12(c)(2) continued | Element Deleted | MS.03.01.03, EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Description (CMS) (refer to the Glossary). | |
| | | MS.03.01.03, EP 3 A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy manages and coordinates the care of any Medicare or Medicaid patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | |
| §482.12(c)(3) | (3) A doctor of medicine or osteopathy is on duty or on call at all times. | MS.03.01.03, EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy is on duty or on call at all times. | LD.11.01.01, EP 7 The governing body makes certain that patients are under the care of the appropriate licensed practitioners. MS.16.01.03, EP 2 A doctor of medicine or osteopathy is on duty or on call at all times. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.12(c)(4) | (4) A doctor of medicine or osteopathy is | MS.03.01.03, EP 1 | LD.11.01.01, EP 7 |
| | responsible for the care of each Medicare | Physicians and clinical psychologists with appropriate | The governing body makes certain that patients are under the care |
| | patient with respect to any medical or | privileges manage and coordinate the patient's care, | of the appropriate licensed practitioners. |
| | psychiatric problem that | treatment, and services. | |
| | | Note: The definition of "physician" is the same as that | MS.16.01.03, EP 3 |
| | | used by the Centers for Medicare & amp; Medicaid | A doctor of medicine or osteopathy is responsible for the care of |
| | | Services (CMS) (refer to the Glossary). | each Medicare patient with respect to any medical or psychiatric |
| | | | problem that is present on admission or develops during |
| | | MS.03.01.03, EP 3 | hospitalization and is not specifically within the scope of practice, |
| | | A patient's general medical condition is managed and | as defined by the medical staff and in accordance with state law, |
| | | coordinated by a doctor of medicine or osteopathy. For | of a doctor of dental surgery, dental medicine, podiatric medicine, |
| | | hospitals that use Joint Commission accreditation for | or optometry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); |
| | | deemed status purposes: A doctor of medicine or | or clinical psychologist. |
| | | osteopathy manages and coordinates the care of any | |
| | | Medicare or Medicaid patient's psychiatric problem that | |
| | | is not specifically within the scope of practice of a | |
| | | doctor of dental surgery, dental medicine, podiatric | |
| | | medicine, or optometry; a chiropractor, as limited under | |
| | | 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | |
| §482.12(c)(4)(i) | (i) Is present on admission or develops | MS.03.01.03, EP 1 | LD.11.01.01, EP 7 |
| | during hospitalization; and | Physicians and clinical psychologists with appropriate | The governing body makes certain that patients are under the care |
| | | privileges manage and coordinate the patient's care, | of the appropriate licensed practitioners. |
| | | treatment, and services. | |
| | | Note: The definition of "physician" is the same as that | MS.16.01.03, EP 3 |
| | | used by the Centers for Medicare & Diagram; Medicaid | A doctor of medicine or osteopathy is responsible for the care of |
| | | Services (CMS) (refer to the Glossary). | each Medicare patient with respect to any medical or psychiatric |
| | | M0 00 04 00 FD 0 | problem that is present on admission or develops during |
| | | MS.03.01.03, EP 3 | hospitalization and is not specifically within the scope of practice, |
| | | A patient's general medical condition is managed and | as defined by the medical staff and in accordance with state law, |
| | | coordinated by a doctor of medicine or osteopathy. For | of a doctor of dental surgery, dental medicine, podiatric medicine, |
| | | hospitals that use Joint Commission accreditation for | or optometry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); |
| | | deemed status purposes: A doctor of medicine or | or clinical psychologist. |
| | | osteopathy manages and coordinates the care of any | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Medicare or Medicaid patient's psychiatric problem that | |
| | | is not specifically within the scope of practice of a | |
| | | doctor of dental surgery, dental medicine, podiatric | |
| | | medicine, or optometry; a chiropractor, as limited under | |
| | | 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | |
| §482.12(c)(4)(ii) | (ii) Is not specifically within the scope of | MS.03.01.03, EP 1 | LD.11.01.01, EP 7 |
| | practice of a doctor of dental surgery, dental | Physicians and clinical psychologists with appropriate | The governing body makes certain that patients are under the care |
| | medicine, podiatric medicine, or optometry; | privileges manage and coordinate the patient's care, | of the appropriate licensed practitioners. |
| | a chiropractor; or clinical psychologist, as | treatment, and services. | |
| | that scope is | Note: The definition of "physician" is the same as that | MS.16.01.03, EP 3 |
| | | used by the Centers for Medicare & Defication | A doctor of medicine or osteopathy is responsible for the care of |
| | | Services (CMS) (refer to the Glossary). | each Medicare patient with respect to any medical or psychiatric |
| | | | problem that is present on admission or develops during |
| | | MS.03.01.03, EP 3 | hospitalization and is not specifically within the scope of practice, |
| | | A patient's general medical condition is managed and | as defined by the medical staff and in accordance with state law, |
| | | coordinated by a doctor of medicine or osteopathy. For | of a doctor of dental surgery, dental medicine, podiatric medicine, |
| | | hospitals that use Joint Commission accreditation for | or optometry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); |
| | | deemed status purposes: A doctor of medicine or | or clinical psychologist. |
| | | osteopathy manages and coordinates the care of any | |
| | | Medicare or Medicaid patient's psychiatric problem that | |
| | | is not specifically within the scope of practice of a | |
| | | doctor of dental surgery, dental medicine, podiatric | |
| | | medicine, or optometry; a chiropractor, as limited under | |
| | | 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | |
| §482.12(c)(4)(ii)(A) | (A) Defined by the medical staff; | MS.03.01.01, EP 2 | LD.11.01.01, EP 7 |
| | | Physicians and other licensed practitioners practice | The governing body makes certain that patients are under the care |
| | | only within the scope of their privileges as determined | of the appropriate licensed practitioners. |
| | | through mechanisms defined by the organized medical | |
| | | staff. | MS.16.01.03, EP 3 |
| | | | A doctor of medicine or osteopathy is responsible for the care of |
| | | MS.03.01.03, EP 1 | each Medicare patient with respect to any medical or psychiatric |
| | | Physicians and clinical psychologists with appropriate | problem that is present on admission or develops during |
| | | privileges manage and coordinate the patient's care, | hospitalization and is not specifically within the scope of practice, |

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| | | treatment, and services. | as defined by the medical staff and in accordance with state law, |
| | | Note: The definition of "physician" is the same as that | of a doctor of dental surgery, dental medicine, podiatric medicine, |
| | | used by the Centers for Medicare & Dedicaid | or optometry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); |
| | | Services (CMS) (refer to the Glossary). | or clinical psychologist. |
| | | MS.03.01.03, EP 3 | |
| | | A patient's general medical condition is managed and | |
| | | coordinated by a doctor of medicine or osteopathy. For | |
| | | hospitals that use Joint Commission accreditation for | |
| | | deemed status purposes: A doctor of medicine or | |
| | | osteopathy manages and coordinates the care of any | |
| | | Medicare or Medicaid patient's psychiatric problem that | |
| | | is not specifically within the scope of practice of a | |
| | | doctor of dental surgery, dental medicine, podiatric | |
| | | medicine, or optometry; a chiropractor, as limited under | |
| | | 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | |
| §482.12(c)(4)(ii)(B) | (B) Permitted by State law; and | MS.03.01.03, EP 1 | LD.11.01.01, EP 7 |
| | | Physicians and clinical psychologists with appropriate | The governing body makes certain that patients are under the care |
| | | privileges manage and coordinate the patient's care, | of the appropriate licensed practitioners. |
| | | treatment, and services. | MO 40 04 00 FD 0 |
| | | Note: The definition of "physician" is the same as that | MS.16.01.03, EP 3 |
| | | used by the Centers for Medicare & December (CMC) (refer to the Classes) | A doctor of medicine or osteopathy is responsible for the care of |
| | | Services (CMS) (refer to the Glossary). | each Medicare patient with respect to any medical or psychiatric problem that is present on admission or develops during |
| | | MS.03.01.03, EP 3 | hospitalization and is not specifically within the scope of practice, |
| | | A patient's general medical condition is managed and | as defined by the medical staff and in accordance with state law, |
| | | coordinated by a doctor of medicine or osteopathy. For | of a doctor of dental surgery, dental medicine, podiatric medicine, |
| | | hospitals that use Joint Commission accreditation for | or optometry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); |
| | | deemed status purposes: A doctor of medicine or | or clinical psychologist. |
| | | osteopathy manages and coordinates the care of any | 1 7 - 10 - |
| | | Medicare or Medicaid patient's psychiatric problem that | |
| | | is not specifically within the scope of practice of a | |
| | | doctor of dental surgery, dental medicine, podiatric | |

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| | | medicine, or optometry; a chiropractor, as limited under | |
| | | 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | |
| §482.12(c)(4)(ii)(C) | (C) Limited, under paragraph (c)(1)(v) of this | MS.03.01.03, EP 1 | LD.11.01.01, EP 7 |
| | section, with respect to chiropractors. | Physicians and clinical psychologists with appropriate | The governing body makes certain that patients are under the care |
| | | privileges manage and coordinate the patient's care, | of the appropriate licensed practitioners. |
| | | treatment, and services. | |
| | | Note: The definition of "physician" is the same as that | MS.16.01.03, EP 3 |
| | | used by the Centers for Medicare & Dedicard | A doctor of medicine or osteopathy is responsible for the care of |
| | | Services (CMS) (refer to the Glossary). | each Medicare patient with respect to any medical or psychiatric |
| | | | problem that is present on admission or develops during |
| | | MS.03.01.03, EP 3 | hospitalization and is not specifically within the scope of practice, |
| | | A patient's general medical condition is managed and | as defined by the medical staff and in accordance with state law, |
| | | coordinated by a doctor of medicine or osteopathy. For | of a doctor of dental surgery, dental medicine, podiatric medicine, |
| | | hospitals that use Joint Commission accreditation for | or optometry; a chiropractor, as limited under 42 CFR 12(c)(1)(v); |
| | | deemed status purposes: A doctor of medicine or | or clinical psychologist. |
| | | osteopathy manages and coordinates the care of any | |
| | | Medicare or Medicaid patient's psychiatric problem that | |
| | | is not specifically within the scope of practice of a | |
| | | doctor of dental surgery, dental medicine, podiatric | |
| | | medicine, or optometry; a chiropractor, as limited under | |
| | | 42 CFR 482.12(c)(1)(v); or a clinical psychologist. | |
| §482.12(d) | §482.12(d) Standard: Institutional Plan and | | |
| | Budget The institution must have an overall | | |
| | institutional plan that meets the following | | |
| 0.400.407.1074 | conditions: | 1.D. 0.4.04.00 FD. 4 | LD 40 04 05 ED4 |
| §482.12(d)(1) | (1) The plan must include an annual | LD.04.01.03, EP 4 | LD.13.01.05, EP 1 |
| | operating budget that is prepared according | The governing body approves an annual operating | For hospitals that use Joint Commission accreditation for deemed |
| | to generally accepted accounting principles. | budget and, when needed, a long-term capital | status purposes: The hospital has an overall institutional plan that |
| | | expenditure plan. | meets the following conditions: |
| | | | - The plan includes an annual operating budget that is prepared |
| | | | according to generally accepted accounting principles and that |
| | | | has all anticipated income and expenses. This provision does not |
| | | | require that the budget identify item by item the components of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | each anticipated income or expense. |
| | | | - The plan provides for capital expenditures for at least a 3-year |
| | | | period, including the year in which the operating budget is |
| | | | applicable. |
| §482.12(d)(2) | (2) The budget must include all anticipated | LD.04.01.03, EP 3 | LD.13.01.05, EP 1 |
| | income and expenses. This provision does | The operating budget reflects the hospital's goals and | For hospitals that use Joint Commission accreditation for deemed |
| | not require that the budget identify item by | objectives. | status purposes: The hospital has an overall institutional plan that |
| | item the components of each anticipated | Note: For hospitals that use Joint Commission | meets the following conditions: |
| | income or expense. | accreditation for deemed status purposes: The hospital | - The plan includes an annual operating budget that is prepared |
| | | meets the Centers for Medicare & Description (Control of the Control of the Contr | according to generally accepted accounting principles and that |
| | | Services' (CMS) Institutional Plan and Budget | has all anticipated income and expenses. This provision does not |
| | | requirements in accordance with 42 CFR 482.12(d). | require that the budget identify item by item the components of |
| | | (See Appendix A [AXA] for the language of this CMS | each anticipated income or expense. |
| | | requirement.) | - The plan provides for capital expenditures for at least a 3-year |
| | | LD.04.01.03, EP 4 | period, including the year in which the operating budget is applicable. |
| | | The governing body approves an annual operating | applicable. |
| | | budget and, when needed, a long-term capital | |
| | | expenditure plan. | |
| §482.12(d)(3) | (3) The plan must provide for capital | LD.04.01.03, EP 3 | LD.13.01.05, EP 1 |
| 0.02.12(d)(0) | expenditures for at least a 3-year period, | The operating budget reflects the hospital's goals and | For hospitals that use Joint Commission accreditation for deemed |
| | including the year in which the operating | objectives. | status purposes: The hospital has an overall institutional plan that |
| | budget specified in paragraph (d)(2) of this | Note: For hospitals that use Joint Commission | meets the following conditions: |
| | section is applicable. | accreditation for deemed status purposes: The hospital | - The plan includes an annual operating budget that is prepared |
| | | meets the Centers for Medicare & Dedicaid | according to generally accepted accounting principles and that |
| | | Services' (CMS) Institutional Plan and Budget | has all anticipated income and expenses. This provision does not |
| | | requirements in accordance with 42 CFR 482.12(d). | require that the budget identify item by item the components of |
| | | (See Appendix A [AXA] for the language of this CMS | each anticipated income or expense. |
| | | requirement.) | - The plan provides for capital expenditures for at least a 3-year |
| | | | period, including the year in which the operating budget is |
| | | LD.04.01.03, EP 4 | applicable. |
| | | The governing body approves an annual operating | |

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| | | budget and, when needed, a long-term capital | |
| | | expenditure plan. | |
| §482.12(d)(4) | (4) The plan must include and identify in | LD.04.01.03, EP 3 | LD.13.01.05, EP 2 |
| | detail the objective of, and the anticipated | The operating budget reflects the hospital's goals and | For hospitals that use Joint Commission accreditation for deemed |
| | sources of financing for, each anticipated | objectives. | status purposes: The institutional plan includes and identifies in |
| | capital expenditure in excess of \$600,000 (or | Note: For hospitals that use Joint Commission | detail the objective of, and the anticipated sources of financing for, |
| | a lesser amount that is established, in | accreditation for deemed status purposes: The hospital | each anticipated capital expenditure in excess of \$600,000 (or a |
| | accordance with section 1122(g)(1) of the | meets the Centers for Medicare & Dedicard | lesser amount that is established, in accordance with section |
| | Act, by the State in which the hospital is | Services' (CMS) Institutional Plan and Budget | 1122(g)(1) of the Social Security Act [42 U.S.C. 1320a–1(g)(1)], by |
| | located) that relates to any of the following: | requirements in accordance with 42 CFR 482.12(d). | the state in which the hospital is located) that relates to any of the |
| | | (See Appendix A [AXA] for the language of this CMS | following: |
| | | requirement.) | - Acquisition of land |
| | | LD 04 04 02 ED 4 | - Improvement of land, buildings, and equipment |
| | | LD.04.01.03, EP 4 The governing body approves an annual operating | - Replacement, modernization, and expansion of buildings and |
| | | budget and, when needed, a long-term capital | equipment |
| | | expenditure plan. | |
| §482.12(d)(4)(i) | (i) Acquisition of land; | LD.04.01.03, EP 3 | LD.13.01.05, EP 2 |
| 0402.12(0)(4)(1) | (i) / togalorion or tana, | The operating budget reflects the hospital's goals and | For hospitals that use Joint Commission accreditation for deemed |
| | | objectives. | status purposes: The institutional plan includes and identifies in |
| | | Note: For hospitals that use Joint Commission | detail the objective of, and the anticipated sources of financing for, |
| | | accreditation for deemed status purposes: The hospital | each anticipated capital expenditure in excess of \$600,000 (or a |
| | | meets the Centers for Medicare & Dedicard Medicard | lesser amount that is established, in accordance with section |
| | | Services' (CMS) Institutional Plan and Budget | 1122(g)(1) of the Social Security Act [42 U.S.C. 1320a–1(g)(1)], by |
| | | requirements in accordance with 42 CFR 482.12(d). | the state in which the hospital is located) that relates to any of the |
| | | (See Appendix A [AXA] for the language of this CMS | following: |
| | | requirement.) | - Acquisition of land |
| | | | - Improvement of land, buildings, and equipment |
| | | LD.04.01.03, EP 4 | - Replacement, modernization, and expansion of buildings and |
| | | The governing body approves an annual operating | equipment |
| | | budget and, when needed, a long-term capital | |
| | | expenditure plan. | |

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| §482.12(d)(4)(ii) | (ii) Improvement of land, buildings, and | LD.04.01.03, EP 3 | LD.13.01.05, EP 2 |
| | equipment; or | The operating budget reflects the hospital's goals and | For hospitals that use Joint Commission accreditation for deemed |
| | | objectives. | status purposes: The institutional plan includes and identifies in |
| | | Note: For hospitals that use Joint Commission | detail the objective of, and the anticipated sources of financing for, |
| | | accreditation for deemed status purposes: The hospital | each anticipated capital expenditure in excess of \$600,000 (or a |
| | | meets the Centers for Medicare & Dedicaid | lesser amount that is established, in accordance with section |
| | | Services' (CMS) Institutional Plan and Budget | 1122(g)(1) of the Social Security Act [42 U.S.C. 1320a–1(g)(1)], by |
| | | requirements in accordance with 42 CFR 482.12(d). | the state in which the hospital is located) that relates to any of the |
| | | (See Appendix A [AXA] for the language of this CMS | following: |
| | | requirement.) | - Acquisition of land |
| | | | - Improvement of land, buildings, and equipment |
| | | LD.04.01.03, EP 4 | - Replacement, modernization, and expansion of buildings and |
| | | The governing body approves an annual operating | equipment |
| | | budget and, when needed, a long-term capital | |
| 0.400.40(.1)(4)("") | (···) Ti | expenditure plan. | LD 40 04 05 ED 0 |
| §482.12(d)(4)(iii) | (iii) The replacement, modernization, and | LD.04.01.03, EP 3 | LD.13.01.05, EP 2 |
| | expansion of buildings and equipment. | The operating budget reflects the hospital's goals and | For hospitals that use Joint Commission accreditation for deemed |
| | | objectives. | status purposes: The institutional plan includes and identifies in |
| | | Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital | detail the objective of, and the anticipated sources of financing for, each anticipated capital expenditure in excess of \$600,000 (or a |
| | | meets the Centers for Medicare & Camp; Medicaid | lesser amount that is established, in accordance with section |
| | | Services' (CMS) Institutional Plan and Budget | 1122(g)(1) of the Social Security Act [42 U.S.C. 1320a–1(g)(1)], by |
| | | requirements in accordance with 42 CFR 482.12(d). | the state in which the hospital is located) that relates to any of the |
| | | (See Appendix A [AXA] for the language of this CMS | following: |
| | | requirement.) | - Acquisition of land |
| | | Toquiloment, | - Improvement of land, buildings, and equipment |
| | | LD.04.01.03, EP 4 | - Replacement, modernization, and expansion of buildings and |
| | | The governing body approves an annual operating | equipment |
| | | budget and, when needed, a long-term capital | The Property of the Property o |
| | | expenditure plan. | |
| §482.12(d)(5) | (5) The plan must be submitted for review to | LD.04.01.01, EP 2 | LD.13.01.05, EP 4 |
| | the planning agency designated in | The hospital provides care, treatment, and services in | For hospitals that use Joint Commission accreditation for deemed |
| | accordance with section 1122(b) of the Act, | accordance with licensure requirements, laws, and | status purposes: The institutional plan is submitted for review to |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | or if an agency is not designated, to the | rules and regulations. | the planning agency designated in accordance with section |
| | appropriate health planning agency in the | Note: For hospitals that use Joint Commission | 1122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), or if an |
| | State. (See part 100 of this title.) A capital | accreditation for deemed status purposes: The hospital | agency is not designated, to the appropriate health planning |
| | expenditure is not subject to section 1122 | meets the Centers for Medicare & Dedicaid | agency in the state. A capital expenditure is not subject to section |
| | review if 75 percent of the health care | Services' (CMS) definition of a hospital in accordance | 1122 review if 75 percent of the health care facility's patients who |
| | facility's patients who are expected to use | with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] | are expected to use the service for which the capital expenditure is |
| | the service for which the capital expenditure | for the language of this CMS requirement.) | made are individuals enrolled in a health maintenance |
| | is made are individuals enrolled in a health | | organization (HMO) or competitive medical plan (CMP) that meets |
| | maintenance organization (HMO) or | | the requirements of section 1876(b) of the Social Security Act (42 |
| | competitive medical plan (CMP) that meets | | U.S.C. 1395mm(b)), and if the US Department of Health and |
| | the requirements of section 1876(b) of the | | Human Services determines that the capital expenditure is for |
| | Act, and if the Department determines that | | services and facilities that are needed by the HMO or CMP in order |
| | the capital expenditure is for services and | | to operate efficiently and economically and that are not otherwise |
| | facilities that are needed by the HMO or CMP | | readily accessible to the HMO or CMP because of one of the |
| | in order to operate efficiently and | | following: |
| | economically and that are not otherwise | | - The facilities do not provide common services at the same site. |
| | readily accessible to the HMO or CMP | | - The facilities are not available under a contract of reasonable |
| | because | | duration. |
| | | | - Full and equal medical staff privileges in the facilities are not |
| | | | available. |
| | | | - Arrangements with these facilities are not administratively |
| | | | feasible. |
| | | | - The purchase of these services is more costly than if the HMO or |
| | | | CMP provided the services directly. |
| §482.12(d)(5) | Element Deleted | LD.04.01.01, EP 2 | |
| continued | | The hospital provides care, treatment, and services in | |
| | | accordance with licensure requirements, laws, and | |
| | | rules and regulations. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | meets the Centers for Medicare & Dedicard | |
| | | Services' (CMS) definition of a hospital in accordance | |
| | | with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | for the language of this CMS requirement.) | |
| | | | |
| | | LD.04.01.03, EP 3 | |
| | | The operating budget reflects the hospital's goals and | |
| | | objectives. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | meets the Centers for Medicare & Description (Control of the Control of the Contr | |
| | | Services' (CMS) Institutional Plan and Budget | |
| | | requirements in accordance with 42 CFR 482.12(d). | |
| | | (See Appendix A [AXA] for the language of this CMS | |
| \$400.40(d)/E)/i) | (i) The facilities do not provide common | requirement.) | LD 42 04 05 FD 4 |
| §482.12(d)(5)(i) | (i) The facilities do not provide common services at the same site; | LD.04.01.01, EP 2 The hospital provides care, treatment, and services in | LD.13.01.05, EP 4 For hospitals that use Joint Commission accreditation for deemed |
| | Services at the same site, | accordance with licensure requirements, laws, and | status purposes: The institutional plan is submitted for review to |
| | | rules and regulations. | the planning agency designated in accordance with section |
| | | Note: For hospitals that use Joint Commission | 1122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), or if an |
| | | accreditation for deemed status purposes: The hospital | agency is not designated, to the appropriate health planning |
| | | meets the Centers for Medicare & Danpies Medicaid | agency in the state. A capital expenditure is not subject to section |
| | | Services' (CMS) definition of a hospital in accordance | 1122 review if 75 percent of the health care facility's patients who |
| | | with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] | are expected to use the service for which the capital expenditure is |
| | | for the language of this CMS requirement.) | made are individuals enrolled in a health maintenance |
| | | | organization (HMO) or competitive medical plan (CMP) that meets |
| | | LD.04.01.03, EP 3 | the requirements of section 1876(b) of the Social Security Act (42 |
| | | The operating budget reflects the hospital's goals and | U.S.C. 1395mm(b)), and if the US Department of Health and |
| | | objectives. | Human Services determines that the capital expenditure is for |
| | | Note: For hospitals that use Joint Commission | services and facilities that are needed by the HMO or CMP in order |
| | | accreditation for deemed status purposes: The hospital | to operate efficiently and economically and that are not otherwise |
| | | meets the Centers for Medicare & Amp; Medicaid | readily accessible to the HMO or CMP because of one of the |
| | | Services' (CMS) Institutional Plan and Budget | following: |
| | | requirements in accordance with 42 CFR 482.12(d). | - The facilities do not provide common services at the same site. |
| | | (See Appendix A [AXA] for the language of this CMS | - The facilities are not available under a contract of reasonable |
| | | requirement.) | duration. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | - Full and equal medical staff privileges in the facilities are not |
| | | | available. |
| | | | - Arrangements with these facilities are not administratively |
| | | | feasible. |
| | | | - The purchase of these services is more costly than if the HMO or |
| | | | CMP provided the services directly. |
| §482.12(d)(5)(ii) | (ii) The facilities are not available under a | LD.04.01.01, EP 2 | LD.13.01.05, EP 4 |
| | contract of reasonable duration; | The hospital provides care, treatment, and services in | For hospitals that use Joint Commission accreditation for deemed |
| | | accordance with licensure requirements, laws, and | status purposes: The institutional plan is submitted for review to |
| | | rules and regulations. | the planning agency designated in accordance with section |
| | | Note: For hospitals that use Joint Commission | 1122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), or if an |
| | | accreditation for deemed status purposes: The hospital | agency is not designated, to the appropriate health planning |
| | | meets the Centers for Medicare & Defication (CMS) definition of a hospital in accordance | agency in the state. A capital expenditure is not subject to section 1122 review if 75 percent of the health care facility's patients who |
| | | with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] | are expected to use the service for which the capital expenditure is |
| | | for the language of this CMS requirement.) | made are individuals enrolled in a health maintenance |
| | | lor the tanguage of this of lorequirement.) | organization (HMO) or competitive medical plan (CMP) that meets |
| | | LD.04.01.03, EP 3 | the requirements of section 1876(b) of the Social Security Act (42 |
| | | The operating budget reflects the hospital's goals and | U.S.C. 1395mm(b)), and if the US Department of Health and |
| | | objectives. | Human Services determines that the capital expenditure is for |
| | | Note: For hospitals that use Joint Commission | services and facilities that are needed by the HMO or CMP in order |
| | | accreditation for deemed status purposes: The hospital | to operate efficiently and economically and that are not otherwise |
| | | meets the Centers for Medicare & Dedicard Medicaid | readily accessible to the HMO or CMP because of one of the |
| | | Services' (CMS) Institutional Plan and Budget | following: |
| | | requirements in accordance with 42 CFR 482.12(d). | - The facilities do not provide common services at the same site. |
| | | (See Appendix A [AXA] for the language of this CMS | - The facilities are not available under a contract of reasonable |
| | | requirement.) | duration. |
| | | | - Full and equal medical staff privileges in the facilities are not |
| | | | available. |
| | | | - Arrangements with these facilities are not administratively |
| | | | feasible. |
| | | | - The purchase of these services is more costly than if the HMO or |
| | | | CMP provided the services directly. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.12(d)(5)(iii) | (iii) Full and equal medical staff privileges in | LD.04.01.01, EP 2 | LD.13.01.05, EP 4 |
| | the facilities are not available; | The hospital provides care, treatment, and services in | For hospitals that use Joint Commission accreditation for deemed |
| | | accordance with licensure requirements, laws, and | status purposes: The institutional plan is submitted for review to |
| | | rules and regulations. | the planning agency designated in accordance with section |
| | | Note: For hospitals that use Joint Commission | 1122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), or if an |
| | | accreditation for deemed status purposes: The hospital | agency is not designated, to the appropriate health planning |
| | | meets the Centers for Medicare & Dedicaid | agency in the state. A capital expenditure is not subject to section |
| | | Services' (CMS) definition of a hospital in accordance | 1122 review if 75 percent of the health care facility's patients who |
| | | with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] | are expected to use the service for which the capital expenditure is |
| | | for the language of this CMS requirement.) | made are individuals enrolled in a health maintenance |
| | | | organization (HMO) or competitive medical plan (CMP) that meets |
| | | LD.04.01.03, EP 3 | the requirements of section 1876(b) of the Social Security Act (42 |
| | | The operating budget reflects the hospital's goals and | U.S.C. 1395mm(b)), and if the US Department of Health and |
| | | objectives. | Human Services determines that the capital expenditure is for |
| | | Note: For hospitals that use Joint Commission | services and facilities that are needed by the HMO or CMP in order |
| | | accreditation for deemed status purposes: The hospital | to operate efficiently and economically and that are not otherwise |
| | | meets the Centers for Medicare & Dedicaid | readily accessible to the HMO or CMP because of one of the |
| | | Services' (CMS) Institutional Plan and Budget | following: |
| | | requirements in accordance with 42 CFR 482.12(d). | - The facilities do not provide common services at the same site. |
| | | (See Appendix A [AXA] for the language of this CMS | - The facilities are not available under a contract of reasonable |
| | | requirement.) | duration. |
| | | | - Full and equal medical staff privileges in the facilities are not |
| | | | available. |
| | | | - Arrangements with these facilities are not administratively |
| | | | feasible. |
| | | | - The purchase of these services is more costly than if the HMO or |
| | | | CMP provided the services directly. |
| §482.12(d)(5)(iv) | (iv) Arrangements with these facilities are | LD.04.01.01, EP 2 | LD.13.01.05, EP 4 |
| | not administratively feasible; or | The hospital provides care, treatment, and services in | For hospitals that use Joint Commission accreditation for deemed |
| | | accordance with licensure requirements, laws, and | status purposes: The institutional plan is submitted for review to |
| | | rules and regulations. | the planning agency designated in accordance with section |
| | | Note: For hospitals that use Joint Commission | 1122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), or if an |
| | | accreditation for deemed status purposes: The hospital | agency is not designated, to the appropriate health planning |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | meets the Centers for Medicare & Described Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.) LD.04.01.03, EP 3 The operating budget reflects the hospital's goals and objectives. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Described Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix A [AXA] for the language of this CMS requirement.) | agency in the state. A capital expenditure is not subject to section 1122 review if 75 percent of the health care facility's patients who are expected to use the service for which the capital expenditure is made are individuals enrolled in a health maintenance organization (HMO) or competitive medical plan (CMP) that meets the requirements of section 1876(b) of the Social Security Act (42 U.S.C. 1395mm(b)), and if the US Department of Health and Human Services determines that the capital expenditure is for services and facilities that are needed by the HMO or CMP in order to operate efficiently and economically and that are not otherwise readily accessible to the HMO or CMP because of one of the following: - The facilities do not provide common services at the same site. - The facilities are not available under a contract of reasonable duration. - Full and equal medical staff privileges in the facilities are not available. - Arrangements with these facilities are not administratively feasible. - The purchase of these services is more costly than if the HMO or CMP provided the services directly. |
| §482.12(d)(5)(v) | (v) The purchase of these services is more costly than if the HMO or CMP provided the services directly. | LD.04.01.01, EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Defication Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.) LD.04.01.03, EP 3 | ED.13.01.05, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The institutional plan is submitted for review to the planning agency designated in accordance with section 1122(b) of the Social Security Act (42 U.S.C. 1320a–1(b)), or if an agency is not designated, to the appropriate health planning agency in the state. A capital expenditure is not subject to section 1122 review if 75 percent of the health care facility's patients who are expected to use the service for which the capital expenditure is made are individuals enrolled in a health maintenance organization (HMO) or competitive medical plan (CMP) that meets the requirements of section 1876(b) of the Social Security Act (42 |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The operating budget reflects the hospital's goals and objectives. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Describes (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix A [AXA] for the language of this CMS requirement.) | U.S.C. 1395mm(b)), and if the US Department of Health and Human Services determines that the capital expenditure is for services and facilities that are needed by the HMO or CMP in order to operate efficiently and economically and that are not otherwise readily accessible to the HMO or CMP because of one of the following: - The facilities do not provide common services at the same site. - The facilities are not available under a contract of reasonable duration. - Full and equal medical staff privileges in the facilities are not available. - Arrangements with these facilities are not administratively feasible. - The purchase of these services is more costly than if the HMO or CMP provided the services directly. |
| §482.12(d)(6) | (6) The plan must be reviewed and updated annually | LD.04.01.03, EP 4 The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan. | LD.13.01.05, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The institutional plan is prepared by representatives of the hospital's governing body, the administrative staff, and the medical staff under the direction of the governing body. The institutional plan is reviewed and updated annually. |
| §482.12(d)(7) | (7) The plan must be prepared | | |
| \$482.12(d)(7)(i) | (i) Under the direction of the governing body; and | LD.01.03.01, EP 2 The governing body provides for organization management and planning. | LD.13.01.05, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The institutional plan is prepared by representatives of the hospital's governing body, the administrative staff, and the medical staff under the direction of the governing body. The institutional plan is reviewed and updated annually. |
| §482.12(d)(7)(ii) | (ii) By a committee consisting of representatives of the governing body, the | LD.01.01, EP 2 The governing body identifies those responsible for planning, management, and operational activities. | LD.13.01.05, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The institutional plan is prepared by |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | administrative staff, and the medical staff of the institution. | LD.01.03.01, EP 8 The governing body provides the organized medical staff with the opportunity to participate in governance. | representatives of the hospital's governing body, the administrative staff, and the medical staff under the direction of the governing body. The institutional plan is reviewed and updated annually. |
| | | LD.04.01.03, EP 1 Leaders solicit comments from those who work in the hospital when developing the operational and capital budgets. | |
| §482.12(e) | §482.12(e) Standard: Contracted Services The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services. | LD.04.03.09, EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements. LD.04.03.09, EP 3 Designated leaders approve contractual agreements. LD.04.03.09, EP 4 Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note 1: In most cases, each physician and other licensed practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: - Verify that all physicians and other licensed | LD.13.03.03, EP 1 The hospital maintains a list of all contracted services, including the scope and nature of the services provided. LD.13.03.03, EP 2 The governing body is responsible for all services provided in the hospital, including contracted services. The governing body assesses that services are provided in a safe and effective manner and takes action to address issues pertaining to quality and performance. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body makes certain that a contractor of services (including one for shared services and joint ventures) provides services that permit the hospital to comply with applicable Centers for Medicare & Details of the contract services. Conditions of Participation and standards for contract services. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by physicians and other licensed practitioners will be within the scope of their privileges. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body. | |
| | | LD.04.03.09, EP 5 Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it. | |
| | | LD.04.03.09, EP 6 Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations. | |
| §482.12(e)(1) | (1) The governing body must ensure that the services performed under a contract are provided in a safe and effective manner. | LD.01.03.01, EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. | LD.13.03.03, EP 2 The governing body is responsible for all services provided in the hospital, including contracted services. The governing body assesses that services are provided in a safe and effective manner |
| | | LD.04.03.09, EP 6 Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations. | and takes action to address issues pertaining to quality and performance. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body makes certain that a |
| | | LD.04.03.09, EP 7 Leaders take steps to improve contracted services that do not meet expectations. | contractor of services (including one for shared services and joint ventures) provides services that permit the hospital to comply with |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: Examples of improvement efforts to consider include the following: - Increase monitoring of the contracted services - Provide consultation or training to the contractor - Renegotiate the contract terms - Apply defined penalties - Terminate the contract | applicable Centers for Medicare & Description and Standards for contract services. |
| §482.12(e)(2) | (2) The hospital must maintain a list of all | LD.04.03.09, EP 2 | LD.13.03.03, EP 1 |
| | contracted services, including the scope and | The hospital describes, in writing, the nature and scope | The hospital maintains a list of all contracted services, including |
| | nature of the services provided. | of services provided through contractual agreements. | the scope and nature of the services provided. |
| §482.12(f) | §482.12(f) Standard: Emergency Services | | |
| §482.12(f)(1) | (1) If emergency services are provided at the hospital, the hospital must comply with the requirements of §482.55. | LD.01.03.01, EP 3 The governing body approves the hospital's written scope of services. LD.04.01.01, EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.) LD.04.03.01, EP 2 The hospital provides essential services, including the following: Diagnostic radiology Emergency | LD.13.03.01, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Nuclear medicine Nursing care Pathology and clinical laboratory Pharmaceutical Physical rehabilitation Respiratory care Social work Note 1: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The diagnostic radiology services provided by the hospital, as well as staff qualifications, meet professionally | |
| §482.12(f)(2) | (2) If emergency services are not provided at the hospital, the governing body must assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral when appropriate. | approved standards. MS.03.01.01, EP 14 For hospitals that use Joint Commission accreditation for deemed status purposes: When emergency services are not provided at the hospital, the medical staff has written policies and procedures for appraisal of emergencies, initial treatment of patients, and referral of patients when needed. | LD.11.01.01, EP 2 The governing body does the following: - Approves and is responsible for the effective operation of the grievance process - Reviews and resolves grievances, unless it delegates responsibility in writing to a grievance committee - Determines, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff - Appoints members of the medical staff after considering the recommendations of the existing members of the medical staff |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | - Makes certain that the medical staff has bylaws |
| | | | - Approves medical staff bylaws and other medical staff rules and |
| | | | regulations |
| | | | - Makes certain that the medical staff is accountable to the |
| | | | governing body for the quality of care provided to patients |
| | | | - Makes certain that the criteria for selection to the medical staff |
| | | | are based on individual character, competence, training, |
| | | | experience, and judgment |
| | | | - Makes certain that under no circumstances is the accordance of |
| | | | staff membership or professional privileges in the hospital |
| | | | dependent solely upon certification, fellowship, or membership in |
| | | | a specialty body or society |
| | | | - Makes certain that the medical staff develops and implements |
| | | | written policies and procedures for appraisal of emergencies, |
| | | | initial treatment, and referral of patients at the locations without |
| | | | emergency services when emergency services are not provided at |
| | | | the hospital, or are provided at the hospital but not at one or more |
| 2.422.4249.423 | | | off-campus locations |
| §482.12(f)(3) | (3) If emergency services are provided at the | MS.03.01.01, EP 13 | LD.11.01.01, EP 2 |
| | hospital but are not provided at one or more | For hospitals that use Joint Commission accreditation | The governing body does the following: |
| | off-campus departments of the hospital, the | for deemed status purposes: When emergency services | - Approves and is responsible for the effective operation of the |
| | governing body of the hospital must assure | are provided at the hospital but not at one or more off- | grievance process |
| | that the medical staff has written policies | campus locations, the medical staff has written policies | - Reviews and resolves grievances, unless it delegates |
| | and procedures in effect with respect to the | and procedures for appraisal of emergencies, initial | responsibility in writing to a grievance committee |
| | off-campus department(s) for appraisal of emergencies and referral when appropriate. | treatment, and referral of patients at the off-campus locations. | - Determines, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the |
| | emergencies and referrat when appropriate. | tocations. | medical staff |
| | | | - Appoints members of the medical staff after considering the |
| | | | recommendations of the existing members of the medical staff |
| | | | - Makes certain that the medical staff has bylaws |
| | | | - Approves medical staff bylaws and other medical staff rules and |
| | | | regulations |
| | | | - Makes certain that the medical staff is accountable to the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | governing body for the quality of care provided to patients |
| | | | - Makes certain that the criteria for selection to the medical staff |
| | | | are based on individual character, competence, training, |
| | | | experience, and judgment |
| | | | - Makes certain that under no circumstances is the accordance of |
| | | | staff membership or professional privileges in the hospital |
| | | | dependent solely upon certification, fellowship, or membership in |
| | | | a specialty body or society |
| | | | - Makes certain that the medical staff develops and implements |
| | | | written policies and procedures for appraisal of emergencies, |
| | | | initial treatment, and referral of patients at the locations without |
| | | | emergency services when emergency services are not provided at |
| | | | the hospital, or are provided at the hospital but not at one or more |
| §482.13 | §482.13 Condition of Participation: Patient's | RI.01.01.01, EP 1 | off-campus locations RI.11.01.01, EP 1 |
| 9462.13 | Rights A hospital must protect and promote | The hospital has written policies on patient rights. | The hospital develops and implements written policies to protect |
| | each patient's rights. | Note: For hospitals that use Joint Commission | and promote patient rights. |
| | each patient stights. | accreditation for deemed status purposes: The | and promote patient rights. |
| | | hospital's written policies address procedures regarding | |
| | | patient visitation rights, including any clinically | |
| | | necessary or reasonable restrictions or limitations. | |
| | | , or reasonable results of annual constraints | |
| | | RI.01.01.01, EP 2 | |
| | | The hospital informs the patient of the patient's rights. | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | informs the patient (or support person, where | |
| | | appropriate) of the patient's visitation rights. Visitation | |
| | | rights include the right to receive the visitors designated | |
| | | by the patient, including, but not limited to, a spouse, a | |
| | | domestic partner (including a same-sex domestic | |
| | | partner), another family member, or a friend. Also | |
| | | included is the right to withdraw or deny such consent at | |

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| | | any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs each patient (or support person, where appropriate) of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. | |
| | | RI.01.01.01, EP 4 | |
| | | The hospital treats the patient in a dignified and | |
| | | respectful manner that supports the patient's dignity. | |
| §482.13(a) | §482.13(a) Standard: Notice of Rights | | |
| §482.13(a)(1) | (1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. | RI.01.01.01, EP 1 The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations. | RI.11.01.01, EP 2 The hospital informs each patient, or when appropriate, the patient's representative (as allowed, under state law) of the patient's rights in advance of providing or discontinuing patient care whenever possible. |
| | | RI.01.01.01, EP 2 The hospital informs the patient of the patient's rights. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of the patient's visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission | |

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| | | accreditation for deemed status purposes: The hospital informs each patient (or support person, where appropriate) of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. | |
| | | RI.01.02.01, EP 2 When a patient is unable to make decisions about their care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The selection of the surrogate decision-maker is in accordance with state law. | |
| | | RI.01.02.01, EP 3 The hospital provides the patient or surrogate decision-maker with written information about the right to refuse care, treatment, and services. | |
| | | RI.01.02.01, EP 8 The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation. | |
| §482.13(a)(2) | Element Deleted | RI.01.07.01, EP 1 The hospital establishes a complaint resolution process for the prompt resolution of patient complaints that includes a clearly explained procedure for the submission of a patient's written or verbal complaint and informs the patient and the patient's family about it. Note: The governing body is responsible for the effective operation of the complaint resolution process unless it | |

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| | | delegates this responsibility in writing to a complaint | |
| | | resolution committee. | |
| §482.13(a)(2) | (2) The hospital must establish a process for | RI.01.07.01, EP 20 | LD.11.01.01, EP 2 |
| continued | prompt resolution of patient grievances and | For hospitals that use Joint Commission accreditation | The governing body does the following: |
| | must inform each patient whom to contact to | for deemed status purposes: The process for resolving | - Approves and is responsible for the effective operation of the |
| | file a grievance. The hospital's governing | complaints includes a mechanism for timely referral of | grievance process |
| | body must approve and be responsible for | patient concerns regarding quality of care or premature | - Reviews and resolves grievances, unless it delegates |
| | the effective operation of the grievance | discharge to the appropriate Utilization and Quality | responsibility in writing to a grievance committee |
| | process and must review and resolve | Control Quality Improvement Organization. | - Determines, in accordance with state law, which categories of |
| | grievances, unless it delegates the | | practitioners are eligible candidates for appointment to the |
| | responsibility in writing to a grievance | | medical staff |
| | committee. The grievance process must | | - Appoints members of the medical staff after considering the |
| | include a mechanism for timely referral of | | recommendations of the existing members of the medical staff |
| | patient concerns regarding quality of care or | | - Makes certain that the medical staff has bylaws |
| | premature discharge to the appropriate | | - Approves medical staff bylaws and other medical staff rules and |
| | Utilization and Quality Control Quality | | regulations |
| | Improvement Organization. At a minimum: | | - Makes certain that the medical staff is accountable to the |
| | | | governing body for the quality of care provided to patients |
| | | | - Makes certain that the criteria for selection to the medical staff |
| | | | are based on individual character, competence, training, |
| | | | experience, and judgment |
| | | | - Makes certain that under no circumstances is the accordance of |
| | | | staff membership or professional privileges in the hospital |
| | | | dependent solely upon certification, fellowship, or membership in |
| | | | a specialty body or society |
| | | | - Makes certain that the medical staff develops and implements |
| | | | written policies and procedures for appraisal of emergencies, |
| | | | initial treatment, and referral of patients at the locations without |
| | | | emergency services when emergency services are not provided at |
| | | | the hospital, or are provided at the hospital but not at one or more |
| | | | off-campus locations |
| | | | DI 14 01 01 ED 1 |
| | | | RI.14.01.01, EP 1 |

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| | | | For hospitals that use Joint Commission accreditation for deemed |
| | | | status purposes: The process for resolving grievances includes a |
| | | | mechanism for timely referral of patient concerns regarding quality |
| | | | of care or premature discharge to the appropriate Utilization and |
| | | | Quality Control Quality Improvement Organization. |
| | | | RI.14.01.01, EP 2 |
| | | | The hospital develops and implements policies and procedures for |
| | | | the prompt resolution of patient grievances. The policies clearly |
| | | | explain the procedure for patients to submit written or verbal |
| | | | grievances and specify timeframes for the review of and response |
| | | | to the grievance. |
| §482.13(a)(2) | Element Deleted | RI.01.07.01, EP 1 | |
| continued | | The hospital establishes a complaint resolution process | |
| | | for the prompt resolution of patient complaints that | |
| | | includes a clearly explained procedure for the | |
| | | submission of a patient's written or verbal complaint | |
| | | and informs the patient and the patient's family about it. | |
| | | Note: The governing body is responsible for the effective | |
| | | operation of the complaint resolution process unless it | |
| | | delegates this responsibility in writing to a complaint | |
| | | resolution committee. | |
| §482.13(a)(2)(i) | (i) The hospital must establish a clearly | RI.01.01.03, EP 1 | RI.14.01.01, EP 2 |
| | explained procedure for the submission of a | The hospital provides information in a manner tailored | The hospital develops and implements policies and procedures for |
| | patient's written or verbal grievance to the | to the patient's age, language, and ability to understand. | the prompt resolution of patient grievances. The policies clearly |
| | hospital. | | explain the procedure for patients to submit written or verbal |
| | | RI.01.07.01, EP 1 | grievances and specify timeframes for the review of and response |
| | | The hospital establishes a complaint resolution process | to the grievance. |
| | | for the prompt resolution of patient complaints that | |
| | | includes a clearly explained procedure for the | |
| | | submission of a patient's written or verbal complaint | |
| | | and informs the patient and the patient's family about it. | |
| 1 | | Note: The governing body is responsible for the effective | |

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| | | operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee. | |
| §482.13(a)(2)(ii) | (ii) The grievance process must specify time frames for review of the grievance and the provision of a response. | RI.01.07.01, EP 19 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital determines time frames for complaint review and response. | RI.14.01.01, EP 2 The hospital develops and implements policies and procedures for the prompt resolution of patient grievances. The policies clearly explain the procedure for patients to submit written or verbal grievances and specify timeframes for the review of and response to the grievance. |
| §482.13(a)(2)(iii) | (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. | RI.01.07.01, EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: In its resolution of complaints, the hospital provides the individual with a written notice of its decision, which contains the following: - The name of the hospital contact person - The steps taken on behalf of the individual to investigate the complaint - The results of the process - The date of completion of the complaint process | RI.14.01.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: In its resolution of grievances, the hospital provides the patient with a written notice of its decision, which contains the following: - Name of the hospital contact person - Steps taken on behalf of the individual to investigate the grievances - Results of the process - Date of completion of the grievance process |
| §482.13(b) | §482.13(b) Standard: Exercise of Rights | | |
| §482.13(b)(1) | (1) The patient has the right to participate in the development and implementation of his or her plan of care. | RI.01.02.01, EP 1 The hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the hospital. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well | PC.11.03.01, EP 2 The hospital involves the patient in the development and implementation of their plan of care. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed, in advance, of changes to their plan of care. |

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| | | as all applicable post–acute care services providers and | |
| | | suppliers. The hospital has a process for documenting a | |
| | | patient's refusal to permit notification of registration to | |
| | | the emergency department, admission to an inpatient | |
| | | unit, or discharge or transfer from the emergency | |
| | | department or inpatient unit. Notifications with primary | |
| | | care practitioners and entities are in accordance with all | |
| | | applicable federal and state laws and regulations. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The resident has the right to be informed in | |
| | | advance of changes to their plan of care. | |
| | | RI.01.02.01, EP 2 | |
| | | When a patient is unable to make decisions about their | |
| | | care, treatment, and services, the hospital involves a | |
| | | surrogate decision-maker in making these decisions. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The selection of the surrogate decision- | |
| | | maker is in accordance with state law. | |
| | | RI.01.02.01, EP 8 | |
| | | The hospital involves the patient's family in care, | |
| | | treatment, and services decisions to the extent | |
| | | permitted by the patient or surrogate decision-maker, in | |
| | | accordance with law and regulation. | |
| §482.13(b)(2) | (2) The patient or his or her representative | RI.01.01.03, EP 3 | RI.12.01.01, EP 1 |
| | (as allowed under State law) has the right to | The hospital provides information to the patient who has | The patient or their representative (as allowed, in accordance with |
| | make informed decisions regarding his or her | vision, speech, hearing, or cognitive impairments in a | state law) has the right to make informed decisions regarding their |
| | care. The patient's rights include being | manner that meets the patient's needs. | care. The patient's rights include being informed of their health |
| | informed of his or her health status, being | | status, being involved in care planning and treatment, and being |
| | involved in care planning and treatment, and | RI.01.02.01, EP 1 | able to request or refuse treatment. This does not mean the patient |

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| | being able to request or refuse treatment. | The hospital involves the patient in making decisions | has the right to demand the provision of treatment or services |
| | This right must not be construed as a | about their care, treatment, and services, including the | deemed medically unnecessary or inappropriate. |
| | mechanism to demand the provision of | right to have the patient's family and physician or other | |
| | treatment or services deemed medically | licensed practitioner promptly notified of their | |
| | unnecessary or inappropriate. | admission to or discharge or transfer from the hospital. | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The patient is | |
| | | informed, prior to the notification occurring, of any | |
| | | process to automatically notify the patient's established | |
| | | primary care practitioner, primary care practice | |
| | | group/entity, or other practitioner group/entity, as well | |
| | | as all applicable post–acute care services providers and | |
| | | suppliers. The hospital has a process for documenting a | |
| | | patient's refusal to permit notification of registration to | |
| | | the emergency department, admission to an inpatient | |
| | | unit, or discharge or transfer from the emergency | |
| | | department or inpatient unit. Notifications with primary | |
| | | care practitioners and entities are in accordance with all | |
| | | applicable federal and state laws and regulations. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The resident has the right to be informed in | |
| | | advance of changes to their plan of care. | |
| | | RI.01.02.01, EP 2 | |
| | | When a patient is unable to make decisions about their | |
| | | care, treatment, and services, the hospital involves a | |
| | | surrogate decision-maker in making these decisions. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The selection of the surrogate decision- | |
| | | maker is in accordance with state law. | |
| | | | |

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| | | RI.01.02.01, EP 3 The hospital provides the patient or surrogate decision-maker with written information about the right to refuse care, treatment, and services. | |
| | | RI.01.02.01, EP 4 The hospital respects the right of the patient or surrogate decision-maker to refuse care, treatment, and services in accordance with law and regulation. | |
| | | RI.01.02.01, EP 8 The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation. | |
| | | RI.01.02.01, EP 20 The hospital provides the patient or surrogate decision-maker with the information about the following: Outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions. Unanticipated outcomes of the patient's care, treatment, and services that are sentinel events as defined by The Joint Commission. This information is provided by the physician or other licensed practitioner responsible for managing the patient's care, treatment, and services. (Refer to the Glossary for a definition of sentinel event.) | |
| | | RI.01.03.01, EP 1 The hospital follows a written policy on informed consent that describes the following: | |

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| | | - The specific care, treatment, and services that require | |
| | | informed consent | |
| | | - Circumstances that would allow for exceptions to | |
| | | obtaining informed consent | |
| | | - The process used to obtain informed consent | |
| | | - The physician or other licensed practitioner permitted | |
| | | to conduct the informed consent discussion in | |
| | | accordance with law and regulation | |
| | | - How informed consent is documented in the patient | |
| | | record Note: Documentation may be recorded in a form, in | |
| | | progress notes, or elsewhere in the record. | |
| | | - When a surrogate decision-maker may give informed | |
| | | consent | |
| | | | |
| | | RI.01.03.01, EP 2 | |
| | | The informed consent process includes a discussion | |
| | | about the following: | |
| | | - The patient's proposed care, treatment, and services. | |
| | | - Potential benefits, risks, and side effects of the | |
| | | patient's proposed care, treatment, and services; the | |
| | | likelihood of the patient achieving their goals; and any | |
| | | potential problems that might occur during | |
| | | recuperation. | |
| | | - Reasonable alternatives to the patient's proposed | |
| | | care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to | |
| | | the alternatives and the risks related to not receiving the | |
| | | proposed care, treatment, and services. | |
| | | proposed care, troutinent, and convictor | |
| | | RI.01.05.01, EP 1 | |
| | | The hospital follows written policies on advance | |
| | | directives, forgoing or withdrawing life-sustaining | |

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| | | treatment, and withholding resuscitative services that | |
| | | address the following: | |
| | | - Providing patients with written information about | |
| | | advance directives, forgoing or withdrawing life- | |
| | | sustaining treatment, and withholding resuscitative | |
| | | services. | |
| | | - Providing the patient upon admission with information | |
| | | on the extent to which the hospital is able, unable, or | |
| | | unwilling to honor advance directives. | |
| | | - For outpatient hospital settings: Communicating its | |
| | | policy on advance directives upon request or when | |
| | | warranted by the care, treatment, and services | |
| | | provided. | |
| | | - Whether the hospital will honor advance directives in | |
| | | its outpatient settings. | |
| | | - That the hospital will honor the patient's right to | |
| | | formulate or review and revise the patient's advance | |
| | | directives. | |
| | | - Informing staff who are involved in the patient's care, | |
| | | treatment, and services whether or not the patient has | |
| | | an advance directive. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The patient's | |
| | | right to formulate advance directives and have staff and | |
| | | licensed practitioners comply with these directives is in | |
| | | accordance with 42 CFR 489.100, 489.102, and | |
| | | 489.104. | |
| §482.13(b)(3) | (3) The patient has the right to formulate | LD.04.01.01, EP 2 | RI.12.01.01, EP 5 |
| | advance directives and to have hospital staff | The hospital provides care, treatment, and services in | Staff and licensed practitioners who provide care, treatment, or |
| | and practitioners who provide care in the | accordance with licensure requirements, laws, and | services in the hospital honor the patient's right to formulate |
| | hospital comply with these directives, in | rules and regulations. | advance directives and comply with these directives, in |
| | accordance with §489.100 of this part | Note: For hospitals that use Joint Commission | accordance with law and regulation. |
| | (Definition), §489.102 of this part | accreditation for deemed status purposes: The hospital | Note: For hospitals that use Joint Commission accreditation for |

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| | (Requirements for providers), and §489.104 of this part (Effective dates). | meets the Centers for Medicare & Deficient Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.) | deemed status purposes: Law and regulation includes, at a minimum, 42 CFR 489.100, 489.102, and 489.104. |
| | | RI.01.05.01, EP 1 The hospital follows written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services that address the following: - Providing patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services. - Providing the patient upon admission with information on the extent to which the hospital is able, unable, or unwilling to honor advance directives. - For outpatient hospital settings: Communicating its policy on advance directives upon request or when warranted by the care, treatment, and services provided. - Whether the hospital will honor advance directives in its outpatient settings. - That the hospital will honor the patient's right to formulate or review and revise the patient's advance directives. - Informing staff who are involved in the patient's care, | |
| | | treatment, and services whether or not the patient has an advance directive. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient's right to formulate advance directives and have staff and | |
| | | licensed practitioners comply with these directives is in | |

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| | | accordance with 42 CFR 489.100, 489.102, and 489.104. | |
| | | RI.01.05.01, EP 9 The hospital documents whether or not the patient has an advance directive. | |
| | | an advance directive. | |
| | | RI.01.05.01, EP 10 Upon request, the hospital refers the patient to resources for assistance in formulating advance directives. | |
| | | RI.01.05.01, EP 17 | |
| | | The existence or lack of an advance directive does not determine the patient's right to access care, treatment, | |
| | | and services. | |
| §482.13(b)(4) | (4) The patient has the right to have a family | RI.01.01.01, EP 5 | RI.12.01.01, EP 2 |
| | member or representative of his or her | The hospital respects the patient's right to and need for | The hospital asks the patient whether they want a family member, |
| | choice and his or her own physician notified | effective communication. | representative, or physician or other licensed practitioner notified |
| | promptly of his or her admission to the hospital. | RI.01.02.01, EP 1 | of their admission to the hospital. The hospital promptly notifies the identified individual(s). |
| | ποσριτατ. | The hospital involves the patient in making decisions | Note: For hospitals that use Joint Commission accreditation for |
| | | about their care, treatment, and services, including the | deemed status purposes: The patient is informed, prior to the |
| | | right to have the patient's family and physician or other | notification occurring, of any process to automatically notify the |
| | | licensed practitioner promptly notified of their | patient's established primary care practitioner, primary care |
| | | admission to or discharge or transfer from the hospital. | practice group/entity, or other practitioner group/entity, as well as |
| | | Note 1: For hospitals that use Joint Commission | all applicable post–acute care service providers and suppliers. The |
| | | accreditation for deemed status purposes: The patient is | hospital has a process for documenting a patient's refusal to |
| | | informed, prior to the notification occurring, of any | permit notification of registration to the emergency department, |
| | | process to automatically notify the patient's established | admission to an inpatient unit, or discharge or transfer from the |
| | | primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well | emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all |
| | | as all applicable post–acute care services providers and | applicable federal and state laws and regulations. |

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| | | suppliers. The hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed in advance of changes to their plan of care. RI.01.02.01, EP 8 The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in | |
| \$400.40(a) | SAOO 10(a) Chandard Drive average Cafatri | accordance with law and regulation. | |
| §482.13(c)(1) | \$482.13(c) Standard: Privacy and Safety (1) The patient has the right to personal privacy. | RI.01.01.01, EP 7 The hospital respects the patient's right to privacy. Note 1: This element of performance (EP) addresses a patient's personal privacy. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of their personal records and written communications, including the right to send and receive mail promptly. | RI.11.01.01, EP 5 The hospital respects the patient's right to personal privacy. Note 1: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, refer to Standard IM.12.01.01. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. |
| §482.13(c)(2) | (2) The patient has the right to receive care in a safe setting. | EC.01.01.01, EP 5 The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities. | NPG.08.01.01, EP 1 For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used |

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| | | | to attempt suicide; the hospital takes necessary action to |
| | | EC.02.01.01, EP 1 | minimize the risk(s) (for example, removal of anchor points, door |
| | | The hospital implements its process to identify safety | hinges, and hooks that can be used for hanging). |
| | | and security risks associated with the environment of | |
| | | care that could affect patients, staff, and other people | For nonpsychiatric units in hospitals: The organization implements |
| | | coming to the hospital's facilities. | procedures to mitigate the risk of suicide for patients at high risk |
| | | Note: Risks are identified from internal sources such as | for suicide, such as one-to-one monitoring, removing objects that |
| | | ongoing monitoring of the environment, results of root | pose a risk for self-harm if they can be removed without adversely |
| | | cause analyses, results of proactive risk assessments of | affecting the patient's medical care, assessing objects brought |
| | | high-risk processes, and from credible external sources | into a room by visitors, and using safe transportation procedures |
| | | such as Sentinel Event Alerts. | when moving patients to other parts of the hospital. |
| | | EC.02.01.01, EP 3 | Note: Nonpsychiatric units in hospitals do not need to be ligature |
| | | The hospital takes action to minimize or eliminate | resistant. Nevertheless, these facilities should routinely assess |
| | | identified safety and security risks in the physical | clinical areas to identify objects that could be used for self-harm |
| | | environment. | and remove those objects, when possible, from the area around a |
| | | | patient who has been identified as high risk for suicide. This |
| | | EC.02.01.01, EP 7 | information can be used for training staff who monitor high-risk |
| | | The hospital identifies individuals entering its facilities. | patients (for example, developing checklists to help staff |
| | | Note: The hospital determines which of those | remember which equipment should be removed when possible). |
| | | individuals require identification and how to do so. | |
| | | | NPG.08.01.01, EP 2 |
| | | EC.02.01.01, EP 8 | The hospital screens all patients for suicidal ideation who are |
| | | The hospital controls access to and from areas it | being evaluated or treated for behavioral health conditions as their |
| | | identifies as security sensitive. | primary reason for care using a validated screening tool. |
| | | | Note: The Joint Commission requires screening for suicidal |
| | | EC.02.01.01, EP 9 | ideation using a validated tool starting at age 12 and above. |
| | | The hospital has written procedures to follow in the | |
| | | event of a security incident, including an infant or | NPG.08.01.01, EP 3 |
| | | pediatric abduction. | The hospital uses an evidence-based process to conduct a suicide |
| | | | assessment of patients who have screened positive for suicidal |
| | | EC.02.01.01, EP 10 | ideation. The assessment directly asks about suicidal ideation, |
| | | When a security incident occurs, the hospital follows its | plan, intent, suicidal or self-harm behaviors, risk factors, and |

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| | | identified procedures. | protective factors. |
| | | | Note: EPs 2 and 3 can be satisfied through the use of a single |
| | | EC.02.06.01, EP 1 | process or instrument that simultaneously screens patients for |
| | | Interior spaces meet the needs of the patient population | suicidal ideation and assesses the severity of suicidal ideation. |
| | | and are safe and suitable to the care, treatment, and | |
| | | services provided. | NPG.08.01.01, EP 4 |
| | | | The hospital documents patients' overall level of risk for suicide |
| | | EC.04.01.01, EP 1 | and the plan to mitigate the risk for suicide. |
| | | The hospital establishes a process(es) for continually | |
| | | monitoring, internally reporting, and investigating the | NPG.08.01.01, EP 5 |
| | | following: | The hospital follows written policies and procedures addressing |
| | | - Injuries to patients or others within the hospital's | the care of patients identified as at risk for suicide. At a minimum, |
| | | facilities | these should include the following: |
| | | - Occupational illnesses and staff injuries | - Training and competence assessment of staff who care for |
| | | - Incidents of damage to its property or the property of | patients at risk for suicide |
| | | others | - Guidelines for reassessment |
| | | - Safety and security incidents involving patients, staff, | - Monitoring patients who are at high risk for suicide |
| | | or others within its facilities, including those related to | |
| | | workplace violence | NPG.08.01.01, EP 7 |
| | | - Hazardous materials and waste spills and exposures | The hospital monitors implementation and effectiveness of |
| | | - Fire safety management problems, deficiencies, and | policies and procedures for screening, assessment, and |
| | | failures | management of patients at risk for suicide and takes action as |
| | | - Medical or laboratory equipment management | needed to improve compliance. |
| | | problems, failures, and use errors | |
| | | - Utility systems management problems, failures, or use | RI.11.01.01, EP 3 |
| | | errors | The patient has the right to receive care in a safe setting. |
| | | Note 1: All the incidents and issues listed above may be | |
| | | reported to staff in quality assessment, improvement, or | |
| | | other functions. A summary of such incidents may also | |
| | | be shared with the person designated to coordinate | |
| | | safety management activities. | |
| | | Note 2: Review of incident reports often requires that | |
| | | legal processes be followed to preserve confidentiality. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Opportunities to improve care, treatment, and services, | |
| | | or to prevent similar incidents, are not lost as a result of | |
| | | following the legal process. | |
| | | | |
| | | EC.04.01.01, EP 3 | |
| | | Based on its process(es), the hospital reports and | |
| | | investigates the following: Injuries to patients or others | |
| | | in the hospital's facilities. | |
| | | FO 04 04 04 FD 0 | |
| | | EC.04.01.01, EP 6 | |
| | | Based on its process(es), the hospital reports and | |
| | | investigates the following: Safety and security incidents involving patients, staff, or others within its facilities, | |
| | | including those related to workplace violence. | |
| | | including those related to workplace violence. | |
| | | NPSG.15.01.01, EP 1 | |
| | | For psychiatric hospitals and psychiatric units in general | |
| | | hospitals: The hospital conducts an environmental risk | |
| | | assessment that identifies features in the physical | |
| | | environment that could be used to attempt suicide; the | |
| | | hospital takes necessary action to minimize the risk(s) | |
| | | (for example, removal of anchor points, door hinges, and | |
| | | hooks that can be used for hanging). | |
| | | For many and induity and in growth of the south of the | |
| | | For nonpsychiatric units in general hospitals: The | |
| | | organization implements procedures to mitigate the risk | |
| | | of suicide for patients at high risk for suicide, such as | |
| | | one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without | |
| | | adversely affecting the patient's medical care, | |
| | | assessing objects brought into a room by visitors, and | |
| | | using safe transportation procedures when moving | |
| | | patients to other parts of the hospital. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| COF Nequilement | OUT TOAL | Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment | Tuture Er Plapping |
| | | NPSG.15.01.01, EP 2 Screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care using a validated screening tool. Note: The Joint Commission requires screening for suicidal ideation using a validated tool starting at age 12 and above. | |
| | | NPSG.15.01.01, EP 3 Use an evidence-based process to conduct a suicide assessment of patients who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors. Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens patients for suicidal ideation and assesses the severity of suicidal ideation. | |
| | | NPSG.15.01.01, EP 4 Document patients' overall level of risk for suicide and | |

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| | | the plan to mitigate the risk for suicide. | |
| | | NPSG.15.01.01, EP 5 Follow written policies and procedures addressing the care of patients identified as at risk for suicide. At a minimum, these should include the following: - Training and competence assessment of staff who care for patients at risk for suicide - Guidelines for reassessment - Monitoring patients who are at high risk for suicide | |
| | | NPSG.15.01.01, EP 7 Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance. | |
| | | RI.01.01.01, EP 4 The hospital treats the patient in a dignified and respectful manner that supports the patient's dignity. | |
| | | RI.01.06.03, EP 1 The hospital protects the patient from harassment, neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion. | |
| §482.13(c)(3) | (3) The patient has the right to be free from | RI.01.06.03, EP 1 | RI.13.01.01, EP 1 |
| | all forms of abuse or harassment. | The hospital protects the patient from harassment, neglect, exploitation, and abuse that could occur while | The hospital protects the patient from harassment, neglect, exploitation, corporal punishment, involuntary seclusion, and |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the patient is receiving care, treatment, and services. | verbal, mental, sexual, or physical abuse that could occur while |
| | | Note: For hospitals that use Joint Commission | the patient is receiving care, treatment, and services. |
| | | accreditation for deemed status purposes and have | For hospitals that use Joint Commission accreditation for deemed |
| | | swing beds: The hospital also determines how it will | status purposes and have swing beds: The hospital also protects |
| | | protect residents from corporal punishment and | the resident from misappropriation of property. |
| | | involuntary seclusion. | |
| | | RI.01.06.03, EP 2 | |
| | | The hospital evaluates all allegations, observations, and | |
| | | suspected cases of neglect, exploitation, and abuse that | |
| | | occur within the hospital. | |
| | | occur within the nospitat. | |
| | | RI.01.06.03, EP 3 | |
| | | The hospital reports allegations, observations, and | |
| | | suspected cases of neglect, exploitation, and abuse to | |
| | | appropriate authorities based on its evaluation of the | |
| | | suspected events, or as required by law. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: Alleged violations involving abuse, neglect, | |
| | | exploitation, or mistreatment, including injuries of | |
| | | unknown source and misappropriation of resident | |
| | | property, are reported to the administrator of the facility | |
| | | and to other officials (including the state survey agency | |
| | | and adult protective services where state law provides | |
| | | for jurisdiction in long-term care facilities) in | |
| | | accordance with state law and established procedures. | |
| | | The alleged violations are reported in the following time | |
| | | frames: | |
| | | - No later than 2 hours after the allegation is made if the | |
| | | allegation involves abuse or serious bodily injury | |
| | | - No later than 24 hours after the allegation is made if | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the allegation does not involve abuse or serious bodily | |
| | | injury | |
| §482.13(d) | §482.13(d) Standard: Confidentiality of | | |
| | Patient Records | | |
| §482.13(d)(1) | (1) The patient has the right to the | IM.02.01.01, EP 1 | IM.12.01.01, EP 1 |
| | confidentiality of his or her clinical records. | The hospital follows a written policy addressing the | The hospital develops and implements policies and procedures |
| | | privacy and confidentiality of health information. | addressing the privacy and confidentiality of health information. |
| | | IN CO. CA. CA. ED.C. | Note: For hospitals that use Joint Commission accreditation for |
| | | IM.02.01.01, EP 3 | deemed status purposes and have swing beds: Policies and |
| | | The hospital uses health information only for purposes | procedures also address the resident's personal records. |
| | | permitted by law and regulation or as further limited by its policy on privacy. | |
| | | its policy on privacy. | |
| | | IM.02.01.01, EP 4 | |
| | | The hospital discloses health information only as | |
| | | authorized by the patient or as otherwise consistent with | |
| | | law and regulation. | |
| | | | |
| | | IM.02.01.03, EP 1 | |
| | | The hospital follows a written policy that addresses the | |
| | | security of health information, including access, use, | |
| | | and disclosure. | |
| | | IM.02.01.03, EP 2 | |
| | | The hospital implements a written policy addressing the | |
| | | following: | |
| | | - The integrity of health information against loss, | |
| | | damage, unauthorized alteration, unintentional change, | |
| | | and accidental destruction | |
| | | - The intentional destruction of health information | |
| | | - When and by whom the removal of health information | |
| | | is permitted | |

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| | | Note: Removal refers to those actions that place health | |
| | | information outside the hospital's control. | |
| §482.13(d)(2) | (2) The patient has the right to access their | RI.01.01.01, EP 10 | RI.11.01.01, EP 6 |
| | medical records, including current medical | The hospital allows the patient, through oral or written | The hospital provides the patient, upon an oral or written request, |
| | records, upon an oral or written request, in | request, to access, request amendment to, and obtain | with access to medical records, including past and current |
| | the form and format requested by the | information on disclosures of the patient's health | records, in the form and format requested (including in electronic |
| | individual, if it is readily producible in such | information, in accordance with law and regulation. | form or format when available). If electronic is unavailable, the |
| | form and format (including in an electronic | Note: For hospitals that use Joint Commission | medical record is provided in hard copy or another form agreed to |
| | form or format when such medical records | accreditation for deemed status purposes: Access to | by the hospital and patient. The hospital does not impede the |
| | are maintained electronically); or, if not, in a | medical records, including past and current records, is | legitimate efforts of individuals to gain access to their own medical |
| | readable hard copy form or such other form | in the form and format requested by the patient | records and fulfills these electronic or hard-copy requests within a |
| | and format as agreed to by the facility and | (including in electronic form or format when available). | reasonable time frame (that is, as quickly as its recordkeeping |
| | the individual, and within a reasonable time | If electronic is unavailable, the medical record is in hard | system permits). |
| | frame. The hospital must not frustrate the | copy form or another form agreed to by the organization | |
| | legitimate efforts of individuals to gain | and patient. The hospital must not frustrate the | |
| | access to their own medical records and | legitimate efforts of individuals to gain access to their | |
| | must actively seek to meet these requests as | own medical records and must actively seek to meet | |
| | quickly as its record keeping system permits. | these electronic or hard-copy requests within a | |
| | | reasonable time frame (that is, as quickly as its | |
| | | recordkeeping system permits). | |
| §482.13(e) | §482.13(e) Standard: Restraint or seclusion. | PC.03.05.01, EP 1 | PC.13.02.01, EP 1 |
| | All patients have the right to be free from | The hospital uses restraint or seclusion only to protect | The hospital does not use restraint or seclusion of any form as a |
| | physical or mental abuse, and corporal | the immediate physical safety of the patient, staff, or | means of coercion, discipline, convenience, or staff retaliation. |
| | punishment. All patients have the right to be | others. | Restraint or seclusion is only used to protect the immediate |
| | free from restraint or seclusion, of any form, | | physical safety of the patient, staff, or others when less restrictive |
| | imposed as a means of coercion, discipline, | PC.03.05.01, EP 2 | interventions have been ineffective and is discontinued at the |
| | convenience, or retaliation by staff. Restraint | The hospital does not use restraint or seclusion as a | earliest possible time, regardless of the length of time specified in |
| | or seclusion may only be imposed to ensure | means of corporal punishment, coercion, discipline, | the order. |
| | the immediate physical safety of the patient, | convenience, or staff retaliation. | |
| | a staff member, or others and must be | | RI.13.01.01, EP 1 |
| | discontinued at the earliest possible time. | PC.03.05.01, EP 5 | The hospital protects the patient from harassment, neglect, |
| | | The hospital discontinues restraint or seclusion at the | exploitation, corporal punishment, involuntary seclusion, and |
| | | earliest possible time, regardless of the scheduled | verbal, mental, sexual, or physical abuse that could occur while |

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| | | expiration of the order. | the patient is receiving care, treatment, and services. |
| | | | For hospitals that use Joint Commission accreditation for deemed |
| | | RI.01.06.03, EP 1 | status purposes and have swing beds: The hospital also protects |
| | | The hospital protects the patient from harassment, | the resident from misappropriation of property. |
| | | neglect, exploitation, and abuse that could occur while | |
| | | the patient is receiving care, treatment, and services. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The hospital also determines how it will | |
| | | protect residents from corporal punishment and | |
| | | involuntary seclusion. | |
| | | | |
| | | RI.01.06.03, EP 2 | |
| | | The hospital evaluates all allegations, observations, and | |
| | | suspected cases of neglect, exploitation, and abuse that | |
| | | occur within the hospital. | |
| | | RI.01.06.03, EP 3 | |
| | | The hospital reports allegations, observations, and | |
| | | suspected cases of neglect, exploitation, and abuse to | |
| | | appropriate authorities based on its evaluation of the | |
| | | suspected events, or as required by law. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: Alleged violations involving abuse, neglect, | |
| | | exploitation, or mistreatment, including injuries of | |
| | | unknown source and misappropriation of resident | |
| | | property, are reported to the administrator of the facility | |
| | | and to other officials (including the state survey agency | |
| | | and adult protective services where state law provides | |
| | | for jurisdiction in long-term care facilities) in | |
| | | accordance with state law and established procedures. | |
| | | The alleged violations are reported in the following time | |

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| | | frames: - No later than 2 hours after the allegation is made if the allegation involves abuse or serious bodily injury - No later than 24 hours after the allegation is made if the allegation does not involve abuse or serious bodily injury | |
| §482.13(e)(1) | (1) Definitions. | | |
| §482.13(e)(1)(i) | (i) A restraint is— | | |
| §482.13(e)(1)(i)(A) | (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or | PC.03.05.09, EP 1 The hospital's policies and procedures regarding restraint or seclusion include the following: - Physician and other licensed practitioner training requirements - Staff training requirements - The determination of who has authority to order restraint and seclusion - The determination of who has authority to discontinue the use of restraint or seclusion - The determination of who can initiate the use of restraint or seclusion - The circumstances under which restraint or seclusion is discontinued - The requirement that restraint or seclusion is discontinued as soon as is safely possible - A determination of who can assess and monitor patients in restraint or seclusion - Time frames for assessing and monitoring patients in restraint or seclusion - A definition of restraint - A definition or description of what constitutes the use of medications as a restraint Note 1: For hospitals that use Joint Commission | PC.13.02.01, EP 4 The hospital restraint policies are followed when any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or when a drug or medication is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. Note: A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort). |

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| | | accreditation for deemed status purposes: The | |
| | | hospital's definition of restraint or the use of | |
| | | medications as a restraint is in accordance with 42 CFR | |
| | | 482.13(e)(1)(i)(A-C): | |
| | | 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) | |
| | | Any manual method, physical or mechanical device, | |
| | | material, or equipment that immobilizes or reduces the | |
| | | ability of a patient to move his or her arms, legs, body, or | |
| | | head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is— | |
| | |) A drug or medication when it is used as a restriction to | |
| | | manage the patient's behavior or restrict the patient's | |
| | | freedom of movement and is not a standard treatment | |
| | | or dosage for the patient's condition. | |
| | | 42 CFR 482.13(e)(1)(i)(C) A restraint does not include | |
| | | devices, such as orthopedically prescribed devices, | |
| | | surgical dressings or bandages, protective helmets, or | |
| | | other methods that involve the physical holding of a | |
| | | patient for the purpose of conducting routine physical | |
| | | examinations or tests, or to protect the patient from | |
| | | falling out of bed, or to permit the patient to participate | |
| | | in activities without the risk of physical harm (this does | |
| | | not include a physical escort). | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | hospital's definition of seclusion is in accordance with | |
| | | 42 CFR 482.13(e)(1)(ii): | |
| | | Seclusion is the involuntary confinement of a patient | |
| | | alone in a room or area from which the patient is | |
| | | physically prevented from leaving. Seclusion may be | |
| | | used only for the management of violent or self- | |
| | | destructive behavior. | |
| §482.13(e)(1)(i)(B) | (B) A drug or medication when it is used as a | PC.03.05.09, EP 1 | PC.13.02.01, EP 4 |
| | restriction to manage the patient's behavior | The hospital's policies and procedures regarding | The hospital restraint policies are followed when any manual |

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| | or restrict the patient's freedom of | restraint or seclusion include the following: | method, physical or mechanical device, material, or equipment |
| | movement and is not a standard treatment | - Physician and other licensed practitioner training | that immobilizes or reduces the ability of a patient to move his or |
| | or dosage for the patient's condition. | requirements | her arms, legs, body, or head freely; or when a drug or medication |
| | | - Staff training requirements | is used as a restriction to manage the patient's behavior or restrict |
| | | - The determination of who has authority to order | the patient's freedom of movement and is not a standard |
| | | restraint and seclusion | treatment or dosage for the patient's condition. |
| | | - The determination of who has authority to discontinue | Note: A restraint does not include devices, such as orthopedically |
| | | the use of restraint or seclusion | prescribed devices, surgical dressings or bandages, protective |
| | | - The determination of who can initiate the use of | helmets, or other methods that involve the physical holding of a |
| | | restraint or seclusion | patient for the purpose of conducting routine physical |
| | | - The circumstances under which restraint or seclusion | examinations or tests, or to protect the patient from falling out of |
| | | is discontinued | bed, or to permit the patient to participate in activities without the |
| | | - The requirement that restraint or seclusion is | risk of physical harm (this does not include a physical escort). |
| | | discontinued as soon as is safely possible | |
| | | - A determination of who can assess and monitor | |
| | | patients in restraint or seclusion | |
| | | - Time frames for assessing and monitoring patients in | |
| | | restraint or seclusion | |
| | | - A definition of restraint | |
| | | - A definition of seclusion | |
| | | - A definition or description of what constitutes the use | |
| | | of medications as a restraint | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | hospital's definition of restraint or the use of | |
| | | medications as a restraint is in accordance with 42 CFR | |
| | | 482.13(e)(1)(i)(A-C): | |
| | | 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) | |
| | | Any manual method, physical or mechanical device, | |
| | | material, or equipment that immobilizes or reduces the | |
| | | ability of a patient to move his or her arms, legs, body, or | |
| | | head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is— | |
| | |) A drug or medication when it is used as a restriction to | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. 42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort). Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's definition of seclusion is in accordance with 42 CFR 482.13(e)(1)(ii): Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self- | |
| §482.13(e)(1)(i)(C) | (C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort). | destructive behavior. PC.03.05.09, EP 1 The hospital's policies and procedures regarding restraint or seclusion include the following: - Physician and other licensed practitioner training requirements - Staff training requirements - The determination of who has authority to order restraint and seclusion - The determination of who has authority to discontinue the use of restraint or seclusion - The determination of who can initiate the use of restraint or seclusion | PC.13.02.01, EP 4 The hospital restraint policies are followed when any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or when a drug or medication is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. Note: A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The circumstances under which restraint or seclusion | examinations or tests, or to protect the patient from falling out of |
| | | is discontinued | bed, or to permit the patient to participate in activities without the |
| | | - The requirement that restraint or seclusion is | risk of physical harm (this does not include a physical escort). |
| | | discontinued as soon as is safely possible | |
| | | - A determination of who can assess and monitor | |
| | | patients in restraint or seclusion | |
| | | - Time frames for assessing and monitoring patients in | |
| | | restraint or seclusion | |
| | | - A definition of restraint | |
| | | - A definition of seclusion | |
| | | - A definition or description of what constitutes the use | |
| | | of medications as a restraint | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | hospital's definition of restraint or the use of | |
| | | medications as a restraint is in accordance with 42 CFR | |
| | | 482.13(e)(1)(i)(A-C): | |
| | | 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) | |
| | | Any manual method, physical or mechanical device, | |
| | | material, or equipment that immobilizes or reduces the | |
| | | ability of a patient to move his or her arms, legs, body, or | |
| | | head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is— | |
| | |) A drug or medication when it is used as a restriction to | |
| | | manage the patient's behavior or restrict the patient's | |
| | | freedom of movement and is not a standard treatment | |
| | | or dosage for the patient's condition. | |
| | | 42 CFR 482.13(e)(1)(i)(C) A restraint does not include | |
| | | devices, such as orthopedically prescribed devices, | |
| | | surgical dressings or bandages, protective helmets, or | |
| | | other methods that involve the physical holding of a | |
| | | patient for the purpose of conducting routine physical | |
| | | examinations or tests, or to protect the patient from | |
| | | falling out of bed, or to permit the patient to participate | |

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| | | in activities without the risk of physical harm (this does not include a physical escort). Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's definition of seclusion is in accordance with 42 CFR 482.13(e)(1)(ii): Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior. | |
| §482.13(e)(1)(ii) | (ii) Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior. | PC.03.05.09, EP 1 The hospital's policies and procedures regarding restraint or seclusion include the following: - Physician and other licensed practitioner training requirements - Staff training requirements - The determination of who has authority to order restraint and seclusion - The determination of who has authority to discontinue the use of restraint or seclusion - The determination of who can initiate the use of restraint or seclusion - The circumstances under which restraint or seclusion is discontinued - The requirement that restraint or seclusion is discontinued as soon as is safely possible - A determination of who can assess and monitor patients in restraint or seclusion - Time frames for assessing and monitoring patients in restraint or seclusion - A definition of restraint - A definition of seclusion | PC.13.02.01, EP 5 The hospital seclusion policies are followed when a patient is involuntarily confined alone in a room or area from which the patient is physically prevented from leaving. Note: Seclusion is only used for the management of violent or self-destructive behavior. |

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| | | - A definition or description of what constitutes the use | |
| | | of medications as a restraint | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | hospital's definition of restraint or the use of | |
| | | medications as a restraint is in accordance with 42 CFR | |
| | | 482.13(e)(1)(i)(A-C): | |
| | | 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) | |
| | | Any manual method, physical or mechanical device, | |
| | | material, or equipment that immobilizes or reduces the | |
| | | ability of a patient to move his or her arms, legs, body, or | |
| | | head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is— | |
| | |) A drug or medication when it is used as a restriction to | |
| | | manage the patient's behavior or restrict the patient's | |
| | | freedom of movement and is not a standard treatment | |
| | | or dosage for the patient's condition. | |
| | | 42 CFR 482.13(e)(1)(i)(C) A restraint does not include | |
| | | devices, such as orthopedically prescribed devices, | |
| | | surgical dressings or bandages, protective helmets, or | |
| | | other methods that involve the physical holding of a | |
| | | patient for the purpose of conducting routine physical | |
| | | examinations or tests, or to protect the patient from | |
| | | falling out of bed, or to permit the patient to participate | |
| | | in activities without the risk of physical harm (this does | |
| | | not include a physical escort). | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | hospital's definition of seclusion is in accordance with | |
| | | 42 CFR 482.13(e)(1)(ii): | |
| | | Seclusion is the involuntary confinement of a patient | |
| | | alone in a room or area from which the patient is | |
| | <u> </u> | physically prevented from leaving. Seclusion may be | |

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| | | used only for the management of violent or self- | |
| | | destructive behavior. | |
| §482.13(e)(2) | (2) Restraint or seclusion may only be used | PC.03.05.01, EP 3 | PC.13.02.01, EP 1 |
| | when less restrictive interventions have been | The hospital uses restraint or seclusion only when less | The hospital does not use restraint or seclusion of any form as a |
| | determined to be ineffective to protect the | restrictive interventions are ineffective. | means of coercion, discipline, convenience, or staff retaliation. |
| | patient, a staff member, or others from | | Restraint or seclusion is only used to protect the immediate |
| | harm. | PC.03.05.01, EP 4 | physical safety of the patient, staff, or others when less restrictive |
| | | The hospital uses the least restrictive form of restraint or | interventions have been ineffective and is discontinued at the |
| | | seclusion that protects the physical safety of the | earliest possible time, regardless of the length of time specified in |
| 0.400.407.770 | (0)71 | patient, staff, or others. | the order. |
| §482.13(e)(3) | (3) The type or technique of restraint or | PC.03.05.01, EP 4 | PC.13.02.01, EP 2 |
| | seclusion used must be the least restrictive | The hospital uses the least restrictive form of restraint or | The hospital uses the least restrictive form of restraint or seclusion |
| | intervention that will be effective to protect | seclusion that protects the physical safety of the | that will be effective to protect the patient, a staff member, or others from harm. |
| | the patient, a staff member, or others from harm. | patient, staff, or others. | others from fraim. |
| §482.13(e)(4) | (4) The use of restraint or seclusion must be - | | |
| 3402.13(0)(4) | - | | |
| §482.13(e)(4)(i) | (i) in accordance with a written modification | PC.03.05.03, EP 2 | PC.13.02.03, EP 1 |
| | to the patient's plan of care. | The use of restraint and seclusion is in accordance with | The hospital's use of restraint or seclusion meets the following |
| | | a written modification to the patient's plan of care. | requirements: |
| | | | - In accordance with a written modification to the patient's plan of |
| | | | care. |
| | | | - Implemented by trained staff using safe techniques identified by |
| | | | the hospital's policies and procedures in accordance with law and |
| | | | regulation |
| §482.13(e)(4)(ii) | (ii) implemented in accordance with safe | PC.03.05.03, EP 1 | PC.13.02.03, EP 1 |
| | and appropriate restraint and seclusion | The hospital implements restraint or seclusion using | The hospital's use of restraint or seclusion meets the following |
| | techniques as determined by hospital policy | safe techniques identified by the hospital's policies and | requirements: |
| | in accordance with State law. | procedures in accordance with law and regulation. | - In accordance with a written modification to the patient's plan of |
| | | | care. |
| | | | - Implemented by trained staff using safe techniques identified by |
| | | | the hospital's policies and procedures in accordance with law and |
| | | | regulation |

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| §482.13(e)(5) | (5) The use of restraint or seclusion must be | PC.03.05.05, EP 1 | PC.13.02.05, EP 1 |
| | in accordance with the order of a physician | A physician or other authorized licensed practitioner | The hospital uses restraint or seclusion as ordered by a physician |
| | or other licensed practitioner who is | responsible for the patient's care orders the use of | or other authorized licensed practitioner responsible for the |
| | responsible for the care of the patient and | restraint or seclusion in accordance with hospital policy | patient's care in accordance with hospital policy and state law and |
| | authorized to order restraint or seclusion by | and law and regulation. | regulation. |
| | hospital policy in accordance with State law. | | |
| §482.13(e)(6) | (6) Orders for the use of restraint or | PC.03.05.05, EP 2 | PC.13.02.05, EP 2 |
| | seclusion must never be written as a | The hospital does not use standing orders or PRN (also | The hospital does not use standing orders or PRN (also known as |
| | standing order or on an as needed basis | known as "as needed") orders for restraint or seclusion. | "as needed") orders for restraint or seclusion. |
| | (PRN). | | |
| §482.13(e)(7) | (7) The attending physician must be | PC.03.05.05, EP 3 | PC.13.02.05, EP 3 |
| | consulted as soon as possible if the | The attending physician or clinical psychologist is | The attending physician is consulted as soon as possible, in |
| | attending physician did not order the | consulted as soon as possible, in accordance with | accordance with hospital policy, if they did not order the restraint |
| | restraint or seclusion. | hospital policy, if they did not order the restraint or | or seclusion. |
| | | seclusion. | Note: The definition of "physician" is the same as that used by the |
| | | Note: The definition of "physician" is the same as that | Centers for Medicare & Description (CMS) (refer to the |
| | | used by the Centers for Medicare & Discourt Medicaid | Glossary). |
| C400 40/-\/0\ | (0) | Services (CMS) (refer to the Glossary). | |
| §482.13(e)(8) | (8) Unless superseded by State law that is more restrictive | | |
| §482.13(e)(8)(i) | (i) Each order for restraint or seclusion used | PC.03.05.05, EP 4 | PC.13.02.05, EP 4 |
| 3402.13(6)(0)(1) | for the management of violent or self- | Unless state law is more restrictive, orders for the use of | Unless state law is more restrictive, orders for the use of restraint |
| | destructive behavior that jeopardizes the | restraint or seclusion used for the management of | or seclusion used for the management of violent or self- |
| | immediate physical safety of the patient, a | violent or self-destructive behavior that jeopardizes the | destructive behavior that jeopardizes the immediate physical |
| | staff member, or others may only be | immediate physical safety of the patient, staff, or others | safety of the patient, staff, or others may be renewed within the |
| | renewed in accordance with the following | may be renewed within the following limits: | following time limits: |
| | limits for up to a total of 24 hours: | - 4 hours for adults 18 years of age or older | - 4 hours for adults 18 years of age or older |
| | , | - 2 hours for children and adolescents 9 to 17 years of | - 2 hours for children and adolescents 9 to 17 years of age |
| | | age | - 1 hour for children under 9 years of age |
| | | - 1 hour for children under 9 years of age | Orders may be renewed according to the time limits for a |
| | | Orders may be renewed according to the time limits for | maximum of 24 consecutive hours. |
| | | a maximum of 24 consecutive hours. | |

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| §482.13(e)(8)(i)(A) | (A) 4 hours for adults 18 years of age or | PC.03.05.05, EP 4 | PC.13.02.05, EP 4 |
| | older; | Unless state law is more restrictive, orders for the use of | Unless state law is more restrictive, orders for the use of restraint |
| | | restraint or seclusion used for the management of | or seclusion used for the management of violent or self- |
| | | violent or self-destructive behavior that jeopardizes the | destructive behavior that jeopardizes the immediate physical |
| | | immediate physical safety of the patient, staff, or others | safety of the patient, staff, or others may be renewed within the |
| | | may be renewed within the following limits: | following time limits: |
| | | - 4 hours for adults 18 years of age or older | - 4 hours for adults 18 years of age or older |
| | | - 2 hours for children and adolescents 9 to 17 years of | - 2 hours for children and adolescents 9 to 17 years of age |
| | | age | - 1 hour for children under 9 years of age |
| | | - 1 hour for children under 9 years of age | Orders may be renewed according to the time limits for a |
| | | Orders may be renewed according to the time limits for | maximum of 24 consecutive hours. |
| | | a maximum of 24 consecutive hours. | |
| §482.13(e)(8)(i)(B) | (B) 2 hours for children and adolescents 9 to | PC.03.05.05, EP 4 | PC.13.02.05, EP 4 |
| | 17 years of age; or | Unless state law is more restrictive, orders for the use of | Unless state law is more restrictive, orders for the use of restraint |
| | | restraint or seclusion used for the management of | or seclusion used for the management of violent or self- |
| | | violent or self-destructive behavior that jeopardizes the | destructive behavior that jeopardizes the immediate physical |
| | | immediate physical safety of the patient, staff, or others | safety of the patient, staff, or others may be renewed within the |
| | | may be renewed within the following limits: | following time limits: |
| | | - 4 hours for adults 18 years of age or older | - 4 hours for adults 18 years of age or older |
| | | - 2 hours for children and adolescents 9 to 17 years of | - 2 hours for children and adolescents 9 to 17 years of age |
| | | age | - 1 hour for children under 9 years of age |
| | | - 1 hour for children under 9 years of age | Orders may be renewed according to the time limits for a |
| | | Orders may be renewed according to the time limits for | maximum of 24 consecutive hours. |
| \$400.12(a)(0)(i)(C) | (C) 1 hour for children under 0 years of ago | a maximum of 24 consecutive hours. | PC.13.02.05, EP 4 |
| §482.13(e)(8)(i)(C) | (C) 1 hour for children under 9 years of age; | PC.03.05.05, EP 4 | Unless state law is more restrictive, orders for the use of restraint |
| | and | Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of | or seclusion used for the management of violent or self- |
| | | violent or self-destructive behavior that jeopardizes the | destructive behavior that jeopardizes the immediate physical |
| | | immediate physical safety of the patient, staff, or others | safety of the patient, staff, or others may be renewed within the |
| | | may be renewed within the following limits: | following time limits: |
| | | - 4 hours for adults 18 years of age or older | - 4 hours for adults 18 years of age or older |
| | | - 2 hours for children and adolescents 9 to 17 years of | - 2 hours for children and adolescents 9 to 17 years of age |
| | | - | - 1 hour for children under 9 years of age |
| | | age | - 1 nour for children under 3 years or age |

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| | | - 1 hour for children under 9 years of age | Orders may be renewed according to the time limits for a |
| | | Orders may be renewed according to the time limits for | maximum of 24 consecutive hours. |
| | | a maximum of 24 consecutive hours. | |
| §482.13(e)(8)(ii) | (ii) After 24 hours, before writing a new order | PC.03.05.05, EP 5 | PC.13.02.05, EP 5 |
| | for the use of restraint or seclusion for the | Unless state law is more restrictive, every 24 hours, a | Unless state law is more restrictive, every 24 hours, a physician or |
| | management of violent or self-destructive | physician or other authorized licensed practitioner | other authorized licensed practitioner responsible for the patient's |
| | behavior, a physician or other licensed | responsible for the patient's care sees and evaluates the | care sees and evaluates the patient before writing a new order for |
| | practitioner who is responsible for the care | patient before writing a new order for restraint or | restraint or seclusion used for the management of violent or self- |
| | of the patient and authorized to order | seclusion used for the management of violent or self- | destructive behavior that jeopardizes the immediate physical |
| | restraint or seclusion by hospital policy in | destructive behavior that jeopardizes the immediate | safety of the patient, staff, or others, in accordance with hospital |
| | accordance with State law must see and | physical safety of the patient, staff, or others in | policy and law and regulation. |
| | assess the patient. | accordance with hospital policy and law and regulation. | |
| §482.13(e)(8)(iii) | (iii) Each order for restraint used to ensure | PC.03.05.05, EP 6 | PC.13.02.05, EP 6 |
| | the physical safety of the non-violent or non- | Orders for restraint used to protect the physical safety of | Orders for restraint used to protect the physical safety of a |
| | self-destructive patient may be renewed as | the nonviolent or non-self-destructive patient are | nonviolent or non-self-destructive patient are renewed in |
| | authorized by hospital policy. | renewed in accordance with hospital policy. | accordance with hospital policy. |
| §482.13(e)(9) | (9) Restraint or seclusion must be | PC.03.05.01, EP 5 | PC.13.02.01, EP 1 |
| | discontinued at the earliest possible time, | The hospital discontinues restraint or seclusion at the | The hospital does not use restraint or seclusion of any form as a |
| | regardless of the length of time identified in | earliest possible time, regardless of the scheduled | means of coercion, discipline, convenience, or staff retaliation. |
| | the order. | expiration of the order. | Restraint or seclusion is only used to protect the immediate |
| | | | physical safety of the patient, staff, or others when less restrictive |
| | | | interventions have been ineffective and is discontinued at the |
| | | | earliest possible time, regardless of the length of time specified in |
| | | | the order. |
| §482.13(e)(10) | (10) The condition of the patient who is | PC.03.05.07, EP 1 | PC.13.02.07, EP 1 |
| | restrained or secluded must be monitored by | Physicians, other licensed practitioners, or staff who | Physicians, other licensed practitioners, or staff who have been |
| | a physician, other licensed practitioner or | have been trained in accordance with 42 CFR 482.13(f) | trained in accordance with 42 CFR 482.13(f) monitor the condition |
| | trained staff that have completed the training | monitor the condition of patients in restraint or | of patients in restraint or seclusion. |
| | criteria specified in paragraph (f) of this | seclusion. | |
| | section at an interval determined by hospital | | |
| | policy. | | |
| §482.13(e)(11) | (11) Physician and other licensed | PC.03.05.09, EP 1 | PC.13.02.09, EP 1 |
| | practitioner training requirements must be | The hospital's policies and procedures regarding | The hospital's policies and procedures regarding the use of |

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| | specified in hospital policy. At a minimum, | restraint or seclusion include the following: | restraint or seclusion include the following: |
| | physicians and other licensed practitioners | - Physician and other licensed practitioner training | - Definitions for restraint and seclusion that are consistent with |
| | authorized to order restraint or seclusion by | requirements | state and federal law and regulation |
| | hospital policy in accordance with State law | - Staff training requirements | - Physician and other licensed practitioner training requirements |
| | must have a working knowledge of hospital | - The determination of who has authority to order | - Staff training requirements |
| | policy regarding the use of restraint or | restraint and seclusion | - Who has authority to order restraint or seclusion |
| | seclusion. | - The determination of who has authority to discontinue | - Who has authority to discontinue the use of restraint or seclusion |
| | | the use of restraint or seclusion | - Who can initiate the use of restraint or seclusion |
| | | - The determination of who can initiate the use of | - Circumstances under which restraint or seclusion is |
| | | restraint or seclusion | discontinued |
| | | - The circumstances under which restraint or seclusion | - Requirement that restraint or seclusion is discontinued as soon |
| | | is discontinued | as is safely possible |
| | | - The requirement that restraint or seclusion is | - Who can assess and monitor patients in restraint or seclusion |
| | | discontinued as soon as is safely possible | - Time frames for assessing and monitoring patients in restraint or |
| | | - A determination of who can assess and monitor | seclusion |
| | | patients in restraint or seclusion | |
| | | - Time frames for assessing and monitoring patients in | PC.13.02.09, EP 2 |
| | | restraint or seclusion | Physicians and other licensed practitioners authorized to order |
| | | - A definition of restraint | restraint or seclusion (through hospital policy in accordance with |
| | | - A definition of seclusion | law and regulation) have a working knowledge of the hospital |
| | | - A definition or description of what constitutes the use | policy regarding the use of restraint or seclusion. |
| | | of medications as a restraint | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | hospital's definition of restraint or the use of | |
| | | medications as a restraint is in accordance with 42 CFR | |
| | | 482.13(e)(1)(i)(A-C): | |
| | | 42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) | |
| | | Any manual method, physical or mechanical device, | |
| | | material, or equipment that immobilizes or reduces the | |
| | | ability of a patient to move his or her arms, legs, body, or | |
| | | head freely; or 42 CFR 482.13(e)(1)(i)(B) (A restraint is— | |
| | |) A drug or medication when it is used as a restriction to | |

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| Our requirement | | manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. 42 CFR 482.13(e)(1)(i)(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort). Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's definition of seclusion is in accordance with 42 CFR 482.13(e)(1)(ii): Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may be used only for the management of violent or self-destructive behavior. PC.03.05.09, EP 2 Physicians and other licensed practitioners authorized to order restraint or seclusion (through hospital policy in accordance with law and regulation) have a working | Tutulo El Tiappilig |
| | | knowledge of the hospital policy regarding the use of restraint and seclusion. | |
| §482.13(e)(12) | (12) When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be | | |

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| | seen face-to-face within 1 hour after the | | |
| | initiation of the intervention | | |
| §482.13(e)(12)(i) | (i) By a | | |
| \$482.13(e)(12)(i)(A) | (A) Physician or other licensed practitioner; or | PC.03.05.11, EP 1 A physician or other licensed practitioner responsible for the care of the patient evaluates the patient inperson within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in | PC.13.02.11, EP 1 A physician or other licensed practitioner responsible for the patient's care evaluates the patient in person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion if they are trained in accordance with the requirements in PC.13.02.17, EP 3. Note: The hospital also follows any state statute or regulation that |
| | | PC.03.05.17, EP 3. Note: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance. | may be more stringent than the requirements in this element of performance. |
| §482.13(e)(12)(i)(B) | (B) Registered nurse who has been trained in accordance with the requirements specified in paragraph (f) of this section. | PC.03.05.11, EP 1 A physician or other licensed practitioner responsible for the care of the patient evaluates the patient inperson within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP 3. Note: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance. | PC.13.02.11, EP 1 A physician or other licensed practitioner responsible for the patient's care evaluates the patient in person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion if they are trained in accordance with the requirements in PC.13.02.17, EP 3. Note: The hospital also follows any state statute or regulation that may be more stringent than the requirements in this element of performance. |
| §482.13(e)(12)(ii) | (ii)To evaluate – | | |

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| §482.13(e)(12)(ii)(A | (A) the patient's immediate situation; | PC.03.05.11, EP 2 | PC.13.02.11, EP 2 |
|) | | When the in-person evaluation (performed within one | The in-person evaluation is conducted within one hour of the |
| | | hour of the initiation of restraint or seclusion) is done by | initiation of restraint or seclusion for the management of violent or |
| | | a trained registered nurse, they consult with the | self-destructive behavior that jeopardizes the physical safety of |
| | | attending physician or other licensed practitioner | the patient, staff, or others. The evaluation includes the following: |
| | | responsible for the care of the patient as soon as | - An evaluation of the patient's immediate situation |
| | | possible after the evaluation, as determined by hospital | - The patient's reaction to the intervention |
| | | policy. | - The patient's medical and behavioral condition |
| | | | - The need to continue or terminate the restraint or seclusion |
| | | PC.03.05.11, EP 3 | |
| | | The in-person evaluation, conducted within one hour of | |
| | | the initiation of restraint or seclusion for the | |
| | | management of violent or self-destructive behavior that | |
| | | jeopardizes the physical safety of the patient, staff, or | |
| | | others, includes the following: | |
| | | - An evaluation of the patient's immediate situation | |
| | | - The patient's reaction to the intervention | |
| | | - The patient's medical and behavioral condition - The need to continue or terminate the restraint or | |
| | | seclusion | |
| §482.13(e)(12)(ii)(B | (B) The patient's reaction to the intervention; | PC.03.05.11, EP 2 | PC.13.02.11, EP 2 |
| 3402.13(e)(12)(ii)(b | (b) The patient's reaction to the intervention, | When the in-person evaluation (performed within one | The in-person evaluation is conducted within one hour of the |
| , | | hour of the initiation of restraint or seclusion) is done by | initiation of restraint or seclusion for the management of violent or |
| | | a trained registered nurse, they consult with the | self-destructive behavior that jeopardizes the physical safety of |
| | | attending physician or other licensed practitioner | the patient, staff, or others. The evaluation includes the following: |
| | | responsible for the care of the patient as soon as | - An evaluation of the patient's immediate situation |
| | | possible after the evaluation, as determined by hospital | - The patient's reaction to the intervention |
| | | policy. | - The patient's medical and behavioral condition |
| | | policy. | - The need to continue or terminate the restraint or seclusion |
| | | PC.03.05.11, EP 3 | |
| | | The in-person evaluation, conducted within one hour of | |
| | | the initiation of restraint or seclusion for the | |
| | | management of violent or self-destructive behavior that | |

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| | | jeopardizes the physical safety of the patient, staff, or | |
| | | others, includes the following: | |
| | | - An evaluation of the patient's immediate situation | |
| | | - The patient's reaction to the intervention | |
| | | - The patient's medical and behavioral condition | |
| | | - The need to continue or terminate the restraint or | |
| | | seclusion | |
| §482.13(e)(12)(ii)(C | (C) The patient's medical and behavioral | PC.03.05.11, EP 2 | PC.13.02.11, EP 2 |
|) | condition; and | When the in-person evaluation (performed within one | The in-person evaluation is conducted within one hour of the |
| | | hour of the initiation of restraint or seclusion) is done by | initiation of restraint or seclusion for the management of violent or |
| | | a trained registered nurse, they consult with the | self-destructive behavior that jeopardizes the physical safety of |
| | | attending physician or other licensed practitioner | the patient, staff, or others. The evaluation includes the following: |
| | | responsible for the care of the patient as soon as | - An evaluation of the patient's immediate situation |
| | | possible after the evaluation, as determined by hospital | - The patient's reaction to the intervention |
| | | policy. | - The patient's medical and behavioral condition |
| | | | - The need to continue or terminate the restraint or seclusion |
| | | PC.03.05.11, EP 3 | |
| | | The in-person evaluation, conducted within one hour of | |
| | | the initiation of restraint or seclusion for the | |
| | | management of violent or self-destructive behavior that | |
| | | jeopardizes the physical safety of the patient, staff, or | |
| | | others, includes the following: | |
| | | - An evaluation of the patient's immediate situation | |
| | | - The patient's reaction to the intervention | |
| | | - The patient's medical and behavioral condition | |
| | | - The need to continue or terminate the restraint or seclusion | |
| §482.13(e)(12)(ii)(D | (D)The need to continue or terminate the | PC.03.05.11, EP 2 | PC.13.02.11, EP 2 |
| 3402.13(6)(12)(11)(D | restraint or seclusion. | When the in-person evaluation (performed within one | The in-person evaluation is conducted within one hour of the |
| , | restraint of sectusion. | hour of the initiation of restraint or seclusion) is done by | initiation of restraint or seclusion for the management of violent or |
| | | a trained registered nurse, they consult with the | self-destructive behavior that jeopardizes the physical safety of |
| | | attending physician or other licensed practitioner | the patient, staff, or others. The evaluation includes the following: |
| | | responsible for the care of the patient as soon as | - An evaluation of the patient's immediate situation |
| | | responsible for the care of the patient as soon as | 7.11 Ovacación of the patient o miniculate situation |

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| | | possible after the evaluation, as determined by hospital | - The patient's reaction to the intervention |
| | | policy. | - The patient's medical and behavioral condition |
| | | | - The need to continue or terminate the restraint or seclusion |
| | | PC.03.05.11, EP 3 | |
| | | The in-person evaluation, conducted within one hour of | |
| | | the initiation of restraint or seclusion for the | |
| | | management of violent or self-destructive behavior that | |
| | | jeopardizes the physical safety of the patient, staff, or | |
| | | others, includes the following: | |
| | | - An evaluation of the patient's immediate situation | |
| | | - The patient's reaction to the intervention | |
| | | - The patient's medical and behavioral condition | |
| | | - The need to continue or terminate the restraint or | |
| \$400.40(-)(40) | (40) 04-4 | seclusion | DO 40 00 44 FD4 |
| §482.13(e)(13) | (13) States are free to have requirements by | PC.03.05.11, EP 1 | PC.13.02.11, EP 1 |
| | statute or regulation that are more restrictive | A physician or other licensed practitioner responsible | A physician or other licensed practitioner responsible for the |
| | than those contained in paragraph (e)(12)(i) of this section. | for the care of the patient evaluates the patient in- person within one hour of the initiation of restraint or | patient's care evaluates the patient in person within one hour of the initiation of restraint or seclusion used for the management of |
| | of this section. | seclusion used for the management of violent or self- | violent or self-destructive behavior that jeopardizes the physical |
| | | destructive behavior that jeopardizes the physical safety | safety of the patient, staff, or others. A registered nurse may |
| | | of the patient, staff, or others. A registered nurse may | conduct the in-person evaluation within one hour of the initiation |
| | | conduct the in-person evaluation within one hour of the | of restraint or seclusion if they are trained in accordance with the |
| | | initiation of restraint or seclusion; this individual is | requirements in PC.13.02.17, EP 3. |
| | | trained in accordance with the requirements in | Note: The hospital also follows any state statute or regulation that |
| | | PC.03.05.17, EP 3. | may be more stringent than the requirements in this element of |
| | | Note: States may have statute or regulation | performance. |
| | | requirements that are more restrictive than the | perior manage |
| | | requirements in this element of performance. | |
| §482.13(e)(14) | (14) If the face-to-face evaluation specified | PC.03.05.11, EP 1 | PC.13.02.11, EP 3 |
| | in paragraph (e)(12) of this section is | A physician or other licensed practitioner responsible | When the in-person evaluation (performed within one hour of the |
| | conducted by a trained registered nurse, the | for the care of the patient evaluates the patient in- | initiation of restraint or seclusion) is done by a trained registered |
| | trained registered nurse must consult the | person within one hour of the initiation of restraint or | nurse, they consult with the attending physician or other licensed |
| | attending physician or other licensed | seclusion used for the management of violent or self- | |

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| our risquironneme | practitioner who is responsible for the care of the patient as soon as possible after the completion of the 1 hour face-to-face evaluation. | destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP 3. Note: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance. PC.03.05.11, EP 2 When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse, they consult with the attending physician or other licensed practitioner responsible for the care of the patient as soon as | practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy. |
| \$482.13(e)(15) | (15) All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored – | possible after the evaluation, as determined by hospital policy. | |
| §482.13(e)(15)(i) | (i) Face-to-face by an assigned, trained staff member; or | PC.03.05.13, EP 1 The patient who is simultaneously restrained and secluded is continually monitored by trained staff either in-person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance "continually" means ongoing without interruption. | PC.13.02.13, EP 1 The patient who is simultaneously restrained and secluded is continually monitored by trained staff, either in person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance, continually means ongoing without interruption. |

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| §482.13(e)(15)(ii) | (ii) By trained staff using both video and audio equipment. This monitoring must be in close proximity to the patient. | PC.03.05.13, EP 1 The patient who is simultaneously restrained and secluded is continually monitored by trained staff either in-person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance "continually" means ongoing without interruption. | PC.13.02.13, EP 1 The patient who is simultaneously restrained and secluded is continually monitored by trained staff, either in person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance, continually means ongoing without interruption. |
| §482.13(e)(16) | (16) When restraint or seclusion is used, there must be documentation in the patient's medical record of the following: | | |
| \$482.13(e)(16)(i) | (i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior; | PC.03.05.15, EP 1 Documentation of restraint and seclusion in the medical record includes the following: - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion | PC.13.02.15, EP 1 Documentation of restraint or seclusion in the medical record includes the following: - The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior - Description of the patient's behavior and the intervention used - Alternatives or other less restrictive interventions attempted (as applicable) - Patient's condition or symptom(s) that warranted the use of the restraint or seclusion - Patient's response to the intervention(s) used, including the rationale for continued use of the intervention |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The identity of the physician, clinical psychologist, or other licensed practitioner who ordered the restraint or seclusion Orders for restraint or seclusion Notification of the use of restraint or seclusion to the attending physician Consultations Note: The definition of "physician" is the same as that used by the Centers for Medicare & Dioscapy) | |
| §482.13(e)(16)(ii) | (ii) A description of the patient's behavior and the intervention used. | PC.03.05.15, EP 1 Documentation of restraint and seclusion in the medical record includes the following: - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion | PC.13.02.15, EP 1 Documentation of restraint or seclusion in the medical record includes the following: - The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior - Description of the patient's behavior and the intervention used - Alternatives or other less restrictive interventions attempted (as applicable) - Patient's condition or symptom(s) that warranted the use of the restraint or seclusion - Patient's response to the intervention(s) used, including the rationale for continued use of the intervention |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The identity of the physician, clinical psychologist, or other licensed practitioner who ordered the restraint or seclusion Orders for restraint or seclusion Notification of the use of restraint or seclusion to the attending physician Consultations Note: The definition of "physician" is the same as that used by the Centers for Medicare & Consultation Services (CMS) (refer to the Glossary). | |
| §482.13(e)(16)(iii) | (iii) Alternatives or other less restrictive interventions attempted (as applicable). | PC.03.05.15, EP 1 Documentation of restraint and seclusion in the medical record includes the following: - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion | PC.13.02.15, EP 1 Documentation of restraint or seclusion in the medical record includes the following: - The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior - Description of the patient's behavior and the intervention used - Alternatives or other less restrictive interventions attempted (as applicable) - Patient's condition or symptom(s) that warranted the use of the restraint or seclusion - Patient's response to the intervention(s) used, including the rationale for continued use of the intervention |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The identity of the physician, clinical psychologist, or other licensed practitioner who ordered the restraint or seclusion - Orders for restraint or seclusion - Notification of the use of restraint or seclusion to the attending physician - Consultations Note: The definition of "physician" is the same as that used by the Centers for Medicare & Descardor (CMS) (refer to the Closecopy) | |
| \$482.13(e)(16)(iv) | (iv) The patient's condition or symptom(s) that warranted the use of the restraint or seclusion. | PC.03.05.15, EP 1 Documentation of restraint and seclusion in the medical record includes the following: - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion | PC.13.02.15, EP 1 Documentation of restraint or seclusion in the medical record includes the following: - The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior - Description of the patient's behavior and the intervention used - Alternatives or other less restrictive interventions attempted (as applicable) - Patient's condition or symptom(s) that warranted the use of the restraint or seclusion - Patient's response to the intervention(s) used, including the rationale for continued use of the intervention |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The identity of the physician, clinical psychologist, or other licensed practitioner who ordered the restraint or seclusion - Orders for restraint or seclusion - Notification of the use of restraint or seclusion to the attending physician - Consultations Note: The definition of "physician" is the same as that used by the Centers for Medicare & Camp; Medicaid | |
| | | Services (CMS) (refer to the Glossary). | |
| §482.13(e)(16)(v) | (v) The patient's response to the intervention(s) used, including the rationale for continued use of the intervention. | PC.03.05.15, EP 1 Documentation of restraint and seclusion in the medical record includes the following: - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior - A description of the patient's behavior and the intervention used - Any alternatives or other less restrictive interventions attempted - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention - Individual patient assessments and reassessments - The intervals for monitoring - Revisions to the plan of care - The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion - Injuries to the patient - Death associated with the use of restraint or seclusion | PC.13.02.15, EP 1 Documentation of restraint or seclusion in the medical record includes the following: - The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior - Description of the patient's behavior and the intervention used - Alternatives or other less restrictive interventions attempted (as applicable) - Patient's condition or symptom(s) that warranted the use of the restraint or seclusion - Patient's response to the intervention(s) used, including the rationale for continued use of the intervention |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| · | | - The identity of the physician, clinical psychologist, or other licensed practitioner who ordered the restraint or seclusion - Orders for restraint or seclusion - Notification of the use of restraint or seclusion to the attending physician - Consultations Note: The definition of "physician" is the same as that | |
| | | used by the Centers for Medicare & Description (1997) and the Centers for Medicare & Description | |
| \$482.13(f) | §482.13(f) Standard: Restraint or seclusion: Staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff. | Services (CMS) (refer to the Glossary). PC.03.05.03, EP 1 The hospital implements restraint or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation. | PC.13.02.03, EP 1 The hospital's use of restraint or seclusion meets the following requirements: - In accordance with a written modification to the patient's plan of care. |
| | | PC.03.05.17, EP 3 Based on the population served, staff education, training, and demonstrated knowledge focus on the following: - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion | - Implemented by trained staff using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation |
| | | Use of nonphysical intervention skills Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional | |
| | | asphyxia) - Clinical identification of specific behavioral changes | |

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| | | that indicate that restraint or seclusion is no longer | |
| | | necessary | |
| | | - Monitoring the physical and psychological well-being | |
| | | of the patient who is restrained or secluded, including, | |
| | | but not limited to, respiratory and circulatory status, | |
| | | skin integrity, vital signs, and any special requirements | |
| | | specified by hospital policy associated with the in- | |
| | | person evaluation conducted within one hour of | |
| | | initiation of restraint or seclusion | |
| | | - Use of first aid techniques and certification in the use | |
| | | of cardiopulmonary resuscitation, including required | |
| | | periodic recertification | |
| §482.13(f)(1) | (1) Training Intervals. Staff must be trained | PC.03.05.17, EP 3 | |
| | and able to demonstrate competency in the | Based on the population served, staff education, | |
| | application of restraints, implementation of | training, and demonstrated knowledge focus on the | |
| | seclusion, monitoring, assessment, and | following: | |
| | providing care for a patient in restraint or | - Strategies to identify staff and patient behaviors, | |
| | seclusion - | events, and environmental factors that may trigger | |
| | | circumstances that require the use of restraint or | |
| | | seclusion | |
| | | - Use of nonphysical intervention skills | |
| | | - Methods for choosing the least restrictive intervention | |
| | | based on an assessment of the patient's medical or | |
| | | behavioral status or condition | |
| | | - Safe application and use of all types of restraint or | |
| | | seclusion used in the hospital, including training in how | |
| | | to recognize and respond to signs of physical and | |
| | | psychological distress (for example, positional | |
| | | asphyxia) | |
| | | - Clinical identification of specific behavioral changes | |
| | | that indicate that restraint or seclusion is no longer | |
| | | necessary | |
| ı | | - Monitoring the physical and psychological well-being | |

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| | | of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the inperson evaluation conducted within one hour of initiation of restraint or seclusion - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification | |
| §482.13(f)(1)(i) | (i) Before performing any of the actions specified in this paragraph; | PC.03.05.17, EP 2 The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals: - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter | PC.13.02.17, EP 1 The hospital trains staff on the use of restraint and seclusion and assesses their competence at the following intervals: - At orientation - Before participating in the use of restraint or seclusion - On a periodic basis thereafter, as determined by hospital policy |
| §482.13(f)(1)(ii) | (ii) As part of orientation; and | PC.03.05.17, EP 2 The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals: - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter | PC.13.02.17, EP 1 The hospital trains staff on the use of restraint and seclusion and assesses their competence at the following intervals: - At orientation - Before participating in the use of restraint or seclusion - On a periodic basis thereafter, as determined by hospital policy |
| §482.13(f)(1)(iii) | (iii) Subsequently on a periodic basis consistent with hospital policy. | PC.03.05.17, EP 2 The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals: - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter | PC.13.02.17, EP 1 The hospital trains staff on the use of restraint and seclusion and assesses their competence at the following intervals: - At orientation - Before participating in the use of restraint or seclusion - On a periodic basis thereafter, as determined by hospital policy |

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| §482.13(f)(2) | (2) Training Content. The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following: | | |
| §482.13(f)(2)(i) | (i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion. | PC.03.05.17, EP 3 Based on the population served, staff education, training, and demonstrated knowledge focus on the following: - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the inperson evaluation conducted within one hour of initiation of restraint or seclusion - Use of first aid techniques and certification in the use | Based on the population served, staff education, training, and demonstrated knowledge focus on the following: - Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification |

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| | | of cardiopulmonary resuscitation, including required | |
| | | periodic recertification | |
| §482.13(f)(2)(ii) | (ii) The use of nonphysical intervention skills. | PC.03.05.17, EP 3 | PC.13.02.17, EP 3 |
| | | Based on the population served, staff education, | Based on the population served, staff education, training, and |
| | | training, and demonstrated knowledge focus on the | demonstrated knowledge focus on the following: |
| | | following: | - Techniques to identify staff and patient behaviors, events, and |
| | | - Strategies to identify staff and patient behaviors, | environmental factors that may trigger circumstances that require |
| | | events, and environmental factors that may trigger | the use of restraint or seclusion |
| | | circumstances that require the use of restraint or | - Use of nonphysical intervention skills |
| | | seclusion | - Methods for choosing the least restrictive intervention based on |
| | | - Use of nonphysical intervention skills | an assessment of the patient's medical or behavioral status or |
| | | - Methods for choosing the least restrictive intervention | condition |
| | | based on an assessment of the patient's medical or | - Safe application and use of all types of restraint or seclusion used |
| | | behavioral status or condition | in the hospital, including training in how to recognize and respond |
| | | - Safe application and use of all types of restraint or | to signs of physical and psychological distress (for example, |
| | | seclusion used in the hospital, including training in how | positional asphyxia) |
| | | to recognize and respond to signs of physical and | - Clinical identification of specific behavioral changes that indicate |
| | | psychological distress (for example, positional | that restraint or seclusion is no longer necessary |
| | | asphyxia) | - Monitoring the physical and psychological well-being of the |
| | | - Clinical identification of specific behavioral changes | patient who is restrained or secluded, including but not limited to |
| | | that indicate that restraint or seclusion is no longer | respiratory and circulatory status, skin integrity, vital signs, and |
| | | necessary | any special requirements specified by hospital policy associated |
| | | - Monitoring the physical and psychological well-being | with the in-person evaluation conducted within one hour of |
| | | of the patient who is restrained or secluded, including, | initiation of restraint or seclusion |
| | | but not limited to, respiratory and circulatory status, | - Use of first aid techniques and certification in the use of |
| | | skin integrity, vital signs, and any special requirements | cardiopulmonary resuscitation (CPR), including required periodic |
| | | specified by hospital policy associated with the in- | recertification |
| | | person evaluation conducted within one hour of | |
| | | initiation of restraint or seclusion | |
| | | - Use of first aid techniques and certification in the use | |
| | | of cardiopulmonary resuscitation, including required | |
| | | periodic recertification | |

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| §482.13(f)(2)(iii) | (iii) Choosing the least restrictive | PC.03.05.17, EP 3 | PC.13.02.17, EP 3 |
| | intervention based on an individualized | Based on the population served, staff education, | Based on the population served, staff education, training, and |
| | assessment of the patient's medical, or | training, and demonstrated knowledge focus on the | demonstrated knowledge focus on the following: |
| | behavioral status or condition. | following: | - Techniques to identify staff and patient behaviors, events, and |
| | | - Strategies to identify staff and patient behaviors, | environmental factors that may trigger circumstances that require |
| | | events, and environmental factors that may trigger | the use of restraint or seclusion |
| | | circumstances that require the use of restraint or | - Use of nonphysical intervention skills |
| | | seclusion | - Methods for choosing the least restrictive intervention based on |
| | | - Use of nonphysical intervention skills | an assessment of the patient's medical or behavioral status or |
| | | - Methods for choosing the least restrictive intervention | condition |
| | | based on an assessment of the patient's medical or | - Safe application and use of all types of restraint or seclusion used |
| | | behavioral status or condition | in the hospital, including training in how to recognize and respond |
| | | - Safe application and use of all types of restraint or | to signs of physical and psychological distress (for example, |
| | | seclusion used in the hospital, including training in how | positional asphyxia) |
| | | to recognize and respond to signs of physical and | - Clinical identification of specific behavioral changes that indicate |
| | | psychological distress (for example, positional | that restraint or seclusion is no longer necessary |
| | | asphyxia) | - Monitoring the physical and psychological well-being of the |
| | | - Clinical identification of specific behavioral changes | patient who is restrained or secluded, including but not limited to |
| | | that indicate that restraint or seclusion is no longer | respiratory and circulatory status, skin integrity, vital signs, and |
| | | necessary | any special requirements specified by hospital policy associated |
| | | - Monitoring the physical and psychological well-being | with the in-person evaluation conducted within one hour of |
| | | of the patient who is restrained or secluded, including, | initiation of restraint or seclusion |
| | | but not limited to, respiratory and circulatory status, | - Use of first aid techniques and certification in the use of |
| | | skin integrity, vital signs, and any special requirements | cardiopulmonary resuscitation (CPR), including required periodic |
| | | specified by hospital policy associated with the in- | recertification |
| | | person evaluation conducted within one hour of | |
| | | initiation of restraint or seclusion | |
| | | - Use of first aid techniques and certification in the use | |
| | | of cardiopulmonary resuscitation, including required | |
| | | periodic recertification | |
| §482.13(f)(2)(iv) | (iv) The safe application and use of all types | PC.03.05.17, EP 3 | PC.13.02.17, EP 3 |
| | of restraint or seclusion used in the hospital, | Based on the population served, staff education, | Based on the population served, staff education, training, and |
| | including training in how to recognize and | training, and demonstrated knowledge focus on the | demonstrated knowledge focus on the following: |

| respond to signs of physical and psychological distress (for example, positional asphyxia). - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes - Techniques to identify staff and patient environmental factors that may trigger circle the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes | ive intervention based on or behavioral status or restraint or seclusion used to recognize and respond istress (for example, |
|--|---|
| positional asphyxia). events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive an assessment of the patient's medical or in the hospital, including training in how to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behaving that restraint or seclusion is no longer neapplyxia) | ive intervention based on or behavioral status or restraint or seclusion used to recognize and respond istress (for example, |
| circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Use of nonphysical intervention skills - Methods for choosing the least restrictive an assessment of the patient's medical or condition - Safe application and use of all types of in the hospital, including training in how to signs of physical and positional asphyxia) - Clinical identification of specific behavior that restraint or seclusion is no longer neaphyxia) - Monitoring the physical and psychological distress (for example, positional and psychological and psychol | or behavioral status or restraint or seclusion used to recognize and respond istress (for example, vioral changes that indicate |
| seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Methods for choosing the least restrictive intervention condition - Safe application and use of all types of in the hospital, including training in how to signs of physical and positional asphyxia) - Clinical identification of specific behaving that restraint or seclusion is no longer ne | or behavioral status or restraint or seclusion used to recognize and respond istress (for example, vioral changes that indicate |
| - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Monitoring the patient's medical or condition - Safe application and use of all types of in the hospital, including training in how to signs of physical and positional asphyxia) - Clinical identification of specific behavior that restraint or seclusion is no longer neaphyxia) - Monitoring the physical and psychological | or behavioral status or restraint or seclusion used to recognize and respond istress (for example, |
| - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behaving that restraint or seclusion is no longer neaphyxia) - Monitoring the physical and psychological and psychol | restraint or seclusion used to recognize and respond istress (for example, vioral changes that indicate |
| based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral that restraint or seclusion is no longer neapphyxia) - Monitoring the physical and psychological distribution and use of all types of in the hospital, including training in how to signs of physical and psychological distribution and use of all types of in the hospital, including training in how to signs of physical and psychological distribution and use of all types of in the hospital, including training in how to signs of physical and positional asphyxia) - Safe application and use of all types of restraint or signs of physical and psychological distribution and use of all types of in the hospital, including training in how to signs of physical and psychological distribution and use of all types of restraint or signs of physical and psychological distribution and use of all types of restraint or signs of physical and positional asphyxia) - Clinical identification of specific behavior and use of all types of restraint or signs of physical and positional asphyxia) - Monitoring the physical and psychological distribution and use of all types of restraint or signs of physical and psychological distribution and use of all types of restraint or signs of physical and psychological distribution and use of all types of restraint or signs of physical and psychological distribution and use of all types of restraint or signs of physical and psychological distribution and u | to recognize and respond istress (for example, vioral changes that indicate |
| behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavior that restraint or seclusion is no longer neapphyxia) - Monitoring the physical and psychological distress (for example, positional asphyxia) | to recognize and respond istress (for example, vioral changes that indicate |
| - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behaving that restraint or seclusion is no longer neasphyxia) - Monitoring the physical and psychological distress (for example, positional asphyxia) | istress (for example, vioral changes that indicate |
| seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavior that restraint or seclusion is no longer neasphyxia) - Monitoring the physical and psychological distress (for example, positional asphyxia) | vioral changes that indicate |
| to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavior that restraint or seclusion is no longer near that restraint or seclusion is not longer near tha | _ |
| psychological distress (for example, positional asphyxia) that restraint or seclusion is no longer ne | _ |
| asphyxia) - Monitoring the physical and psychologic | acoccary. |
| | • |
| - Clinical identification of specific behavioral changes patient who is restrained or secluded, inc | _ |
| | _ |
| that indicate that restraint or seclusion is no longer respiratory and circulatory status, skin in | |
| necessary any special requirements specified by ho | |
| - Monitoring the physical and psychological well-being with the in-person evaluation conducted | I within one hour of |
| of the patient who is restrained or secluded, including, initiation of restraint or seclusion | |
| but not limited to, respiratory and circulatory status, - Use of first aid techniques and certifica | |
| skin integrity, vital signs, and any special requirements cardiopulmonary resuscitation (CPR), in | icluding required periodic |
| specified by hospital policy associated with the in- | |
| person evaluation conducted within one hour of | |
| initiation of restraint or seclusion | |
| - Use of first aid techniques and certification in the use | |
| of cardiopulmonary resuscitation, including required | |
| §482.13(f)(2)(v)(v) Clinical identification of specificperiodic recertificationPC.13.02.17, EP 3 | |
| §482.13(f)(2)(v) (v) Clinical identification of specific penalty behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served, staff education, behavioral changes that indicate that population served is a served of the population served is a served of the population served is a served of the population served is a served in the served in the population served is a served in the served in | fucation training and |
| restraint or seclusion is no longer necessary. training, and demonstrated knowledge focus on the demonstrated knowledge focus on the | |
| following: Testraint of sectusion is no tonger necessary. Calling, and demonstrated knowledge rocus on the continuous demonstrated knowledge rocus demon | _ |
| - Strategies to identify staff and patient behaviors, environmental factors that may trigger ci | |
| events, and environmental factors that may trigger the use of restraint or seclusion | noamotanoco that require |

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| | | circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the inperson evaluation conducted within one hour of initiation of restraint or seclusion - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required | Use of nonphysical intervention skills Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification |
| §482.13(f)(2)(vi) | (vi) Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the 1-hour face-to-face evaluation. | periodic recertification PC.03.05.17, EP 3 Based on the population served, staff education, training, and demonstrated knowledge focus on the following: - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills | PC.13.02.17, EP 3 Based on the population served, staff education, training, and demonstrated knowledge focus on the following: - Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or |

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| | | - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the inperson evaluation conducted within one hour of initiation of restraint or seclusion - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification | condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification |
| §482.13(f)(2)(vii) | (vii) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification. | PC.03.05.17, EP 3 Based on the population served, staff education, training, and demonstrated knowledge focus on the following: - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition | PC.13.02.17, EP 3 Based on the population served, staff education, training, and demonstrated knowledge focus on the following: - Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion - Use of nonphysical intervention skills - Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond |

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| | | - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the inperson evaluation conducted within one hour of initiation of restraint or seclusion - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required | to signs of physical and psychological distress (for example, positional asphyxia) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary - Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within one hour of initiation of restraint or seclusion - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR), including required periodic recertification |
| §482.13(f)(3) | (3) Trainer Requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors. | periodic recertification PC.03.05.17, EP 4 Individuals providing staff training in restraint or seclusion have education, training, and experience in the techniques used to address patient behaviors that necessitate the use of restraint or seclusion. | PC.13.02.17, EP 4 Individuals providing staff training in restraint or seclusion are qualified as evidenced by education, training, and experience in the techniques used to address patient behaviors that necessitate the use of restraint or seclusion. |
| §482.13(f)(4) | (4) Training Documentation. The hospital must document in the staff personnel records that the training and demonstration of competency were successfully completed. | PC.03.05.17, EP 5 The hospital documents in staff records that restraint and seclusion training and demonstration of competence were completed. | PC.13.02.17, EP 5 The hospital documents in staff records that they have completed restraint and seclusion training and demonstrated competence. |
| \$482.13(g) | §482.13(g) Standard: Death Reporting Requirements: Hospitals must report deaths associated with the use of seclusion or restraint. | PC.03.05.19, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Medicaid Services (CMS) regarding deaths related to | PC.13.02.19, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Medicaid Services regarding deaths related to restraint or seclusion: |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | restraint or seclusion (this requirement does not apply | - Each death that occurs while a patient is in restraint or seclusion |
| | | to deaths related to the use of soft wrist restraints; for | - Each death that occurs within 24 hours after the patient has been |
| | | more information, refer to EP 3 in this standard): | removed from restraint or seclusion |
| | | - Each death that occurs while a patient is in restraint or | - Each death known to the hospital that occurs within one week |
| | | seclusion | after restraint or seclusion was used when it is reasonable to |
| | | - Each death that occurs within 24 hours after the | assume that the use of the restraint or seclusion contributed |
| | | patient has been removed from restraint or seclusion | directly or indirectly to the patient's death |
| | | - Each death known to the hospital that occurs within | Note 1: This reporting requirement includes all restraints except |
| | | one week after restraint or seclusion was used when it is | soft wrist restraints. For more information on deaths related to the |
| | | reasonable to assume that the use of the restraint or | use of soft wrist restraints, refer to EP 3 in this standard. |
| | | seclusion contributed directly or indirectly to the | Note 2: In this element of performance "reasonable to assume" |
| | | patient's death. The types of restraints included in this | includes but is not limited to deaths related to restrictions of |
| | | reporting requirement are all restraints except soft wrist | movement for prolonged periods of time or deaths related to chest |
| | | restraints. | compression, restriction of breathing, or asphyxiation. |
| | | Note: In this element of performance "reasonable to | |
| | | assume" includes, but is not limited to, deaths related to | |
| | | restrictions of movement for prolonged periods of time | |
| | | or deaths related to chest compression, restriction of | |
| | | breathing, or asphyxiation. | |
| §482.13(g)(1) | (1) With the exception of deaths described | PC.03.05.19, EP 2 | PC.13.02.19, EP 2 |
| | under paragraph (g)(2) of this section, the | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | hospital must report the following | for deemed status purposes: The deaths addressed in | status purposes: The deaths addressed in PC.13.02.19, EP 1, are |
| | information to CMS by telephone, facsimile, | PC.03.05.19, EP 1, are reported to the Centers for | reported to the Centers for Medicare & Description (Control of the Centers for Medicare & Description (Contr |
| | or electronically, as determined by CMS, no | Medicare & Description (CMS) by telephone, | telephone, by facsimile, or electronically no later than the close of |
| | later than the close of business on the next | by facsimile, or electronically no later than the close of | the next business day following knowledge of the patient's death. |
| | business day following knowledge of the | the next business day following knowledge of the | The date and time that the patient's death was reported is |
| | patient's death: | patient's death. The date and time that the patient's | documented in the patient's medical record. |
| | | death was reported is documented in the patient's | |
| \$400.40(%)(1)(i) | (i) Food dooth that a cours while a restingtion | medical record. | DC 42 00 40 FD4 |
| §482.13(g)(1)(i) | (i) Each death that occurs while a patient is | PC.03.05.19, EP 1 | PC.13.02.19, EP 1 |
| | in restraint or seclusion. | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital reports the | status purposes: The hospital reports the following information to |
| | | following information to the Centers for Medicare & Description of the Center of the C | the Centers for Medicare & Described Services regarding |

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| Sol Requirement | | Medicaid Services (CMS) regarding deaths related to restraint or seclusion (this requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to EP 3 in this standard): - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death. The types of restraints included in this reporting requirement are all restraints except soft wrist restraints. Note: In this element of performance "reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of | deaths related to restraint or seclusion: - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information on deaths related to the use of soft wrist restraints, refer to EP 3 in this standard. Note 2: In this element of performance "reasonable to assume" includes but is not limited to deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation. |
| §482.13(g)(1)(ii) | (ii) Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion. | PC.03.05.19, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Deficiency (CMS) regarding deaths related to restraint or seclusion (this requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to EP 3 in this standard): - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the hospital that occurs within | PC.13.02.19, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital reports the following information to the Centers for Medicare & Decision: - Each death that occurs while a patient is in restraint or seclusion - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death Note 1: This reporting requirement includes all restraints except |

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| | | one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or | soft wrist restraints. For more information on deaths related to the use of soft wrist restraints, refer to EP 3 in this standard. |
| | | seclusion contributed directly or indirectly to the | Note 2: In this element of performance "reasonable to assume" |
| | | patient's death. The types of restraints included in this | includes but is not limited to deaths related to restrictions of |
| | | reporting requirement are all restraints except soft wrist | movement for prolonged periods of time or deaths related to chest |
| | | restraints. | compression, restriction of breathing, or asphyxiation. |
| | | Note: In this element of performance "reasonable to | |
| | | assume" includes, but is not limited to, deaths related to | |
| | | restrictions of movement for prolonged periods of time | |
| | | or deaths related to chest compression, restriction of | |
| | | breathing, or asphyxiation. | |
| §482.13(g)(1)(iii) | (iii) Each death known to the hospital that | PC.03.05.19, EP 1 | PC.13.02.19, EP 1 |
| | occurs within 1 week after restraint or | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | seclusion where it is reasonable to assume | for deemed status purposes: The hospital reports the | status purposes: The hospital reports the following information to |
| | that use of restraint or placement in | following information to the Centers for Medicare & Description of the Center of the C | the Centers for Medicare & Defication Services regarding |
| | seclusion contributed directly or indirectly to | Medicaid Services (CMS) regarding deaths related to | deaths related to restraint or seclusion: |
| | a patient's death, regardless of the type(s) of | restraint or seclusion (this requirement does not apply | - Each death that occurs while a patient is in restraint or seclusion |
| | restraint used on the patient during this time. | to deaths related to the use of soft wrist restraints; for | - Each death that occurs within 24 hours after the patient has been |
| | "Reasonable to assume" in this context | more information, refer to EP 3 in this standard): | removed from restraint or seclusion |
| | includes, but is not limited to, deaths related | - Each death that occurs while a patient is in restraint or | - Each death known to the hospital that occurs within one week |
| | to restrictions of movement for prolonged | seclusion | after restraint or seclusion was used when it is reasonable to |
| | periods of time, or death related to chest | - Each death that occurs within 24 hours after the | assume that the use of the restraint or seclusion contributed |
| | compression, restriction of breathing, or | patient has been removed from restraint or seclusion | directly or indirectly to the patient's death |
| | asphyxiation. | - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is | Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information on deaths related to the |
| | | reasonable to assume that the use of the restraint or | |
| | | | use of soft wrist restraints, refer to EP 3 in this standard. Note 2: In this element of performance "reasonable to assume" |
| | | seclusion contributed directly or indirectly to the | includes but is not limited to deaths related to restrictions of |
| | | patient's death. The types of restraints included in this reporting requirement are all restraints except soft wrist | movement for prolonged periods of time or deaths related to chest |
| | | restraints. | compression, restriction of breathing, or asphyxiation. |
| | | Note: In this element of performance "reasonable to | compression, restriction of breatiling, of aspriyalation. |
| | | assume" includes, but is not limited to, deaths related to | |
| | | | |
| | | restrictions of movement for prolonged periods of time | |

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| | | or deaths related to chest compression, restriction of | |
| | | breathing, or asphyxiation. | |
| §482.13(g)(2) | (2) When no seclusion has been used and | | |
| | when the only restraints used on the patient | | |
| | are those applied exclusively to the patient's | | |
| | wrist(s), and which are composed solely of | | |
| | soft, non-rigid, cloth-like materials, the | | |
| | hospital staff must record in an internal log | | |
| | or other system, the following information: | | |
| §482.13(g)(2)(i) | (i) Any death that occurs while a patient is in | PC.03.05.19, EP 3 | PC.13.02.19, EP 3 |
| | such restraints. | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: When no seclusion has | status purposes: When no seclusion has been used and when the |
| | | been used and when the only restraints used on the | only restraints used on the patient are wrist restraints composed |
| | | patient are wrist restraints composed solely of soft, non- | solely of soft, nonrigid, cloth-like material, the hospital does the |
| | | rigid, cloth-like material, the hospital does the following: | following: |
| | | - Records in a log or other system any death that occurs | - Records in a log or other system any death that occurs while a |
| | | while a patient is in restraint. The information is | patient is in restraint. The information is recorded within seven |
| | | recorded within seven days of the date of death of the | days of the date of death of the patient. |
| | | patient. | - Records in a log or other system any death that occurs within 24 |
| | | - Records in a log or other system any death that occurs | hours after a patient has been removed from such restraints. The |
| | | within 24 hours after a patient has been removed from | information is recorded within seven days of the date of death of |
| | | such restraints. The information is recorded within | the patient. |
| | | seven days of the date of death of the patient. | - Documents in the patient record the date and time that the death |
| | | - Documents in the patient record the date and time that | was recorded in the log or other system |
| | | the death was recorded in the log or other system | - Documents in the log or other system the patient's name, date of |
| | | - Documents in the log or other system the patient's | birth, date of death, name of attending physician or other licensed |
| | | name, date of birth, date of death, name of attending | practitioner responsible for the patient's care, medical record |
| | | physician or other licensed practitioner responsible for | number, and primary diagnosis(es) |
| | | the care of the patient, medical record number, and | - Makes the information in the log or other system available to the |
| | | primary diagnosis(es) | Centers for Medicare and Medicaid Services, either electronically |
| | | - Makes the information in the log or other system | or in writing, immediately upon request |
| | | available to CMS, either electronically or in writing, | |
| | | immediately upon request | |

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| §482.13(g)(2)(ii) | (ii) Any death that occurs within 24 hours after a patient has been removed from such restraints. | PC.03.05.19, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-like material, the hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. Documents in the patient record the date and time that the death was recorded in the log or other system Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) Makes the information in the log or other system | PC.13.02.19, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-like material, the hospital does the following: - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. - Documents in the patient record the date and time that the death was recorded in the log or other system - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the patient's care, medical record number, and primary diagnosis(es) - Makes the information in the log or other system available to the Centers for Medicare and Medicaid Services, either electronically or in writing, immediately upon request |
| | | available to CMS, either electronically or in writing, immediately upon request | |
| §482.13(g)(3) | (3) The staff must document in the patient's medical record the date and time the death was: | | |
| §482.13(g)(3)(i) | (i) Reported to CMS for deaths described in paragraph (g)(1) of this section; or | PC.03.05.19, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The deaths addressed in PC.03.05.19, EP 1, are reported to the Centers for Medicare & Medicaid Services (CMS) by telephone, by facsimile, or electronically no later than the close of | PC.13.02.19, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The deaths addressed in PC.13.02.19, EP 1, are reported to the Centers for Medicare & Described Services by telephone, by facsimile, or electronically no later than the close of the next business day following knowledge of the patient's death. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the next business day following knowledge of the | The date and time that the patient's death was reported is |
| | | patient's death. The date and time that the patient's | documented in the patient's medical record. |
| | | death was reported is documented in the patient's | |
| | | medical record. | |
| §482.13(g)(3)(ii) | (ii) Recorded in the internal log or other | PC.03.05.19, EP 3 | PC.13.02.19, EP 3 |
| | system for deaths described in paragraph | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | (g)(2) of this section. | for deemed status purposes: When no seclusion has | status purposes: When no seclusion has been used and when the |
| | | been used and when the only restraints used on the | only restraints used on the patient are wrist restraints composed |
| | | patient are wrist restraints composed solely of soft, non- | solely of soft, nonrigid, cloth-like material, the hospital does the |
| | | rigid, cloth-like material, the hospital does the following: | following: |
| | | - Records in a log or other system any death that occurs | - Records in a log or other system any death that occurs while a |
| | | while a patient is in restraint. The information is | patient is in restraint. The information is recorded within seven |
| | | recorded within seven days of the date of death of the | days of the date of death of the patient. |
| | | patient. | - Records in a log or other system any death that occurs within 24 |
| | | - Records in a log or other system any death that occurs | hours after a patient has been removed from such restraints. The |
| | | within 24 hours after a patient has been removed from | information is recorded within seven days of the date of death of |
| | | such restraints. The information is recorded within | the patient. |
| | | seven days of the date of death of the patient. | - Documents in the patient record the date and time that the death |
| | | - Documents in the patient record the date and time that | was recorded in the log or other system |
| | | the death was recorded in the log or other system | - Documents in the log or other system the patient's name, date of |
| | | - Documents in the log or other system the patient's | birth, date of death, name of attending physician or other licensed |
| | | name, date of birth, date of death, name of attending | practitioner responsible for the patient's care, medical record |
| | | physician or other licensed practitioner responsible for | number, and primary diagnosis(es) |
| | | the care of the patient, medical record number, and | - Makes the information in the log or other system available to the |
| | | primary diagnosis(es) | Centers for Medicare and Medicaid Services, either electronically |
| | | - Makes the information in the log or other system | or in writing, immediately upon request |
| | | available to CMS, either electronically or in writing, | |
| | | immediately upon request | |
| §482.13(g)(4) | (4) For deaths described in paragraph (g)(2) | | |
| | of this section, entries into the internal log or | | |
| | other system must be documented as | | |
| | follows: | | |

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| §482.13(g)(4)(i) | (i) Each entry must be made not later than seven days after the date of death of the patient. | PC.03.05.19, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-like material, the hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. Documents in the patient record the date and time that the death was recorded in the log or other system Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es) Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request | PC.13.02.19, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-like material, the hospital does the following: - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. - Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient. - Documents in the patient record the date and time that the death was recorded in the log or other system - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the patient's care, medical record number, and primary diagnosis(es) - Makes the information in the log or other system available to the Centers for Medicare and Medicaid Services, either electronically or in writing, immediately upon request |
| §482.13(g)(4)(ii) | (ii) Each entry must document the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner who is responsible for the care of the patient, medical record number, and primary diagnosis(es). | PC.03.05.19, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-like material, the hospital does the following: - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the | PC.13.02.19, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, nonrigid, cloth-like material, the hospital does the following: - Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | patient. | - Records in a log or other system any death that occurs within 24 |
| | | - Records in a log or other system any death that occurs | hours after a patient has been removed from such restraints. The |
| | | within 24 hours after a patient has been removed from | information is recorded within seven days of the date of death of |
| | | such restraints. The information is recorded within | the patient. |
| | | seven days of the date of death of the patient. | - Documents in the patient record the date and time that the death |
| | | - Documents in the patient record the date and time that | was recorded in the log or other system |
| | | the death was recorded in the log or other system | - Documents in the log or other system the patient's name, date of |
| | | - Documents in the log or other system the patient's | birth, date of death, name of attending physician or other licensed |
| | | name, date of birth, date of death, name of attending | practitioner responsible for the patient's care, medical record |
| | | physician or other licensed practitioner responsible for | number, and primary diagnosis(es) |
| | | the care of the patient, medical record number, and | - Makes the information in the log or other system available to the |
| | | primary diagnosis(es) | Centers for Medicare and Medicaid Services, either electronically |
| | | - Makes the information in the log or other system | or in writing, immediately upon request |
| | | available to CMS, either electronically or in writing, | |
| | | immediately upon request | |
| §482.13(g)(4)(iii) | (iii) The information must be made available | PC.03.05.19, EP 3 | PC.13.02.19, EP 3 |
| | in either written or electronic form to CMS | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | immediately upon request. | for deemed status purposes: When no seclusion has | status purposes: When no seclusion has been used and when the |
| | | been used and when the only restraints used on the | only restraints used on the patient are wrist restraints composed |
| | | patient are wrist restraints composed solely of soft, non- | solely of soft, nonrigid, cloth-like material, the hospital does the |
| | | rigid, cloth-like material, the hospital does the following: | following: |
| | | - Records in a log or other system any death that occurs | - Records in a log or other system any death that occurs while a |
| | | while a patient is in restraint. The information is | patient is in restraint. The information is recorded within seven |
| | | recorded within seven days of the date of death of the | days of the date of death of the patient. |
| | | patient. | - Records in a log or other system any death that occurs within 24 |
| | | - Records in a log or other system any death that occurs | hours after a patient has been removed from such restraints. The |
| | | within 24 hours after a patient has been removed from | information is recorded within seven days of the date of death of |
| | | such restraints. The information is recorded within | the patient. |
| | | seven days of the date of death of the patient. | - Documents in the patient record the date and time that the death |
| | | - Documents in the patient record the date and time that | was recorded in the log or other system |
| | | the death was recorded in the log or other system | - Documents in the log or other system the patient's name, date of |
| | | - Documents in the log or other system the patient's | birth, date of death, name of attending physician or other licensed |
| | | name, date of birth, date of death, name of attending | practitioner responsible for the patient's care, medical record |

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| | | physician or other licensed practitioner responsible for | number, and primary diagnosis(es) |
| | | the care of the patient, medical record number, and | - Makes the information in the log or other system available to the |
| | | primary diagnosis(es) | Centers for Medicare and Medicaid Services, either electronically |
| | | - Makes the information in the log or other system | or in writing, immediately upon request |
| | | available to CMS, either electronically or in writing, | |
| | | immediately upon request | |
| §482.13(h) | §482.13(h) Standard: Patient visitation | RI.01.01.01, EP 1 | RI.11.01.01, EP 7 |
| | rights. A hospital must have written policies | The hospital has written policies on patient rights. | The hospital develops and implements policies and procedures for |
| | and procedures regarding the visitation | Note: For hospitals that use Joint Commission | patient visitation rights. Visitation rights include the right to receive |
| | rights of patients, including those setting | accreditation for deemed status purposes: The | visitors designated by the patient, including but not limited to a |
| | forth any clinically necessary or reasonable | hospital's written policies address procedures regarding | spouse, a domestic partner (including a same-sex domestic |
| | restriction or limitation that the hospital may | patient visitation rights, including any clinically | partner), another family member, or a friend. The patient also has |
| | need to place on such rights and the reasons | necessary or reasonable restrictions or limitations. | the right to withdraw or deny consent for visitors at any time. |
| | for the clinical restriction or limitation. A | | Note 1: For hospitals that use Joint Commission accreditation for |
| | hospital must meet the following | | deemed status purposes: The hospital's written policies and |
| | requirements: | | procedures include any restrictions or limitations that are clinically |
| | | | necessary or reasonable that need to be placed on visitation rights |
| | | | and the reasons for the restriction or limitation. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The hospital informs the patient (or |
| | | | support person, where appropriate) of the patient's visitation |
| | | | rights, including any clinical restriction or limitation on such rights. |
| §482.13(h)(1) | (1) Inform each patient (or support person, | RI.01.01.01, EP 2 | RI.11.01.01, EP 7 |
| | where appropriate) of his or her visitation | The hospital informs the patient of the patient's rights. | The hospital develops and implements policies and procedures for |
| | rights, including any clinical restriction or | Note 1: For hospitals that use Joint Commission | patient visitation rights. Visitation rights include the right to receive |
| | limitation on such rights, when he or she is | accreditation for deemed status purposes: The hospital | visitors designated by the patient, including but not limited to a |
| | informed of his or her other rights under this | informs the patient (or support person, where | spouse, a domestic partner (including a same-sex domestic |
| | section. | appropriate) of the patient's visitation rights. Visitation | partner), another family member, or a friend. The patient also has |
| | | rights include the right to receive the visitors designated | the right to withdraw or deny consent for visitors at any time. |
| | | by the patient, including, but not limited to, a spouse, a | Note 1: For hospitals that use Joint Commission accreditation for |
| | | domestic partner (including a same-sex domestic | deemed status purposes: The hospital's written policies and |
| | | partner), another family member, or a friend. Also | procedures include any restrictions or limitations that are clinically |
| | | included is the right to withdraw or deny such consent at | necessary or reasonable that need to be placed on visitation rights |

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| | | any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs each patient (or support person, where appropriate) of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. | and the reasons for the restriction or limitation. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of the patient's visitation rights, including any clinical restriction or limitation on such rights. |
| §482.13(h)(2) | (2) Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. | RI.01.01.01, EP 2 The hospital informs the patient of the patient's rights. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of the patient's visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs each patient (or support person, where appropriate) of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. | RI.11.01.01, EP 7 The hospital develops and implements policies and procedures for patient visitation rights. Visitation rights include the right to receive visitors designated by the patient, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. The patient also has the right to withdraw or deny consent for visitors at any time. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies and procedures include any restrictions or limitations that are clinically necessary or reasonable that need to be placed on visitation rights and the reasons for the restriction or limitation. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of the patient's visitation rights, including any clinical restriction or limitation on such rights. |
| | | RI.01.01.01, EP 28 The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. Note: The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is | |

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| | | medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EP 8.) | |
| §482.13(h)(3) | (3) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. | RI.01.01.01, EP 29 The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. Note: This includes prohibiting discrimination through restricting, limiting, or otherwise denying visitation privileges. | RI.11.01.01, EP 4 The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. Note: This includes prohibiting discrimination through restricting, limiting, or otherwise denying visitation privileges. The hospital allows all visitors to have full and equal visitation privileges consistent with patient preferences. |
| §482.13(h)(4) | (4) Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences. | RI.01.01.01, EP 28 The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. Note: The hospital allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative. (For more information on surrogate or family involvement in patient care, treatment, and services, refer to RI.01.02.01, EP 8.) | RI.11.01.01, EP 4 The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. Note: This includes prohibiting discrimination through restricting, limiting, or otherwise denying visitation privileges. The hospital allows all visitors to have full and equal visitation privileges consistent with patient preferences. |
| \$482.15 | §482.15 Condition of Participation: Emergency Preparedness The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop | EM.09.01.01, EP 1 The hospital has a written comprehensive emergency management program that utilizes an all-hazards approach. The program includes, but is not limited to, the following: | EM.09.01.01, EP 1 The hospital has a written comprehensive emergency management program that utilizes an all-hazards approach. The program includes, but is not limited to, the following: - Leadership structure and program accountability |

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| | and maintain a comprehensive emergency | - Leadership structure and program accountability | - Hazard vulnerability analysis |
| | preparedness program that meets the | - Hazard vulnerability analysis | - Mitigation and preparedness activities |
| | requirements of this section, utilizing an all- | - Mitigation and preparedness activities | - Emergency operations plan and policies and procedures |
| | hazards approach. The emergency | - Emergency operations plan and policies and | - Education and training |
| | preparedness program must include, but not | procedures | - Exercises and testing |
| | be limited to, the following elements: | - Education and training | - Continuity of operations plan |
| | | - Exercises and testing | - Disaster recovery |
| | | - Continuity of operations plan | - Program evaluation |
| | | - Disaster recovery | |
| | | - Program evaluation | EM.09.01.01, EP 3 |
| | | | The hospital complies with all applicable federal, state, and local |
| | | EM.09.01.01, EP 3 | emergency preparedness laws and regulations. |
| | | The hospital complies with all applicable federal, state, | |
| | | and local emergency preparedness laws and | |
| | | regulations. | |
| §482.15(a) | (a) Emergency plan. The hospital must | EM.12.01.01, EP 1 | EM.12.01.01, EP 1 |
| | develop and maintain an emergency | The hospital has a written all-hazards emergency | The hospital has a written all-hazards emergency operations plan |
| | preparedness plan that must be reviewed, | operations plan (EOP) with supporting policies and | (EOP) with supporting policies and procedures that provides |
| | and updated at least every 2 years. The plan | procedures that provides guidance to staff and | guidance to staff and volunteers on actions to take during |
| | must do the following: | volunteers on actions to take during emergency or | emergency or disaster incidents. The EOP and policies and |
| | | disaster incidents. The EOP and policies and procedures | procedures include, but are not limited to, the following: |
| | | include, but are not limited to, the following: | - Mobilizing incident command |
| | | - Mobilizing incident command | - Communications plan |
| | | - Communications plan | - Maintaining, expanding, curtailing, or closing operations |
| | | - Maintaining, expanding, curtailing, or closing | - Protecting critical systems and infrastructure |
| | | operations | - Conserving and/or supplementing resources |
| | | - Protecting critical systems and infrastructure | - Surge plans (such as flu or pandemic plans) |
| | | - Conserving and/or supplementing resources | - Identifying alternate treatment areas or locations |
| | | - Surge plans (such as flu or pandemic plans) | - Sheltering in place |
| | | - Identifying alternate treatment areas or locations | - Evacuating (partial or complete) or relocating services |
| | | - Sheltering in place | - Safety and security |
| | | - Evacuating (partial or complete) or relocating services | - Securing information and records |
| | | - Safety and security | |

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| | | - Securing information and records | EM.17.01.01, EP 3 The hospital reviews and makes necessary updates based on |
| | | EM.17.01.01, EP 3 | after-action reports or opportunities for improvement to the |
| | | The hospital reviews and makes necessary updates | following items every two years, or more frequently if necessary: |
| | | based on after-action reports or opportunities for | - Hazard vulnerability analysis |
| | | improvement to the following items every two years, or | - Emergency management program |
| | | more frequently if necessary: | - Emergency operations plan, policies, and procedures |
| | | - Hazard vulnerability analysis | - Communications plan |
| | | - Emergency management program | - Continuity of operations plan |
| | | - Emergency operations plan, policies, and procedures | - Education and training program |
| | | - Communications plan | - Testing program |
| | | - Continuity of operations plan | |
| | | - Education and training program | |
| | | - Testing program | |
| §482.15(a)(1) | (1) Be based on and include a documented, | EM.11.01.01, EP 1 | EM.11.01.01, EP 1 |
| | facility-based and community-based risk | The hospital conducts a facility-based hazard | The hospital conducts a facility-based hazard vulnerability analysis |
| | assessment, utilizing an all-hazards | vulnerability analysis (HVA) using an all-hazards | (HVA) using an all-hazards approach that includes the following: |
| | approach. | approach that includes the following: | - Hazards that are likely to impact the hospital's geographic region, |
| | | - Hazards that are likely to impact the hospital's | community, facility, and patient population |
| | | geographic region, community, facility, and patient population | - A community-based risk assessment (such as those developed by external emergency management agencies) |
| | | - A community-based risk assessment (such as those | - Separate HVAs for its other accredited facilities if they |
| | | developed by external emergency management | significantly differ from the main site |
| | | agencies) | The findings are documented. |
| | | - Separate HVAs for its other accredited facilities if they | Note: A separate HVA is only required if the accredited facilities |
| | | significantly differ from the main site | are in different geographic locations, experience different hazards |
| | | The findings are documented. | or threats, or the patient population and services offered are |
| | | Note: A separate HVA is only required if the accredited | unique to this facility. |
| | | facilities are in different geographic locations, | |
| | | experience different hazards or threats, or the patient | EM.11.01.01, EP 2 |
| | | population and services offered are unique to this | The hospital's hazard vulnerability analysis includes the following: |
| | | facility. | - Natural hazards (such as flooding, wildfires) |
| | | | - Human-caused hazards (such as bomb threats or |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | EM.11.01.01, EP 2 | cyber/information technology crimes) |
| | | The hospital's hazard vulnerability analysis includes the | - Technological hazards (such as utility or information technology |
| | | following: | outages) |
| | | - Natural hazards (such as flooding, wildfires) | - Hazardous materials (such as radiological, nuclear, chemical) |
| | | - Human-caused hazards (such as bomb threats or | - Emerging infectious diseases (such as the Ebola, Zika, or SARS- |
| | | cyber/information technology crimes) | CoV-2 viruses) |
| | | - Technological hazards (such as utility or information technology outages) | |
| | | - Hazardous materials (such as radiological, nuclear, | |
| | | chemical) | |
| | | - Emerging infectious diseases (such as the Ebola, Zika, | |
| | | or SARS-CoV-2 viruses) | |
| §482.15(a)(2) | (2) Include strategies for addressing | EM.11.01.01, EP 3 | EM.11.01.01, EP 3 |
| | emergency events identified by the risk | The hospital evaluates and prioritizes the findings of the | The hospital evaluates and prioritizes the findings of the hazard |
| | assessment. | hazard vulnerability analysis to determine what presents | vulnerability analysis to determine what presents the highest |
| | | the highest likelihood of occurring and the impacts | likelihood of occurring and the impacts those hazards will have on |
| | | those hazards will have on the operating status of the | the operating status of the hospital and its ability to provide |
| | | hospital and its ability to provide services. The findings | services. The findings are documented. |
| | | are documented. | EM.11.01.01, EP 4 |
| | | EM.11.01.01, EP 4 | The hospital uses its prioritized hazards from the hazard |
| | | The hospital uses its prioritized hazards from the hazard | vulnerability analysis to identify and implement mitigation and |
| | | vulnerability analysis to identify and implement | preparedness actions to increase the resilience of the hospital and |
| | | mitigation and preparedness actions to increase the | helps reduce disruption of essential services or functions. |
| | | resilience of the hospital and helps reduce disruption of | |
| | | essential services or functions. | |
| §482.15(a)(3) | (3) Address patient population, including, | EM.12.01.01, EP 2 | EM.12.01.01, EP 2 |
| | but not limited to, persons at-risk; the type of | The hospital's emergency operations plan identifies the | The hospital's emergency operations plan identifies the patient |
| | services the hospital has the ability to | patient population(s) that it will serve, including at-risk | population(s) that it will serve, including at-risk populations, and |
| | provide in an emergency; and continuity of | populations, and the types of services it would have the | the types of services it would have the ability to provide in an |
| | operations, including delegations of | ability to provide in an emergency or disaster event. | emergency or disaster event. |
| | authority and succession plans. | Note: At-risk populations such as the elderly, dialysis | Note: At-risk populations such as the elderly, dialysis patients, or |
| | | patients, or persons with physical or mental disabilities | persons with physical or mental disabilities may have additional |

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| | | may have additional needs to be addressed during an | needs to be addressed during an emergency or disaster incident, |
| | | emergency or disaster incident, such as medical care, | such as medical care, communication, transportation, |
| | | communication, transportation, supervision, and | supervision, and maintaining independence. |
| | | maintaining independence. | |
| | | | EM.13.01.01, EP 1 |
| | | EM.13.01.01, EP 1 | The hospital has a written continuity of operations plan (COOP) |
| | | The hospital has a written continuity of operations plan | that is developed with the participation of key executive leaders, |
| | | (COOP) that is developed with the participation of key | business and finance leaders, and other department leaders as |
| | | executive leaders, business and finance leaders, and | determined by the hospital. These key leaders identify and |
| | | other department leaders as determined by the hospital. | prioritize the services and functions that are considered essential |
| | | These key leaders identify and prioritize the services and | or critical for maintaining operations. |
| | | functions that are considered essential or critical for | Note: The COOP provides guidance on how the hospital will |
| | | maintaining operations. | continue to perform its essential business functions to deliver |
| | | Note: The COOP provides guidance on how the hospital | essential or critical services. Essential business functions to |
| | | will continue to perform its essential business functions | consider include administrative/vital records, information |
| | | to deliver essential or critical services. Essential | technology, financial services, security systems, |
| | | business functions to consider include | communications/telecommunications, and building operations to |
| | | administrative/vital records, information technology, | support essential and critical services that cannot be deferred |
| | | financial services, security systems, | during an emergency; these activities must be performed |
| | | communications/telecommunications, and building | continuously or resumed quickly following a disruption. |
| | | operations to support essential and critical services that | |
| | | cannot be deferred during an emergency; these | EM.13.01.01, EP 2 |
| | | activities must be performed continuously or resumed | The hospital's continuity of operations plan identifies in writing |
| | | quickly following a disruption. | how and where it will continue to provide its essential business |
| | | | functions when the location of the essential or critical service has |
| | | EM.13.01.01, EP 2 | been compromised due to an emergency or disaster incident. |
| | | The hospital's continuity of operations plan identifies in | Note: Example of options to consider for providing essential |
| | | writing how and where it will continue to provide its | services include use of off-site locations, space maintained by |
| | | essential business functions when the location of the | another organization, existing facilities or space, telework (remote |
| | | essential or critical service has been compromised due | work), or telehealth. |
| | | to an emergency or disaster incident. | |
| | | Note: Example of options to consider for providing | EM.13.01.01, EP 3 |
| | | essential services include use of off-site locations, | The hospital has a written order of succession plan that identifies |

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| | | space maintained by another organization, existing | who is authorized to assume a particular leadership or |
| | | facilities or space, telework (remote work), or | management role when that person(s) is unable to fulfill their |
| | | telehealth. | function or perform their duties. |
| | | EM.13.01.01, EP 3 | EM.13.01.01, EP 4 |
| | | The hospital has a written order of succession plan that | The hospital has a written delegation of authority plan that |
| | | identifies who is authorized to assume a particular | provides the individual(s) with the legal authorization to act on |
| | | leadership or management role when that person(s) is | behalf of the hospital for specified purposes and to carry out |
| | | unable to fulfill their function or perform their duties. | specific duties. |
| | | | Note: Delegations of authority are an essential part of an |
| | | EM.13.01.01, EP 4 | organization's continuity program and should be sufficiently |
| | | The hospital has a written delegation of authority plan | detailed to make certain the hospital can perform its essential |
| | | that provides the individual(s) with the legal | functions. Delegations of authority will specify a particular |
| | | authorization to act on behalf of the hospital for | function that an individual is authorized to perform and includes |
| | | specified purposes and to carry out specific duties. | restrictions and limitations associated with that authority. |
| | | Note: Delegations of authority are an essential part of an | |
| | | organization's continuity program and should be | |
| | | sufficiently detailed to make certain the hospital can | |
| | | perform its essential functions. Delegations of authority will specify a particular function that an individual is | |
| | | authorized to perform and includes restrictions and | |
| | | limitations associated with that authority. | |
| §482.15(a)(4) | (4) Include a process for cooperation and | EM.12.01.01, EP 6 | EM.12.01.01, EP 6 |
| 0.02.25(0.)() | collaboration with local, tribal, regional, | The hospital's emergency operations plan includes a | The hospital's emergency operations plan includes a process for |
| | State, and Federal emergency preparedness | process for cooperating and collaborating with other | cooperating and collaborating with other health care facilities; |
| | officials' efforts to maintain an integrated | health care facilities; health care coalitions; and local, | health care coalitions; and local, tribal, regional, state, and federal |
| | response during a disaster or emergency | tribal, regional, state, and federal emergency | emergency preparedness officials' efforts to leverage support and |
| | situation. | preparedness officials' efforts to leverage support and | resources and to provide an integrated response during an |
| | | resources and to provide an integrated response during | emergency or disaster incident. |
| | | an emergency or disaster incident. | |
| §482.15(b) | (b) Policies and procedures. The hospital | EM.12.01.01, EP 1 | EM.12.01.01, EP 1 |
| | must develop and implement emergency | The hospital has a written all-hazards emergency | The hospital has a written all-hazards emergency operations plan |
| | preparedness policies and procedures, | operations plan (EOP) with supporting policies and | (EOP) with supporting policies and procedures that provides |

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| _ | based on the emergency plan set forth in | procedures that provides guidance to staff and | guidance to staff and volunteers on actions to take during |
| | paragraph (a) of this section, risk | volunteers on actions to take during emergency or | emergency or disaster incidents. The EOP and policies and |
| | assessment at paragraph (a)(1) of this | disaster incidents. The EOP and policies and procedures | procedures include, but are not limited to, the following: |
| | section, and the communication plan at | include, but are not limited to, the following: | - Mobilizing incident command |
| | paragraph (c) of this section. The policies | - Mobilizing incident command | - Communications plan |
| | and procedures must be reviewed and | - Communications plan | - Maintaining, expanding, curtailing, or closing operations |
| | updated at least every 2 years. At a | - Maintaining, expanding, curtailing, or closing | - Protecting critical systems and infrastructure |
| | minimum, the policies and procedures must | operations | - Conserving and/or supplementing resources |
| | address the following: | - Protecting critical systems and infrastructure | - Surge plans (such as flu or pandemic plans) |
| | | - Conserving and/or supplementing resources | - Identifying alternate treatment areas or locations |
| | | - Surge plans (such as flu or pandemic plans) | - Sheltering in place |
| | | - Identifying alternate treatment areas or locations | - Evacuating (partial or complete) or relocating services |
| | | - Sheltering in place | - Safety and security |
| | | - Evacuating (partial or complete) or relocating services | - Securing information and records |
| | | - Safety and security | |
| | | - Securing information and records | EM.17.01.01, EP 3 |
| | | | The hospital reviews and makes necessary updates based on |
| | | EM.17.01.01, EP 3 | after-action reports or opportunities for improvement to the |
| | | The hospital reviews and makes necessary updates | following items every two years, or more frequently if necessary: |
| | | based on after-action reports or opportunities for | - Hazard vulnerability analysis |
| | | improvement to the following items every two years, or | - Emergency management program |
| | | more frequently if necessary: | - Emergency operations plan, policies, and procedures |
| | | - Hazard vulnerability analysis | - Communications plan |
| | | - Emergency management program | - Continuity of operations plan |
| | | - Emergency operations plan, policies, and procedures | - Education and training program |
| | | - Communications plan | - Testing program |
| | | - Continuity of operations plan | |
| | | - Education and training program | |
| | | - Testing program | |
| §482.15(b)(1) | (1) The provision of subsistence needs for | | |
| | staff and patients, whether they evacuate or | | |
| | shelter in place, include, but are not limited | | |
| | to the following: | | |

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| §482.15(b)(1)(i) | (i) Food, water, medical, and pharmaceutical supplies. | EM.12.01.01, EP 4 The emergency operations plan includes written procedures for how the hospital will provide essential needs for its staff, volunteers, and patients, whether they shelter in place or evacuate, that includes, but is not limited to, the following: - Food and other nutritional supplies - Medications and related supplies - Medical/surgical supplies - Medical oxygen and supplies - Potable or bottled water | EM.12.01.01, EP 4 The emergency operations plan includes written procedures for how the hospital will provide essential needs for its staff, volunteers, and patients, whether they shelter in place or evacuate, that includes, but is not limited to, the following: - Food and other nutritional supplies - Medications and related supplies - Medical/surgical supplies - Medical oxygen and supplies - Potable or bottled water |
| §482.15(b)(1)(ii) | (ii) Alternate sources of energy to maintain the following: | | |
| §482.15(b)(1)(ii)(A) | (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. | EM.12.02.11, EP 4 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions - Emergency lighting - Fire detection, extinguishing, and alarm systems - Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure. | EM.12.02.11, EP 4 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions - Emergency lighting - Fire detection, extinguishing, and alarm systems - Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure. |
| \$482.15(b)(1)(ii)(B) | (B) Emergency lighting. | EM.12.02.11, EP 4 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: - Temperatures to protect patient health and safety and | EM.12.02.11, EP 4 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | for the safe and sanitary storage of provisions - Emergency lighting - Fire detection, extinguishing, and alarm systems - Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure. | - Emergency lighting - Fire detection, extinguishing, and alarm systems - Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure. |
| §482.15(b)(1)(ii)(C) | (C) Fire detection, extinguishing, and alarm systems. | EC.02.03.01, EP 9 The written fire response plan describes the specific roles of staff at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, how to evacuate to areas of refuge, and how staff will cooperate with firefighting authorities. Staff are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2. EM.12.02.11, EP 4 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the | EM.12.02.11, EP 4 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions - Emergency lighting - Fire detection, extinguishing, and alarm systems - Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure. |
| | | following: - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions - Emergency lighting - Fire detection, extinguishing, and alarm systems | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure. | |
| §482.15(b)(1)(ii)(D) | (D) Sewage and waste disposal. | EM.12.02.11, EP 4 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions - Emergency lighting - Fire detection, extinguishing, and alarm systems - Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure. | EM.12.02.11, EP 4 The hospital's plan for managing utilities includes alternate sources for maintaining energy to the following: - Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions - Emergency lighting - Fire detection, extinguishing, and alarm systems - Sewage and waste disposal Note: It is important for hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the hospital considers partial or full evacuation or closure. |
| §482.15(b)(2) | (2) A system to track the location of on-duty staff and sheltered patients in the hospital's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the hospital must document the specific name and location of the receiving facility or other location. | EM.12.02.07, EP 2 The hospital's plan for safety and security measures includes a system to track the location of its on-duty staff and volunteers and patients when sheltered in place, relocated, or evacuated. If on-duty staff and volunteers and patients are relocated during an emergency, the hospital documents the specific name and location of the receiving facility or evacuation location. Note: Examples of systems used for tracking purposes | EM.12.02.07, EP 2 The hospital's plan for safety and security measures includes a system to track the location of its on-duty staff and volunteers and patients when sheltered in place, relocated, or evacuated. If onduty staff and volunteers and patients are relocated during an emergency, the hospital documents the specific name and location of the receiving facility or evacuation location. Note: Examples of systems used for tracking purposes include the use of established technology or tracking systems or taking head counts at defined intervals. |

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| | | include the use of established technology or tracking | |
| | | systems or taking head counts at defined intervals. | |
| §482.15(b)(3) | (3) Safe evacuation from the hospital, which | EM.12.01.01, EP 3 | EM.12.01.01, EP 3 |
| | includes consideration of care and treatment | The hospital's emergency operations plan includes | The hospital's emergency operations plan includes written |
| | needs of evacuees; staff responsibilities; | written procedures for when and how it will shelter in | procedures for when and how it will shelter in place or evacuate |
| | transportation; identification of evacuation | place or evacuate (partial or complete) its staff, | (partial or complete) its staff, volunteers, and patients. |
| | location(s); and primary and alternate | volunteers, and patients. | Note 1: Shelter-in-place plans may vary by department and facility |
| | means of communication with external | Note 1: Shelter-in-place plans may vary by department | and may vary based on the type of emergency or situation. |
| | sources of assistance. | and facility and may vary based on the type of | Note 2: Safe evacuation from the hospital includes consideration |
| | | emergency or situation. | of care, treatment, and service needs of evacuees, staff |
| | | Note 2: Safe evacuation from the hospital includes | responsibilities, and transportation. |
| | | consideration of care, treatment, and service needs of | |
| | | evacuees, staff responsibilities, and transportation. | EM.12.02.01, EP 5 |
| | | | The hospital's communications plan identifies its primary and |
| | | EM.12.02.01, EP 6 | alternate means for communicating with staff and relevant |
| | | The hospital's communications plan identifies its | authorities (such as federal, state, tribal, regional, and local |
| | | primary and alternate means for communicating with | emergency preparedness staff). The plan includes procedures for |
| | | staff and relevant authorities (such as federal, state, | the following: |
| | | tribal, regional, and local emergency preparedness | - How and when alternate/backup communication methods are |
| | | staff). The plan includes procedures for the following: | used |
| | | - How and when alternate/backup communication | - Verifying that its communications systems are compatible with |
| | | methods are used | those of community partners and relevant authorities the hospital |
| | | - Verifying that its communications systems are | plans to communicate with |
| | | compatible with those of community partners and | - Testing the functionality of the hospital's alternate/backup |
| | | relevant authorities the hospital plans to communicate | communication systems or equipment |
| | | with | Note: Examples of alternate/backup communication systems |
| | | - Testing the functionality of the hospital's | include amateur radios, portable radios, text-based notifications, |
| | | alternate/backup communication systems or | cell and satellite phones, and reverse 911 notification systems. |
| | | equipment | |
| | | Note: Examples of alternate/backup communication | |
| | | systems include amateur radios, portable radios, text- | |
| | | based notifications, cell and satellite phones, and | |
| | | reverse 911 notification systems. | |

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| §482.15(b)(4) | (4) A means to shelter in place for patients, staff, and volunteers who remain in the facility. | EM.12.01.01, EP 3 The hospital's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation. Note 2: Safe evacuation from the hospital includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation. | EM.12.01.01, EP 3 The hospital's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients. Note 1: Shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation. Note 2: Safe evacuation from the hospital includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation. |
| §482.15(b)(5) | (5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records. | IM.01.01.03, EP 1 The hospital follows a written plan for managing interruptions to its information processes (paper-based, electronic, or a mix of paper-based and electronic). IM.01.01.03, EP 2 The hospital's plan for managing interruptions to information processes addresses the following: - Scheduled and unscheduled interruptions of electronic information systems - Training for staff on alternative procedures to follow when electronic information systems are unavailable - Backup of electronic information systems IM.02.01.01, EP 1 The hospital follows a written policy addressing the privacy and confidentiality of health information. IM.02.01.01, EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. | IM.11.01.01, EP 1 The hospital develops and implements policies and procedures regarding medical documentation and patient information during emergencies and other interruptions to information management systems, including security and availability of patient records to support continuity of care. Note: These policies and procedures are based on the emergency plan, risk assessment, and emergency communication plan and are reviewed and updated at least every 2 years. |

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| | | IM.02.01.03, EP 1 The hospital follows a written policy that addresses the security of health information, including access, use, and disclosure. IM.02.01.03, EP 5 The hospital protects against unauthorized access, use, and disclosure of health information. | |
| §482.15(b)(6) | (6) The use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. | EM.12.02.03, EP 1 The hospital develops a staffing plan for managing all staff and volunteers to meet patient care needs during the duration of an emergency or disaster incident or during a patient surge. The plan includes the following: - Methods for contacting off-duty staff - Acquisition of staff from its other health care facilities - Use of volunteer staffing, such as staffing agencies, health care coalition support, and those deployed as part of the disaster medical assistance teams Note: If the hospital determines that it will never use volunteers during disasters, this is documented in its plan. EM.12.02.03, EP 2 The hospital's staffing plan addresses the management of all staff and volunteers as follows: | EM.12.02.03, EP 1 The hospital develops a staffing plan for managing all staff and volunteers to meet patient care needs during the duration of an emergency or disaster incident or during a patient surge. The plan includes the following: - Methods for contacting off-duty staff - Acquisition of staff from its other health care facilities - Use of volunteer staffing, such as staffing agencies, health care coalition support, and those deployed as part of the disaster medical assistance teams Note: If the hospital determines that it will never use volunteers during disasters, this is documented in its plan. EM.12.02.03, EP 2 The hospital's staffing plan addresses the management of all staff and volunteers as follows: - Reporting processes |
| §482.15(b)(7) | (7) The development of arrangements with other hospitals and other providers to | - Reporting processes - Roles and responsibilities for essential functions - Integration of staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities EM.12.02.05, EP 1 The hospital's plan for providing patient care and clinical | - Roles and responsibilities for essential functions - Integration of staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities EM.12.02.05, EP 1 The hospital's plan for providing patient care and clinical support |

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| | receive patients in the event of limitations or | support includes written procedures and arrangements | includes written procedures and arrangements with other |
| | cessation of operations to maintain the | with other hospitals and providers for how it will share | hospitals and providers for how it will share patient care |
| | continuity of services to hospital patients. | patient care information and medical documentation | information and medical documentation and how it will transfer |
| | | and how it will transfer patients to other health care | patients to other health care facilities to maintain continuity of |
| | | facilities to maintain continuity of care. | care. |
| §482.15(b)(8) | (8) The role of the hospital under a waiver | EM.12.01.01, EP 9 | EM.12.01.01, EP 7 |
| | declared by the Secretary, in accordance | The hospital must develop and implement emergency | The hospital must develop and implement emergency |
| | with section 1135 of the Act, in the provision | preparedness policies and procedures that address the | preparedness policies and procedures that address the role of the |
| | of care and treatment at an alternate care | role of the hospital under a waiver declared by the | hospital under a waiver declared by the Secretary, in accordance |
| | site identified by emergency management | Secretary, in accordance with section 1135 of the Social | with section 1135 of the Social Security Act, in the provision of |
| | officials. | Security Act, in the provision of care and treatment at an | care and treatment at an alternate care site identified by |
| | | alternate care site identified by emergency management | emergency management officials. |
| | | officials. | Note 1: This element of performance is applicable only to hospitals |
| | | Note 1: This element of performance is applicable only | that receive Medicare, Medicaid, or Children's Health Insurance |
| | | to hospitals that receive Medicare, Medicaid, or | Program reimbursement. |
| | | Children's Health Insurance Program reimbursement. | Note 2: For more information on 1135 waivers, visit |
| | | Note 2: For more information on 1135 waivers, visit | https://www.cms.gov/about-cms/what-we-do/emergency- |
| | | https://www.cms.gov/about-cms/what-we- | response/how-can-we-help/waivers-flexibilities and |
| | | do/emergency-response/how-can-we-help/waivers- | https://www.cms.gov/about-cms/agency- |
| | | flexibilities and https://www.cms.gov/about- | information/emergency/downloads/consolidated_medicare_ffs_e |
| | | cms/agency- | mergency_qsas.pdf. |
| | | information/emergency/downloads/consolidated_medi | |
| | | care_ffs_emergency_qsas.pdf. | |
| §482.15(c) | (c) Communication plan. The hospital must | EM.09.01.01, EP 3 | EM.09.01.01, EP 3 |
| | develop and maintain an emergency | The hospital complies with all applicable federal, state, | The hospital complies with all applicable federal, state, and local |
| | preparedness communication plan that | and local emergency preparedness laws and | emergency preparedness laws and regulations. |
| | complies with Federal, State, and local laws | regulations. | |
| | and must be reviewed and updated at least | | EM.12.01.01, EP 1 |
| | every 2 years. The communication plan must | EM.12.01.01, EP 1 | The hospital has a written all-hazards emergency operations plan |
| | include all of the following: | The hospital has a written all-hazards emergency | (EOP) with supporting policies and procedures that provides |
| | | operations plan (EOP) with supporting policies and | guidance to staff and volunteers on actions to take during |
| | | procedures that provides guidance to staff and | emergency or disaster incidents. The EOP and policies and |
| | | volunteers on actions to take during emergency or | procedures include, but are not limited to, the following: |

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| | | disaster incidents. The EOP and policies and procedures | - Mobilizing incident command |
| | | include, but are not limited to, the following: | - Communications plan |
| | | - Mobilizing incident command | - Maintaining, expanding, curtailing, or closing operations |
| | | - Communications plan | - Protecting critical systems and infrastructure |
| | | - Maintaining, expanding, curtailing, or closing | - Conserving and/or supplementing resources |
| | | operations | - Surge plans (such as flu or pandemic plans) |
| | | - Protecting critical systems and infrastructure | - Identifying alternate treatment areas or locations |
| | | - Conserving and/or supplementing resources | - Sheltering in place |
| | | - Surge plans (such as flu or pandemic plans) | - Evacuating (partial or complete) or relocating services |
| | | - Identifying alternate treatment areas or locations | - Safety and security |
| | | - Sheltering in place | - Securing information and records |
| | | - Evacuating (partial or complete) or relocating services | |
| | | - Safety and security | EM.17.01.01, EP 3 |
| | | - Securing information and records | The hospital reviews and makes necessary updates based on |
| | | | after-action reports or opportunities for improvement to the |
| | | EM.17.01.01, EP 3 | following items every two years, or more frequently if necessary: |
| | | The hospital reviews and makes necessary updates | - Hazard vulnerability analysis |
| | | based on after-action reports or opportunities for | - Emergency management program |
| | | improvement to the following items every two years, or | - Emergency operations plan, policies, and procedures |
| | | more frequently if necessary: | - Communications plan |
| | | - Hazard vulnerability analysis | - Continuity of operations plan |
| | | - Emergency management program | - Education and training program |
| | | - Emergency operations plan, policies, and procedures | - Testing program |
| | | - Communications plan | |
| | | - Continuity of operations plan | |
| | | - Education and training program | |
| | | - Testing program | |
| §482.15(c)(1) | (1) Names and contact information for the | | |
| | following: | | |
| §482.15(c)(1)(i) | (i) Staff. | EM.12.02.01, EP 1 | EM.12.02.01, EP 1 |
| | | The hospital maintains a contact list of individuals and | The hospital maintains a contact list of individuals and entities that |
| | | entities that are to be notified in response to an | are to be notified in response to an emergency. The list of contacts |
| | | emergency. The list of contacts includes the following: | includes the following: |

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| | | - Staff | - Staff |
| | | - Physicians and other licensed practitioners | - Physicians and other licensed practitioners |
| | | - Volunteers | - Volunteers |
| | | - Other health care organizations | - Other health care organizations |
| | | - Entities providing services under arrangement, | - Entities providing services under arrangement, including |
| | | including suppliers of essential services, equipment, | suppliers of essential services, equipment, and supplies |
| | | and supplies | - Relevant community partners (such as fire, police, local incident |
| | | - Relevant community partners (such as fire, police, | command, public health departments) |
| | | local incident command, public health departments) | - Relevant authorities (federal, state, tribal, regional, and local |
| | | - Relevant authorities (federal, state, tribal, regional, and | emergency preparedness staff) |
| | | local emergency preparedness staff) | - Other sources of assistance (such as health care coalitions) |
| | | - Other sources of assistance (such as health care | Note: The type of emergency will determine what |
| | | coalitions) | organizations/individuals need to be contacted to assist with the |
| | | Note: The type of emergency will determine what | emergency or disaster incident. |
| | | organizations/individuals need to be contacted to assist | |
| | | with the emergency or disaster incident. | |
| §482.15(c)(1)(ii) | (ii) Entities providing services under | EM.12.02.01, EP 1 | EM.12.02.01, EP 1 |
| | arrangement. | The hospital maintains a contact list of individuals and | The hospital maintains a contact list of individuals and entities that |
| | | entities that are to be notified in response to an | are to be notified in response to an emergency. The list of contacts |
| | | emergency. The list of contacts includes the following: | includes the following: |
| | | - Staff | - Staff |
| | | - Physicians and other licensed practitioners | - Physicians and other licensed practitioners |
| | | - Volunteers | - Volunteers |
| | | - Other health care organizations | - Other health care organizations |
| | | - Entities providing services under arrangement, | - Entities providing services under arrangement, including |
| | | including suppliers of essential services, equipment, | suppliers of essential services, equipment, and supplies |
| | | and supplies | - Relevant community partners (such as fire, police, local incident |
| | | - Relevant community partners (such as fire, police, | command, public health departments) |
| | | local incident command, public health departments) | - Relevant authorities (federal, state, tribal, regional, and local |
| | | - Relevant authorities (federal, state, tribal, regional, and | emergency preparedness staff) Other sources of assistance (such as health care coalitions) |
| | | local emergency preparedness staff) | - Other sources of assistance (such as health care coalitions) |
| | | - Other sources of assistance (such as health care | Note: The type of emergency will determine what |
| | | coalitions) | |

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| | | Note: The type of emergency will determine what | organizations/individuals need to be contacted to assist with the |
| | | organizations/individuals need to be contacted to assist | emergency or disaster incident. |
| | | with the emergency or disaster incident. | |
| §482.15(c)(1)(iii) | (iii) Patients' physicians. | EM.12.02.01, EP 1 | EM.12.02.01, EP 1 |
| | | The hospital maintains a contact list of individuals and | The hospital maintains a contact list of individuals and entities that |
| | | entities that are to be notified in response to an | are to be notified in response to an emergency. The list of contacts |
| | | emergency. The list of contacts includes the following: | includes the following: |
| | | - Staff | - Staff |
| | | - Physicians and other licensed practitioners | - Physicians and other licensed practitioners |
| | | - Volunteers | - Volunteers |
| | | - Other health care organizations | - Other health care organizations |
| | | - Entities providing services under arrangement, | - Entities providing services under arrangement, including |
| | | including suppliers of essential services, equipment, | suppliers of essential services, equipment, and supplies |
| | | and supplies | - Relevant community partners (such as fire, police, local incident |
| | | - Relevant community partners (such as fire, police, | command, public health departments) |
| | | local incident command, public health departments) | - Relevant authorities (federal, state, tribal, regional, and local |
| | | - Relevant authorities (federal, state, tribal, regional, and | emergency preparedness staff) |
| | | local emergency preparedness staff) | - Other sources of assistance (such as health care coalitions) |
| | | - Other sources of assistance (such as health care | Note: The type of emergency will determine what |
| | | coalitions) | organizations/individuals need to be contacted to assist with the |
| | | Note: The type of emergency will determine what | emergency or disaster incident. |
| | | organizations/individuals need to be contacted to assist | |
| | | with the emergency or disaster incident. | |
| §482.15(c)(1)(iv) | (iv) Other hospitals and CAHs | EM.12.02.01, EP 1 | EM.12.02.01, EP 1 |
| | | The hospital maintains a contact list of individuals and | The hospital maintains a contact list of individuals and entities that |
| | | entities that are to be notified in response to an | are to be notified in response to an emergency. The list of contacts |
| | | emergency. The list of contacts includes the following: | includes the following: |
| | | - Staff | - Staff |
| | | - Physicians and other licensed practitioners | - Physicians and other licensed practitioners |
| | | - Volunteers | - Volunteers |
| | | - Other health care organizations | - Other health care organizations |
| | | - Entities providing services under arrangement, | - Entities providing services under arrangement, including |
| | | including suppliers of essential services, equipment, | suppliers of essential services, equipment, and supplies |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident. | - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident. |
| §482.15(c)(1)(v) | (v) Volunteers. | EM.12.02.01, EP 1 The hospital maintains a contact list of individuals and entities that are to be notified in response to an emergency. The list of contacts includes the following: - Staff - Physicians and other licensed practitioners - Volunteers - Other health care organizations - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident. | EM.12.02.01, EP 1 The hospital maintains a contact list of individuals and entities that are to be notified in response to an emergency. The list of contacts includes the following: - Staff - Physicians and other licensed practitioners - Volunteers - Other health care organizations - Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies - Relevant community partners (such as fire, police, local incident command, public health departments) - Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff) - Other sources of assistance (such as health care coalitions) Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident. |
| §482.15(c)(2) | (2) Contact information for the following: | | |
| §482.15(c)(2)(i) | (i) Federal, State, tribal, regional, and local emergency preparedness staff. | EM.12.02.01, EP 1 The hospital maintains a contact list of individuals and | EM.12.02.01, EP 1 The hospital maintains a contact list of individuals and entities that |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | entities that are to be notified in response to an | are to be notified in response to an emergency. The list of contacts |
| | | emergency. The list of contacts includes the following: | includes the following: |
| | | - Staff | - Staff |
| | | - Physicians and other licensed practitioners | - Physicians and other licensed practitioners |
| | | - Volunteers | - Volunteers |
| | | - Other health care organizations | - Other health care organizations |
| | | - Entities providing services under arrangement, | - Entities providing services under arrangement, including |
| | | including suppliers of essential services, equipment, | suppliers of essential services, equipment, and supplies |
| | | and supplies | - Relevant community partners (such as fire, police, local incident |
| | | - Relevant community partners (such as fire, police, | command, public health departments) |
| | | local incident command, public health departments) | - Relevant authorities (federal, state, tribal, regional, and local |
| | | - Relevant authorities (federal, state, tribal, regional, and | emergency preparedness staff) |
| | | local emergency preparedness staff) | - Other sources of assistance (such as health care coalitions) |
| | | - Other sources of assistance (such as health care | Note: The type of emergency will determine what |
| | | coalitions) | organizations/individuals need to be contacted to assist with the |
| | | Note: The type of emergency will determine what | emergency or disaster incident. |
| | | organizations/individuals need to be contacted to assist | |
| | | with the emergency or disaster incident. | |
| §482.15(c)(2)(ii) | (ii) Other sources of assistance. | EM.12.02.01, EP 1 | EM.12.02.01, EP 1 |
| | | The hospital maintains a contact list of individuals and | The hospital maintains a contact list of individuals and entities that |
| | | entities that are to be notified in response to an | are to be notified in response to an emergency. The list of contacts |
| | | emergency. The list of contacts includes the following: | includes the following: |
| | | - Staff | - Staff |
| | | - Physicians and other licensed practitioners | - Physicians and other licensed practitioners |
| | | - Volunteers | - Volunteers |
| | | - Other health care organizations | - Other health care organizations |
| | | - Entities providing services under arrangement, | - Entities providing services under arrangement, including |
| | | including suppliers of essential services, equipment, | suppliers of essential services, equipment, and supplies |
| | | and supplies | - Relevant community partners (such as fire, police, local incident |
| | | - Relevant community partners (such as fire, police, | command, public health departments) |
| | | local incident command, public health departments) | - Relevant authorities (federal, state, tribal, regional, and local |
| | | - Relevant authorities (federal, state, tribal, regional, and | emergency preparedness staff) |
| | | local emergency preparedness staff) | - Other sources of assistance (such as health care coalitions) |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Other sources of assistance (such as health care | Note: The type of emergency will determine what |
| | | coalitions) | organizations/individuals need to be contacted to assist with the |
| | | Note: The type of emergency will determine what | emergency or disaster incident. |
| | | organizations/individuals need to be contacted to assist | |
| | | with the emergency or disaster incident. | |
| §482.15(c)(3) | (3) Primary and alternate means for | | |
| | communicating with the following: | | |
| §482.15(c)(3)(i) | (i) Hospital's staff. | EM.12.02.01, EP 6 | EM.12.02.01, EP 5 |
| | | The hospital's communications plan identifies its | The hospital's communications plan identifies its primary and |
| | | primary and alternate means for communicating with | alternate means for communicating with staff and relevant |
| | | staff and relevant authorities (such as federal, state, | authorities (such as federal, state, tribal, regional, and local |
| | | tribal, regional, and local emergency preparedness | emergency preparedness staff). The plan includes procedures for |
| | | staff). The plan includes procedures for the following: | the following: |
| | | - How and when alternate/backup communication | - How and when alternate/backup communication methods are |
| | | methods are used | used |
| | | - Verifying that its communications systems are | - Verifying that its communications systems are compatible with |
| | | compatible with those of community partners and | those of community partners and relevant authorities the hospital |
| | | relevant authorities the hospital plans to communicate | plans to communicate with |
| | | with | - Testing the functionality of the hospital's alternate/backup |
| | | - Testing the functionality of the hospital's | communication systems or equipment |
| | | alternate/backup communication systems or | Note: Examples of alternate/backup communication systems |
| | | equipment | include amateur radios, portable radios, text-based notifications, |
| | | Note: Examples of alternate/backup communication | cell and satellite phones, and reverse 911 notification systems. |
| | | systems include amateur radios, portable radios, text- | |
| | | based notifications, cell and satellite phones, and | |
| | | reverse 911 notification systems. | |
| §482.15(c)(3)(ii) | (ii) Federal, State, tribal, regional, and local | EM.12.02.01, EP 6 | EM.12.02.01, EP 5 |
| | emergency management agencies. | The hospital's communications plan identifies its | The hospital's communications plan identifies its primary and |
| | | primary and alternate means for communicating with | alternate means for communicating with staff and relevant |
| | | staff and relevant authorities (such as federal, state, | authorities (such as federal, state, tribal, regional, and local |
| | | tribal, regional, and local emergency preparedness | emergency preparedness staff). The plan includes procedures for |
| | | staff). The plan includes procedures for the following: | the following: |
| | | - How and when alternate/backup communication | - How and when alternate/backup communication methods are |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | methods are used | used |
| | | - Verifying that its communications systems are | - Verifying that its communications systems are compatible with |
| | | compatible with those of community partners and | those of community partners and relevant authorities the hospital |
| | | relevant authorities the hospital plans to communicate | plans to communicate with |
| | | with | - Testing the functionality of the hospital's alternate/backup |
| | | - Testing the functionality of the hospital's | communication systems or equipment |
| | | alternate/backup communication systems or | Note: Examples of alternate/backup communication systems |
| | | equipment | include amateur radios, portable radios, text-based notifications, |
| | | Note: Examples of alternate/backup communication | cell and satellite phones, and reverse 911 notification systems. |
| | | systems include amateur radios, portable radios, text- | |
| | | based notifications, cell and satellite phones, and | |
| | | reverse 911 notification systems. | |
| §482.15(c)(4) | (4) A method for sharing information and | EM.12.02.01, EP 5 | EM.12.02.01, EP 4 |
| | medical documentation for patients under | In the event of an emergency or evacuation, the | In the event of an emergency or evacuation, the hospital's |
| | the hospital's care, as necessary, with other | hospital's communications plan includes a method for | communications plan includes a method for sharing and/or |
| | health care providers to maintain the | sharing and/or releasing location information and | releasing location information and medical documentation for |
| | continuity of care. | medical documentation for patients under the hospital's | patients under the hospital's care to the following individuals or |
| | | care to the following individuals or entities, in | entities, in accordance with law and regulation: |
| | | accordance with law and regulation: | - Patient's family, representative, or others involved in the care of |
| | | - Patient's family, representative, or others involved in | the patient |
| | | the care of the patient | - Disaster relief organizations and relevant authorities |
| | | - Disaster relief organizations and relevant authorities | - Other health care providers |
| | | - Other health care providers | Note: Sharing and releasing of patient information is consistent |
| | | Note: Sharing and releasing of patient information is | with 45 CFR 164.510(b)(1)(ii) and (b)(4). |
| | | consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4). | |
| | | | EM.12.02.05, EP 1 |
| | | EM.12.02.05, EP 1 | The hospital's plan for providing patient care and clinical support |
| | | The hospital's plan for providing patient care and clinical | includes written procedures and arrangements with other |
| | | support includes written procedures and arrangements | hospitals and providers for how it will share patient care |
| | | with other hospitals and providers for how it will share | information and medical documentation and how it will transfer |
| | | patient care information and medical documentation | patients to other health care facilities to maintain continuity of |
| | | and how it will transfer patients to other health care | care. |
| | | facilities to maintain continuity of care. | |

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| §482.15(c)(5) | (5) A means, in the event of an evacuation, to | EM.12.02.01, EP 5 | EM.12.02.01, EP 4 |
| | release patient information as permitted | In the event of an emergency or evacuation, the | In the event of an emergency or evacuation, the hospital's |
| | under 45 CFR 164.510(b)(1)(ii). | hospital's communications plan includes a method for | communications plan includes a method for sharing and/or |
| | | sharing and/or releasing location information and | releasing location information and medical documentation for |
| | | medical documentation for patients under the hospital's | patients under the hospital's care to the following individuals or |
| | | care to the following individuals or entities, in | entities, in accordance with law and regulation: |
| | | accordance with law and regulation: | - Patient's family, representative, or others involved in the care of |
| | | - Patient's family, representative, or others involved in | the patient |
| | | the care of the patient | - Disaster relief organizations and relevant authorities |
| | | - Disaster relief organizations and relevant authorities | - Other health care providers |
| | | - Other health care providers | Note: Sharing and releasing of patient information is consistent |
| | | Note: Sharing and releasing of patient information is | with 45 CFR 164.510(b)(1)(ii) and (b)(4). |
| | | consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4). | |
| §482.15(c)(6) | (6) A means of providing information about | EM.12.02.01, EP 5 | EM.12.02.01, EP 4 |
| | the general condition and location of | In the event of an emergency or evacuation, the | In the event of an emergency or evacuation, the hospital's |
| | patients under the facility's care as | hospital's communications plan includes a method for | communications plan includes a method for sharing and/or |
| | permitted under 45 CFR 164.510(b)(4). | sharing and/or releasing location information and | releasing location information and medical documentation for |
| | | medical documentation for patients under the hospital's | patients under the hospital's care to the following individuals or |
| | | care to the following individuals or entities, in | entities, in accordance with law and regulation: |
| | | accordance with law and regulation: | - Patient's family, representative, or others involved in the care of |
| | | - Patient's family, representative, or others involved in | the patient |
| | | the care of the patient | - Disaster relief organizations and relevant authorities |
| | | - Disaster relief organizations and relevant authorities | - Other health care providers |
| | | - Other health care providers | Note: Sharing and releasing of patient information is consistent |
| | | Note: Sharing and releasing of patient information is | with 45 CFR 164.510(b)(1)(ii) and (b)(4). |
| 0.400.45(.)(7) | (-) | consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4). | |
| §482.15(c)(7) | (7) A means of providing information about | EM.12.02.01, EP 3 | EM.12.02.01, EP 3 |
| | the hospital's occupancy, needs, and its | The hospital's communication plan describes how the | The hospital's communication plan describes how the hospital will |
| | ability to provide assistance, to the authority | hospital will communicate with and report information | communicate with and report information about its organizational |
| | having jurisdiction, the Incident Command | about its organizational needs, available occupancy, | needs, available occupancy, and ability to provide assistance to |
| | Center, or designee. | and ability to provide assistance to relevant authorities. | relevant authorities. |
| | | Note: Examples of hospital needs include shortages in | Note: Examples of hospital needs include shortages in personal |
| | | personal protective equipment, staffing shortages, | |

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| | | evacuation or transfer of patients, and temporary loss of | protective equipment, staffing shortages, evacuation or transfer of |
| | | part or all organization function. | patients, and temporary loss of part or all organization function. |
| §482.15(d) | (d) Training and testing. The hospital must | EM.15.01.01, EP 1 | EM.15.01.01, EP 1 |
| | develop and maintain an emergency | The hospital has a written education and training | The hospital has a written education and training program in |
| | preparedness training and testing program | program in emergency management that is based on the | emergency management that is based on the hospital's prioritized |
| | that is based on the emergency plan set forth | hospital's prioritized risks identified as part of its hazard | risks identified as part of its hazard vulnerability analysis, |
| | in paragraph (a) of this section, risk | vulnerability analysis, emergency operations plan, | emergency operations plan, communications plan, and policies |
| | assessment at paragraph (a)(1) of this | communications plan, and policies and procedures. | and procedures. |
| | section, policies and procedures at | Note: If the hospital has developed multiple hazard | Note: If the hospital has developed multiple hazard vulnerability |
| | paragraph (b) of this section, and the | vulnerability analyses based on the location of other | analyses based on the location of other services offered, the |
| | communication plan at paragraph (c) of this | services offered, the education and training for those | education and training for those facilities are specific to their |
| | section. The training and testing program | facilities are specific to their needs. | needs. |
| | must be reviewed and updated at least every | | |
| | 2 years. | EM.16.01.01, EP 1 | EM.16.01.01, EP 1 |
| | | The hospital describes in writing a plan for when and | The hospital describes in writing a plan for when and how it will |
| | | how it will conduct annual testing of its emergency | conduct annual testing of its emergency operations plan (EOP). |
| | | operations plan (EOP). The planned exercises are based | The planned exercises are based on the following: |
| | | on the following: | - Likely emergencies or disaster scenarios |
| | | - Likely emergencies or disaster scenarios | - EOP and policies and procedures |
| | | - EOP and policies and procedures | - After-action reports (AAR) and improvement plans |
| | | - After-action reports (AAR) and improvement plans | - Six critical areas (communications, staffing, patient care and |
| | | - Six critical areas (communications, staffing, patient | clinical support, safety and security, resources and assets, |
| | | care and clinical support, safety and security, resources | utilities) |
| | | and assets, utilities) | Note 1: The planned exercises should attempt to stress the limits |
| | | Note 1: The planned exercises should attempt to stress | of its emergency response procedures to assess how prepared the |
| | | the limits of its emergency response procedures to | hospital may be if a real event or disaster were to occur based on |
| | | assess how prepared the hospital may be if a real event | past experiences. |
| | | or disaster were to occur based on past experiences. | Note 2: An AAR is a detailed critical summary or analysis of an |
| | | Note 2: An AAR is a detailed critical summary or analysis | emergency or disaster incident, including both planned and |
| | | of an emergency or disaster incident, including both | unplanned events. The report summarizes what took place during |
| | | planned and unplanned events. The report summarizes | the event, analyzes the actions taken by participants, and provides |
| | | what took place during the event, analyzes the actions | areas needing improvement. |
| | | taken by participants, and provides areas needing | |

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| | | improvement. | EM.17.01.01, EP 3 The hospital reviews and makes necessary updates based on |
| | | EM.17.01.01, EP 3 | after-action reports or opportunities for improvement to the |
| | | The hospital reviews and makes necessary updates | following items every two years, or more frequently if necessary: |
| | | based on after-action reports or opportunities for | - Hazard vulnerability analysis |
| | | improvement to the following items every two years, or | - Emergency management program |
| | | more frequently if necessary: | - Emergency operations plan, policies, and procedures |
| | | - Hazard vulnerability analysis - Emergency management program | - Communications plan - Continuity of operations plan |
| | | - Emergency management program - Emergency operations plan, policies, and procedures | - Education and training program |
| | | - Communications plan | - Testing program |
| | | - Continuity of operations plan | , , , , , , , , , , , , , , , , , , , |
| | | - Education and training program | |
| | | - Testing program | |
| §482.15(d)(1) | (1) Training program. The hospital must do all of the following: | | |
| §482.15(d)(1)(i) | (i) Initial training in emergency preparedness | EM.15.01.01, EP 2 | EM.15.01.01, EP 2 |
| | policies and procedures to all new and | The hospital provides initial education and training in | The hospital provides initial education and training in emergency |
| | existing staff, individuals providing services | emergency management to all new and existing staff, | management to all new and existing staff, individuals providing |
| | under arrangement, and volunteers, | individuals providing services under arrangement, and volunteers that are consistent with their roles and | services under arrangement, and volunteers that are consistent |
| | consistent with their expected role. | responsibilities in an emergency. The initial education | with their roles and responsibilities in an emergency. The initial education and training include the following: |
| | | and training include the following: | - Activation and deactivation of the emergency operations plan |
| | | - Activation and deactivation of the emergency | - Communications plan |
| | | operations plan | - Emergency response policies and procedures |
| | | - Communications plan | - Evacuation, shelter-in-place, lockdown, and surge procedures |
| | | - Emergency response policies and procedures | - Where and how to obtain resources and supplies for emergencies |
| | | - Evacuation, shelter-in-place, lockdown, and surge | (such as procedure manuals or equipment) |
| | | procedures | Documentation is required. |
| | | - Where and how to obtain resources and supplies for | |
| | | emergencies (such as procedure manuals or equipment) | |
| | | Documentation is required. | |

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| §482.15(d)(1)(ii) | (ii) Provide emergency preparedness training | EM.15.01.01, EP 3 | EM.15.01.01, EP 3 |
| | at least every 2 years. | The hospital provides ongoing education and training to | The hospital provides ongoing education and training to all staff, |
| | | all staff, individuals providing services under | individuals providing services under arrangement, and volunteers |
| | | arrangement, and volunteers that are consistent with | that are consistent with their roles and responsibilities in an |
| | | their roles and responsibilities in an emergency. The | emergency. The education and training occur at the following |
| | | education and training occur at the following times: | times: |
| | | - At least every two years | - At least every two years |
| | | - When roles or responsibilities change | - When roles or responsibilities change |
| | | - When there are significant revisions to the emergency | - When there are significant revisions to the emergency operations |
| | | operations plan, policies, and/or procedures | plan, policies, and/or procedures |
| | | - When procedural changes are made during an | - When procedural changes are made during an emergency or |
| | | emergency or disaster incident requiring just-in-time | disaster incident requiring just-in-time education and training |
| | | education and training | Documentation is required. |
| | | Documentation is required. | Note 1: Staff demonstrate knowledge of emergency procedures |
| | | Note 1: Staff demonstrate knowledge of emergency | through participation in drills and exercises, as well as post- |
| | | procedures through participation in drills and exercises, | training tests, participation in instructor-led feedback (for |
| | | as well as post-training tests, participation in instructor- | example, questions and answers), or other methods determined |
| | | led feedback (for example, questions and answers), or | and documented by the organization. |
| | | other methods determined and documented by the | Note 2: Hospitals are not required to retrain staff on the entire |
| | | organization. | emergency operations plan but can choose to provide education |
| | | Note 2: Hospitals are not required to retrain staff on the | and training specific to the new or revised elements of the |
| | | entire emergency operations plan but can choose to | emergency management program. |
| | | provide education and training specific to the new or | |
| | | revised elements of the emergency management | |
| | | program. | |
| §482.15(d)(1)(iii) | (iii) Maintain documentation of the training. | EM.15.01.01, EP 2 | EM.15.01.01, EP 2 |
| | | The hospital provides initial education and training in | The hospital provides initial education and training in emergency |
| | | emergency management to all new and existing staff, | management to all new and existing staff, individuals providing |
| | | individuals providing services under arrangement, and | services under arrangement, and volunteers that are consistent |
| | | volunteers that are consistent with their roles and | with their roles and responsibilities in an emergency. The initial |
| | | responsibilities in an emergency. The initial education | education and training include the following: |
| | | and training include the following: | - Activation and deactivation of the emergency operations plan |
| | | - Activation and deactivation of the emergency | - Communications plan |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | operations plan | - Emergency response policies and procedures |
| | | - Communications plan | - Evacuation, shelter-in-place, lockdown, and surge procedures |
| | | - Emergency response policies and procedures | - Where and how to obtain resources and supplies for emergencies |
| | | - Evacuation, shelter-in-place, lockdown, and surge | (such as procedure manuals or equipment) |
| | | procedures | Documentation is required. |
| | | - Where and how to obtain resources and supplies for | |
| | | emergencies (such as procedure manuals or | EM.15.01.01, EP 3 |
| | | equipment) | The hospital provides ongoing education and training to all staff, |
| | | Documentation is required. | individuals providing services under arrangement, and volunteers |
| | | | that are consistent with their roles and responsibilities in an |
| | | EM.15.01.01, EP 3 | emergency. The education and training occur at the following |
| | | The hospital provides ongoing education and training to | times: |
| | | all staff, individuals providing services under | - At least every two years |
| | | arrangement, and volunteers that are consistent with | - When roles or responsibilities change |
| | | their roles and responsibilities in an emergency. The | - When there are significant revisions to the emergency operations |
| | | education and training occur at the following times: | plan, policies, and/or procedures |
| | | - At least every two years | - When procedural changes are made during an emergency or |
| | | - When roles or responsibilities change | disaster incident requiring just-in-time education and training |
| | | - When there are significant revisions to the emergency | Documentation is required. |
| | | operations plan, policies, and/or procedures | Note 1: Staff demonstrate knowledge of emergency procedures |
| | | - When procedural changes are made during an | through participation in drills and exercises, as well as post- |
| | | emergency or disaster incident requiring just-in-time | training tests, participation in instructor-led feedback (for |
| | | education and training | example, questions and answers), or other methods determined |
| | | Documentation is required. | and documented by the organization. |
| | | Note 1: Staff demonstrate knowledge of emergency | Note 2: Hospitals are not required to retrain staff on the entire |
| | | procedures through participation in drills and exercises, | emergency operations plan but can choose to provide education |
| | | as well as post-training tests, participation in instructor- | and training specific to the new or revised elements of the |
| | | led feedback (for example, questions and answers), or | emergency management program. |
| | | other methods determined and documented by the | |
| | | organization. | |
| | | Note 2: Hospitals are not required to retrain staff on the | |
| | | entire emergency operations plan but can choose to | |
| | | provide education and training specific to the new or | |

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| | | revised elements of the emergency management | |
| | | program. | |
| §482.15(d)(1)(iv) | (iv) Demonstrate staff knowledge of | EM.15.01.01, EP 2 | EM.15.01.01, EP 2 |
| | emergency procedures. | The hospital provides initial education and training in | The hospital provides initial education and training in emergency |
| | | emergency management to all new and existing staff, | management to all new and existing staff, individuals providing |
| | | individuals providing services under arrangement, and | services under arrangement, and volunteers that are consistent |
| | | volunteers that are consistent with their roles and | with their roles and responsibilities in an emergency. The initial |
| | | responsibilities in an emergency. The initial education | education and training include the following: |
| | | and training include the following: | - Activation and deactivation of the emergency operations plan |
| | | - Activation and deactivation of the emergency | - Communications plan |
| | | operations plan | - Emergency response policies and procedures |
| | | - Communications plan | - Evacuation, shelter-in-place, lockdown, and surge procedures |
| | | - Emergency response policies and procedures | - Where and how to obtain resources and supplies for emergencies |
| | | - Evacuation, shelter-in-place, lockdown, and surge | (such as procedure manuals or equipment) |
| | | procedures | Documentation is required. |
| | | - Where and how to obtain resources and supplies for | |
| | | emergencies (such as procedure manuals or | EM.15.01.01, EP 3 |
| | | equipment) | The hospital provides ongoing education and training to all staff, |
| | | Documentation is required. | individuals providing services under arrangement, and volunteers |
| | | | that are consistent with their roles and responsibilities in an |
| | | EM.15.01.01, EP 3 | emergency. The education and training occur at the following |
| | | The hospital provides ongoing education and training to | times: |
| | | all staff, individuals providing services under | - At least every two years |
| | | arrangement, and volunteers that are consistent with | - When roles or responsibilities change |
| | | their roles and responsibilities in an emergency. The | - When there are significant revisions to the emergency operations |
| | | education and training occur at the following times: | plan, policies, and/or procedures |
| | | - At least every two years | - When procedural changes are made during an emergency or |
| | | - When roles or responsibilities change | disaster incident requiring just-in-time education and training |
| | | - When there are significant revisions to the emergency | Documentation is required. |
| | | operations plan, policies, and/or procedures | Note 1: Staff demonstrate knowledge of emergency procedures |
| | | - When procedural changes are made during an | through participation in drills and exercises, as well as post- |
| | | emergency or disaster incident requiring just-in-time | training tests, participation in instructor-led feedback (for |
| | | education and training | example, questions and answers), or other methods determined |

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| | | Documentation is required. Note 1: Staff demonstrate knowledge of emergency | and documented by the organization. Note 2: Hospitals are not required to retrain staff on the entire |
| | | procedures through participation in drills and exercises, | emergency operations plan but can choose to provide education |
| | | as well as post-training tests, participation in instructor- | and training specific to the new or revised elements of the |
| | | led feedback (for example, questions and answers), or | emergency management program. |
| | | other methods determined and documented by the | |
| | | organization. | |
| | | Note 2: Hospitals are not required to retrain staff on the | |
| | | entire emergency operations plan but can choose to | |
| | | provide education and training specific to the new or | |
| | | revised elements of the emergency management | |
| §482.15(d)(1)(v) | (v) If the emergency preparedness policies | program. EM.15.01.01, EP 3 | EM.15.01.01, EP 3 |
| 3402.13(d)(1)(V) | and procedures are significantly updated, | The hospital provides ongoing education and training to | The hospital provides ongoing education and training to all staff, |
| | the hospital must conduct training on the | all staff, individuals providing services under | individuals providing services under arrangement, and volunteers |
| | updated policies and procedures. | arrangement, and volunteers that are consistent with | that are consistent with their roles and responsibilities in an |
| | · | their roles and responsibilities in an emergency. The | emergency. The education and training occur at the following |
| | | education and training occur at the following times: | times: |
| | | - At least every two years | - At least every two years |
| | | - When roles or responsibilities change | - When roles or responsibilities change |
| | | - When there are significant revisions to the emergency | - When there are significant revisions to the emergency operations |
| | | operations plan, policies, and/or procedures | plan, policies, and/or procedures |
| | | - When procedural changes are made during an | - When procedural changes are made during an emergency or |
| | | emergency or disaster incident requiring just-in-time | disaster incident requiring just-in-time education and training |
| | | education and training Documentation is required. | Documentation is required. |
| | | Note 1: Staff demonstrate knowledge of emergency | Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post- |
| | | procedures through participation in drills and exercises, | training tests, participation in instructor-led feedback (for |
| | | as well as post-training tests, participation in instructor- | example, questions and answers), or other methods determined |
| | | led feedback (for example, questions and answers), or | and documented by the organization. |
| | | other methods determined and documented by the | Note 2: Hospitals are not required to retrain staff on the entire |
| | | organization. | emergency operations plan but can choose to provide education |
| | | Note 2: Hospitals are not required to retrain staff on the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | entire emergency operations plan but can choose to | and training specific to the new or revised elements of the |
| | | provide education and training specific to the new or | emergency management program. |
| | | revised elements of the emergency management | |
| | | program. | |
| §482.15(d)(2) | (2) Testing. The hospital must conduct | EM.16.01.01, EP 2 | EM.16.01.01, EP 2 |
| | exercises to test the emergency plan at least | The hospital is required to conduct two exercises per | The hospital is required to conduct two exercises per year to test |
| | twice per year. The hospital must do all of the | year to test the emergency operations plan. | the emergency operations plan. |
| | following: | - One of the annual exercises must consist of an | - One of the annual exercises must consist of an operations-based |
| | | operations-based exercise as follows: | exercise as follows: |
| | | - Full-scale, community-based exercise; or | - Full-scale, community-based exercise; or |
| | | - Functional, facility-based exercise when a | - Functional, facility-based exercise when a community-based |
| | | community-based exercise is not possible | exercise is not possible |
| | | - The other annual exercise must consist of either an | - The other annual exercise must consist of either an operations- |
| | | operations-based or discussion-based exercise as | based or discussion-based exercise as follows: |
| | | follows: | - Full-scale, community-based exercise; or |
| | | - Full-scale, community-based exercise; or | - Functional, facility-based exercise; or |
| | | - Functional, facility-based exercise; or | - Mock disaster drill; or |
| | | - Mock disaster drill; or | - Tabletop, seminar, or workshop that is led by a facilitator and |
| | | - Tabletop, seminar, or workshop that is led by a | includes a group discussion using narrated, clinically relevant |
| | | facilitator and includes a group discussion using | emergency scenarios and a set of problem statements, directed |
| | | narrated, clinically relevant emergency scenarios and a | messages, or prepared questions designed to challenge an |
| | | set of problem statements, directed messages, or | emergency plan. |
| | | prepared questions designed to challenge an | Exercises and actual emergency or disaster incidents are |
| | | emergency plan. | documented (after-action reports). |
| | | Exercises and actual emergency or disaster incidents | Note 1: The hospital would be exempt from conducting its next |
| | | are documented (after-action reports). | annual operations-based exercise if it experiences an actual |
| | | Note 1: The hospital would be exempt from conducting | emergency or disaster incident (discussion-based exercises are |
| | | its next annual operations-based exercise if it | excluded from exemption). An exemption only applies if the |
| | | experiences an actual emergency or disaster incident | hospital provides documentation that it activated its emergency |
| | | (discussion-based exercises are excluded from | operations plan. |
| | | exemption). An exemption only applies if the hospital | Note 2: See the Glossary for the definitions of operations-based |
| | | provides documentation that it activated its emergency | and discussion-based exercises. |
| | | operations plan. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 2: See the Glossary for the definitions of | |
| | | operations-based and discussion-based exercises. | |
| §482.15(d)(2)(i) | (i) Participate in an annual full-scale exercise | EM.16.01.01, EP 2 | EM.16.01.01, EP 2 |
| | that is community-based; or | The hospital is required to conduct two exercises per | The hospital is required to conduct two exercises per year to test |
| | | year to test the emergency operations plan. | the emergency operations plan. |
| | | - One of the annual exercises must consist of an | - One of the annual exercises must consist of an operations-based |
| | | operations-based exercise as follows: | exercise as follows: |
| | | - Full-scale, community-based exercise; or | - Full-scale, community-based exercise; or |
| | | - Functional, facility-based exercise when a | - Functional, facility-based exercise when a community-based |
| | | community-based exercise is not possible | exercise is not possible |
| | | - The other annual exercise must consist of either an | - The other annual exercise must consist of either an operations- |
| | | operations-based or discussion-based exercise as | based or discussion-based exercise as follows: |
| | | follows: | - Full-scale, community-based exercise; or |
| | | - Full-scale, community-based exercise; or | - Functional, facility-based exercise; or |
| | | - Functional, facility-based exercise; or | - Mock disaster drill; or |
| | | - Mock disaster drill; or | - Tabletop, seminar, or workshop that is led by a facilitator and |
| | | - Tabletop, seminar, or workshop that is led by a | includes a group discussion using narrated, clinically relevant |
| | | facilitator and includes a group discussion using | emergency scenarios and a set of problem statements, directed |
| | | narrated, clinically relevant emergency scenarios and a | messages, or prepared questions designed to challenge an |
| | | set of problem statements, directed messages, or | emergency plan. |
| | | prepared questions designed to challenge an | Exercises and actual emergency or disaster incidents are |
| | | emergency plan. | documented (after-action reports). |
| | | Exercises and actual emergency or disaster incidents | Note 1: The hospital would be exempt from conducting its next |
| | | are documented (after-action reports). | annual operations-based exercise if it experiences an actual |
| | | Note 1: The hospital would be exempt from conducting | emergency or disaster incident (discussion-based exercises are |
| | | its next annual operations-based exercise if it | excluded from exemption). An exemption only applies if the |
| | | experiences an actual emergency or disaster incident | hospital provides documentation that it activated its emergency |
| | | (discussion-based exercises are excluded from | operations plan. |
| | | exemption). An exemption only applies if the hospital | Note 2: See the Glossary for the definitions of operations-based |
| | | provides documentation that it activated its emergency | and discussion-based exercises. |
| | | operations plan. | |
| | | Note 2: See the Glossary for the definitions of | |
| | | operations-based and discussion-based exercises. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.15(d)(2)(i)(A) | (A) When a community-based exercise is not | EM.16.01.01, EP 2 | EM.16.01.01, EP 2 |
| | accessible, conduct an annual individual, | The hospital is required to conduct two exercises per | The hospital is required to conduct two exercises per year to test |
| | facility-based functional exercise; or. | year to test the emergency operations plan. | the emergency operations plan. |
| | | - One of the annual exercises must consist of an | - One of the annual exercises must consist of an operations-based |
| | | operations-based exercise as follows: | exercise as follows: |
| | | - Full-scale, community-based exercise; or | - Full-scale, community-based exercise; or |
| | | - Functional, facility-based exercise when a | - Functional, facility-based exercise when a community-based |
| | | community-based exercise is not possible | exercise is not possible |
| | | - The other annual exercise must consist of either an | - The other annual exercise must consist of either an operations- |
| | | operations-based or discussion-based exercise as | based or discussion-based exercise as follows: |
| | | follows: | - Full-scale, community-based exercise; or |
| | | - Full-scale, community-based exercise; or | - Functional, facility-based exercise; or |
| | | - Functional, facility-based exercise; or | - Mock disaster drill; or |
| | | - Mock disaster drill; or | - Tabletop, seminar, or workshop that is led by a facilitator and |
| | | - Tabletop, seminar, or workshop that is led by a | includes a group discussion using narrated, clinically relevant |
| | | facilitator and includes a group discussion using | emergency scenarios and a set of problem statements, directed |
| | | narrated, clinically relevant emergency scenarios and a | messages, or prepared questions designed to challenge an |
| | | set of problem statements, directed messages, or | emergency plan. |
| | | prepared questions designed to challenge an | Exercises and actual emergency or disaster incidents are |
| | | emergency plan. | documented (after-action reports). |
| | | Exercises and actual emergency or disaster incidents | Note 1: The hospital would be exempt from conducting its next |
| | | are documented (after-action reports). | annual operations-based exercise if it experiences an actual |
| | | Note 1: The hospital would be exempt from conducting | emergency or disaster incident (discussion-based exercises are |
| | | its next annual operations-based exercise if it | excluded from exemption). An exemption only applies if the |
| | | experiences an actual emergency or disaster incident | hospital provides documentation that it activated its emergency |
| | | (discussion-based exercises are excluded from | operations plan. |
| | | exemption). An exemption only applies if the hospital | Note 2: See the Glossary for the definitions of operations-based |
| | | provides documentation that it activated its emergency | and discussion-based exercises. |
| | | operations plan. | |
| | | Note 2: See the Glossary for the definitions of | |
| | | operations-based and discussion-based exercises. | |
| §482.15(d)(2)(i)(B) | (B) If the hospital experiences an actual | EM.16.01.01, EP 2 | EM.16.01.01, EP 2 |
| | natural or man-made emergency that | The hospital is required to conduct two exercises per | The hospital is required to conduct two exercises per year to test |

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| | requires activation of the emergency plan, | year to test the emergency operations plan. | the emergency operations plan. |
| | the hospital is exempt from engaging in its | - One of the annual exercises must consist of an | - One of the annual exercises must consist of an operations-based |
| | next required fullscale community-based | operations-based exercise as follows: | exercise as follows: |
| | exercise or individual, facility-based | - Full-scale, community-based exercise; or | - Full-scale, community-based exercise; or |
| | functional exercise following the onset of the | - Functional, facility-based exercise when a | - Functional, facility-based exercise when a community-based |
| | emergency event. | community-based exercise is not possible | exercise is not possible |
| | | - The other annual exercise must consist of either an | - The other annual exercise must consist of either an operations- |
| | | operations-based or discussion-based exercise as | based or discussion-based exercise as follows: |
| | | follows: | - Full-scale, community-based exercise; or |
| | | - Full-scale, community-based exercise; or | - Functional, facility-based exercise; or |
| | | - Functional, facility-based exercise; or | - Mock disaster drill; or |
| | | - Mock disaster drill; or | - Tabletop, seminar, or workshop that is led by a facilitator and |
| | | - Tabletop, seminar, or workshop that is led by a | includes a group discussion using narrated, clinically relevant |
| | | facilitator and includes a group discussion using | emergency scenarios and a set of problem statements, directed |
| | | narrated, clinically relevant emergency scenarios and a | messages, or prepared questions designed to challenge an |
| | | set of problem statements, directed messages, or | emergency plan. |
| | | prepared questions designed to challenge an | Exercises and actual emergency or disaster incidents are |
| | | emergency plan. | documented (after-action reports). |
| | | Exercises and actual emergency or disaster incidents | Note 1: The hospital would be exempt from conducting its next |
| | | are documented (after-action reports). | annual operations-based exercise if it experiences an actual |
| | | Note 1: The hospital would be exempt from conducting its next annual operations-based exercise if it | emergency or disaster incident (discussion-based exercises are excluded from exemption). An exemption only applies if the |
| | | experiences an actual emergency or disaster incident | hospital provides documentation that it activated its emergency |
| | | (discussion-based exercises are excluded from | operations plan. |
| | | exemption). An exemption only applies if the hospital | Note 2: See the Glossary for the definitions of operations-based |
| | | provides documentation that it activated its emergency | and discussion-based exercises. |
| | | operations plan. | |
| | | Note 2: See the Glossary for the definitions of | |
| | | operations-based and discussion-based exercises. | |
| §482.15(d)(2)(ii) | (ii) Conduct an additional exercise that may | | |
| | include, but is not limited to the following: | | |

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| §482.15(d)(2)(ii)(A) | (A) A second full-scale exercise that is | EM.16.01.01, EP 2 | EM.16.01.01, EP 2 |
| | community-based or an individual, facility- | The hospital is required to conduct two exercises per | The hospital is required to conduct two exercises per year to test |
| | based functional exercise; or | year to test the emergency operations plan. | the emergency operations plan. |
| | | - One of the annual exercises must consist of an | - One of the annual exercises must consist of an operations-based |
| | | operations-based exercise as follows: | exercise as follows: |
| | | - Full-scale, community-based exercise; or | - Full-scale, community-based exercise; or |
| | | - Functional, facility-based exercise when a | - Functional, facility-based exercise when a community-based |
| | | community-based exercise is not possible | exercise is not possible |
| | | - The other annual exercise must consist of either an | - The other annual exercise must consist of either an operations- |
| | | operations-based or discussion-based exercise as | based or discussion-based exercise as follows: |
| | | follows: | - Full-scale, community-based exercise; or |
| | | - Full-scale, community-based exercise; or | - Functional, facility-based exercise; or |
| | | - Functional, facility-based exercise; or | - Mock disaster drill; or |
| | | - Mock disaster drill; or | - Tabletop, seminar, or workshop that is led by a facilitator and |
| | | - Tabletop, seminar, or workshop that is led by a | includes a group discussion using narrated, clinically relevant |
| | | facilitator and includes a group discussion using | emergency scenarios and a set of problem statements, directed |
| | | narrated, clinically relevant emergency scenarios and a | messages, or prepared questions designed to challenge an |
| | | set of problem statements, directed messages, or | emergency plan. |
| | | prepared questions designed to challenge an | Exercises and actual emergency or disaster incidents are |
| | | emergency plan. | documented (after-action reports). |
| | | Exercises and actual emergency or disaster incidents | Note 1: The hospital would be exempt from conducting its next |
| | | are documented (after-action reports). | annual operations-based exercise if it experiences an actual |
| | | Note 1: The hospital would be exempt from conducting | emergency or disaster incident (discussion-based exercises are |
| | | its next annual operations-based exercise if it | excluded from exemption). An exemption only applies if the |
| | | experiences an actual emergency or disaster incident | hospital provides documentation that it activated its emergency |
| | | (discussion-based exercises are excluded from | operations plan. |
| | | exemption). An exemption only applies if the hospital | Note 2: See the Glossary for the definitions of operations-based |
| | | provides documentation that it activated its emergency | and discussion-based exercises. |
| | | operations plan. | |
| | | Note 2: See the Glossary for the definitions of | |
| | | operations-based and discussion-based exercises. | |
| §482.15(d)(2)(ii)(B) | (B) A mock disaster drill; or | EM.16.01.01, EP 2 | EM.16.01.01, EP 2 |
| | | The hospital is required to conduct two exercises per | The hospital is required to conduct two exercises per year to test |

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| | | year to test the emergency operations plan. | the emergency operations plan. |
| | | - One of the annual exercises must consist of an | - One of the annual exercises must consist of an operations-based |
| | | operations-based exercise as follows: | exercise as follows: |
| | | - Full-scale, community-based exercise; or | - Full-scale, community-based exercise; or |
| | | - Functional, facility-based exercise when a | - Functional, facility-based exercise when a community-based |
| | | community-based exercise is not possible | exercise is not possible |
| | | - The other annual exercise must consist of either an | - The other annual exercise must consist of either an operations- |
| | | operations-based or discussion-based exercise as | based or discussion-based exercise as follows: |
| | | follows: | - Full-scale, community-based exercise; or |
| | | - Full-scale, community-based exercise; or | - Functional, facility-based exercise; or |
| | | - Functional, facility-based exercise; or | - Mock disaster drill; or |
| | | - Mock disaster drill; or | - Tabletop, seminar, or workshop that is led by a facilitator and |
| | | - Tabletop, seminar, or workshop that is led by a | includes a group discussion using narrated, clinically relevant |
| | | facilitator and includes a group discussion using | emergency scenarios and a set of problem statements, directed |
| | | narrated, clinically relevant emergency scenarios and a | messages, or prepared questions designed to challenge an |
| | | set of problem statements, directed messages, or | emergency plan. |
| | | prepared questions designed to challenge an | Exercises and actual emergency or disaster incidents are |
| | | emergency plan. | documented (after-action reports). |
| | | Exercises and actual emergency or disaster incidents | Note 1: The hospital would be exempt from conducting its next |
| | | are documented (after-action reports). | annual operations-based exercise if it experiences an actual |
| | | Note 1: The hospital would be exempt from conducting | emergency or disaster incident (discussion-based exercises are |
| | | its next annual operations-based exercise if it | excluded from exemption). An exemption only applies if the |
| | | experiences an actual emergency or disaster incident | hospital provides documentation that it activated its emergency |
| | | (discussion-based exercises are excluded from | operations plan. |
| | | exemption). An exemption only applies if the hospital | Note 2: See the Glossary for the definitions of operations-based |
| | | provides documentation that it activated its emergency | and discussion-based exercises. |
| | | operations plan. | |
| | | Note 2: See the Glossary for the definitions of | |
| | | operations-based and discussion-based exercises. | |
| §482.15(d)(2)(ii)(C) | (C) A tabletop exercise or workshop that | EM.16.01.01, EP 2 | EM.16.01.01, EP 2 |
| | includes a group discussion led by a | The hospital is required to conduct two exercises per | The hospital is required to conduct two exercises per year to test |
| | facilitator, using a narrated, clinically- | year to test the emergency operations plan. | the emergency operations plan. |
| | relevant emergency scenario, and a set of | - One of the annual exercises must consist of an | - One of the annual exercises must consist of an operations-based |

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| | problem statements, directed messages, or | operations-based exercise as follows: | exercise as follows: |
| | prepared questions designed to challenge an | - Full-scale, community-based exercise; or | - Full-scale, community-based exercise; or |
| | emergency plan. | - Functional, facility-based exercise when a | - Functional, facility-based exercise when a community-based |
| | | community-based exercise is not possible | exercise is not possible |
| | | - The other annual exercise must consist of either an | - The other annual exercise must consist of either an operations- |
| | | operations-based or discussion-based exercise as | based or discussion-based exercise as follows: |
| | | follows: | - Full-scale, community-based exercise; or |
| | | - Full-scale, community-based exercise; or | - Functional, facility-based exercise; or |
| | | - Functional, facility-based exercise; or | - Mock disaster drill; or |
| | | - Mock disaster drill; or | - Tabletop, seminar, or workshop that is led by a facilitator and |
| | | - Tabletop, seminar, or workshop that is led by a | includes a group discussion using narrated, clinically relevant |
| | | facilitator and includes a group discussion using | emergency scenarios and a set of problem statements, directed |
| | | narrated, clinically relevant emergency scenarios and a | messages, or prepared questions designed to challenge an |
| | | set of problem statements, directed messages, or | emergency plan. |
| | | prepared questions designed to challenge an | Exercises and actual emergency or disaster incidents are |
| | | emergency plan. | documented (after-action reports). |
| | | Exercises and actual emergency or disaster incidents | Note 1: The hospital would be exempt from conducting its next |
| | | are documented (after-action reports). | annual operations-based exercise if it experiences an actual |
| | | Note 1: The hospital would be exempt from conducting | emergency or disaster incident (discussion-based exercises are |
| | | its next annual operations-based exercise if it | excluded from exemption). An exemption only applies if the |
| | | experiences an actual emergency or disaster incident | hospital provides documentation that it activated its emergency |
| | | (discussion-based exercises are excluded from | operations plan. |
| | | exemption). An exemption only applies if the hospital | Note 2: See the Glossary for the definitions of operations-based |
| | | provides documentation that it activated its emergency | and discussion-based exercises. |
| | | operations plan. | |
| | | Note 2: See the Glossary for the definitions of | |
| | | operations-based and discussion-based exercises. | |
| §482.15(d)(2)(iii) | (iii) Analyze the hospital's response to and | EM.17.01.01, EP 1 | EM.17.01.01, EP 1 |
| | maintain documentation of all drills, | The multidisciplinary committee that oversees the | The multidisciplinary committee that oversees the emergency |
| | tabletop exercises, and emergency events, | emergency management program reviews and | management program reviews and evaluates all exercises and |
| | and revise the hospital's emergency plan, as | evaluates all exercises and actual emergency or disaster | actual emergency or disaster incidents. The committee reviews |
| | needed. | incidents. The committee reviews after-action reports | after-action reports (AARs), identifies opportunities for |
| | | (AARs), identifies opportunities for improvement, and | improvement, and recommends actions to take to improve the |

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| | | recommends actions to take to improve the emergency | emergency management program. The AARs and improvement |
| | | management program. The AARs and improvement | plans are documented. |
| | | plans are documented. | Note 1: The review and evaluation addresses the effectiveness of |
| | | Note 1: The review and evaluation addresses the | its emergency response procedure, continuity of operations plans |
| | | effectiveness of its emergency response procedure, | (if activated), training and exercise programs, evacuation |
| | | continuity of operations plans (if activated), training and | procedures, surge response procedures, and activities related to |
| | | exercise programs, evacuation procedures, surge | communications, resources and assets, security, staff, utilities, |
| | | response procedures, and activities related to | and patients. |
| | | communications, resources and assets, security, staff, | Note 2: An AAR provides a detailed critical summary or analysis of |
| | | utilities, and patients. | a planned exercise or an actual emergency or disaster incident. |
| | | Note 2: An AAR provides a detailed critical summary or | The report summarizes what took place during the event, analyzes |
| | | analysis of a planned exercise or an actual emergency or | the actions taken by participants, and provides areas needing |
| | | disaster incident. The report summarizes what took | improvement. |
| | | place during the event, analyzes the actions taken by | |
| | | participants, and provides areas needing improvement. | EM.17.01.01, EP 3 |
| | | | The hospital reviews and makes necessary updates based on |
| | | EM.17.01.01, EP 3 | after-action reports or opportunities for improvement to the |
| | | The hospital reviews and makes necessary updates | following items every two years, or more frequently if necessary: |
| | | based on after-action reports or opportunities for | - Hazard vulnerability analysis |
| | | improvement to the following items every two years, or | - Emergency management program |
| | | more frequently if necessary: | - Emergency operations plan, policies, and procedures |
| | | - Hazard vulnerability analysis | - Communications plan |
| | | - Emergency management program | - Continuity of operations plan |
| | | - Emergency operations plan, policies, and procedures | - Education and training program |
| | | - Communications plan | - Testing program |
| | | - Continuity of operations plan | |
| | | - Education and training program | |
| 0.400.454.5 | | - Testing program | |
| §482.15(e) | (e) Emergency and standby power systems. | EM.12.02.11, EP 1 | EM.12.02.11, EP 1 |
| | The hospital must implement emergency | The hospital's plan for managing utilities describes in | The hospital's plan for managing utilities describes in writing the |
| | and standby power systems based on the | writing the utility systems that it considers as essential | utility systems that it considers as essential or critical to provide |
| | emergency plan set forth in paragraph (a) of | or critical to provide care, treatment, and services. | care, treatment, and services. |
| | this section and in the policies and | Note: Essential or critical utilities to consider may | Note: Essential or critical utilities to consider may include systems |

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| | procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. | include systems for electrical distribution; emergency power; vertical and horizontal transport; heating, ventilation, and air conditioning; plumbing and steam boilers; medical gas; medical/surgical vacuum; and network or communication systems. EM.12.02.11, EP 2 The hospital's plan for managing utilities describes in writing how it will continue to maintain essential or critical utility systems if one or more are impacted during an emergency or disaster incident. EM.12.02.11, EP 3 The hospital's plan for managing utilities describes in writing alternative means for providing essential or | for electrical distribution; emergency power; vertical and horizontal transport; heating, ventilation, and air conditioning; plumbing and steam boilers; medical gas; medical/surgical vacuum; and network or communication systems. EM.12.02.11, EP 2 The hospital's plan for managing utilities describes in writing how it will continue to maintain essential or critical utility systems if one or more are impacted during an emergency or disaster incident. EM.12.02.11, EP 3 The hospital's plan for managing utilities describes in writing alternative means for providing essential or critical utilities, such as water supply, emergency power supply systems, fuel storage tanks, and emergency generators. |
| §482.15(e)(1) | (1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. | critical utilities, such as water supply, emergency power supply systems, fuel storage tanks, and emergency generators. EC.01.01.01, EP 12 The hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. EC.02.05.07, EP 11 The hospital meets all other emergency power system requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements. LS.01.01.01, EP 8 | PE.03.01.01, EP 3 The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- 1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Code imposed by state law adequately protects patients in hospitals. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: In consideration of a recommendation by the state survey agency or accrediting organization or at the |

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| | | The hospital complies with the Life Safety Code (NFPA | discretion of the Secretary for the US Department of Health & Department & Departmen |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Human Services, CMS may waive, for periods deemed appropriate, |
| | | 12-2, 12-3, and 12-4). | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| | | | PE.04.01.01, EP 1 |
| | | | The hospital meets the applicable provisions and proceeds in |
| | | | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | | | and 12-6). |
| | | | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| | | | Code do not apply. |
| | | | Note 2: If application of the Health Care Facilities Code would |
| | | | result in unreasonable hardship for the hospital, the Centers for |
| | | | Medicare & medicaid Services may waive specific provisions |
| | | | of the Health Care Facilities Code, but only if the waiver does not |
| | | | adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| | | | PE.04.01.03, EP 3 |
| | | | The hospital meets the emergency power system and generator |
| | | | requirements found in NFPA 99-2012 Health Care Facilities Code, |

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| | | | NFPA 110-2010 Standard for Emergency and Standby Power |
| | | | Systems, and NFPA 101-2012 Life Safety Code requirements. |
| §482.15(e)(2) | (2) Emergency generator inspection and | EC.02.05.07, EP 3 | PE.04.01.03, EP 3 |
| | testing. The hospital must implement the | The hospital performs a functional test of Level 1 stored | The hospital meets the emergency power system and generator |
| | emergency power system inspection, | emergency power supply systems (SEPSS) on a monthly | requirements found in NFPA 99-2012 Health Care Facilities Code, |
| | testing, and maintenance requirements | basis and performs a test of Level 2 SEPSS on a | NFPA 110-2010 Standard for Emergency and Standby Power |
| | found in the Health Care Facilities Code, | quarterly basis. Test duration is for five minutes or as | Systems, and NFPA 101-2012 Life Safety Code requirements. |
| | NFPA 110, and Life Safety Code. | specified for its class (whichever is less). The hospital | |
| | | performs an annual test at full load for 60% of the full | |
| | | duration of its class. The test results and completion | |
| | | dates are documented. | |
| | | Note 1: Non–SEPSS battery backup emergency power | |
| | | systems that the hospital has determined to be critical | |
| | | for operations during a power failure (for example, | |
| | | laboratory equipment or electronic health records) | |
| | | should be properly tested and maintained in accordance | |
| | | with manufacturers' recommendations. | |
| | | Note 2: Level 1 SEPSS are intended to automatically | |
| | | supply illumination or power to critical areas and | |
| | | equipment essential for safety to human life. Included | |
| | | are systems that supply emergency power for such | |
| | | functions as illumination for safe exiting, ventilation | |
| | | where it is essential to maintain life, fire detection and | |
| | | alarm systems, public safety communications systems, | |
| | | and processes where the current interruption would | |
| | | produce serious life safety or health hazards to patients, | |
| | | the public, or staff. | |
| | | Note 3: Class defines the minimum time for which the | |
| | | SEPSS is designed to operate at its rated load without | |
| | | being recharged. | |
| | | Note 4: For additional guidance on operational | |
| | | inspection and testing, see NFPA 111-2010: 8.4. | |
| | | | |

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| | | EC.02.05.07, EP 4 Every week, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.3.7; 8.4.1) | |
| | | EC.02.05.07, EP 5 At least monthly, the hospital tests each emergency generator beginning with a cold start under load for at least 30 continuous minutes. The cooldown period is not part of the 30 continuous minutes. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1) | |
| | | EC.02.05.07, EP 6 The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours. (For full text, refer to NFPA 99-2012: 6.4.4.1) Note: Tests for non-diesel-powered generators need only be conducted with available load. | |
| | | EC.02.05.07, EP 7 | |

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| | | At least monthly, the hospital tests all automatic and manual transfer switches on the inventory. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1) | |
| | | EC.02.05.07, EP 8 At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010: 8.3.8. | |
| | | EC.02.05.07, EP 9 At least once every 36 months, hospitals with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010, Chapter 8. | |
| | | EC.02.05.07, EP 10 The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. Note 1: Tests for non-diesel-powered generators need only be conducted with available load. Note 2: For additional guidance, see NFPA 110-2010, Chapter 8. | |
| | | EC.02.05.07, EP 11 | |

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| | | The hospital meets all other emergency power system | |
| | | requirements found in NFPA 99-2012 Health Care | |
| | | Facilities Code, NFPA 110-2010 Standard for Emergency | |
| | | and Standby Power Systems, and NFPA 101-2012 Life | |
| | | Safety Code requirements. | |
| §482.15(e)(3) | (3) Emergency generator fuel. Hospitals that | EM.12.02.09, EP 1 | EM.12.02.09, EP 1 |
| | maintain an onsite fuel source to power | The hospital's plan for managing its resources and | The hospital's plan for managing its resources and assets |
| | emergency generators must have a plan for | assets describes in writing how it will document, track, | describes in writing how it will document, track, monitor, and |
| | how it will keep emergency power systems | monitor, and locate the following resources (on-site and | locate the following resources (on-site and off-site inventories) |
| | operational during the emergency, unless it | off-site inventories) and assets during and after an | and assets during and after an emergency or disaster incident: |
| | evacuates. | emergency or disaster incident: | - Medications and related supplies |
| | | - Medications and related supplies | - Medical/surgical supplies |
| | | - Medical/surgical supplies | - Medical gases, including oxygen and supplies |
| | | - Medical gases including oxygen and supplies | - Potable or bottled water and nutrition |
| | | - Potable or bottled water and nutrition | - Non-potable water |
| | | - Non-potable water | - Laboratory equipment and supplies |
| | | - Laboratory equipment and supplies | - Personal protective equipment |
| | | - Personal protective equipment | - Fuel for operations |
| | | - Fuel for operations | - Equipment and nonmedical supplies to sustain operations |
| | | - Equipment and nonmedical supplies to sustain | Note: The hospital should be aware of the resources and assets it |
| | | operations | has readily available and what resources and assets may be |
| | | Note: The hospital should be aware of the resources and | quickly depleted depending on the type of emergency or disaster |
| | | assets it has readily available and what resources and | incident. |
| | | assets may be quickly depleted depending on the type of | |
| | | emergency or disaster incident. | EM.12.02.09, EP 2 |
| | | | The hospital's plan for managing its resources and assets |
| | | EM.12.02.09, EP 2 | describes in writing how it will obtain, allocate, mobilize, |
| | | The hospital's plan for managing its resources and | replenish, and conserve its resources and assets during and after |
| | | assets describes in writing how it will obtain, allocate, | an emergency or disaster incident, including the following: |
| | | mobilize, replenish, and conserve its resources and | - If part of a health care system, coordinating within the system to |
| | | assets during and after an emergency or disaster | request resources |
| | | incident, including the following: | - Coordinating with local supply chains or vendors |
| | | - If part of a health care system, coordinating within the | - Coordinating with local, state, or federal agencies for additional |

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| | | system to request resources | resources |
| | | - Coordinating with local supply chains or vendors | - Coordinating with regional health care coalitions for additional |
| | | - Coordinating with local, state, or federal agencies for | resources |
| | | additional resources | - Managing donations (such as food, water, equipment, materials) |
| | | - Coordinating with regional health care coalitions for | Note: High priority should be given to resources that are known to |
| | | additional resources | deplete quickly and are extremely competitive to acquire and |
| | | - Managing donations (such as food, water, equipment, | replenish (such as fuel, oxygen, personal protective equipment, |
| | | materials) | ventilators, intravenous fluids, antiviral and antibiotic |
| | | Note: High priority should be given to resources that are | medications). |
| | | known to deplete quickly and are extremely competitive | FM 40 00 44 FD 0 |
| | | to acquire and replenish (such as fuel, oxygen, personal protective equipment, ventilators, intravenous fluids, | EM.12.02.11, EP 2 The hospital's plan for managing utilities describes in writing how it |
| | | antiviral and antibiotic medications). | will continue to maintain essential or critical utility systems if one |
| | | antivitat and antibiotic medications). | or more are impacted during an emergency or disaster incident. |
| | | EM.12.02.11, EP 2 | of more are impacted during an emergency of disaster incident. |
| | | The hospital's plan for managing utilities describes in | EM.12.02.11, EP 3 |
| | | writing how it will continue to maintain essential or | The hospital's plan for managing utilities describes in writing |
| | | critical utility systems if one or more are impacted | alternative means for providing essential or critical utilities, such |
| | | during an emergency or disaster incident. | as water supply, emergency power supply systems, fuel storage |
| | | | tanks, and emergency generators. |
| | | EM.12.02.11, EP 3 | |
| | | The hospital's plan for managing utilities describes in | |
| | | writing alternative means for providing essential or | |
| | | critical utilities, such as water supply, emergency power | |
| | | supply systems, fuel storage tanks, and emergency | |
| | | generators. | |
| §482.15(f) | (f) Integrated healthcare systems. If a | | |
| | hospital is part of a healthcare system | | |
| | consisting of multiple separately certified | | |
| | healthcare facilities that elects to have a | | |
| | unified and integrated emergency | | |
| | preparedness program, the hospital may | | |
| | choose to participate in the healthcare | | |

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| | system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must | | |
| §482.15(f)(1) | (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. | EM.09.01.01, EP 2 If the hospital is part of a health care system that has a unified and integrated emergency management program and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program: - Each separately certified hospital within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified hospital's unique circumstances, patient population, and services offered - Each separately certified hospital is capable of actively using the unified and integrated emergency management program and is in compliance with the program - Documented community-based risk assessment utilizing an all-hazards approach - Documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified hospital within the health care system - Unified and integrated emergency plan - Integrated policies and procedures - Coordinated communication plan - Training and testing program | If the hospital is part of a health care system that has a unified and integrated emergency management program and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program: - Each separately certified hospital within the system actively participates in the development of the unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified hospital's unique circumstances, patient population, and services offered - Each separately certified hospital is capable of actively using the unified and integrated emergency management program and is in compliance with the program - Documented community-based risk assessment utilizing an all-hazards approach - Documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified hospital within the health care system - Unified and integrated emergency plan - Integrated policies and procedures - Coordinated communication plan - Training and testing program |
| §482.15(f)(2) | (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique | EM.09.01.01, EP 2 If the hospital is part of a health care system that has a unified and integrated emergency management program | EM.09.01.01, EP 2 If the hospital is part of a health care system that has a unified and integrated emergency management program and it chooses to |

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| | circumstances, patient populations, and | and it chooses to participate in the program, the | participate in the program, the following must be demonstrated |
| | services offered. | following must be demonstrated within the coordinated | within the coordinated emergency management program: |
| | | emergency management program: | - Each separately certified hospital within the system actively |
| | | - Each separately certified hospital within the system | participates in the development of the unified and integrated |
| | | actively participates in the development of the unified | emergency management program |
| | | and integrated emergency management program | - The program is developed and maintained in a manner that takes |
| | | - The program is developed and maintained in a manner | into account each separately certified hospital's unique |
| | | that takes into account each separately certified | circumstances, patient population, and services offered |
| | | hospital's unique circumstances, patient population, | - Each separately certified hospital is capable of actively using the |
| | | and services offered | unified and integrated emergency management program and is in |
| | | - Each separately certified hospital is capable of actively | compliance with the program |
| | | using the unified and integrated emergency | - Documented community-based risk assessment utilizing an all- |
| | | management program and is in compliance with the | hazards approach |
| | | program | - Documented individual, facility-based risk assessment utilizing |
| | | - Documented community-based risk assessment | an all-hazards approach for each separately certified hospital |
| | | utilizing an all-hazards approach | within the health care system |
| | | - Documented individual, facility-based risk assessment | - Unified and integrated emergency plan |
| | | utilizing an all-hazards approach for each separately | - Integrated policies and procedures |
| | | certified hospital within the health care system | - Coordinated communication plan |
| | | - Unified and integrated emergency plan | - Training and testing program |
| | | - Integrated policies and procedures | |
| | | - Coordinated communication plan | |
| | | - Training and testing program | |
| §482.15(f)(3) | (3) Demonstrate that each separately | EM.09.01.01, EP 2 | EM.09.01.01, EP 2 |
| | certified facility is capable of actively using | If the hospital is part of a health care system that has a | If the hospital is part of a health care system that has a unified and |
| | the unified and integrated emergency | unified and integrated emergency management program | integrated emergency management program and it chooses to |
| | preparedness program and is in compliance | and it chooses to participate in the program, the | participate in the program, the following must be demonstrated |
| | with the program. | following must be demonstrated within the coordinated | within the coordinated emergency management program: |
| | | emergency management program: | - Each separately certified hospital within the system actively |
| | | - Each separately certified hospital within the system | participates in the development of the unified and integrated |
| | | actively participates in the development of the unified | emergency management program |
| | | and integrated emergency management program | - The program is developed and maintained in a manner that takes |
| | | - The program is developed and maintained in a manner | into account each separately certified hospital's unique |

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| | | that takes into account each separately certified | circumstances, patient population, and services offered |
| | | hospital's unique circumstances, patient population, | - Each separately certified hospital is capable of actively using the |
| | | and services offered | unified and integrated emergency management program and is in |
| | | - Each separately certified hospital is capable of actively | compliance with the program |
| | | using the unified and integrated emergency | - Documented community-based risk assessment utilizing an all- |
| | | management program and is in compliance with the | hazards approach |
| | | program | - Documented individual, facility-based risk assessment utilizing |
| | | - Documented community-based risk assessment | an all-hazards approach for each separately certified hospital |
| | | utilizing an all-hazards approach | within the health care system |
| | | - Documented individual, facility-based risk assessment | - Unified and integrated emergency plan |
| | | utilizing an all-hazards approach for each separately | - Integrated policies and procedures |
| | | certified hospital within the health care system | - Coordinated communication plan |
| | | - Unified and integrated emergency plan | - Training and testing program |
| | | - Integrated policies and procedures | |
| | | - Coordinated communication plan | |
| | | - Training and testing program | |
| §482.15(f)(4) | (4) Include a unified and integrated | EM.09.01.01, EP 2 | EM.09.01.01, EP 2 |
| | emergency plan that meets the requirements | If the hospital is part of a health care system that has a | If the hospital is part of a health care system that has a unified and |
| | of paragraphs (a)(2), (3), and (4) of this | unified and integrated emergency management program | integrated emergency management program and it chooses to |
| | section. The unified and integrated | and it chooses to participate in the program, the | participate in the program, the following must be demonstrated |
| | emergency plan must also be based on and | following must be demonstrated within the coordinated | within the coordinated emergency management program: |
| | include the following: | emergency management program: | - Each separately certified hospital within the system actively |
| | | - Each separately certified hospital within the system | participates in the development of the unified and integrated |
| | | actively participates in the development of the unified | emergency management program |
| | | and integrated emergency management program | - The program is developed and maintained in a manner that takes |
| | | - The program is developed and maintained in a manner | into account each separately certified hospital's unique |
| | | that takes into account each separately certified | circumstances, patient population, and services offered |
| | | hospital's unique circumstances, patient population, | - Each separately certified hospital is capable of actively using the |
| | | and services offered | unified and integrated emergency management program and is in |
| | | - Each separately certified hospital is capable of actively | compliance with the program |
| | | using the unified and integrated emergency | - Documented community-based risk assessment utilizing an all- |
| | | management program and is in compliance with the | hazards approach |
| | | program | - Documented individual, facility-based risk assessment utilizing |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Documented community-based risk assessment | an all-hazards approach for each separately certified hospital |
| | | utilizing an all-hazards approach | within the health care system |
| | | - Documented individual, facility-based risk assessment | - Unified and integrated emergency plan |
| | | utilizing an all-hazards approach for each separately | - Integrated policies and procedures |
| | | certified hospital within the health care system | - Coordinated communication plan |
| | | - Unified and integrated emergency plan | - Training and testing program |
| | | - Integrated policies and procedures | |
| | | - Coordinated communication plan | EM.11.01.01, EP 3 |
| | | - Training and testing program | The hospital evaluates and prioritizes the findings of the hazard |
| | | | vulnerability analysis to determine what presents the highest |
| | | EM.11.01.01, EP 3 | likelihood of occurring and the impacts those hazards will have on |
| | | The hospital evaluates and prioritizes the findings of the | the operating status of the hospital and its ability to provide |
| | | hazard vulnerability analysis to determine what presents | services. The findings are documented. |
| | | the highest likelihood of occurring and the impacts | |
| | | those hazards will have on the operating status of the | EM.11.01.01, EP 4 |
| | | hospital and its ability to provide services. The findings | The hospital uses its prioritized hazards from the hazard |
| | | are documented. | vulnerability analysis to identify and implement mitigation and |
| | | | preparedness actions to increase the resilience of the hospital and |
| | | EM.11.01.01, EP 4 | helps reduce disruption of essential services or functions. |
| | | The hospital uses its prioritized hazards from the hazard | |
| | | vulnerability analysis to identify and implement | EM.12.01.01, EP 2 |
| | | mitigation and preparedness actions to increase the | The hospital's emergency operations plan identifies the patient |
| | | resilience of the hospital and helps reduce disruption of | population(s) that it will serve, including at-risk populations, and |
| | | essential services or functions. | the types of services it would have the ability to provide in an |
| | | | emergency or disaster event. |
| | | EM.12.01.01, EP 2 | Note: At-risk populations such as the elderly, dialysis patients, or |
| | | The hospital's emergency operations plan identifies the | persons with physical or mental disabilities may have additional |
| | | patient population(s) that it will serve, including at-risk | needs to be addressed during an emergency or disaster incident, |
| | | populations, and the types of services it would have the | such as medical care, communication, transportation, |
| | | ability to provide in an emergency or disaster event. | supervision, and maintaining independence. |
| | | Note: At-risk populations such as the elderly, dialysis | |
| | | patients, or persons with physical or mental disabilities | EM.12.01.01, EP 6 |
| | | may have additional needs to be addressed during an | The hospital's emergency operations plan includes a process for |

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| | | emergency or disaster incident, such as medical care, | cooperating and collaborating with other health care facilities; |
| | | communication, transportation, supervision, and | health care coalitions; and local, tribal, regional, state, and federal |
| | | maintaining independence. | emergency preparedness officials' efforts to leverage support and |
| | | | resources and to provide an integrated response during an |
| | | EM.12.01.01, EP 6 | emergency or disaster incident. |
| | | The hospital's emergency operations plan includes a | |
| | | process for cooperating and collaborating with other | EM.13.01.01, EP 1 |
| | | health care facilities; health care coalitions; and local, | The hospital has a written continuity of operations plan (COOP) |
| | | tribal, regional, state, and federal emergency | that is developed with the participation of key executive leaders, |
| | | preparedness officials' efforts to leverage support and | business and finance leaders, and other department leaders as |
| | | resources and to provide an integrated response during | determined by the hospital. These key leaders identify and |
| | | an emergency or disaster incident. | prioritize the services and functions that are considered essential |
| | | | or critical for maintaining operations. |
| | | EM.13.01.01, EP 1 | Note: The COOP provides guidance on how the hospital will |
| | | The hospital has a written continuity of operations plan | continue to perform its essential business functions to deliver |
| | | (COOP) that is developed with the participation of key | essential or critical services. Essential business functions to |
| | | executive leaders, business and finance leaders, and | consider include administrative/vital records, information |
| | | other department leaders as determined by the hospital. | technology, financial services, security systems, |
| | | These key leaders identify and prioritize the services and | communications/telecommunications, and building operations to |
| | | functions that are considered essential or critical for | support essential and critical services that cannot be deferred |
| | | maintaining operations. | during an emergency; these activities must be performed |
| | | Note: The COOP provides guidance on how the hospital | continuously or resumed quickly following a disruption. |
| | | will continue to perform its essential business functions | FM 42 04 04 FD 0 |
| | | to deliver essential or critical services. Essential business functions to consider include | EM.13.01.01, EP 2 The hespital's continuity of operations plan identifies in writing |
| | | | The hospital's continuity of operations plan identifies in writing |
| | | administrative/vital records, information technology, | how and where it will continue to provide its essential business |
| | | financial services, security systems, communications/telecommunications, and building | functions when the location of the essential or critical service has |
| | | | been compromised due to an emergency or disaster incident. |
| | | operations to support essential and critical services that cannot be deferred during an emergency; these | Note: Example of options to consider for providing essential services include use of off-site locations, space maintained by |
| | | activities must be performed continuously or resumed | another organization, existing facilities or space, telework (remote |
| | | quickly following a disruption. | work), or telehealth. |
| | | | works, or teterreattiff. |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | EM.13.01.01, EP 2 | EM.13.01.01, EP 3 |
| | | The hospital's continuity of operations plan identifies in | The hospital has a written order of succession plan that identifies |
| | | writing how and where it will continue to provide its | who is authorized to assume a particular leadership or |
| | | essential business functions when the location of the | management role when that person(s) is unable to fulfill their |
| | | essential or critical service has been compromised due | function or perform their duties. |
| | | to an emergency or disaster incident. | |
| | | Note: Example of options to consider for providing | EM.13.01.01, EP 4 |
| | | essential services include use of off-site locations, | The hospital has a written delegation of authority plan that |
| | | space maintained by another organization, existing | provides the individual(s) with the legal authorization to act on |
| | | facilities or space, telework (remote work), or | behalf of the hospital for specified purposes and to carry out |
| | | telehealth. | specific duties. |
| | | | Note: Delegations of authority are an essential part of an |
| | | EM.13.01.01, EP 3 | organization's continuity program and should be sufficiently |
| | | The hospital has a written order of succession plan that | detailed to make certain the hospital can perform its essential |
| | | identifies who is authorized to assume a particular | functions. Delegations of authority will specify a particular |
| | | leadership or management role when that person(s) is | function that an individual is authorized to perform and includes |
| | | unable to fulfill their function or perform their duties. | restrictions and limitations associated with that authority. |
| | | EM.13.01.01, EP 4 | |
| | | The hospital has a written delegation of authority plan | |
| | | that provides the individual(s) with the legal | |
| | | authorization to act on behalf of the hospital for | |
| | | specified purposes and to carry out specific duties. | |
| | | Note: Delegations of authority are an essential part of an | |
| | | organization's continuity program and should be | |
| | | sufficiently detailed to make certain the hospital can | |
| | | perform its essential functions. Delegations of authority | |
| | | will specify a particular function that an individual is | |
| | | authorized to perform and includes restrictions and | |
| | | limitations associated with that authority. | |
| §482.15(f)(4)(i) | (i) A documented community-based risk | EM.09.01.01, EP 2 | EM.09.01.01, EP 2 |
| | assessment, utilizing an all-hazards | If the hospital is part of a health care system that has a | If the hospital is part of a health care system that has a unified and |
| | approach. | unified and integrated emergency management program | integrated emergency management program and it chooses to |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | and it chooses to participate in the program, the | participate in the program, the following must be demonstrated |
| | | following must be demonstrated within the coordinated | within the coordinated emergency management program: |
| | | emergency management program: | - Each separately certified hospital within the system actively |
| | | - Each separately certified hospital within the system | participates in the development of the unified and integrated |
| | | actively participates in the development of the unified | emergency management program |
| | | and integrated emergency management program | - The program is developed and maintained in a manner that takes |
| | | - The program is developed and maintained in a manner | into account each separately certified hospital's unique |
| | | that takes into account each separately certified | circumstances, patient population, and services offered |
| | | hospital's unique circumstances, patient population, | - Each separately certified hospital is capable of actively using the |
| | | and services offered | unified and integrated emergency management program and is in |
| | | - Each separately certified hospital is capable of actively | compliance with the program |
| | | using the unified and integrated emergency | - Documented community-based risk assessment utilizing an all- |
| | | management program and is in compliance with the | hazards approach |
| | | program | - Documented individual, facility-based risk assessment utilizing |
| | | - Documented community-based risk assessment | an all-hazards approach for each separately certified hospital |
| | | utilizing an all-hazards approach | within the health care system |
| | | - Documented individual, facility-based risk assessment | - Unified and integrated emergency plan |
| | | utilizing an all-hazards approach for each separately | - Integrated policies and procedures |
| | | certified hospital within the health care system | - Coordinated communication plan |
| | | - Unified and integrated emergency plan | - Training and testing program |
| | | - Integrated policies and procedures | |
| | | - Coordinated communication plan | |
| | | - Training and testing program | |
| §482.15(f)(4)(ii) | (ii) A documented individual facility-based | EM.09.01.01, EP 2 | EM.09.01.01, EP 2 |
| | risk assessment for each separately certified | If the hospital is part of a health care system that has a | If the hospital is part of a health care system that has a unified and |
| | facility within the health system, utilizing an | unified and integrated emergency management program | integrated emergency management program and it chooses to |
| | all-hazards approach. | and it chooses to participate in the program, the | participate in the program, the following must be demonstrated |
| | | following must be demonstrated within the coordinated | within the coordinated emergency management program: |
| | | emergency management program: | - Each separately certified hospital within the system actively |
| | | - Each separately certified hospital within the system | participates in the development of the unified and integrated |
| | | actively participates in the development of the unified | emergency management program |
| | | and integrated emergency management program | - The program is developed and maintained in a manner that takes |
| | | - The program is developed and maintained in a manner | into account each separately certified hospital's unique |

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| | | that takes into account each separately certified | circumstances, patient population, and services offered |
| | | hospital's unique circumstances, patient population, | - Each separately certified hospital is capable of actively using the |
| | | and services offered | unified and integrated emergency management program and is in |
| | | - Each separately certified hospital is capable of actively | compliance with the program |
| | | using the unified and integrated emergency | - Documented community-based risk assessment utilizing an all- |
| | | management program and is in compliance with the | hazards approach |
| | | program | - Documented individual, facility-based risk assessment utilizing |
| | | - Documented community-based risk assessment | an all-hazards approach for each separately certified hospital |
| | | utilizing an all-hazards approach | within the health care system |
| | | - Documented individual, facility-based risk assessment | - Unified and integrated emergency plan |
| | | utilizing an all-hazards approach for each separately | - Integrated policies and procedures |
| | | certified hospital within the health care system | - Coordinated communication plan |
| | | - Unified and integrated emergency plan | - Training and testing program |
| | | - Integrated policies and procedures | |
| | | - Coordinated communication plan | |
| | | - Training and testing program | |
| §482.15(f)(5) | (5) Include integrated policies and | EM.09.01.01, EP 2 | EM.09.01.01, EP 2 |
| | procedures that meet the requirements set | If the hospital is part of a health care system that has a | If the hospital is part of a health care system that has a unified and |
| | forth in paragraph (b) of this section, a | unified and integrated emergency management program | integrated emergency management program and it chooses to |
| | coordinated communication plan and | and it chooses to participate in the program, the | participate in the program, the following must be demonstrated |
| | training and testing programs that meet the | following must be demonstrated within the coordinated | within the coordinated emergency management program: |
| | requirements of paragraphs (c) and (d) of | emergency management program: | - Each separately certified hospital within the system actively |
| | this section, respectively. | - Each separately certified hospital within the system | participates in the development of the unified and integrated |
| | | actively participates in the development of the unified | emergency management program |
| | | and integrated emergency management program | - The program is developed and maintained in a manner that takes |
| | | - The program is developed and maintained in a manner | into account each separately certified hospital's unique |
| | | that takes into account each separately certified | circumstances, patient population, and services offered |
| | | hospital's unique circumstances, patient population, | - Each separately certified hospital is capable of actively using the |
| | | and services offered | unified and integrated emergency management program and is in |
| | | - Each separately certified hospital is capable of actively | compliance with the program |
| | | using the unified and integrated emergency | - Documented community-based risk assessment utilizing an all- |
| | | management program and is in compliance with the | hazards approach |
| | | program | - Documented individual, facility-based risk assessment utilizing |

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| | | - Documented community-based risk assessment | an all-hazards approach for each separately certified hospital |
| | | utilizing an all-hazards approach | within the health care system |
| | | - Documented individual, facility-based risk assessment | - Unified and integrated emergency plan |
| | | utilizing an all-hazards approach for each separately | - Integrated policies and procedures |
| | | certified hospital within the health care system | - Coordinated communication plan |
| | | - Unified and integrated emergency plan | - Training and testing program |
| | | - Integrated policies and procedures | |
| | | - Coordinated communication plan | EM.09.01.01, EP 3 |
| | | - Training and testing program | The hospital complies with all applicable federal, state, and local |
| | | | emergency preparedness laws and regulations. |
| | | EM.09.01.01, EP 3 | |
| | | The hospital complies with all applicable federal, state, | EM.12.01.01, EP 1 |
| | | and local emergency preparedness laws and | The hospital has a written all-hazards emergency operations plan |
| | | regulations. | (EOP) with supporting policies and procedures that provides |
| | | | guidance to staff and volunteers on actions to take during |
| | | EM.12.01.01, EP 1 | emergency or disaster incidents. The EOP and policies and |
| | | The hospital has a written all-hazards emergency | procedures include, but are not limited to, the following: |
| | | operations plan (EOP) with supporting policies and | - Mobilizing incident command |
| | | procedures that provides guidance to staff and | - Communications plan |
| | | volunteers on actions to take during emergency or | - Maintaining, expanding, curtailing, or closing operations |
| | | disaster incidents. The EOP and policies and procedures | - Protecting critical systems and infrastructure |
| | | include, but are not limited to, the following: | - Conserving and/or supplementing resources |
| | | - Mobilizing incident command | - Surge plans (such as flu or pandemic plans) |
| | | - Communications plan | - Identifying alternate treatment areas or locations |
| | | - Maintaining, expanding, curtailing, or closing | - Sheltering in place |
| | | operations | - Evacuating (partial or complete) or relocating services |
| | | - Protecting critical systems and infrastructure | - Safety and security |
| | | - Conserving and/or supplementing resources | - Securing information and records |
| | | - Surge plans (such as flu or pandemic plans) | |
| | | - Identifying alternate treatment areas or locations | EM.15.01.01, EP 1 |
| | | - Sheltering in place | The hospital has a written education and training program in |
| | | - Evacuating (partial or complete) or relocating services | emergency management that is based on the hospital's prioritized |
| | | - Safety and security | risks identified as part of its hazard vulnerability analysis, |

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| | | - Securing information and records | emergency operations plan, communications plan, and policies |
| | | | and procedures. |
| | | EM.15.01.01, EP 1 | Note: If the hospital has developed multiple hazard vulnerability |
| | | The hospital has a written education and training | analyses based on the location of other services offered, the |
| | | program in emergency management that is based on the | education and training for those facilities are specific to their |
| | | hospital's prioritized risks identified as part of its hazard | needs. |
| | | vulnerability analysis, emergency operations plan, | |
| | | communications plan, and policies and procedures. | EM.16.01.01, EP 1 |
| | | Note: If the hospital has developed multiple hazard | The hospital describes in writing a plan for when and how it will |
| | | vulnerability analyses based on the location of other | conduct annual testing of its emergency operations plan (EOP). |
| | | services offered, the education and training for those | The planned exercises are based on the following: |
| | | facilities are specific to their needs. | - Likely emergencies or disaster scenarios |
| | | | - EOP and policies and procedures |
| | | EM.16.01.01, EP 1 | - After-action reports (AAR) and improvement plans |
| | | The hospital describes in writing a plan for when and | - Six critical areas (communications, staffing, patient care and |
| | | how it will conduct annual testing of its emergency | clinical support, safety and security, resources and assets, |
| | | operations plan (EOP). The planned exercises are based | utilities) |
| | | on the following: | Note 1: The planned exercises should attempt to stress the limits |
| | | - Likely emergencies or disaster scenarios | of its emergency response procedures to assess how prepared the |
| | | - EOP and policies and procedures | hospital may be if a real event or disaster were to occur based on |
| | | - After-action reports (AAR) and improvement plans | past experiences. |
| | | - Six critical areas (communications, staffing, patient | Note 2: An AAR is a detailed critical summary or analysis of an |
| | | care and clinical support, safety and security, resources | emergency or disaster incident, including both planned and |
| | | and assets, utilities) | unplanned events. The report summarizes what took place during |
| | | Note 1: The planned exercises should attempt to stress | the event, analyzes the actions taken by participants, and provides |
| | | the limits of its emergency response procedures to | areas needing improvement. |
| | | assess how prepared the hospital may be if a real event | EM 47 04 04 ED 0 |
| | | or disaster were to occur based on past experiences. | EM.17.01.01, EP 3 |
| | | Note 2: An AAR is a detailed critical summary or analysis | The hospital reviews and makes necessary updates based on |
| | | of an emergency or disaster incident, including both | after-action reports or opportunities for improvement to the |
| | | planned and unplanned events. The report summarizes | following items every two years, or more frequently if necessary: |
| | | what took place during the event, analyzes the actions | - Hazard vulnerability analysis |
| | | taken by participants, and provides areas needing | - Emergency management program |

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| | | improvement. | - Emergency operations plan, policies, and procedures |
| | | | - Communications plan |
| | | EM.17.01.01, EP 3 | - Continuity of operations plan |
| | | The hospital reviews and makes necessary updates | - Education and training program |
| | | based on after-action reports or opportunities for | - Testing program |
| | | improvement to the following items every two years, or | |
| | | more frequently if necessary: | |
| | | - Hazard vulnerability analysis | |
| | | - Emergency management program | |
| | | - Emergency operations plan, policies, and procedures | |
| | | - Communications plan | |
| | | - Continuity of operations plan | |
| | | - Education and training program | |
| | | - Testing program | |
| §482.15(g) | (g) Transplant hospitals. If a hospital has one | | |
| | or more transplant programs (as defined in § | | |
| | 482.70) | | |
| §482.15(g)(1) | (1) A representative from each transplant | EM.09.01.01, EP 4 | EM.09.01.01, EP 4 |
| | program must be included in the | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | development and maintenance of the | for deemed status purposes: If a hospital has one or | status purposes: If a hospital has one or more transplant programs |
| | hospital's emergency preparedness | more transplant programs the following must occur: | (as defined in 42 CFR 482.70) the following must occur: |
| | program; and | - A representative from each transplant program must | - A representative from each transplant program must be included |
| | | be included in the development and maintenance of the | in the development and maintenance of the hospital's emergency |
| | | hospital's emergency preparedness program | preparedness program The beautiful most develop and maintain most valle agreed upon |
| | | - The hospital must develop and maintain mutually | - The hospital must develop and maintain mutually agreed upon |
| | | agreed upon protocols that address the duties and | protocols that address the duties and responsibilities of the |
| | | responsibilities of the hospital, each transplant | hospital, each transplant program, and the organ procurement |
| | | program, and the organ procurement organization (OPO) for the donation service area where the hospital is | organization (OPO) for the donation service area where the hospital is situated, unless the hospital has been granted a waiver |
| | | situated, unless the hospital has been granted a waiver | to work with another OPO, during an emergency |
| | | to work with another OPO, during an emergency | to work with another OFO, during an emergency |
| §482.15(g)(2) | (2) The hospital must develop and maintain | EM.09.01.01, EP 4 | EM.09.01.01, EP 4 |
| 5702.10(8)(2) | mutually agreed upon protocols that address | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | mutually agreed upon protocols that address | i or nospitats that use joint Commission accreditation | 1 of nospitate that use joint Commission accreditation for deemed |

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| | the duties and responsibilities of the | for deemed status purposes: If a hospital has one or | status purposes: If a hospital has one or more transplant programs |
| | hospital, each transplant program, and the | more transplant programs the following must occur: | (as defined in 42 CFR 482.70) the following must occur: |
| | OPO for the DSA where the hospital is | - A representative from each transplant program must | - A representative from each transplant program must be included |
| | situated, unless the hospital has been | be included in the development and maintenance of the | in the development and maintenance of the hospital's emergency |
| | granted a waiver to work with another OPO, | hospital's emergency preparedness program | preparedness program |
| | during an emergency. | - The hospital must develop and maintain mutually agreed upon protocols that address the duties and | - The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the |
| | | responsibilities of the hospital, each transplant | hospital, each transplant program, and the organ procurement |
| | | program, and the organ procurement organization | organization (OPO) for the donation service area where the |
| | | (OPO) for the donation service area where the hospital is | hospital is situated, unless the hospital has been granted a waiver |
| | | situated, unless the hospital has been granted a waiver | to work with another OPO, during an emergency |
| | | to work with another OPO, during an emergency | to work with direction of of during an emergency |
| §482.15(h) | (h) The standards incorporated by reference | , and a second second | |
| () | in this section are approved for incorporation | | |
| | by reference by the Director of the Office of | | |
| | the Federal Register in accordance with 5 | | |
| | U.S.C. 552(a) and 1 CFR part 51. You may | | |
| | obtain the material from the sources listed | | |
| | below. You may inspect a copy at the CMS | | |
| | Information Resource Center, 7500 Security | | |
| | Boulevard, Baltimore, MD or at the National | | |
| | Archives and Records Administration | | |
| | (NARA). For information on the availability of | | |
| | this material at NARA, call 202–741–6030, or | | |
| | go to: | | |
| | http://www.archives.gov/federal_register/co | | |
| | de_of_federal_regulations/ibr_locations.htm | | |
| | l. If any changes in this edition of the Code | | |
| | are incorporated by reference, CMS will | | |
| | publish a document in the Federal Register | | |
| | to announce the changes. | | |

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| §482.15(h)(1) | (1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. | | |
| §482.15(h)(1)(i) | (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. | EC.01.01.01, EP 12 The hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. | PE.04.01.01, EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity. |
| §482.15(h)(1)(ii) | (ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011. | EC.01.01.01, EP 12 The hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. | PE.04.01.01, EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & December 1. Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity. |
| §482.15(h)(1)(iii) | (iii) TIA 12-3 to NFPA 99, issued August 9, 2012. | EC.01.01.01, EP 12 The hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. | PE.04.01.01, EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & December 19 Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity. |
| §482.15(h)(1)(iv) | (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. | EC.01.01.01, EP 12 The hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. | PE.04.01.01, EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & December 19 among the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. |

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| | | | Note 3: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.15(h)(1)(v) | (v) TIA 12-5 to NFPA 99, issued August 1, | EC.01.01.01, EP 12 | PE.04.01.01, EP 1 |
| | 2013. | The hospital complies with the 2012 edition of NFPA 99: | The hospital meets the applicable provisions and proceeds in |
| | | Health Care Facilities Code, including Tentative Interim | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | | Chapters 7, 8, 12, and 13 of the Health Care Facilities | and 12-6). |
| | | Code do not apply. | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| | | | Code do not apply. |
| | | | Note 2: If application of the Health Care Facilities Code would |
| | | | result in unreasonable hardship for the hospital, the Centers for |
| | | | Medicare & map; Medicaid Services may waive specific provisions |
| | | | of the Health Care Facilities Code, but only if the waiver does not |
| | | | adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.15(h)(1)(vi) | (vi) TIA 12-6 to NFPA 99, issued March 3, | EC.01.01.01, EP 12 | PE.04.01.01, EP 1 |
| | 2014. | The hospital complies with the 2012 edition of NFPA 99: | The hospital meets the applicable provisions and proceeds in |
| | | Health Care Facilities Code, including Tentative Interim | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | | Chapters 7, 8, 12, and 13 of the Health Care Facilities | and 12-6). |
| | | Code do not apply. | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| | | | Code do not apply. |
| | | | Note 2: If application of the Health Care Facilities Code would |
| | | | result in unreasonable hardship for the hospital, the Centers for |
| | | | Medicare & may waive specific provisions |
| | | | of the Health Care Facilities Code, but only if the waiver does not |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.15(h)(1)(vii) | (vii) NFPA 101, Life Safety Code, 2012 | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | edition, issued August 11, 2011. | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, and 12-4). | 1, 12-2, 12-3, and 12-4). |
| | | | Note 1: Outpatient surgical departments meet the provisions |
| | | | applicable to ambulatory health care occupancies, regardless of |
| | | | the number of patients served. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The provisions of the Life Safety Code do |
| | | | not apply in a state where the Centers for Medicare & Description (1997) and the content of the |
| | | | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. |
| | | | Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Department & Departmen |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.15(h)(1)(viii) | (viii) TIA 12-1 to NFPA 101, issued August 11, | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | 2011. | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, and 12-4). | 1, 12-2, 12-3, and 12-4). |
| | | | Note 1: Outpatient surgical departments meet the provisions |
| | | | applicable to ambulatory health care occupancies, regardless of |
| | | | the number of patients served. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The provisions of the Life Safety Code do |
| | | | not apply in a state where the Centers for Medicare & Description and the content of the content |
| | | | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. |
| | | | Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Department & Departmen |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| 0.400.45(1.)(4.)(1.) | (;) Till 10 0; NEDA 101; 10; 10; 10; 10; 10; 10; 10; 10; 10 | 100404040 | for the activity; and results of the activity. |
| §482.15(h)(1)(ix) | (ix) TIA 12-2 to NFPA 101, issued October 30, | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | 2012. | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, and 12-4). | 1, 12-2, 12-3, and 12-4). |
| | | | Note 1: Outpatient surgical departments meet the provisions |
| | | | applicable to ambulatory health care occupancies, regardless of |
| | | | the number of patients served. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The provisions of the Life Safety Code do |
| | | | not apply in a state where the Centers for Medicare & Description and the content of the content |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. |
| | | | Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.15(h)(1)(x) | (x) TIA 12-3 to NFPA 101, issued October 22, | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | 2013. | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, and 12-4). | 1, 12-2, 12-3, and 12-4). |
| | | | Note 1: Outpatient surgical departments meet the provisions |
| | | | applicable to ambulatory health care occupancies, regardless of |
| | | | the number of patients served. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The provisions of the Life Safety Code do |
| | | | not apply in a state where the Centers for Medicare & Described to the description of the control of the contro |
| | | | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. |
| | | | Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Department & Department & Department & Department & Department & Department |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.15(h)(1)(xi) | (xi) TIA 12-4 to NFPA 101, issued October 22, | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | 2013. | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, and 12-4). | 1, 12-2, 12-3, and 12-4). |
| | | | Note 1: Outpatient surgical departments meet the provisions |
| | | | applicable to ambulatory health care occupancies, regardless of |
| | | | the number of patients served. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The provisions of the Life Safety Code do |
| | | | not apply in a state where the Centers for Medicare & Description (Center), |
| | | | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. |
| | | | Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Department & Department & Department & Department & Department & Department |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |

| S482.15(h)(1)(xii) (xii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009. The hospital meets all other emergency power system requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements. | • |
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| \$482.21 Condition of Participation: Quality Assessment and Performance Improvement Program The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement B482.21 Condition of Participation: Quality Assessment and Performance Improvement For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all B482.21 Condition of Participation: Quality Assessment and Performance Improvement for deemed status purposes: The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all arrangement; and focuses on indicators related to in | lby Power |
| Assessment and Performance Improvement Program The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement activities reflect the complexity of the hospital's organization and services, involve all For hospitals that use Joint Commission accreditation for deemed status purposes: The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all | |
| departments and services, and include services provided under contract. (For more information on contracted services provided under contract. (For more information on services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS. Description making that supports the safety and quality of care, treatment, and services. Identifying and responding to internal and external changes in the environment departments and services, and include services provided under contract. (For more information on contracted service contracts. (For more information on contracted services under contract, (For more information on contracted services under contract under contract under contracts. (For more information on contracted services under contracts under contracts (PID-14.03.03) Note: For hospitals that us on time to sport project, but its own projects are required to be of comparable effort. LD.03.02.01, EP 1 The hospital develops, implements, maintains, and effective, ongoing, data-driven, hospital wand performance improvement pr | mplexity of the partments and it or improved of medical es, see Standard on accreditation of have a re that is |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital has a systematic approach to change and | |
| | | performance improvement. | |
| | | | |
| | | LD.03.05.01, EP 2 | |
| | | Structures for managing change and performance | |
| | | improvement do the following: | |
| | | - Foster the safety of the patient and the quality of care, | |
| | | treatment, and services | |
| | | - Support both safety and quality throughout the hospital | |
| | | - Adapt to changes in the environment | |
| | | | |
| | | LD.03.05.01, EP 3 | |
| | | Leaders evaluate the effectiveness of processes for the | |
| | | management of change and performance improvement. | |
| | | LD.03.07.01, EP 1 | |
| | | Performance improvement occurs hospitalwide. | |
| | | r enormance improvement occurs nospitativide. | |
| | | LD.03.07.01, EP 2 | |
| | | As part of performance improvement, leaders (including | |
| | | the governing body) do the following: | |
| | | - Set priorities for performance improvement activities | |
| | | and patient health outcomes | |
| | | - Give priority to high-volume, high-risk, or problem- | |
| | | prone processes for performance improvement | |
| | | activities | |
| | | - Identify the frequency of data collection for | |
| | | performance improvement activities | |
| | | - Reprioritize performance improvement activities in | |
| | | response to changes in the internal or external | |
| | | environment | |
| | | | |
| | | LD.03.09.01, EP 1 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | The leaders implement a hospitalwide patient safety | |
| | | program as follows: | |
| | | - One or more qualified individuals or an | |
| | | interdisciplinary group manage the safety program. | |
| | | - All departments, programs, and services within the | |
| | | hospital participate in the safety program. | |
| | | - The scope of the safety program includes the full range | |
| | | of safety issues, from potential or no-harm errors | |
| | | (sometimes referred to as close calls ["near misses"] or | |
| | | good catches) to hazardous conditions and sentinel | |
| | | events. | |
| | | LD.04.03.09, EP 2 | |
| | | The hospital describes, in writing, the nature and scope | |
| | | of services provided through contractual agreements. | |
| | | or convices provided through contracted agreements | |
| | | LD.04.03.09, EP 4 | |
| | | Leaders monitor contracted services by establishing | |
| | | expectations for the performance of the contracted | |
| | | services. | |
| | | Note 1: In most cases, each physician and other | |
| | | licensed practitioner providing services through a | |
| | | contractual agreement must be credentialed and | |
| | | privileged by the hospital using their services following | |
| | | the process described in the "Medical Staff" (MS) | |
| | | chapter. | |
| | | Note 2: For hospitals that do not use Joint Commission | |
| | | accreditation for deemed status purposes: When the hospital contracts with another accredited organization | |
| | | for patient care, treatment, and services to be provided | |
| | | off site, it can do the following: | |
| | | - Verify that all physicians and other licensed | |
| | | practitioners who will be providing patient care, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges Specify in the written agreement that the contracted organization will ensure that all contracted services provided by physicians and other licensed practitioners will be within the scope of their privileges. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body. | |
| | | LD.04.03.09, EP 5 Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it. | |
| | | LD.04.03.09, EP 6 Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations. | |
| | | LD.04.03.09, EP 7 Leaders take steps to improve contracted services that do not meet expectations. Note: Examples of improvement efforts to consider include the following: - Increase monitoring of the contracted services - Provide consultation or training to the contractor - Renegotiate the contract terms - Apply defined penalties - Terminate the contract | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | PI.03.01.01, EP 3 The hospital uses statistical tools and techniques to analyze and display data. | |
| | | PI.03.01.01, EP 4 The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. | |
| | | PI.03.01.01, EP 8 The hospital uses the results of data analysis to identify improvement opportunities. | |
| | | PI.04.01.01, EP 2 The hospital acts on improvement priorities. | |
| | | PI.04.01.01, EP 5 The hospital acts when it does not achieve or sustain planned improvements. | |
| §482.21(a) | §482.21(a) Standard: Program Scope | | |
| §482.21(a)(1) | (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors. | LD.03.02.01, EP 1 Leaders set expectations for using data and information for the following: - Improving the safety and quality of care, treatment, or services - Decision making that supports the safety and quality of care, treatment, and services - Identifying and responding to internal and external changes in the environment | PI.11.01.01, EP 2 The hospital has an ongoing quality assessment and performance improvement program that shows measurable improvement for indicators that are selected based on evidence that they will improve health outcomes and aid in the identification and reduction of medical errors. The program incorporates quality indicator data, including patient care data and other relevant data to achieve the goals of the program. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Relevant data includes data submitted |
| | | LD.03.05.01, EP 1 The hospital has a systematic approach to change and | to or received from Medicare quality reporting and quality |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|---|
| | | performance improvement. | performance programs including but not limited to data related to |
| | | | hospital readmissions and hospital-acquired conditions. |
| | | LD.03.05.01, EP 2 | |
| | | Structures for managing change and performance | |
| | | improvement do the following: | |
| | | - Foster the safety of the patient and the quality of care, | |
| | | treatment, and services | |
| | | - Support both safety and quality throughout the hospital | |
| | | - Adapt to changes in the environment | |
| | | LD.03.05.01, EP 3 | |
| | | Leaders evaluate the effectiveness of processes for the | |
| | | management of change and performance improvement. | |
| | | | |
| | | LD.03.07.01, EP 1 | |
| | | Performance improvement occurs hospitalwide. | |
| | | LD 00 07 04 FD 0 | |
| | | LD.03.07.01, EP 2 | |
| | | As part of performance improvement, leaders (including the governing body) do the following: | |
| | | - Set priorities for performance improvement activities | |
| | | and patient health outcomes | |
| | | - Give priority to high-volume, high-risk, or problem- | |
| | | prone processes for performance improvement | |
| | | activities | |
| | | - Identify the frequency of data collection for | |
| | | performance improvement activities | |
| | | - Reprioritize performance improvement activities in | |
| | | response to changes in the internal or external | |
| | | environment | |
| | | LD 00 00 04 ED4 | |
| | | LD.03.09.01, EP 1 | |
| | | The leaders implement a hospitalwide patient safety | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | program as follows: - One or more qualified individuals or an interdisciplinary group manage the safety program. - All departments, programs, and services within the hospital participate in the safety program. - The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls ["near misses"] or good catches) to hazardous conditions and sentinel events. | |
| | | LD.03.09.01, EP 8 To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. | |
| §482.21(a)(2) | (2) The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations. | As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment | PI.12.01.01, EP 3 The hospital measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service, and operations. |
| | | LD.03.09.01, EP 5 The hospital conducts thorough and credible comprehensive systematic analyses (for example, root | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | cause analyses) in response to sentinel events as described in the "Sentinel Event Policy" (SE) chapter of this manual. | |
| | | PI.01.01.01, EP 2 The hospital collects data on the following: Performance improvement priorities identified by leaders. | |
| | | PI.01.01.01, EP 3 The hospital collects data on the following: Operative or other procedures that place patients at risk of disability or death. | |
| | | PI.01.01.01, EP 4 The hospital collects data on the following: Surgeries in which the postoperative diagnosis (clinical or pathological) was unexpected and could indicate that a clinically significant diagnostic error occurred. Note: The hospital's medical staff determine which unexpected postoperative diagnoses are clinically significant. Examples may include but are not limited to the following: - A preoperative pathology or cytology report was interpreted as a malignancy, but no malignancy was found in the surgical specimen. - A patient underwent surgery for acute appendicitis, but the appendix was normal on the postsurgical pathology exam. - An operation was performed because of a presumed malignancy based on a radiology report, but no malignancy was found. | |
| | | PI.01.01.01, EP 5 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital collects data on the following: Adverse | |
| | | events related to using moderate or deep sedation or anesthesia. | |
| | | | |
| | | PI.01.01.01, EP 6 | |
| | | The hospital collects data on the following: The use of blood and blood components. | |
| | | blood and blood components. | |
| | | PI.01.01.01, EP 7 | |
| | | The hospital collects data on the following: All reported and confirmed transfusion reactions. | |
| | | and committee transitision reactions. | |
| | | PI.01.01.01, EP 10 | |
| | | The hospital collects data on the following: - The number and location of cardiac arrests (for | |
| | | example, ambulatory area, telemetry unit, critical care | |
| | | unit) | |
| | | - The outcomes of resuscitation (for example, return of | |
| | | spontaneous circulation [ROSC], survival to discharge) Note: ROSC is defined as return of spontaneous and | |
| | | sustained circulation for at least 20 consecutive | |
| | | minutes following resuscitation efforts. | |
| | | - Transfer to a higher level of care | |
| | | PI.01.01.01, EP 12 | |
| | | The hospital collects data on the following: Significant | |
| | | medication errors. | |
| | | PI.01.01.01, EP 13 | |
| | | The hospital collects data on the following: Significant | |
| | | adverse drug reactions. | |
| | | PI.01.01.01, EP 14 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital collects data on the following: Patient perception of the safety and quality of care, treatment, or services. | |
| | | PI.03.01.01, EP 3 The hospital uses statistical tools and techniques to analyze and display data. | |
| | | PI.03.01.01, EP 4 The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. | |
| | | PI.03.01.01, EP 8 The hospital uses the results of data analysis to identify improvement opportunities. | |
| §482.21(b) §482.21(b)(1) | (1) The program must incorporate quality indicator data including patient care data, and other relevant data such as data submitted to or received from Medicare quality reporting and quality performance programs, including but not limited to data related to hospital readmissions and hospital-acquired conditions. | LD.03.02.01, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The quality assessment and performance improvement program incorporates quality indicator data, including patient care data and other relevant data such as that submitted to or received from Medicare quality reporting and quality performance programs (for example, data related to hospital readmissions and hospital-acquired conditions). | PI.11.01.01, EP 2 The hospital has an ongoing quality assessment and performance improvement program that shows measurable improvement for indicators that are selected based on evidence that they will improve health outcomes and aid in the identification and reduction of medical errors. The program incorporates quality indicator data, including patient care data and other relevant data to achieve the goals of the program. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Relevant data includes data submitted to or received from Medicare quality reporting and quality performance programs including but not limited to data related to |
| §482.21(b)(2) | (2) The hospital must use the data collected to | | hospital readmissions and hospital-acquired conditions. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.21(b)(2)(i) | (i) Monitor the effectiveness and safety of | LD.03.02.01, EP 1 | PI.13.01.01, EP 1 |
| 9462.21(0)(2)(1) | services and quality of care; and | Leaders set expectations for using data and information for the following: - Improving the safety and quality of care, treatment, or services - Decision making that supports the safety and quality of care, treatment, and services - Identifying and responding to internal and external changes in the environment | The hospital analyzes and compares internal data over time and uses the results of data analysis to do the following: - Monitor the effectiveness and safety of services - Monitor the quality of care - Identify opportunities for improvement and changes that will lead to improvement |
| | | LD.03.09.01, EP 8 To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. | |
| | | PI.03.01.01, EP 4 The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. | |
| §482.21(b)(2)(ii) | (ii) Identify opportunities for improvement and changes that will lead to improvement. | LD.03.01.01, EP 2 Leaders prioritize and implement changes identified by the evaluation. | PI.13.01.01, EP 1 The hospital analyzes and compares internal data over time and uses the results of data analysis to do the following: |
| | | PI.03.01.01, EP 8 The hospital uses the results of data analysis to identify improvement opportunities. | Monitor the effectiveness and safety of services Monitor the quality of care Identify opportunities for improvement and changes that will lead to improvement |
| §482.21(b)(3) | (3) The frequency and detail of data | LD.03.07.01, EP 2 | LD.12.01.01, EP 2 |
| | collection must be specified by the | As part of performance improvement, leaders (including | As part of performance improvement, leaders (including the |
| | hospital's governing body. | the governing body) do the following: | governing body) do the following: |
| | | Set priorities for performance improvement activities and patient health outcomes Give priority to high-volume, high-risk, or problem- | - Set priorities for performance improvement activities related to health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment | - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas - Identify the frequency and detail of data collection for performance improvement activities |
| §482.21(c) | §482.21(c) Standard: Program Activities | | |
| §482.21(c)(1) | (1) The hospital must set priorities for its performance improvement activities that | | |
| §482.21(c)(1)(i) | (i) Focus on high-risk, high-volume, or problem-prone areas; | As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problemprone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment | As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities related to health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas - Identify the frequency and detail of data collection for performance improvement activities |
| \$482.21(c)(1)(ii) | (ii) Consider the incidence, prevalence, and severity of problems in those areas; and | LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problemprone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities | LD.12.01.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities related to health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Reprioritize performance improvement activities in | - Identify the frequency and detail of data collection for |
| | | response to changes in the internal or external | performance improvement activities |
| | | environment | |
| §482.21(c)(1)(iii) | (iii) Affect health outcomes, patient safety, | LD.03.07.01, EP 2 | LD.12.01.01, EP 2 |
| | and quality of care. | As part of performance improvement, leaders (including | As part of performance improvement, leaders (including the |
| | | the governing body) do the following: | governing body) do the following: |
| | | - Set priorities for performance improvement activities | - Set priorities for performance improvement activities related to |
| | | and patient health outcomes | health outcomes that are shown to be predictive of desired patient |
| | | - Give priority to high-volume, high-risk, or problem- | outcomes, patient safety, and quality of care |
| | | prone processes for performance improvement | - Give priority to high-volume, high-risk, or problem-prone |
| | | activities | processes for performance improvement activities and consider |
| | | - Identify the frequency of data collection for | the incidence, prevalence, and severity of problems in those areas |
| | | performance improvement activities - Reprioritize performance improvement activities in | - Identify the frequency and detail of data collection for performance improvement activities |
| | | response to changes in the internal or external | performance improvement activities |
| | | environment | |
| §482.21(c)(2) | (2) Performance improvement activities | LD.03.08.01, EP 1 | Pl.12.01.01, EP 1 |
| 0.02.21(0)(2) | must track medical errors and adverse | The hospital's design of new or modified services or | The hospital tracks medical errors and adverse patient events, |
| | patient events, analyze their causes, and | processes incorporates the following: | analyzes their causes, and implements preventive actions and |
| | implement preventive actions and | - The needs of patients, staff, and others | mechanisms that include feedback and learning throughout the |
| | mechanisms that include feedback and | - The results of performance improvement activities | hospital. Medical errors and adverse patient events include but are |
| | learning throughout the hospital. | - Information about potential risks to patients | not limited to the following: |
| | | - Evidence-based information in the decision-making | - Medication administration errors |
| | | process | - Surgical errors |
| | | - Information about sentinel events | - Equipment failure |
| | | Note 1: A proactive risk assessment is one of several | - Infection control errors |
| | | ways to assess potential risks to patients. For suggested | - Blood transfusion–related errors |
| | | components, refer to the "Proactive Risk Assessment" | - Diagnostic errors |
| | | section at the beginning of this chapter. | |
| | | Note 2: Evidence-based information could include | |
| | | practice guidelines, successful practices, information | |
| | | from current literature, and clinical standards. | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | LD.03.09.01, EP 3 The leaders provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment. Note: This EP is intended to minimize staff reluctance to report errors in order to help an organization understand the source and results of system and process failures. The EP does not conflict with holding individuals accountable for their blameworthy errors. | |
| | | LD.03.09.01, EP 4 The leaders define patient safety event and communicate this definition throughout the organization. Note: At a minimum, the organization's definition includes those events subject to review as described in the "Sentinel Event Policy" (SE) chapter of this manual. | |
| | | LD.03.09.01, EP 5 The hospital conducts thorough and credible comprehensive systematic analyses (for example, root cause analyses) in response to sentinel events as described in the "Sentinel Event Policy" (SE) chapter of this manual. | |
| | | LD.03.09.01, EP 7 At least every 18 months, the hospital selects one highrisk process and conducts a proactive risk assessment. Note: For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter. | |
| | | LD.03.09.01, EP 8 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. | |
| | | LD.03.09.01, EP 9 The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. | |
| | | LD.03.09.01, EP 10 At least once a year, the leaders provide governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing | |
| | | PI.03.01.01, EP 4 The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. | |
| §482.21(c)(3) | (3) The hospital must take actions aimed at performance improvement and, after | LD.03.05.01, EP 3 Leaders evaluate the effectiveness of processes for the | PI.12.01.01, EP 4 The hospital takes action to improve its performance. After |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | implementing those actions, the hospital must measure its success, and track | management of change and performance improvement. | implementing changes, the hospital measures its success and tracks performance to ensure that improvements are sustained. |
| | performance to ensure that improvements are sustained. | PI.04.01.01, EP 2 The hospital acts on improvement priorities. | PI.14.01.01, EP 1 |
| | | PI.04.01.01, EP 5 The hospital acts when it does not achieve or sustain planned improvements. | The hospital acts on improvement priorities. |
| §482.21(d) | §482.21(d) Standard: Performance Improvement Projects As part of its quality assessment and performance improvement program, the hospital must conduct performance improvement projects. | LD.03.05.01, EP 1 The hospital has a systematic approach to change and performance improvement. LD.03.07.01, EP 1 Performance improvement occurs hospitalwide. LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external | PI.11.01.01, EP 3 The hospital conducts performance improvement projects as part of its quality assessment and performance improvement program. The number and scope of distinct improvement projects conducted annually is proportional to the scope and complexity of the hospital's services and operations. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital may, as one of its projects, develop and implement an information technology system explicitly designed to improve patient safety and quality of care. In the initial stage of development, this project does not need to demonstrate measurable improvement in indicators related to health outcomes. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital is not required to participate in a quality improvement organization cooperative project, but its own projects are required to be of comparable effort. |
| §482.21(d)(1) | (1) The number and scope of distinct improvement projects conducted annually must be proportional to the scope and complexity of the hospital's services and operations. | environment LD.03.05.01, EP 1 The hospital has a systematic approach to change and performance improvement. LD.03.05.01, EP 2 | PI.11.01.01, EP 3 The hospital conducts performance improvement projects as part of its quality assessment and performance improvement program. The number and scope of distinct improvement projects conducted annually is proportional to the scope and complexity of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Structures for managing change and performance | the hospital's services and operations. |
| | | improvement do the following: | Note 1: For hospitals that use Joint Commission accreditation for |
| | | - Foster the safety of the patient and the quality of care, | deemed status purposes: The hospital may, as one of its projects, |
| | | treatment, and services | develop and implement an information technology system |
| | | - Support both safety and quality throughout the hospital | explicitly designed to improve patient safety and quality of care. In |
| | | - Adapt to changes in the environment | the initial stage of development, this project does not need to |
| | | | demonstrate measurable improvement in indicators related to |
| | | LD.03.07.01, EP 2 | health outcomes. |
| | | As part of performance improvement, leaders (including | Note 2: For hospitals that use Joint Commission accreditation for |
| | | the governing body) do the following: | deemed status purposes: The hospital is not required to |
| | | - Set priorities for performance improvement activities | participate in a quality improvement organization cooperative |
| | | and patient health outcomes | project, but its own projects are required to be of comparable |
| | | - Give priority to high-volume, high-risk, or problem- | effort. |
| | | prone processes for performance improvement activities | |
| | | - Identify the frequency of data collection for | |
| | | performance improvement activities | |
| | | - Reprioritize performance improvement activities in | |
| | | response to changes in the internal or external | |
| | | environment | |
| | | | |
| | | LD.03.09.01, EP 8 | |
| | | To improve safety and to reduce the risk of medical | |
| | | errors, the hospital analyzes and uses information about | |
| | | system or process failures and the results of proactive | |
| | | risk assessments. | |
| | | | |
| | | LD.03.09.01, EP 10 | |
| | | At least once a year, the leaders provide governance | |
| | | with written reports on the following: | |
| | | - All system or process failures | |
| | | - The number and type of sentinel events | |
| | | - Whether the patients and the families were informed of | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing | |
| §482.21(d)(2) | (2) A hospital may, as one of its projects, develop and implement an information technology system explicitly designed to improve patient safety and quality of care. This project, in its initial stage of development, does not need to demonstrate measurable improvement in indicators related to health outcomes. | IM.02.02.03, EP 2 The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical records system allows for timely retrieval of patient information by diagnosis and procedure. LD.03.07.01, EP 1 Performance improvement occurs hospitalwide. LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problemprone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment | PI.11.01.01, EP 3 The hospital conducts performance improvement projects as part of its quality assessment and performance improvement program. The number and scope of distinct improvement projects conducted annually is proportional to the scope and complexity of the hospital's services and operations. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital may, as one of its projects, develop and implement an information technology system explicitly designed to improve patient safety and quality of care. In the initial stage of development, this project does not need to demonstrate measurable improvement in indicators related to health outcomes. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital is not required to participate in a quality improvement organization cooperative project, but its own projects are required to be of comparable effort. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| \$482.21(d)(3) | (3) The hospital must document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects. | LD.03.09.01, EP 1 The leaders implement a hospitalwide patient safety program as follows: One or more qualified individuals or an interdisciplinary group manage the safety program. All departments, programs, and services within the hospital participate in the safety program. The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls ["near misses"] or good catches) to hazardous conditions and sentinel events. LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: Set priorities for performance improvement activities and patient health outcomes Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities Identify the frequency of data collection for performance improvement activities Reprioritize performance improvement activities in response to changes in the internal or external | PI.12.01.01, EP 2 The hospital documents what quality improvement projects it is conducting, the reasons for conducting these projects, and the measurable progress achieved on these projects. |
| | | environment LD.03.09.01, EP 10 At least once a year, the leaders provide governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|--|---|---|
| | | the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing | |
| | | PI.04.01.01, EP 5 The hospital acts when it does not achieve or sustain planned improvements. | |
| §482.21(d)(4) | (4) A hospital is not required to participate in | LD.01.03.01, EP 21 | PI.11.01.01, EP 3 |
| | a QIO cooperative project, but its own | For hospitals that use Joint Commission accreditation | The hospital conducts performance improvement projects as part |
| | projects are required to be of comparable | for deemed status purposes: The governing body is | of its quality assessment and performance improvement program. |
| | effort. | responsible for making sure that performance | The number and scope of distinct improvement projects |
| | | improvement activities reflect the complexity of the | conducted annually is proportional to the scope and complexity of |
| | | hospital's organization and services, involve all | the hospital's services and operations. |
| | | departments and services, and include services | Note 1: For hospitals that use Joint Commission accreditation for |
| | | provided under contract. (For more information on | deemed status purposes: The hospital may, as one of its projects, |
| | | contracted services, see Standard LD.04.03.09) | develop and implement an information technology system |
| | | Note: For hospitals that use Joint Commission | explicitly designed to improve patient safety and quality of care. In |
| | | accreditation for deemed status purposes: The hospital | the initial stage of development, this project does not need to |
| | | is not required to participate in a quality improvement | demonstrate measurable improvement in indicators related to |
| | | organization (QIO) cooperative project, but its own projects are required to be of comparable effort. | health outcomes. |
| | | projects are required to be of comparable enort. | Note 2: For hospitals that use Joint Commission accreditation for |
| | | LD.03.09.01, EP 11 | deemed status purposes: The hospital is not required to participate in a quality improvement organization cooperative |
| | | The leaders encourage external reporting of significant | project, but its own projects are required to be of comparable |
| | | adverse events, including voluntary reporting programs | effort. |
| | | in addition to mandatory programs. | GHOIG. |
| | | Note: Examples of voluntary programs include The Joint | Pl.14.01.01, EP 1 |
| | | Commission Sentinel Event Database and the US Food | The hospital acts on improvement priorities. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated. | |
| | | PI.04.01.01, EP 2 | |
| | | The hospital acts on improvement priorities. | |
| | | PI.04.01.01, EP 5 The hospital acts when it does not achieve or sustain planned improvements. | |
| §482.21(e) | \$482.21(e) Standard: Executive Responsibilities The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following: | | |
| §482.21(e)(1) | (1) That an ongoing program for quality | LD.01.03.01, EP 5 | LD.12.01.01, EP 3 |
| | improvement and patient safety, including | The governing body provides for the resources needed to | The hospital's governing body (or organized group or individual who |
| | the reduction of medical errors, is defined, | maintain safe, quality care, treatment, and services. | assumes full legal authority and responsibility for operations of the |
| | implemented, and maintained. | | hospital), medical staff, and administrative officials are |
| | | LD.01.03.01, EP 6 | responsible and accountable for the following: |
| | | The governing body works with the senior managers and leaders of the organized medical staff to annually | - An ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, |
| | | evaluate the hospital's performance in relation to its | implemented, and maintained |
| | | mission, vision, and goals. | - The hospitalwide quality assessment and performance improvement efforts address priorities for improved quality of care |
| | | LD.03.05.01, EP 1 | and patient safety, and all improvement actions are evaluated |
| | | The hospital has a systematic approach to change and | - Clear expectations for safety are established |
| | | performance improvement. | - Adequate resources are allocated for measuring, assessing, |
| | | | improving, and sustaining the hospital's performance and |
| | | LD.03.07.01, EP 1 | reducing risk to patients |
| | | Performance improvement occurs hospitalwide. | - The determination of the number of distinct improvement |

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| | | | projects is conducted annually |
| | | LD.03.07.01, EP 2 | |
| | | As part of performance improvement, leaders (including | PI.14.01.01, EP 1 |
| | | the governing body) do the following: | The hospital acts on improvement priorities. |
| | | - Set priorities for performance improvement activities | |
| | | and patient health outcomes | |
| | | - Give priority to high-volume, high-risk, or problem- | |
| | | prone processes for performance improvement | |
| | | activities | |
| | | - Identify the frequency of data collection for | |
| | | performance improvement activities | |
| | | - Reprioritize performance improvement activities in | |
| | | response to changes in the internal or external | |
| | | environment | |
| | | LD.03.09.01, EP 1 | |
| | | The leaders implement a hospitalwide patient safety | |
| | | program as follows: | |
| | | - One or more qualified individuals or an | |
| | | interdisciplinary group manage the safety program. | |
| | | - All departments, programs, and services within the | |
| | | hospital participate in the safety program. | |
| | | - The scope of the safety program includes the full range | |
| | | of safety issues, from potential or no-harm errors | |
| | | (sometimes referred to as close calls ["near misses"] or | |
| | | good catches) to hazardous conditions and sentinel | |
| | | events. | |
| | | | |
| | | LD.03.09.01, EP 2 | |
| | | As part of the safety program, the leaders create | |
| | | procedures for responding to system or process failures. | |
| | | Note: Responses might include continuing to provide | |
| | | care, treatment, and services to those affected, | |

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| | | containing the risk to others, and preserving factual | |
| | | information for subsequent analysis. | |
| | | LD 00 00 04 ED 0 | |
| | | LD.03.09.01, EP 3 | |
| | | The leaders provide and encourage the use of systems | |
| | | for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment. | |
| | | Note: This EP is intended to minimize staff reluctance to | |
| | | report errors in order to help an organization understand | |
| | | the source and results of system and process failures. | |
| | | The EP does not conflict with holding individuals | |
| | | accountable for their blameworthy errors. | |
| | | _ | |
| | | LD.03.09.01, EP 4 | |
| | | The leaders define patient safety event and | |
| | | communicate this definition throughout the | |
| | | organization. | |
| | | Note: At a minimum, the organization's definition | |
| | | includes those events subject to review as described in the "Sentinel Event Policy" (SE) chapter of this manual. | |
| | | the Sentinet Event Policy (SE) chapter of this manual. | |
| | | LD.03.09.01, EP 5 | |
| | | The hospital conducts thorough and credible | |
| | | comprehensive systematic analyses (for example, root | |
| | | cause analyses) in response to sentinel events as | |
| | | described in the "Sentinel Event Policy" (SE) chapter of | |
| | | this manual. | |
| | | | |
| | | LD.03.09.01, EP 6 | |
| | | The leaders make support systems available for staff | |
| | | who have been involved in an adverse or sentinel event. | |
| | | Note: Support systems recognize that conscientious health care workers who are involved in sentinel events | |
| | | neattir care workers who are involved in Sentinet events | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals. | |
| | | LD.03.09.01, EP 7 At least every 18 months, the hospital selects one highrisk process and conducts a proactive risk assessment. Note: For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter. | |
| | | LD.03.09.01, EP 8 To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. | |
| | | LD.03.09.01, EP 9 The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. | |
| | | LD.03.09.01, EP 10 At least once a year, the leaders provide governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually - All results of the analyses related to the adequacy of staffing | |
| | | LD.04.03.09, EP 6 Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations. | |
| | | MM.08.01.01, EP 1 As part of its evaluation of the effectiveness of medication management, the hospital does the following: | |
| | | Collects data on the performance of its medication management system Analyzes data on its medication management system Compares data over time to identify risk points, levels | |
| | | of performance, patterns, trends, and variations of its medication management system Note: This element of performance is also applicable to sample medications. | |
| | | MM.08.01.01, EP 5 Based on analysis of its data, as well as review of the literature for new technologies and best practices, the hospital identifies opportunities for improvement in its | |
| | | medication management system. MM.08.01.01, EP 6 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | When opportunities are identified for improvement of | |
| | | the medication management system, the hospital does | |
| | | the following: | |
| | | - Takes action on improvement opportunities identified | |
| | | as priorities for its medication management system | |
| | | - Evaluates its actions to confirm that they resulted in | |
| | | improvements | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| | | MM.08.01.01, EP 8 | |
| | | The hospital takes additional action when planned | |
| | | improvements for its medication management | |
| | | processes are either not achieved or not sustained. | |
| | | · | |
| | | PI.01.01.01, EP 4 | |
| | | The hospital collects data on the following: Surgeries in | |
| | | which the postoperative diagnosis (clinical or | |
| | | pathological) was unexpected and could indicate that a | |
| | | clinically significant diagnostic error occurred. | |
| | | Note: The hospital's medical staff determine which | |
| | | unexpected postoperative diagnoses are clinically | |
| | | significant. Examples may include but are not limited to | |
| | | the following: | |
| | | - A preoperative pathology or cytology report was | |
| | | interpreted as a malignancy, but no malignancy was | |
| | | found in the surgical specimen A patient underwent surgery for acute appendicitis, but | |
| | | the appendix was normal on the postsurgical pathology | |
| | | exam. | |
| | | - An operation was performed because of a presumed | |
| | | malignancy based on a radiology report, but no | |
| | | malignancy was found. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | PI.01.01.01, EP 5 The hospital collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. | |
| | | PI.01.01.01, EP 7 The hospital collects data on the following: All reported and confirmed transfusion reactions. | |
| | | PI.01.01.01, EP 12 The hospital collects data on the following: Significant medication errors. | |
| | | PI.01.01.01, EP 13 The hospital collects data on the following: Significant adverse drug reactions. | |
| | | PI.03.01.01, EP 3 The hospital uses statistical tools and techniques to analyze and display data. | |
| | | PI.03.01.01, EP 4 The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. | |
| | | PI.03.01.01, EP 8 The hospital uses the results of data analysis to identify improvement opportunities. | |
| | | PI.04.01.01, EP 2 The hospital acts on improvement priorities. | |

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| \$492.21(6)(2) | (2) That the heavital wide quality | PI.04.01.01, EP 5 The hospital acts when it does not achieve or sustain planned improvements. LD.03.05.01, EP 3 | LD.12.01.01, EP 3 |
| §482.21(e)(2) | (2) That the hospital-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety; and that all improvement actions are evaluated. | Leaders evaluate the effectiveness of processes for the management of change and performance improvement. LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problemprone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment | The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for the following: - An ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, implemented, and maintained - The hospitalwide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and all improvement actions are evaluated - Clear expectations for safety are established - Adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to patients - The determination of the number of distinct improvement projects is conducted annually |
| | | LD.03.09.01, EP 1 The leaders implement a hospitalwide patient safety program as follows: - One or more qualified individuals or an interdisciplinary group manage the safety program. - All departments, programs, and services within the hospital participate in the safety program. - The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls ["near misses"] or | |

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| | | good catches) to hazardous conditions and sentinel | |
| | | events. | |
| §482.21(e)(3) | (3) That clear expectations for safety are | LD.03.07.01, EP 2 | LD.12.01.01, EP 3 |
| | established. | As part of performance improvement, leaders (including | The hospital's governing body (or organized group or individual who |
| | | the governing body) do the following: | assumes full legal authority and responsibility for operations of the |
| | | - Set priorities for performance improvement activities | hospital), medical staff, and administrative officials are |
| | | and patient health outcomes | responsible and accountable for the following: |
| | | - Give priority to high-volume, high-risk, or problem- | - An ongoing program for quality improvement and patient safety, |
| | | prone processes for performance improvement activities | including the reduction of medical errors, is defined, implemented, and maintained |
| | | - Identify the frequency of data collection for | - The hospitalwide quality assessment and performance |
| | | performance improvement activities | improvement efforts address priorities for improved quality of care |
| | | - Reprioritize performance improvement activities in | and patient safety, and all improvement actions are evaluated |
| | | response to changes in the internal or external | - Clear expectations for safety are established |
| | | environment | - Adequate resources are allocated for measuring, assessing, |
| | | | improving, and sustaining the hospital's performance and |
| | | LD.03.09.01, EP 1 | reducing risk to patients |
| | | The leaders implement a hospitalwide patient safety | - The determination of the number of distinct improvement |
| | | program as follows: | projects is conducted annually |
| | | - One or more qualified individuals or an | |
| | | interdisciplinary group manage the safety program. | |
| | | - All departments, programs, and services within the | |
| | | hospital participate in the safety program. | |
| | | - The scope of the safety program includes the full range | |
| | | of safety issues, from potential or no-harm errors | |
| | | (sometimes referred to as close calls ["near misses"] or | |
| | | good catches) to hazardous conditions and sentinel | |
| §482.21(e)(4) | (4) That adequate resources are allocated for | events. LD.01.03.01, EP 5 | LD.12.01.01, EP 3 |
| 3402.21(6)(4) | measuring, assessing, improving, and | The governing body provides for the resources needed to | The hospital's governing body (or organized group or individual who |
| | sustaining the hospital's performance and | maintain safe, quality care, treatment, and services. | assumes full legal authority and responsibility for operations of the |
| | reducing risk to patients. | mannam sars, quality sars, irealment, and services. | hospital), medical staff, and administrative officials are |
| | | LD.04.01.05, EP 4 | responsible and accountable for the following: |

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| | | Staff are held accountable for their responsibilities. | - An ongoing program for quality improvement and patient safety, |
| | | | including the reduction of medical errors, is defined, |
| | | LD.04.01.11, EP 5 | implemented, and maintained |
| | | The leaders provide for equipment, information | - The hospitalwide quality assessment and performance |
| | | systems, supplies, and other resources. | improvement efforts address priorities for improved quality of care |
| | | | and patient safety, and all improvement actions are evaluated |
| | | | - Clear expectations for safety are established |
| | | | - Adequate resources are allocated for measuring, assessing, |
| | | | improving, and sustaining the hospital's performance and |
| | | | reducing risk to patients |
| | | | - The determination of the number of distinct improvement |
| 2.22.24.34.23 | | | projects is conducted annually |
| §482.21(e)(5) | (5) That the determination of the number of | LD.03.07.01, EP 2 | LD.12.01.01, EP 3 |
| | distinct improvement projects is conducted | As part of performance improvement, leaders (including | The hospital's governing body (or organized group or individual who |
| | annually. | the governing body) do the following: | assumes full legal authority and responsibility for operations of the |
| | | - Set priorities for performance improvement activities | hospital), medical staff, and administrative officials are |
| | | and patient health outcomes | responsible and accountable for the following: |
| | | - Give priority to high-volume, high-risk, or problem- prone processes for performance improvement | - An ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, |
| | | activities | implemented, and maintained |
| | | - Identify the frequency of data collection for | - The hospitalwide quality assessment and performance |
| | | performance improvement activities | improvement efforts address priorities for improved quality of care |
| | | - Reprioritize performance improvement activities in | and patient safety, and all improvement actions are evaluated |
| | | response to changes in the internal or external | - Clear expectations for safety are established |
| | | environment | - Adequate resources are allocated for measuring, assessing, |
| | | | improving, and sustaining the hospital's performance and |
| | | LD.03.09.01, EP 10 | reducing risk to patients |
| | | At least once a year, the leaders provide governance | - The determination of the number of distinct improvement |
| | | with written reports on the following: | projects is conducted annually |
| | | - All system or process failures | |
| | | - The number and type of sentinel events | |
| | | - Whether the patients and the families were informed of | |
| | | the event | |

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| | | - All actions taken to improve safety, both proactively and in response to actual occurrences | |
| | | - For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The determined number of | |
| | | distinct improvement projects to be conducted annually | |
| | | - All results of the analyses related to the adequacy of | |
| | | staffing | |
| §482.21(f) | (f) Standard: Unified and integrated QAPI | LD.01.03.01, EP 14 | LD.11.01.01, EP 9 |
| | program for multi-hospital systems. If a | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for |
| | hospital is part of a hospital system | for deemed status purposes: If a hospital is part of a | deemed status purposes: If a hospital is part of a system |
| | consisting of multiple separately certified | system consisting of multiple separately certified | consisting of multiple separately certified hospitals using a system |
| | hospitals using a system governing body that | hospitals using a system governing body that is legally | governing body that is legally responsible for the conduct of two or |
| | is legally responsible for the conduct of two | responsible for the conduct of two or more hospitals, | more hospitals, the system governing body can elect to have a |
| | or more hospitals, the system governing | the system governing body can elect to have a unified | unified and integrated quality assessment and performance |
| | body can elect to have a unified and | and integrated quality assessment and performance | improvement program for all of its member hospitals after |
| | integrated QAPI program for all of its | improvement program for all of its member hospitals | determining that such decision is in accordance with all applicable |
| | member hospitals after determining that | after determining that such decision is in accordance | state and local laws. |
| | such a decision is in accordance with all | with all applicable state and local laws. The system | Each separately certified hospital subject to the system governing |
| | applicable State and local laws. The system | governing body is responsible and accountable for | body demonstrates that the unified and integrated quality |
| | governing body is responsible and | making certain that each of its separately certified | assessment and performance improvement program does the |
| | accountable for ensuring that each of its | hospitals meets the requirements for quality | following: |
| | separately certified hospitals meets all of the | assessment and performance improvement at 42 CFR | - Accounts for each member hospital's unique circumstances and |
| | requirements of this section. Each separately certified hospital subject to the | 482.21. | any significant differences in patient populations and services offered |
| | system governing body must demonstrate | Each separately certified hospital subject to the system | - Establishes and implements policies and procedures to make |
| | that: | governing body demonstrates that the unified and | certain that the needs and concerns of each of its separately |
| | tilat. | integrated quality assessment and performance | certified hospitals, regardless of practice or location, are given due |
| | | improvement program has the following characteristics: | consideration, and that the unified and integrated program has |
| | | - Structured in a manner that accounts for each member | mechanisms in place to ensure that issues localized to particular |
| | | hospital's unique circumstances and any significant | hospitals are duly considered and addressed |
| | | differences in patient populations and services offered | Note: For hospitals that use Joint Commission accreditation for |
| | | in each hospital | deemed status purposes: The system governing body is |
| | | - Establishes and implements policies and procedures | responsible and accountable for making certain that each of its |
| | | - Establishes and implements policies and procedures | responsible and accountable for making certain that each of its |

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| | | to make certain that the needs and concerns of each of | separately certified hospitals meets the requirements for quality |
| | | its separately certified hospitals, regardless of practice | assessment and performance improvement at 42 CFR 482.21. |
| | | or location, are given due consideration, and that the | |
| | | unified and integrated program has mechanisms in | |
| | | place to ensure that issues localized to particular | |
| | | hospitals are duly considered and addressed | |
| §482.21(f)(1) | (1) The unified and integrated QAPI program | LD.01.03.01, EP 14 | LD.11.01.01, EP 9 |
| | is established in a manner that takes into | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for |
| | account each member hospital's unique | for deemed status purposes: If a hospital is part of a | deemed status purposes: If a hospital is part of a system |
| | circumstances and any significant | system consisting of multiple separately certified | consisting of multiple separately certified hospitals using a system |
| | differences in patient populations and | hospitals using a system governing body that is legally | governing body that is legally responsible for the conduct of two or |
| | services offered in each hospital; and | responsible for the conduct of two or more hospitals, | more hospitals, the system governing body can elect to have a |
| | | the system governing body can elect to have a unified | unified and integrated quality assessment and performance |
| | | and integrated quality assessment and performance | improvement program for all of its member hospitals after |
| | | improvement program for all of its member hospitals | determining that such decision is in accordance with all applicable |
| | | after determining that such decision is in accordance | state and local laws. |
| | | with all applicable state and local laws. The system | Each separately certified hospital subject to the system governing |
| | | governing body is responsible and accountable for | body demonstrates that the unified and integrated quality |
| | | making certain that each of its separately certified | assessment and performance improvement program does the |
| | | hospitals meets the requirements for quality | following: |
| | | assessment and performance improvement at 42 CFR | - Accounts for each member hospital's unique circumstances and |
| | | 482.21. | any significant differences in patient populations and services |
| | | | offered |
| | | Each separately certified hospital subject to the system | - Establishes and implements policies and procedures to make |
| | | governing body demonstrates that the unified and | certain that the needs and concerns of each of its separately |
| | | integrated quality assessment and performance | certified hospitals, regardless of practice or location, are given due |
| | | improvement program has the following characteristics: | consideration, and that the unified and integrated program has |
| | | - Structured in a manner that accounts for each member | mechanisms in place to ensure that issues localized to particular |
| | | hospital's unique circumstances and any significant | hospitals are duly considered and addressed |
| | | differences in patient populations and services offered | Note: For hospitals that use Joint Commission accreditation for |
| | | in each hospital | deemed status purposes: The system governing body is |
| | | - Establishes and implements policies and procedures | responsible and accountable for making certain that each of its |
| | | to make certain that the needs and concerns of each of | |

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| | | its separately certified hospitals, regardless of practice | separately certified hospitals meets the requirements for quality |
| | | or location, are given due consideration, and that the | assessment and performance improvement at 42 CFR 482.21. |
| | | unified and integrated program has mechanisms in | |
| | | place to ensure that issues localized to particular | |
| | | hospitals are duly considered and addressed | |
| §482.21(f)(2) | (2) The unified and integrated QAPI program | LD.01.03.01, EP 14 | LD.11.01.01, EP 9 |
| | establishes and implements policies and | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for |
| | procedures to ensure that the needs and | for deemed status purposes: If a hospital is part of a | deemed status purposes: If a hospital is part of a system |
| | concerns of each of its separately certified | system consisting of multiple separately certified | consisting of multiple separately certified hospitals using a system |
| | hospitals, regardless of practice or location, | hospitals using a system governing body that is legally | governing body that is legally responsible for the conduct of two or |
| | are given due consideration, and that the | responsible for the conduct of two or more hospitals, | more hospitals, the system governing body can elect to have a |
| | unified and integrated QAPI program has | the system governing body can elect to have a unified | unified and integrated quality assessment and performance |
| | mechanisms in place to ensure that issues | and integrated quality assessment and performance | improvement program for all of its member hospitals after |
| | localized to particular hospitals are duly | improvement program for all of its member hospitals | determining that such decision is in accordance with all applicable |
| | considered and addressed. | after determining that such decision is in accordance | state and local laws. |
| | | with all applicable state and local laws. The system | Each separately certified hospital subject to the system governing |
| | | governing body is responsible and accountable for | body demonstrates that the unified and integrated quality |
| | | making certain that each of its separately certified | assessment and performance improvement program does the |
| | | hospitals meets the requirements for quality | following: |
| | | assessment and performance improvement at 42 CFR | - Accounts for each member hospital's unique circumstances and |
| | | 482.21. | any significant differences in patient populations and services |
| | | | offered |
| | | Each separately certified hospital subject to the system | - Establishes and implements policies and procedures to make |
| | | governing body demonstrates that the unified and | certain that the needs and concerns of each of its separately |
| | | integrated quality assessment and performance | certified hospitals, regardless of practice or location, are given due |
| | | improvement program has the following characteristics: | consideration, and that the unified and integrated program has |
| | | - Structured in a manner that accounts for each member | mechanisms in place to ensure that issues localized to particular |
| | | hospital's unique circumstances and any significant | hospitals are duly considered and addressed |
| | | differences in patient populations and services offered | Note: For hospitals that use Joint Commission accreditation for |
| | | in each hospital | deemed status purposes: The system governing body is |
| | | - Establishes and implements policies and procedures | responsible and accountable for making certain that each of its |
| | | to make certain that the needs and concerns of each of | separately certified hospitals meets the requirements for quality |
| | | its separately certified hospitals, regardless of practice | assessment and performance improvement at 42 CFR 482.21. |

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| | | or location, are given due consideration, and that the | |
| | | unified and integrated program has mechanisms in | |
| | | place to ensure that issues localized to particular | |
| §482.22 | \$400,00 Condition of Doubicin ation. Madical | hospitals are duly considered and addressed | MC 40 04 04 FD 4 |
| 9482.22 | §482.22 Condition of Participation: Medical staff The hospital must have an organized | LD.01.01, EP 3 The governing body identifies those responsible for the | MS.16.01.01, EP 1 The hospital has an organized medical staff that operates under |
| | medical staff that operates under bylaws | provision of care, treatment, and services. | bylaws approved by the governing body and that is responsible for |
| | approved by the governing body, and which | provision of care, treatment, and services. | the quality of medical care provided by the hospital. |
| | is responsible for the quality of medical care | LD.01.05.01, EP 1 | the quality of medical care provided by the hospital. |
| | provided to patients by the hospital. | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: There is a single organized | |
| | | medical staff. | |
| | | LD.01.05.01, EP 6 | |
| | | The organized medical staff is accountable to the | |
| | | governing body for the quality of care provided to | |
| | | patients. | |
| | | | |
| | | MS.01.01.01, EP 1 | |
| | | The organized medical staff develops medical staff | |
| | | bylaws, rules and regulations, and policies. | |
| | | MS.01.01.01, EP 2 | |
| | | The organized medical staff adopts and amends medical | |
| | | staff bylaws. Adoption or amendment of medical staff | |
| | | bylaws cannot be delegated. After adoption or | |
| | | amendment by the organized medical staff, the | |
| | | proposed bylaws are submitted to the governing body | |
| | | for action. Bylaws become effective only upon governing | |
| | | body approval. (See the "Leadership" [LD] chapter for | |
| | | requirements regarding the governing body's authority | |
| I | | and conflict management processes. See Element of | |
| 1 | | Performance 17 for information on which medical staff | |

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| | | members are eligible to vote.) | |
| | | MS.01.01.01, EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies. | |
| | | MS.01.01.01, EP 6 The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others. | |
| | | MS.01.01.01, EP 7 The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body. | |
| §482.22(a) | §482.22(a) Standard: Eligibility and process for appointment to medical staff. The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at § 482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body. | MS.01.01.01, EP 12 The medical staff bylaws include the following requirements: The structure of the medical staff. MS.01.01.01, EP 13 The medical staff bylaws include the following requirements: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and other licensed practitioners who are determined to be eligible for appointment by the | MS.14.01.01, EP 2 The medical staff bylaws include the qualifications for appointment and reappointment to the medical staff. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff is composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians, as listed at 42 CFR 482.12(c)(1), and other licensed practitioners who the governing body determines are eligible for appointment. Note 2: Gender, race, creed, and national origin are not used in making decisions regarding the granting or denying of medical staff membership. |

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| | | MS.07.01.01, EP 1 The organized medical staff develops criteria for medical staff membership. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society. | |
| | | MS.07.01.01, EP 5 Membership is recommended by the medical staff and granted by the governing body. | |
| §482.22(a)(1) | (1) The medical staff must periodically conduct appraisals of its members. | MS.01.01.01, EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies. MS.01.01.01, EP 6 The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others. MS.01.01.01, EP 14 The medical staff bylaws include the following requirements: The process for privileging and reprivileging physicians and other licensed practitioners. MS.03.01.01, EP 2 Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff. | MS.18.02.03, EP 1 The medical staff's ongoing professional practice evaluation includes a clearly defined process that facilitates the periodic evaluation of each physician's or other licensed practitioner's professional practice. Note: Privileges are granted for a period not to exceed three years or for the period required by law and regulation if shorter. |

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| | | MS.06.01.05, EP 3 All of the criteria used are consistently evaluated for all | |
| | | physicians and other licensed practitioners holding that privilege. | |
| | | MS.06.01.05, EP 7 | |
| | | The hospital queries the National Practitioner Data Bank (NPDB) in accordance with applicable law and | |
| | | regulation. | |
| | | MS.06.01.05, EP 8 | |
| | | Peer recommendation includes written information | |
| | | regarding the physician's or other licensed practitioner's current: | |
| | | - Medical/clinical knowledge | |
| | | - Technical and clinical skills | |
| | | - Clinical judgment | |
| | | - Interpersonal skills | |
| | | - Communication skills | |
| | | - Professionalism | |
| | | Note: Peer recommendation may be in the form of | |
| | | written documentation reflecting informed opinions on | |
| | | each applicant's scope and level of performance, or a | |
| | | written peer evaluation of physician- or other licensed practitioner-specific data collected from various | |
| | | sources for the purpose of validating current | |
| | | competence. | |
| | | MS.06.01.05, EP 9 | |
| | | Before recommending privileges, the organized medical | |
| | | staff also evaluates the following: | |
| | | - Challenges to any licensure or registration | |
| | | - Voluntary and involuntary relinquishment of any | |

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| • | | license or registration - Voluntary and involuntary termination of medical staff membership - Voluntary and involuntary limitation, reduction, or loss of clinical privileges - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant - Documentation as to the applicant's health status - Relevant physician- or other licensed practitioner-specific data as compared to aggregate data, when available | |
| | | - Morbidity and mortality data, when available MS.06.01.05, EP 10 The hospital has a process to determine whether there is sufficient clinical performance information to make a decision to grant, limit, or deny the requested privilege. | |
| | | MS.06.01.05, EP 12 Information regarding each physician's or other licensed practitioner's scope of privileges is updated as changes in clinical privileges are made. | |
| | | MS.06.01.07, EP 8 The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges. | |
| | | MS.06.01.07, EP 9 Privileges are granted for a period not to exceed three years or for the period required by law and regulation if shorter. | |

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| | | MS.06.01.09, EP 1 Requesting physicians and other licensed practitioners are notified regarding the granting decision. | |
| | | MS.06.01.09, EP 2 In the case of privilege denial, the applicant is informed of the reason for denial. | |
| | | MS.06.01.09, EP 3 The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law. | |
| | | MS.06.01.09, EP 4 The process to disseminate all granting, modification, or restriction decisions is approved by the organized medical staff. | |
| | | MS.08.01.01, EP 1 A period of focused professional practice evaluation is implemented for all initially requested privileges. | |
| | | MS.08.01.01, EP 4 Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff. | |
| | | MS.08.01.01, EP 6 The decision to assign a period of performance monitoring to further assess current competence is based on the evaluation of a physician's or other | |

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| | | licensed practitioner's current clinical competence, practice behavior, and ability to perform the requested privilege. Note: Other existing privileges in good standing should not be affected by this decision. | |
| | | MS.08.01.03, EP 1 The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each physician's or other licensed practitioner's professional practice. | |
| | | MS.08.01.03, EP 2 The process for the ongoing professional practice evaluation includes the following: The type of data to be collected is determined by individual departments and approved by the organized medical staff. | |
| | | MS.08.01.03, EP 3 The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s). | |
| | | MS.09.01.01, EP 1 The hospital, based on recommendations by the organized medical staff and approval by the governing body, has a clearly defined process for collecting, investigating, and addressing clinical practice concerns. | |
| | | MS.09.01.01, EP 2 | |

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| | | Reported concerns regarding a privileged physician's or other licensed practitioner's professional practice are uniformly investigated and addressed, as defined by the hospital and applicable law. | |
| §482.22(a)(2) | (2) The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules, and regulations, in addition to the requirements contained in this section. | MS.01.01.01, EP 13 The medical staff bylaws include the following requirements: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and other licensed practitioners who are determined to be eligible for appointment by the governing body. MS.02.01.01, EP 11 The medical staff executive committee makes recommendations, as defined in the medical staff bylaws, directly to the governing body on, at least, all of the following: The delineation of privileges for each physician and other licensed practitioner privileged through the medical staff process. MS.06.01.03, EP 1 The hospital credentials applicants using a clearly defined process. MS.06.01.03, EP 2 | MS.17.01.03, EP 4 The medical staff examines the credentials of all candidates eligible for medical staff membership and makes recommendations to the governing body on the appointment of these candidates, in accordance with state law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules, and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: A candidate who has been recommended by the medical staff and who has been appointed by the governing body is also subject to 42 CFR 482.22(a). |
| | | The credentialing process is based on recommendations by the organized medical staff. | |

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| | | MS.06.01.03, EP 4 The credentialing process is outlined in the medical staff bylaws. | |
| | | MS.06.01.03, EP 6 The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: - The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration - The applicant's relevant training - The applicant's current competence | |
| | | MS.06.01.05, EP 1 All physicians and other licensed practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation. | |
| | | MS.06.01.05, EP 2 The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a physician's or other licensed practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria: - Current licensure and/or certification, as appropriate, verified with the primary source - The applicant's specific relevant training, verified with | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the primary source - Evidence of physical ability to perform the requested privilege - Data from professional practice review by an organization(s) that currently privileges the applicant (if available) - Peer and/or faculty recommendation - When renewing privileges, review of the physician's or other licensed practitioner's performance within the hospital | |
| | | MS.06.01.05, EP 8 Peer recommendation includes written information regarding the physician's or other licensed practitioner's current: - Medical/clinical knowledge - Technical and clinical skills - Clinical judgment - Interpersonal skills - Communication skills - Professionalism Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of physician- or other licensed practitioner-specific data collected from various sources for the purpose of validating current competence. | |
| | | MS.06.01.05, EP 9 Before recommending privileges, the organized medical staff also evaluates the following: - Challenges to any licensure or registration | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Voluntary and involuntary relinquishment of any | |
| | | license or registration | |
| | | - Voluntary and involuntary termination of medical staff | |
| | | membership | |
| | | - Voluntary and involuntary limitation, reduction, or loss of clinical privileges | |
| | | - Any evidence of an unusual pattern or an excessive | |
| | | number of professional liability actions resulting in a | |
| | | final judgment against the applicant | |
| | | - Documentation as to the applicant's health status | |
| | | - Relevant physician- or other licensed practitioner- | |
| | | specific data as compared to aggregate data, when | |
| | | available | |
| | | - Morbidity and mortality data, when available | |
| | | MS.06.01.05, EP 12 | |
| | | Information regarding each physician's or other licensed | |
| | | practitioner's scope of privileges is updated as changes | |
| | | in clinical privileges are made. | |
| | | | |
| | | MS.06.01.07, EP 8 | |
| | | The governing body or delegated governing body | |
| | | committee has final authority for granting, renewing, or | |
| | | denying privileges. | |
| | | MS.06.01.09, EP 1 | |
| | | Requesting physicians and other licensed practitioners | |
| | | are notified regarding the granting decision. | |
| | | | |
| | | MS.06.01.09, EP 2 | |
| | | In the case of privilege denial, the applicant is informed | |
| | | of the reason for denial. | |
| | <u>. </u> | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | MS.06.01.09, EP 3 The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law. | |
| | | MS.06.01.09, EP 4 The process to disseminate all granting, modification, or restriction decisions is approved by the organized medical staff. | |
| | | MS.07.01.01, EP 1 The organized medical staff develops criteria for medical staff membership. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society. | |
| | | MS.07.01.01, EP 2 The professional criteria are designed to assure the medical staff and governing body that patients will receive quality care, treatment, and services. | |
| | | MS.07.01.01, EP 3 The organized medical staff uses the criteria in appointing members to the medical staff and appointment does not exceed three years or the period required by law and regulation if shorter. | |
| | | MS.07.01.01, EP 5 Membership is recommended by the medical staff and granted by the governing body. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.22(a)(3) | (3) When telemedicine services are | MS.13.01.01, EP 1 | MS.20.01.01, EP 1 |
| | furnished to the hospital's patients through | All physicians or other licensed practitioners who are | When telemedicine services are furnished to the hospital's |
| | an agreement with a distant-site hospital, | responsible for the patient's care, treatment, and | patients through an agreement with a distant-site hospital or |
| | the governing body of the hospital whose | services via telemedicine link are credentialed and | telemedicine entity, the governing body of the originating hospital |
| | patients are receiving the telemedicine | privileged to do so at the originating site through one of | may choose to rely upon the credentialing and privileging |
| | services may choose, in lieu of the | the following mechanisms: | decisions made by the distant-site hospital or telemedicine entity |
| | requirements in paragraphs (a)(1) and (a)(2) | - The originating site fully credentials and privileges the | for the individual distant-site physicians and other licensed |
| | of this section, to have its medical staff rely | physician or other licensed practitioner according to | practitioners providing such services if the hospital's governing |
| | upon the credentialing and privileging | Standards MS.06.01.03 through MS.06.01.13. | body includes all of the following provisions in its written |
| | decisions made by the distant-site hospital | Or | agreement with the distant-site hospital or telemedicine entity: |
| | when making recommendations on | - The originating site privileges physicians or other | - The distant site telemedicine entity provides services in |
| | privileges for the individual distant-site | licensed practitioners using credentialing information | accordance with contract service requirements |
| | physicians and practitioners providing such | from the distant site if the distant site is a Joint | - The distant-site telemedicine entity's medical staff credentialing |
| | services, if the hospital's governing body | Commission–accredited or a Medicare-participating | and privileging process and standards is consistent with the |
| | ensures, through its written agreement with | organization. The distant-site physician or other licensed | hospital's process and standards, at a minimum. |
| | the distant-site hospital, that all of the | practitioner has a license that is issued or recognized by | - The distant-site hospital providing the telemedicine services is a |
| | following provisions are met: | the state in which the patient is receiving telemedicine | Medicare-participating hospital. |
| | | services. | - The individual distant-site physician or other licensed practitioner |
| | | Or | is privileged at the distant-site hospital or telemedicine entity |
| | | - The originating site may choose to use the | providing the telemedicine services, and the distant-site hospital |
| | | credentialing and privileging decision from the distant | or telemedicine entity provides a current list of the distant-site |
| | | site to make a final privileging decision if all the | physician's or practitioner's privileges at the distant-site hospital |
| | | following requirements are met: | or telemedicine entity. |
| | | - The distant site is a Joint Commission–accredited or | - The individual distant-site physician or other licensed practitioner |
| | | a Medicare-participating organization. | holds a license issued or recognized by the state in which the |
| | | - The physician or other licensed practitioner is | hospital whose patients are receiving the telemedicine services is |
| | | privileged at the distant site for those services to be | located. |
| | | provided at the originating site. | - For distant-site physicians or other licensed practitioners |
| | | - For hospitals that use Joint Commission | privileged by the originating hospital, the originating hospital |
| | | accreditation for deemed status purposes: The distant | internally reviews services provided by the distant-site physician or |
| | | site provides the originating site with a current list of the | other licensed practitioner and sends the distant-site hospital or |
| | | physician's or other licensed practitioner's privileges. | telemedicine entity information for use in the periodic evaluation |
| | | - The originating site has evidence of an internal | of the practitioner. At a minimum, this information includes |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | review of the physician's or other licensed practitioner's | adverse events that result from the telemedicine services provided |
| | | performance of these privileges and sends to the distant | by the distant-site physician or other licensed practitioner to the |
| | | site information that is useful to assess the physician's | hospital's patients and complaints the hospital has received about |
| | | or other licensed practitioner's quality of care, | the distant-site physician or other licensed practitioner. |
| | | treatment, and services for use in privileging and | Note: For hospitals that use Joint Commission accreditation for |
| | | performance improvement. At a minimum, this | deemed status purposes: The distant-site telemedicine entity's |
| | | information includes all adverse outcomes related to | medical staff credentialing and privileging process and standards |
| | | sentinel events considered reviewable by The Joint | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | Commission that result from the telemedicine services | and 482.22(a)(1) through (a)(2). |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |
| | | Standard HR.02.01.03 in the Comprehensive | |
| | | Accreditation Manual for Ambulatory Care. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: As indicated | |
| | | at LD.04.03.09, EP 23, the originating site makes certain | |
| | | that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. | |
| §482.22(a)(3)(i) | (i) The distant-site hospital providing the telemedicine services is a Medicare- | LD.04.03.09, EP 23 For hospitals that use Joint Commission accreditation | MS.20.01.01, EP 1 When telemedicine services are furnished to the hospital's |
| | | · | • |
| | participating hospital. | for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following: - The distant site is a contractor of services to the hospital. - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). | patients through an agreement with a distant-site hospital or telemedicine entity, the governing body of the originating hospital may choose to rely upon the credentialing and privileging decisions made by the distant-site hospital or telemedicine entity for the individual distant-site physicians and other licensed practitioners providing such services if the hospital's governing body includes all of the following provisions in its written agreement with the distant-site hospital or telemedicine entity: - The distant site telemedicine entity provides services in accordance with contract service requirements - The distant-site telemedicine entity's medical staff credentialing and privileging process and standards is consistent with the hospital's process and standards, at a minimum. - The distant-site hospital providing the telemedicine services is a Medicare-participating hospital. |
| | | Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply: - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants | - The individual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity providing the telemedicine services, and the distant-site hospital or telemedicine entity provides a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine entity. - The individual distant-site physician or other licensed practitioner holds a license issued or recognized by the state in which the hospital whose patients are receiving the telemedicine services is located. - For distant-site physicians or other licensed practitioners privileged by the originating hospital, the originating hospital |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | privileges to a distant site physician or other licensed | internally reviews services provided by the distant-site physician or |
| | | practitioner based on the originating site's medical staff | other licensed practitioner and sends the distant-site hospital or |
| | | recommendations, which rely on information provided | telemedicine entity information for use in the periodic evaluation |
| | | by the distant site. | of the practitioner. At a minimum, this information includes |
| | | | adverse events that result from the telemedicine services provided |
| | | MS.13.01.01, EP 1 | by the distant-site physician or other licensed practitioner to the |
| | | All physicians or other licensed practitioners who are | hospital's patients and complaints the hospital has received about |
| | | responsible for the patient's care, treatment, and | the distant-site physician or other licensed practitioner. |
| | | services via telemedicine link are credentialed and | Note: For hospitals that use Joint Commission accreditation for |
| | | privileged to do so at the originating site through one of | deemed status purposes: The distant-site telemedicine entity's |
| | | the following mechanisms: | medical staff credentialing and privileging process and standards |
| | | - The originating site fully credentials and privileges the | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | physician or other licensed practitioner according to | and 482.22(a)(1) through (a)(2). |
| | | Standards MS.06.01.03 through MS.06.01.13. | |
| | | Or | |
| | | - The originating site privileges physicians or other | |
| | | licensed practitioners using credentialing information | |
| | | from the distant site if the distant site is a Joint | |
| | | Commission–accredited or a Medicare-participating | |
| | | organization. The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Or | |
| | | - The originating site may choose to use the | |
| | | credentialing and privileging decision from the distant | |
| | | site to make a final privileging decision if all the | |
| | | following requirements are met: | |
| | | - The distant site is a Joint Commission–accredited or | |
| | | a Medicare-participating organization. | |
| | | - The physician or other licensed practitioner is | |
| | | privileged at the distant site for those services to be | |
| | | provided at the originating site. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The distant | |
| | | site provides the originating site with a current list of the | |
| | | physician's or other licensed practitioner's privileges. | |
| | | - The originating site has evidence of an internal | |
| | | review of the physician's or other licensed practitioner's | |
| | | performance of these privileges and sends to the distant | |
| | | site information that is useful to assess the physician's | |
| | | or other licensed practitioner's quality of care, | |
| | | treatment, and services for use in privileging and | |
| | | performance improvement. At a minimum, this | |
| | | information includes all adverse outcomes related to | |
| | | sentinel events considered reviewable by The Joint | |
| | | Commission that result from the telemedicine services | |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |
| | | Standard HR.02.01.03 in the Comprehensive | |
| | | Accreditation Manual for Ambulatory Care. | |
| | | Note 2: For hospitals that use Joint Commission | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | accreditation for deemed status purposes: As indicated | |
| | | at LD.04.03.09, EP 23, the originating site makes certain | |
| | | that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). For the language of the Medicare | |
| | | Conditions of Participation pertaining to telemedicine, | |
| 0.400.004.34037::3 | (**) - | see Appendix A. | NO 00 04 04 ED 4 |
| §482.22(a)(3)(ii) | (ii) The individual distant-site physician or | MS.13.01.01, EP 1 | MS.20.01.01, EP 1 |
| | practitioner is privileged at the distant-site | All physicians or other licensed practitioners who are | When telemedicine services are furnished to the hospital's |
| | hospital providing the telemedicine services, | responsible for the patient's care, treatment, and | patients through an agreement with a distant-site hospital or |
| | which provides a current list of the distant- | services via telemedicine link are credentialed and | telemedicine entity, the governing body of the originating hospital |
| | site physician's or practitioner's privileges at | privileged to do so at the originating site through one of | may choose to rely upon the credentialing and privileging |
| | the distant-site hospital. | the following mechanisms: | decisions made by the distant-site hospital or telemedicine entity |
| | | - The originating site fully credentials and privileges the | for the individual distant-site physicians and other licensed |
| | | physician or other licensed practitioner according to | practitioners providing such services if the hospital's governing |
| | | Standards MS.06.01.03 through MS.06.01.13. | body includes all of the following provisions in its written |
| | | Or | agreement with the distant-site hospital or telemedicine entity: |
| | | - The originating site privileges physicians or other | - The distant site telemedicine entity provides services in |
| | | licensed practitioners using credentialing information | accordance with contract service requirements |
| | | from the distant site if the distant site is a Joint | - The distant-site telemedicine entity's medical staff credentialing |
| | | Commission–accredited or a Medicare-participating | and privileging process and standards is consistent with the |
| | | organization. The distant-site physician or other licensed | hospital's process and standards, at a minimum. |
| | | practitioner has a license that is issued or recognized by | - The distant-site hospital providing the telemedicine services is a |
| | | the state in which the patient is receiving telemedicine | Medicare-participating hospital. |
| | | services. | - The individual distant-site physician or other licensed practitioner |
| | | Or | is privileged at the distant-site hospital or telemedicine entity |
| | | - The originating site may choose to use the | providing the telemedicine services, and the distant-site hospital |
| | | credentialing and privileging decision from the distant | or telemedicine entity provides a current list of the distant-site |
| | | site to make a final privileging decision if all the | physician's or practitioner's privileges at the distant-site hospital |
| | | following requirements are met: | or telemedicine entity. |
| | | - The distant site is a Joint Commission–accredited or | - The individual distant-site physician or other licensed practitioner |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | a Medicare-participating organization. | holds a license issued or recognized by the state in which the |
| | | - The physician or other licensed practitioner is | hospital whose patients are receiving the telemedicine services is |
| | | privileged at the distant site for those services to be | located. |
| | | provided at the originating site. | - For distant-site physicians or other licensed practitioners |
| | | - For hospitals that use Joint Commission | privileged by the originating hospital, the originating hospital |
| | | accreditation for deemed status purposes: The distant | internally reviews services provided by the distant-site physician or |
| | | site provides the originating site with a current list of the | other licensed practitioner and sends the distant-site hospital or |
| | | physician's or other licensed practitioner's privileges. | telemedicine entity information for use in the periodic evaluation |
| | | - The originating site has evidence of an internal | of the practitioner. At a minimum, this information includes |
| | | review of the physician's or other licensed practitioner's | adverse events that result from the telemedicine services provided |
| | | performance of these privileges and sends to the distant | by the distant-site physician or other licensed practitioner to the |
| | | site information that is useful to assess the physician's | hospital's patients and complaints the hospital has received about |
| | | or other licensed practitioner's quality of care, | the distant-site physician or other licensed practitioner. |
| | | treatment, and services for use in privileging and | Note: For hospitals that use Joint Commission accreditation for |
| | | performance improvement. At a minimum, this | deemed status purposes: The distant-site telemedicine entity's |
| | | information includes all adverse outcomes related to | medical staff credentialing and privileging process and standards |
| | | sentinel events considered reviewable by The Joint | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | Commission that result from the telemedicine services | and 482.22(a)(1) through (a)(2). |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, | |
| §482.22(a)(3)(iii) | (iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving the telemedicine services is located. | MS.13.01.01, EP 1 All physicians or other licensed practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms: - The originating site fully credentials and privileges the physician or other licensed practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or - The originating site privileges physicians or other licensed practitioners using credentialing information from the distant site if the distant site is a Joint Commission—accredited or a Medicare-participating organization. The distant-site physician or other licensed practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or - The originating site may choose to use the | MS.20.01.01, EP 1 When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital or telemedicine entity, the governing body of the originating hospital may choose to rely upon the credentialing and privileging decisions made by the distant-site hospital or telemedicine entity for the individual distant-site physicians and other licensed practitioners providing such services if the hospital's governing body includes all of the following provisions in its written agreement with the distant-site hospital or telemedicine entity: - The distant site telemedicine entity provides services in accordance with contract service requirements - The distant-site telemedicine entity's medical staff credentialing and privileging process and standards is consistent with the hospital's process and standards, at a minimum. - The distant-site hospital providing the telemedicine services is a Medicare-participating hospital. - The individual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity providing the telemedicine services, and the distant-site hospital |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | credentialing and privileging decision from the distant | or telemedicine entity provides a current list of the distant-site |
| | | site to make a final privileging decision if all the | physician's or practitioner's privileges at the distant-site hospital |
| | | following requirements are met: | or telemedicine entity. |
| | | - The distant site is a Joint Commission–accredited or | - The individual distant-site physician or other licensed practitioner |
| | | a Medicare-participating organization. | holds a license issued or recognized by the state in which the |
| | | - The physician or other licensed practitioner is | hospital whose patients are receiving the telemedicine services is |
| | | privileged at the distant site for those services to be | located. |
| | | provided at the originating site. | - For distant-site physicians or other licensed practitioners |
| | | - For hospitals that use Joint Commission | privileged by the originating hospital, the originating hospital |
| | | accreditation for deemed status purposes: The distant | internally reviews services provided by the distant-site physician or |
| | | site provides the originating site with a current list of the | other licensed practitioner and sends the distant-site hospital or |
| | | physician's or other licensed practitioner's privileges. | telemedicine entity information for use in the periodic evaluation |
| | | - The originating site has evidence of an internal | of the practitioner. At a minimum, this information includes |
| | | review of the physician's or other licensed practitioner's | adverse events that result from the telemedicine services provided |
| | | performance of these privileges and sends to the distant | by the distant-site physician or other licensed practitioner to the |
| | | site information that is useful to assess the physician's | hospital's patients and complaints the hospital has received about |
| | | or other licensed practitioner's quality of care, | the distant-site physician or other licensed practitioner. |
| | | treatment, and services for use in privileging and | Note: For hospitals that use Joint Commission accreditation for |
| | | performance improvement. At a minimum, this | deemed status purposes: The distant-site telemedicine entity's |
| | | information includes all adverse outcomes related to | medical staff credentialing and privileging process and standards |
| | | sentinel events considered reviewable by The Joint | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | Commission that result from the telemedicine services | and 482.22(a)(1) through (a)(2). |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |
| | | Standard HR.02.01.03 in the Comprehensive | |
| | | Accreditation Manual for Ambulatory Care. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: As indicated | |
| | | at LD.04.03.09, EP 23, the originating site makes certain | |
| | | that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). For the language of the Medicare | |
| | | Conditions of Participation pertaining to telemedicine, | |
| | | see Appendix A. | |
| §482.22(a)(3)(iv) | (iv) With respect to a distant-site physician or | MS.13.01.01, EP 1 | MS.20.01.01, EP 1 |
| | practitioner, who holds current privileges at | All physicians or other licensed practitioners who are | When telemedicine services are furnished to the hospital's |
| | the hospital whose patients are receiving the | responsible for the patient's care, treatment, and | patients through an agreement with a distant-site hospital or |
| | telemedicine services, the hospital has | services via telemedicine link are credentialed and | telemedicine entity, the governing body of the originating hospital |
| | evidence of an internal review of the distant- | privileged to do so at the originating site through one of | may choose to rely upon the credentialing and privileging |
| | site physician's or practitioner's | the following mechanisms: | decisions made by the distant-site hospital or telemedicine entity |
| | performance of these privileges and sends | - The originating site fully credentials and privileges the | for the individual distant-site physicians and other licensed |
| | the distant-site hospital such performance | physician or other licensed practitioner according to | practitioners providing such services if the hospital's governing |
| | information for use in the periodic appraisal | Standards MS.06.01.03 through MS.06.01.13. | body includes all of the following provisions in its written |
| | of the distant-site physician or practitioner. | Or | agreement with the distant-site hospital or telemedicine entity: |
| | At a minimum, this information must include | - The originating site privileges physicians or other | - The distant site telemedicine entity provides services in |
| | all adverse events that result from the | licensed practitioners using credentialing information | accordance with contract service requirements |
| | telemedicine services provided by the | from the distant site if the distant site is a Joint | - The distant-site telemedicine entity's medical staff credentialing |
| | distant-site physician or practitioner to the | Commission–accredited or a Medicare-participating | and privileging process and standards is consistent with the |
| | hospital's patients and all complaints the | organization. The distant-site physician or other licensed | hospital's process and standards, at a minimum. |
| | | practitioner has a license that is issued or recognized by | - The distant-site hospital providing the telemedicine services is a |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | hospital has received about the distant-site | the state in which the patient is receiving telemedicine | Medicare-participating hospital. |
| | physician or practitioner. | services. | - The individual distant-site physician or other licensed practitioner |
| | | Or | is privileged at the distant-site hospital or telemedicine entity |
| | | - The originating site may choose to use the | providing the telemedicine services, and the distant-site hospital |
| | | credentialing and privileging decision from the distant | or telemedicine entity provides a current list of the distant-site |
| | | site to make a final privileging decision if all the | physician's or practitioner's privileges at the distant-site hospital |
| | | following requirements are met: | or telemedicine entity. |
| | | - The distant site is a Joint Commission–accredited or | - The individual distant-site physician or other licensed practitioner |
| | | a Medicare-participating organization. | holds a license issued or recognized by the state in which the |
| | | - The physician or other licensed practitioner is | hospital whose patients are receiving the telemedicine services is |
| | | privileged at the distant site for those services to be | located. |
| | | provided at the originating site. | - For distant-site physicians or other licensed practitioners |
| | | - For hospitals that use Joint Commission | privileged by the originating hospital, the originating hospital |
| | | accreditation for deemed status purposes: The distant | internally reviews services provided by the distant-site physician or |
| | | site provides the originating site with a current list of the | other licensed practitioner and sends the distant-site hospital or |
| | | physician's or other licensed practitioner's privileges. | telemedicine entity information for use in the periodic evaluation |
| | | - The originating site has evidence of an internal | of the practitioner. At a minimum, this information includes |
| | | review of the physician's or other licensed practitioner's | adverse events that result from the telemedicine services provided |
| | | performance of these privileges and sends to the distant | by the distant-site physician or other licensed practitioner to the |
| | | site information that is useful to assess the physician's | hospital's patients and complaints the hospital has received about |
| | | or other licensed practitioner's quality of care, | the distant-site physician or other licensed practitioner. |
| | | treatment, and services for use in privileging and | Note: For hospitals that use Joint Commission accreditation for |
| | | performance improvement. At a minimum, this | deemed status purposes: The distant-site telemedicine entity's |
| | | information includes all adverse outcomes related to | medical staff credentialing and privileging process and standards |
| | | sentinel events considered reviewable by The Joint | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | Commission that result from the telemedicine services | and 482.22(a)(1) through (a)(2). |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |
| | | Standard HR.02.01.03 in the Comprehensive | |
| | | Accreditation Manual for Ambulatory Care. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: As indicated | |
| | | at LD.04.03.09, EP 23, the originating site makes certain | |
| | | that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). For the language of the Medicare | |
| | | Conditions of Participation pertaining to telemedicine, | |
| | | see Appendix A. | |
| §482.22(a)(4) | 4) When telemedicine services are furnished | LD.04.03.09, EP 1 | MS.20.01.01, EP 1 |
| | to the hospital's patients through an | Clinical leaders and medical staff have an opportunity to | When telemedicine services are furnished to the hospital's |
| | agreement with a distant-site telemedicine | provide advice about the sources of clinical services to | patients through an agreement with a distant-site hospital or |
| | entity, the governing body of the hospital | be provided through contractual agreement. | telemedicine entity, the governing body of the originating hospital |
| | whose patients are receiving the | | may choose to rely upon the credentialing and privileging |
| | telemedicine services may choose, in lieu of | LD.04.03.09, EP 2 | decisions made by the distant-site hospital or telemedicine entity |
| | the requirements in paragraphs (a)(1) and | The hospital describes, in writing, the nature and scope | for the individual distant-site physicians and other licensed |
| | (a)(2) of this section, to have its medical staff | of services provided through contractual agreements. | practitioners providing such services if the hospital's governing |
| | rely upon the credentialing and privileging | | body includes all of the following provisions in its written |
| | decisions made by the distant-site | LD.04.03.09, EP 3 | agreement with the distant-site hospital or telemedicine entity: |
| | telemedicine entity when making | Designated leaders approve contractual agreements. | - The distant site telemedicine entity provides services in |
| | recommendations on privileges for the | | accordance with contract service requirements |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|---|---|--|
| | individual distant-site physicians and | LD.04.03.09, EP 4 | - The distant-site telemedicine entity's medical staff credentialing |
| | practitioners providing such services, if the | Leaders monitor contracted services by establishing | and privileging process and standards is consistent with the |
| | hospital's governing body ensures, through | expectations for the performance of the contracted | hospital's process and standards, at a minimum. |
| | its written agreement with the distant-site | services. | - The distant-site hospital providing the telemedicine services is a |
| | telemedicine entity, that the distant-site | Note 1: In most cases, each physician and other | Medicare-participating hospital. |
| | telemedicine entity furnishes services that, | licensed practitioner providing services through a | - The individual distant-site physician or other licensed practitioner |
| | in accordance with §482.12(e), permit the | contractual agreement must be credentialed and | is privileged at the distant-site hospital or telemedicine entity |
| | hospital to comply with all applicable | privileged by the hospital using their services following | providing the telemedicine services, and the distant-site hospital |
| | conditions of participation for the contracted | the process described in the "Medical Staff" (MS) | or telemedicine entity provides a current list of the distant-site |
| | services. The hospital's governing body must | chapter. | physician's or practitioner's privileges at the distant-site hospital |
| | also ensure, through its written agreement | Note 2: For hospitals that do not use Joint Commission | or telemedicine entity. |
| | with the distant-site telemedicine entity, that | accreditation for deemed status purposes: When the | - The individual distant-site physician or other licensed practitioner |
| | all of the following provisions are met: | hospital contracts with another accredited organization | holds a license issued or recognized by the state in which the |
| | | for patient care, treatment, and services to be provided | hospital whose patients are receiving the telemedicine services is |
| | | off site, it can do the following: | located. |
| | | - Verify that all physicians and other licensed | - For distant-site physicians or other licensed practitioners |
| | | practitioners who will be providing patient care, | privileged by the originating hospital, the originating hospital |
| | | treatment, and services have appropriate privileges by | internally reviews services provided by the distant-site physician or |
| | | obtaining, for example, a copy of the list of privileges. | other licensed practitioner and sends the distant-site hospital or |
| | | - Specify in the written agreement that the contracted | telemedicine entity information for use in the periodic evaluation |
| | | organization will ensure that all contracted services | of the practitioner. At a minimum, this information includes |
| | | provided by physicians and other licensed practitioners | adverse events that result from the telemedicine services provided |
| | | will be within the scope of their privileges. | by the distant-site physician or other licensed practitioner to the |
| | | Note 3: For hospitals that use Joint Commission | hospital's patients and complaints the hospital has received about |
| | | accreditation for deemed status purposes: The leaders | the distant-site physician or other licensed practitioner. |
| | | who monitor the contracted services are the governing | Note: For hospitals that use Joint Commission accreditation for |
| | | body. | deemed status purposes: The distant-site telemedicine entity's |
| | | | medical staff credentialing and privileging process and standards |
| | | LD.04.03.09, EP 5 | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | Leaders monitor contracted services by communicating | and 482.22(a)(1) through (a)(2). |
| | | the expectations in writing to the provider of the | |
| | | contracted services. | |
| | | Note: A written description of the expectations can be | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | provided either as part of the written agreement or in | |
| | | addition to it. | |
| | | | |
| | | LD.04.03.09, EP 6 | |
| | | Leaders monitor contracted services by evaluating these | |
| | | services in relation to the hospital's expectations. | |
| | | | |
| | | LD.04.03.09, EP 23 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: When telemedicine | |
| | | services are furnished to the hospital's patients, the | |
| | | originating site has a written agreement with the distant | |
| | | site that specifies the following: | |
| | | - The distant site is a contractor of services to the | |
| | | hospital. | |
| | | - The distant site furnishes services in a manner that | |
| | | permits the originating site to be in compliance with the | |
| | | Medicare Conditions of Participation | |
| | | - The originating site makes certain through the written | |
| | | agreement that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). | |
| | | Note: For the language of the Medicare Conditions of | |
| | | Participation pertaining to telemedicine, see Appendix | |
| | | A. | |
| | | If the originating site chooses to use the credentialing | |
| | | and privileging decision of the distant-site telemedicine | |
| | | provider, then the following requirements apply: | |
| | | - The governing body of the distant site is responsible for | |
| | | having a process that is consistent with the | |
| | | credentialing and privileging requirements in the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | "Medical Staff" (MS) chapter (Standards MS.06.01.01 | |
| | | through MS.06.01.13). | |
| | | - The governing body of the originating site grants | |
| | | privileges to a distant site physician or other licensed | |
| | | practitioner based on the originating site's medical staff | |
| | | recommendations, which rely on information provided | |
| | | by the distant site. | |
| | | MS.13.01.01, EP 1 | |
| | | All physicians or other licensed practitioners who are | |
| | | responsible for the patient's care, treatment, and | |
| | | services via telemedicine link are credentialed and | |
| | | privileged to do so at the originating site through one of | |
| | | the following mechanisms: | |
| | | - The originating site fully credentials and privileges the | |
| | | physician or other licensed practitioner according to | |
| | | Standards MS.06.01.03 through MS.06.01.13. | |
| | | Or | |
| | | - The originating site privileges physicians or other | |
| | | licensed practitioners using credentialing information | |
| | | from the distant site if the distant site is a Joint | |
| | | Commission–accredited or a Medicare-participating | |
| | | organization. The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Or The existing site was also as the | |
| | | - The originating site may choose to use the | |
| | | credentialing and privileging decision from the distant | |
| | | site to make a final privileging decision if all the | |
| | | following requirements are met: The distant site is a loint Commission, accordited or | |
| | | - The distant site is a Joint Commission–accredited or | |
| | | a Medicare-participating organization. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The physician or other licensed practitioner is | |
| | | privileged at the distant site for those services to be | |
| | | provided at the originating site. | |
| | | - For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The distant | |
| | | site provides the originating site with a current list of the | |
| | | physician's or other licensed practitioner's privileges. | |
| | | - The originating site has evidence of an internal | |
| | | review of the physician's or other licensed practitioner's | |
| | | performance of these privileges and sends to the distant | |
| | | site information that is useful to assess the physician's | |
| | | or other licensed practitioner's quality of care, | |
| | | treatment, and services for use in privileging and | |
| | | performance improvement. At a minimum, this | |
| | | information includes all adverse outcomes related to | |
| | | sentinel events considered reviewable by The Joint | |
| | | Commission that result from the telemedicine services | |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. | |
| §482.22(a)(4)(i) | (i) The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the standards at §482.12(a)(1) through (a)(7) and §482.22(a)(1) through (a)(2). | LD.04.03.09, EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements. LD.04.03.09, EP 4 Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note 1: In most cases, each physician and other licensed practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: - Verify that all physicians and other licensed practitioners who will be providing patient care, | MS.20.01.01, EP 1 When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital or telemedicine entity, the governing body of the originating hospital may choose to rely upon the credentialing and privileging decisions made by the distant-site hospital or telemedicine entity for the individual distant-site physicians and other licensed practitioners providing such services if the hospital's governing body includes all of the following provisions in its written agreement with the distant-site hospital or telemedicine entity: - The distant site telemedicine entity provides services in accordance with contract service requirements - The distant-site telemedicine entity's medical staff credentialing and privileging process and standards is consistent with the hospital's process and standards, at a minimum. - The distant-site hospital providing the telemedicine services is a Medicare-participating hospital. - The individual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity providing the telemedicine entity providing the telemedicine entity provides a current list of the distant-site |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | treatment, and services have appropriate privileges by | physician's or practitioner's privileges at the distant-site hospital |
| | | obtaining, for example, a copy of the list of privileges. | or telemedicine entity. |
| | | - Specify in the written agreement that the contracted | - The individual distant-site physician or other licensed practitioner |
| | | organization will ensure that all contracted services | holds a license issued or recognized by the state in which the |
| | | provided by physicians and other licensed practitioners | hospital whose patients are receiving the telemedicine services is |
| | | will be within the scope of their privileges. | located. |
| | | Note 3: For hospitals that use Joint Commission | - For distant-site physicians or other licensed practitioners |
| | | accreditation for deemed status purposes: The leaders | privileged by the originating hospital, the originating hospital |
| | | who monitor the contracted services are the governing | internally reviews services provided by the distant-site physician or |
| | | body. | other licensed practitioner and sends the distant-site hospital or |
| | | | telemedicine entity information for use in the periodic evaluation |
| | | LD.04.03.09, EP 23 | of the practitioner. At a minimum, this information includes |
| | | For hospitals that use Joint Commission accreditation | adverse events that result from the telemedicine services provided |
| | | for deemed status purposes: When telemedicine | by the distant-site physician or other licensed practitioner to the |
| | | services are furnished to the hospital's patients, the | hospital's patients and complaints the hospital has received about |
| | | originating site has a written agreement with the distant | the distant-site physician or other licensed practitioner. |
| | | site that specifies the following: | Note: For hospitals that use Joint Commission accreditation for |
| | | - The distant site is a contractor of services to the | deemed status purposes: The distant-site telemedicine entity's |
| | | hospital. | medical staff credentialing and privileging process and standards |
| | | - The distant site furnishes services in a manner that | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | permits the originating site to be in compliance with the | and 482.22(a)(1) through (a)(2). |
| | | Medicare Conditions of Participation | |
| | | - The originating site makes certain through the written | |
| | | agreement that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). | |
| | | Note: For the language of the Medicare Conditions of | |
| | | Participation pertaining to telemedicine, see Appendix | |
| | | A. | |
| | | If the originating site chooses to use the credentialing | |
| | | and privileging decision of the distant-site telemedicine | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | provider, then the following requirements apply: - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site physician or other licensed practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site. | |
| | | MS.13.01.01, EP 1 All physicians or other licensed practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms: - The originating site fully credentials and privileges the physician or other licensed practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or | |
| | | - The originating site privileges physicians or other licensed practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited or a Medicare-participating organization. The distant-site physician or other licensed practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or - The originating site may choose to use the credentialing and privileging decision from the distant | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | site to make a final privileging decision if all the | |
| | | following requirements are met: | |
| | | - The distant site is a Joint Commission–accredited or | |
| | | a Medicare-participating organization. | |
| | | - The physician or other licensed practitioner is | |
| | | privileged at the distant site for those services to be | |
| | | provided at the originating site. | |
| | | - For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The distant | |
| | | site provides the originating site with a current list of the | |
| | | physician's or other licensed practitioner's privileges. | |
| | | - The originating site has evidence of an internal | |
| | | review of the physician's or other licensed practitioner's | |
| | | performance of these privileges and sends to the distant | |
| | | site information that is useful to assess the physician's | |
| | | or other licensed practitioner's quality of care, | |
| | | treatment, and services for use in privileging and | |
| | | performance improvement. At a minimum, this | |
| | | information includes all adverse outcomes related to | |
| | | sentinel events considered reviewable by The Joint | |
| | | Commission that result from the telemedicine services | |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |

| | Current EP Mapping | Future EP Mapping |
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| \$482.22(a)(4)(ii) (ii) The individual distant-site phy practitioner is privileged at the di telemedicine entity providing the telemedicine services, which prohospital with a current list of the physician's or practitioner's privil distant-site telemedicine entity. | organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. MS.13.01.01, EP 1 All physicians or other licensed practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of | MS.20.01.01, EP 1 When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital or telemedicine entity, the governing body of the originating hospital may choose to rely upon the credentialing and privileging decisions made by the distant-site hospital or telemedicine entity for the individual distant-site physicians and other licensed practitioners providing such services if the hospital's governing body includes all of the following provisions in its written agreement with the distant-site hospital or telemedicine entity: - The distant site telemedicine entity provides services in accordance with contract service requirements - The distant-site telemedicine entity's medical staff credentialing and privileging process and standards, at a minimum. - The distant-site hospital providing the telemedicine services is a |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | services. | - The individual distant-site physician or other licensed practitioner |
| | | Or | is privileged at the distant-site hospital or telemedicine entity |
| | | - The originating site may choose to use the | providing the telemedicine services, and the distant-site hospital |
| | | credentialing and privileging decision from the distant | or telemedicine entity provides a current list of the distant-site |
| | | site to make a final privileging decision if all the | physician's or practitioner's privileges at the distant-site hospital |
| | | following requirements are met: | or telemedicine entity. |
| | | - The distant site is a Joint Commission–accredited or | - The individual distant-site physician or other licensed practitioner |
| | | a Medicare-participating organization. | holds a license issued or recognized by the state in which the |
| | | - The physician or other licensed practitioner is | hospital whose patients are receiving the telemedicine services is |
| | | privileged at the distant site for those services to be | located. |
| | | provided at the originating site. | - For distant-site physicians or other licensed practitioners |
| | | - For hospitals that use Joint Commission | privileged by the originating hospital, the originating hospital |
| | | accreditation for deemed status purposes: The distant | internally reviews services provided by the distant-site physician or |
| | | site provides the originating site with a current list of the | other licensed practitioner and sends the distant-site hospital or |
| | | physician's or other licensed practitioner's privileges. | telemedicine entity information for use in the periodic evaluation |
| | | - The originating site has evidence of an internal | of the practitioner. At a minimum, this information includes |
| | | review of the physician's or other licensed practitioner's | adverse events that result from the telemedicine services provided |
| | | performance of these privileges and sends to the distant | by the distant-site physician or other licensed practitioner to the |
| | | site information that is useful to assess the physician's | hospital's patients and complaints the hospital has received about |
| | | or other licensed practitioner's quality of care, | the distant-site physician or other licensed practitioner. |
| | | treatment, and services for use in privileging and | Note: For hospitals that use Joint Commission accreditation for |
| | | performance improvement. At a minimum, this | deemed status purposes: The distant-site telemedicine entity's |
| | | information includes all adverse outcomes related to | medical staff credentialing and privileging process and standards |
| | | sentinel events considered reviewable by The Joint | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | Commission that result from the telemedicine services | and 482.22(a)(1) through (a)(2). |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |
| | | Standard HR.02.01.03 in the Comprehensive | |
| | | Accreditation Manual for Ambulatory Care. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: As indicated | |
| | | at LD.04.03.09, EP 23, the originating site makes certain | |
| | | that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). For the language of the Medicare | |
| | | Conditions of Participation pertaining to telemedicine, | |
| | | see Appendix A. | |
| §482.22(a)(4)(iii) | (iii) The individual distant-site physician or | MS.13.01.01, EP 1 | MS.20.01.01, EP 1 |
| | practitioner holds a license issued or | All physicians or other licensed practitioners who are | When telemedicine services are furnished to the hospital's |
| | recognized by the State in which the hospital | responsible for the patient's care, treatment, and | patients through an agreement with a distant-site hospital or |
| | whose patients are receiving such | services via telemedicine link are credentialed and | telemedicine entity, the governing body of the originating hospital |
| | telemedicine services is located. | privileged to do so at the originating site through one of | may choose to rely upon the credentialing and privileging |
| | | the following mechanisms: | decisions made by the distant-site hospital or telemedicine entity |
| | | - The originating site fully credentials and privileges the | for the individual distant-site physicians and other licensed |
| | | physician or other licensed practitioner according to | practitioners providing such services if the hospital's governing |
| | | Standards MS.06.01.03 through MS.06.01.13. | body includes all of the following provisions in its written |
| | | Or | agreement with the distant-site hospital or telemedicine entity: |
| | | - The originating site privileges physicians or other | - The distant site telemedicine entity provides services in |
| | | licensed practitioners using credentialing information | accordance with contract service requirements |
| | | from the distant site if the distant site is a Joint | - The distant-site telemedicine entity's medical staff credentialing |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Commission–accredited or a Medicare-participating | and privileging process and standards is consistent with the |
| | | organization. The distant-site physician or other licensed | hospital's process and standards, at a minimum. |
| | | practitioner has a license that is issued or recognized by | - The distant-site hospital providing the telemedicine services is a |
| | | the state in which the patient is receiving telemedicine | Medicare-participating hospital. |
| | | services. | - The individual distant-site physician or other licensed practitioner |
| | | Or | is privileged at the distant-site hospital or telemedicine entity |
| | | - The originating site may choose to use the | providing the telemedicine services, and the distant-site hospital |
| | | credentialing and privileging decision from the distant | or telemedicine entity provides a current list of the distant-site |
| | | site to make a final privileging decision if all the | physician's or practitioner's privileges at the distant-site hospital |
| | | following requirements are met: | or telemedicine entity. |
| | | - The distant site is a Joint Commission–accredited or | - The individual distant-site physician or other licensed practitioner |
| | | a Medicare-participating organization. | holds a license issued or recognized by the state in which the |
| | | - The physician or other licensed practitioner is | hospital whose patients are receiving the telemedicine services is |
| | | privileged at the distant site for those services to be | located. |
| | | provided at the originating site. | - For distant-site physicians or other licensed practitioners |
| | | - For hospitals that use Joint Commission | privileged by the originating hospital, the originating hospital |
| | | accreditation for deemed status purposes: The distant | internally reviews services provided by the distant-site physician or |
| | | site provides the originating site with a current list of the | other licensed practitioner and sends the distant-site hospital or |
| | | physician's or other licensed practitioner's privileges. | telemedicine entity information for use in the periodic evaluation |
| | | - The originating site has evidence of an internal | of the practitioner. At a minimum, this information includes |
| | | review of the physician's or other licensed practitioner's | adverse events that result from the telemedicine services provided |
| | | performance of these privileges and sends to the distant | by the distant-site physician or other licensed practitioner to the |
| | | site information that is useful to assess the physician's | hospital's patients and complaints the hospital has received about |
| | | or other licensed practitioner's quality of care, | the distant-site physician or other licensed practitioner. |
| | | treatment, and services for use in privileging and | Note: For hospitals that use Joint Commission accreditation for |
| | | performance improvement. At a minimum, this | deemed status purposes: The distant-site telemedicine entity's |
| | | information includes all adverse outcomes related to | medical staff credentialing and privileging process and standards |
| | | sentinel events considered reviewable by The Joint | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | Commission that result from the telemedicine services | and 482.22(a)(1) through (a)(2). |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |
| | | Standard HR.02.01.03 in the Comprehensive | |
| | | Accreditation Manual for Ambulatory Care. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: As indicated | |
| | | at LD.04.03.09, EP 23, the originating site makes certain | |
| | | that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). For the language of the Medicare | |
| | | Conditions of Participation pertaining to telemedicine, | |
| | | see Appendix A. | |
| §482.22(a)(4)(iv) | (iv) With respect to a distant-site physician or | MS.13.01.01, EP 1 | MS.20.01.01, EP 1 |
| | practitioner, who holds current privileges at | All physicians or other licensed practitioners who are | When telemedicine services are furnished to the hospital's |
| | the hospital whose patients are receiving the | responsible for the patient's care, treatment, and | patients through an agreement with a distant-site hospital or |
| | telemedicine services, the hospital has | services via telemedicine link are credentialed and | telemedicine entity, the governing body of the originating hospital |
| | evidence of an internal review of the distant- | privileged to do so at the originating site through one of | may choose to rely upon the credentialing and privileging |
| | site physician's or practitioner's | the following mechanisms: | decisions made by the distant-site hospital or telemedicine entity |
| | performance of these privileges and sends | - The originating site fully credentials and privileges the | for the individual distant-site physicians and other licensed |
| | the distant-site telemedicine entity such | physician or other licensed practitioner according to | practitioners providing such services if the hospital's governing |
| | performance information for use in the | Standards MS.06.01.03 through MS.06.01.13. | body includes all of the following provisions in its written |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | periodic appraisal of the distant-site | Or | agreement with the distant-site hospital or telemedicine entity: |
| | physician or practitioner. At a minimum, this | - The originating site privileges physicians or other | - The distant site telemedicine entity provides services in |
| | information must include all adverse events | licensed practitioners using credentialing information | accordance with contract service requirements |
| | that result from the telemedicine services | from the distant site if the distant site is a Joint | - The distant-site telemedicine entity's medical staff credentialing |
| | provided by the distant-site physician or | Commission–accredited or a Medicare-participating | and privileging process and standards is consistent with the |
| | practitioner to the hospital's patients, and all | organization. The distant-site physician or other licensed | hospital's process and standards, at a minimum. |
| | complaints the hospital has received about | practitioner has a license that is issued or recognized by | - The distant-site hospital providing the telemedicine services is a |
| | the distant-site physician or practitioner. | the state in which the patient is receiving telemedicine | Medicare-participating hospital. |
| | | services. | - The individual distant-site physician or other licensed practitioner |
| | | Or | is privileged at the distant-site hospital or telemedicine entity |
| | | - The originating site may choose to use the | providing the telemedicine services, and the distant-site hospital |
| | | credentialing and privileging decision from the distant | or telemedicine entity provides a current list of the distant-site |
| | | site to make a final privileging decision if all the | physician's or practitioner's privileges at the distant-site hospital |
| | | following requirements are met: | or telemedicine entity. |
| | | - The distant site is a Joint Commission–accredited or | - The individual distant-site physician or other licensed practitioner |
| | | a Medicare-participating organization. | holds a license issued or recognized by the state in which the |
| | | - The physician or other licensed practitioner is | hospital whose patients are receiving the telemedicine services is |
| | | privileged at the distant site for those services to be | located. |
| | | provided at the originating site. | - For distant-site physicians or other licensed practitioners |
| | | - For hospitals that use Joint Commission | privileged by the originating hospital, the originating hospital |
| | | accreditation for deemed status purposes: The distant | internally reviews services provided by the distant-site physician or |
| | | site provides the originating site with a current list of the | other licensed practitioner and sends the distant-site hospital or |
| | | physician's or other licensed practitioner's privileges. | telemedicine entity information for use in the periodic evaluation |
| | | - The originating site has evidence of an internal | of the practitioner. At a minimum, this information includes |
| | | review of the physician's or other licensed practitioner's | adverse events that result from the telemedicine services provided |
| | | performance of these privileges and sends to the distant | by the distant-site physician or other licensed practitioner to the |
| | | site information that is useful to assess the physician's | hospital's patients and complaints the hospital has received about |
| | | or other licensed practitioner's quality of care, | the distant-site physician or other licensed practitioner. |
| | | treatment, and services for use in privileging and | Note: For hospitals that use Joint Commission accreditation for |
| | | performance improvement. At a minimum, this | deemed status purposes: The distant-site telemedicine entity's |
| | | information includes all adverse outcomes related to | medical staff credentialing and privileging process and standards |
| | | sentinel events considered reviewable by The Joint | at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) |
| | | Commission that result from the telemedicine services | and 482.22(a)(1) through (a)(2). |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |
| | | Standard HR.02.01.03 in the Comprehensive | |
| | | Accreditation Manual for Ambulatory Care. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: As indicated | |
| | | at LD.04.03.09, EP 23, the originating site makes certain | |
| | | that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). For the language of the Medicare | |
| | | Conditions of Participation pertaining to telemedicine, | |
| | | see Appendix A. | |
| §482.22(b) | §482.22(b) Standard: Medical Staff | LD.01.05.01, EP 4 | LD.11.02.01, EP 1 |
| | Organization and Accountability The | The governing body approves the structure of the | The hospital has an organized medical staff that is accountable to |
| | medical staff must be well organized and | organized medical staff. | the governing body for the quality of care provided to patients. |
| | accountable to the governing body for the | | |
| | | LD.01.05.01, EP 6 | |

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| | quality of the medical care provided to the patients. | The organized medical staff is accountable to the governing body for the quality of care provided to patients. | |
| §482.22(b)(1) | (1) The medical staff must be organized in a manner approved by the governing body. | LD.01.05.01, EP 4 The governing body approves the structure of the organized medical staff. MS.01.01.01, EP 12 The medical staff bylaws include the following requirements: The structure of the medical staff. | LD.11.02.01, EP 2 The governing body approves the structure of the organized medical staff. |
| §482.22(b)(2) | (2) If the medical staff has an executive committee, a majority of the members of the committee must be doctors of medicine or osteopathy | MS.02.01.01, EP 4 The majority of voting medical staff executive committee members are fully licensed doctors of medicine or osteopathy actively practicing in the hospital. | MS.15.01.01, EP 3 The majority of voting medical staff executive committee members are fully licensed doctors of medicine or osteopathy actively practicing in the hospital. Note: All members of the organized medical staff, of any discipline or specialty, are eligible for membership on the medical staff executive committee. |
| §482.22(b)(3) | (3) The responsibility for organization and conduct of the medical staff must be assigned only to one of the following: | | |
| §482.22(b)(3)(i) | (i) An individual doctor of medicine or osteopathy. | LD.01.05.01, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff. | LD.11.02.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff. |
| §482.22(b)(3)(ii) | (ii) A doctor of dental surgery or dental medicine, when permitted by State law of the State in which the hospital is located. | LD.01.05.01, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of | LD.11.02.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff. |

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| | | podiatric medicine is responsible for the organization and conduct of the medical staff. | |
| §482.22(b)(3)(iii) | (iii) A doctor of podiatric medicine, when permitted by State law of the State in which the hospital is located. | ED.01.05.01, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff. | LD.11.02.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff. |
| §482.22(b)(4) | (4) If a hospital is part of a hospital system consisting of multiple separately certified hospitals and the system elects to have a unified and integrated medical staff for its member hospitals, after determining that such a decision is in accordance with all applicable State and local laws, each separately certified hospital must demonstrate that: | | |
| §482.22(b)(4)(i) | (i) The medical staff members of each separately certified hospital in the system (that is, all medical staff members who hold specific privileges to practice at that hospital) have voted by majority, in accordance with medical staff bylaws, either to accept a unified and integrated medical staff structure or to opt out of such a structure and to maintain a separate and distinct medical staff for their respective hospital; | MS.01.01.01, EP 12 The medical staff bylaws include the following requirements: The structure of the medical staff. MS.01.01.01, EP 17 The medical staff bylaws include the following requirements: A description of those members of the medical staff who are eligible to vote. MS.01.01.05, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: Each separately accredited hospital | MS.14.03.01, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, in accordance with state and local laws, the following occurs: Each separately accredited hospital within a multihospital system that elects to have a unified and integrated medical staff demonstrates that the medical staff members of each hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) have voted by majority, in accordance with medical staff bylaws, either to accept the unified and integrated medical staff structure or to opt out of such a structure and maintain a separate and distinct medical staff for their hospital. |

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| | | within a multihospital system that elects to have a unified and integrated medical staff demonstrates that the medical staff members of each hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) have voted by majority either to accept the unified and integrated medical staff structure or to opt out of such a structure and maintain a separate and distinct medical staff for their hospital. | |
| §482.22(b)(4)(ii) | (ii) The unified and integrated medical staff has bylaws, rules, and requirements that describe its processes for self-governance, appointment, credentialing, privileging, and oversight, as well as its peer review policies and due process rights guarantees, and which include a process for the members of the medical staff of each separately certified hospital (that is, all medical staff members who hold specific privileges to practice at that hospital) to be advised of their rights to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their hospital; | MS.01.01.01, EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies. MS.01.01.01, EP 6 The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others. MS.01.01.01, EP 7 The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body. MS.01.01.01, EP 12 The medical staff bylaws include the following requirements: The structure of the medical staff. MS.01.01.01, EP 13 The medical staff bylaws include the following requirements: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical | MS.14.03.01, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: When a multihospital system has a unified and integrated medical staff, the medical staff bylaws include the following requirements: A description of the process by which medical staff members at each separately accredited hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) are advised of their right to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their respective hospital. |

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| | | staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at | |
| | | 482.12(c)(1) and other licensed practitioners who are determined to be eligible for appointment by the governing body. | |
| | | MS.01.01, EP 14 The medical staff bylaws include the following requirements: The process for privileging and reprivileging physicians and other licensed practitioners. | |
| | | MS.01.01.01, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy). Note: Solely for the purposes of this element of performance, The Joint Commission interprets the word "privileges" to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. Each member of the medical staff is to have specific clinical privileges to provide care, treatment, and services authorized through the processes specified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07. | |
| | | MS.01.01.01, EP 17 The medical staff bylaws include the following requirements: A description of those members of the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | medical staff who are eligible to vote. | |
| | | | |
| | | MS.01.01.01, EP 22 | |
| | | The medical staff bylaws include the following | |
| | | requirements: That the medical executive committee | |
| | | includes physicians and may include other licensed | |
| | | practitioners. | |
| | | MS.01.01.01, EP 26 | |
| | | The medical staff bylaws include the following | |
| | | requirements: The process for credentialing and re- | |
| | | credentialing physicians and other licensed | |
| | | practitioners. | |
| | | MS.01.01.01, EP 27 | |
| | | The medical staff bylaws include the following | |
| | | requirements: The process for appointment and re- | |
| | | appointment to membership on the medical staff. | |
| | | MS.01.01.01, EP 34 | |
| | | The medical staff bylaws include the following | |
| | | requirements: The fair hearing and appeal process (refer | |
| | | to Standard MS.10.01.01), which at a minimum shall | |
| | | include: | |
| | | - The process for scheduling hearings and appeals | |
| | | - The process for conducting hearings and appeals | |
| | | MS.01.01.01, EP 37 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: When a multihospital | |
| | | system has a unified and integrated medical staff, the | |
| | | medical staff bylaws include the following | |
| | | requirements: A description of the process by which | |

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| | | medical staff members at each separately accredited hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) are advised of their right to opt out of the unified and | |
| | | integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their respective hospital. | |
| §482.22(b)(4)(iii) | (iii) The unified and integrated medical staff is established in a manner that takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital; and | MS.01.01.05, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital. | MS.14.03.01, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital. |
| §482.22(b)(4)(iv) | (iv) The unified and integrated medical staff establishes and implements policies and procedures to ensure that the needs and concerns expressed by members of the medical staff, at each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated medical staff has mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed. | MS.01.01.05, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff establishes and implements policies and procedures to make certain that the needs and concerns expressed by members of the medical staff at each of its separately accredited hospitals, regardless of practice or location, are given due consideration. | MS.14.03.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff develops and implements policies and procedures and mechanisms to make certain that the needs and concerns expressed by members of the medical staff at each of its separately accredited hospitals, regardless of practice or location, are duly considered and addressed. |
| | | MS.01.01.05, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the | |

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| | | following occurs: The unified and integrated medical staff has mechanisms in place to make certain that issues localized to particular hospitals within the system are duly considered and addressed. | |
| §482.22(c) | §482.22(c) Standard: Medical Staff Bylaws The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must: | are duly considered and addressed. MS.01.01.01, EP 1 The organized medical staff develops medical staff bylaws, rules and regulations, and policies. MS.01.01.01, EP 2 The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" [LD] chapter for requirements regarding the governing body's authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.) | |
| | | MS.01.01.01, EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies. MS.01.01.01, EP 6 The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others. | |
| §482.22(c)(1) | (1) Be approved by the governing body. | MS.01.01.01, EP 2 The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff | MS.14.01.01, EP 1 The organized medical staff adopts and enforces bylaws to carry out its responsibilities. The bylaws are approved by the governing |

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| | | bylaws cannot be delegated. After adoption or | body and include the following: |
| | | amendment by the organized medical staff, the | - Statement of the duties and privileges of each category of |
| | | proposed bylaws are submitted to the governing body | medical staff (for example, active, courtesy) |
| | | for action. Bylaws become effective only upon governing | - Description of the organization of the medical staff, including |
| | | body approval. (See the "Leadership" [LD] chapter for | those members who are eligible to vote |
| | | requirements regarding the governing body's authority | - Description of the qualifications to be met by a candidate in order |
| | | and conflict management processes. See Element of | for the medical staff to recommend that the candidate be |
| | | Performance 17 for information on which medical staff | appointed by the governing body |
| | | members are eligible to vote.) | - Criteria for determining the privileges to be granted to individual |
| | | | practitioners and a procedure for applying the criteria to |
| | | MS.01.01.01, EP 7 | individuals requesting privileges, including the process for |
| | | The governing body upholds the medical staff bylaws, | reprivileging physicians and other licensed practitioners |
| | | rules and regulations, and policies that have been | - Process for credentialing and recredentialing physicians and |
| | | approved by the governing body. | other licensed practitioners |
| | | | - List of all the officer positions for the medical staff |
| | | | - Process by which the organized medical staff selects and/or |
| | | | elects and removes the medical staff officers |
| | | | - Process for adopting and amending the medical staff bylaws, |
| | | | medical staff rules and regulations, and policies |
| | | | - The qualifications and roles and responsibilities of the |
| | | | department chair, when applicable |
| | | | Note: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: Distant-site physicians and practitioners |
| | | | requesting privileges to provide telemedicine services under an |
| | | | agreement with the hospital are also subject to the requirements |
| | | | in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and |
| \$400.00(=)(0) | (O) In allude a state we such of the adultic a and | MC 04 04 04 FD 4F | (a)(4). |
| §482.22(c)(2) | (2) Include a statement of the duties and | MS.01.01.01, EP 15 | MS.14.01.01, EP 1 The argenized medical staff adapts and anfarage bylavia to corn. |
| | privileges of each category of medical staff | For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws | The organized medical staff adopts and enforces bylaws to carry |
| | (e.g., active, courtesy, etc.) | include the following requirements: A statement of the | out its responsibilities. The bylaws are approved by the governing body and include the following: |
| | | duties and privileges related to each category of the | |
| | | , | - Statement of the duties and privileges of each category of |
| | | medical staff (for example, active, courtesy). | medical staff (for example, active, courtesy) |

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| | | Note: Solely for the purposes of this element of | - Description of the organization of the medical staff, including |
| | | performance, The Joint Commission interprets the word | those members who are eligible to vote |
| | | "privileges" to mean the duties and prerogatives of each | - Description of the qualifications to be met by a candidate in order |
| | | category, and not the clinical privileges to provide | for the medical staff to recommend that the candidate be |
| | | patient care, treatment, and services related to each | appointed by the governing body |
| | | category. Each member of the medical staff is to have | - Criteria for determining the privileges to be granted to individual |
| | | specific clinical privileges to provide care, treatment, | practitioners and a procedure for applying the criteria to |
| | | and services authorized through the processes specified | individuals requesting privileges, including the process for |
| | | in Standards MS.06.01.03, MS.06.01.05, and | reprivileging physicians and other licensed practitioners |
| | | MS.06.01.07. | - Process for credentialing and recredentialing physicians and |
| | | | other licensed practitioners |
| | | | - List of all the officer positions for the medical staff |
| | | | - Process by which the organized medical staff selects and/or |
| | | | elects and removes the medical staff officers |
| | | | - Process for adopting and amending the medical staff bylaws, |
| | | | medical staff rules and regulations, and policies |
| | | | - The qualifications and roles and responsibilities of the |
| | | | department chair, when applicable |
| | | | Note: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: Distant-site physicians and practitioners |
| | | | requesting privileges to provide telemedicine services under an |
| | | | agreement with the hospital are also subject to the requirements |
| | | | in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and |
| | | | (a)(4). |
| §482.22(c)(3) | (3) Describe the organization of the medical | MS.01.01.01, EP 12 | MS.14.01.01, EP 1 |
| | staff. | The medical staff bylaws include the following | The organized medical staff adopts and enforces bylaws to carry |
| | | requirements: The structure of the medical staff. | out its responsibilities. The bylaws are approved by the governing |
| | | | body and include the following: |
| | | | - Statement of the duties and privileges of each category of |
| | | | medical staff (for example, active, courtesy) |
| | | | - Description of the organization of the medical staff, including |
| | | | those members who are eligible to vote |
| | | | - Description of the qualifications to be met by a candidate in order |

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| | | | for the medical staff to recommend that the candidate be |
| | | | appointed by the governing body |
| | | | - Criteria for determining the privileges to be granted to individual |
| | | | practitioners and a procedure for applying the criteria to |
| | | | individuals requesting privileges, including the process for |
| | | | reprivileging physicians and other licensed practitioners |
| | | | - Process for credentialing and recredentialing physicians and |
| | | | other licensed practitioners |
| | | | - List of all the officer positions for the medical staff |
| | | | - Process by which the organized medical staff selects and/or |
| | | | elects and removes the medical staff officers |
| | | | - Process for adopting and amending the medical staff bylaws, |
| | | | medical staff rules and regulations, and policies |
| | | | - The qualifications and roles and responsibilities of the |
| | | | department chair, when applicable |
| | | | Note: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: Distant-site physicians and practitioners |
| | | | requesting privileges to provide telemedicine services under an |
| | | | agreement with the hospital are also subject to the requirements |
| | | | in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and |
| \$400.00(=)(4) | (4) Describe the qualifications to be much by | MC 04 04 04 FD 40 | (a)(4). |
| §482.22(c)(4) | (4) Describe the qualifications to be met by a candidate in order for the medical staff to | MS.01.01.01, EP 13 The medical staff bylaws include the following | MS.14.01.01, EP 1 The organized medical staff adopts and enforces bylaws to carry |
| | recommend that the candidate be appointed | requirements: Qualifications for appointment to the | out its responsibilities. The bylaws are approved by the governing |
| | by the governing body. | medical staff. | body and include the following: |
| | by the governing body. | Note: For hospitals that use Joint Commission | - Statement of the duties and privileges of each category of |
| | | accreditation for deemed status purposes: The medical | medical staff (for example, active, courtesy) |
| | | staff must be composed of doctors of medicine or | - Description of the organization of the medical staff, including |
| | | osteopathy. In accordance with state law, including | those members who are eligible to vote |
| | | scope of practice laws, the medical staff may also | - Description of the qualifications to be met by a candidate in order |
| | | include other categories of physicians as listed at | for the medical staff to recommend that the candidate be |
| | | 482.12(c)(1) and other licensed practitioners who are | appointed by the governing body |
| | | determined to be eligible for appointment by the | - Criteria for determining the privileges to be granted to individual |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | governing body. | practitioners and a procedure for applying the criteria to |
| | | | individuals requesting privileges, including the process for |
| | | MS.07.01.01, EP 1 | reprivileging physicians and other licensed practitioners |
| | | The organized medical staff develops criteria for | - Process for credentialing and recredentialing physicians and |
| | | medical staff membership. | other licensed practitioners |
| | | Note: Medical staff membership and professional | - List of all the officer positions for the medical staff |
| | | privileges are not dependent solely upon certification, | - Process by which the organized medical staff selects and/or |
| | | fellowship, or membership in a specialty body or | elects and removes the medical staff officers |
| | | society. | - Process for adopting and amending the medical staff bylaws, |
| | | | medical staff rules and regulations, and policies |
| | | | - The qualifications and roles and responsibilities of the |
| | | | department chair, when applicable |
| | | | Note: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: Distant-site physicians and practitioners |
| | | | requesting privileges to provide telemedicine services under an |
| | | | agreement with the hospital are also subject to the requirements |
| | | | in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and |
| 2.122.224.3423 | | | (a)(4). |
| §482.22(c)(5) | (5) Include a requirement that | | |
| §482.22(c)(5)(i) | (i) A medical history and physical | MS.01.01.01, EP 16 | MS.14.01.01, EP 3 |
| | examination be completed and documented | For hospitals that use Joint Commission accreditation | The medical staff bylaws include requirements for the following: |
| | for each patient no more than 30 days before | for deemed status purposes: The medical staff bylaws | - Medical history and physical examination for each patient as |
| | or 24 hours after admission or registration, | include the following requirements: The requirements | described in PC.11.02.01, EP 2 |
| | but prior to surgery or a procedure requiring | for completing and documenting medical histories and | - Updated patient examinations as described in PC.11.02.01, EP 3 |
| | anesthesia services, and except as provided | physical examinations. The medical history and physical | - Assessments in lieu of medical history and physical examinations |
| | under paragraph (c)(5)(iii) of this section. | examination are completed and documented by a | for patients as described in PC.11.02.01, EP 4 |
| | The medical history and physical | physician (as defined in section 1861(r) of the Social | Note: The medical history and physical examination are completed |
| | examination must be completed and | Security Act), an oral and maxillofacial surgeon, or other | and documented by a physician (as defined in section 1861(r) of |
| | documented by a physician (as defined in | qualified licensed practitioner in accordance with state | the Social Security Act), an oral and maxillofacial surgeon, or other |
| | section 1861(r) of the Act), an oral and | law and hospital policy. | qualified licensed practitioner in accordance with state law and |
| | maxillofacial surgeon, or other qualified | Note: For more information on performing the medical | hospital policy. |
| | licensed individual in accordance with State | history and physical examination, refer to MS.03.01.01, | |
| | law and hospital policy. | EPs 6–11. For more information on completion time of | |

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| | | the history and physical examination, refer to Standard | |
| | | PC.01.02.03, EPs 4 and 5. | |
| | | | |
| | | MS.03.01.01, EP 9 | |
| | | As permitted by state law and policy, the organized | |
| | | medical staff may choose to allow practitioners who are | |
| | | not licensed to practice independently to perform part | |
| | | or all of a patient's medical history and physical | |
| | | examination under the supervision of, or through | |
| | | appropriate delegation by, a specific qualified doctor of | |
| | | medicine or osteopathy who is accountable for the | |
| | | patient's medical history and physical examination. | |
| | | DO 04 00 00 ED 4 | |
| | | PC.01.02.03, EP 4 | |
| | | The patient receives a medical history and physical | |
| | | examination no more than 30 days prior to, or within 24 | |
| | | hours after, registration or inpatient admission, but prior | |
| | | to surgery or a procedure requiring anesthesia services. | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Medical | |
| | | histories and physical examinations are performed as | |
| | | required in this element of performance, except any | |
| | | specific outpatient surgical or procedural services for | |
| | | Which an assessment is performed instead. | |
| | | Note 2: For law and regulation guidance pertaining to the medical history and physical examination, refer to | |
| | | 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to | |
| | | "Appendix A: Medicare Requirements for Hospitals" | |
| | | (AXA) for full text. | |
| | | ן (האה) זטו זענג נפאנ. | |
| | | PC.01.02.03, EP 5 | |
| | | For a medical history and physical examination that was | |
| | | completed within 30 days prior to registration or | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.22(c)(5)(ii) | (ii) An updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission or registration, and except as provided under paragraph (c)(5)(iii) of this section. The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a physician (as defined in section 1861® of the Act), an oral and maxillofacial surgeon, or other qualified | inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical histories and physical examinations are performed as required in this element of performance, except any specific outpatient surgical or procedural services for which an assessment is performed instead. Note 2: For law and regulation guidance pertaining to the medical history and physical examination, refer to 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text. MS.01.01.01, EP 16 For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oral and maxillofacial surgeon, or other qualified licensed practitioner in accordance with state law and hospital policy. Note: For more information on performing the medical history and physical examination, refer to MS.03.01.01, EPs 6–11. For more information on completion time of the history and physical examination, refer to Standard PC.01.02.03, EPs 4 and 5. | MS.14.01.01, EP 3 The medical staff bylaws include requirements for the following: - Medical history and physical examination for each patient as described in PC.11.02.01, EP 2 - Updated patient examinations as described in PC.11.02.01, EP 3 - Assessments in lieu of medical history and physical examinations for patients as described in PC.11.02.01, EP 4 Note: The medical history and physical examination are completed and documented by a physician (as defined in section 1861(r) of the Social Security Act), an oral and maxillofacial surgeon, or other qualified licensed practitioner in accordance with state law and hospital policy. |

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| | licensed individual in accordance with State | PC.01.02.03, EP 4 | |
| | law and hospital policy. | The patient receives a medical history and physical | |
| | | examination no more than 30 days prior to, or within 24 | |
| | | hours after, registration or inpatient admission, but prior | |
| | | to surgery or a procedure requiring anesthesia services. | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Medical | |
| | | histories and physical examinations are performed as | |
| | | required in this element of performance, except any | |
| | | specific outpatient surgical or procedural services for | |
| | | which an assessment is performed instead. | |
| | | Note 2: For law and regulation guidance pertaining to | |
| | | the medical history and physical examination, refer to | |
| | | 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to | |
| | | "Appendix A: Medicare Requirements for Hospitals" | |
| | | (AXA) for full text. | |
| | | PC.01.02.03, EP 5 | |
| | | For a medical history and physical examination that was | |
| | | completed within 30 days prior to registration or | |
| | | inpatient admission, an update documenting any | |
| | | changes in the patient's condition is completed within | |
| | | 24 hours after registration or inpatient admission, but | |
| | | prior to surgery or a procedure requiring anesthesia | |
| | | services. | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Medical | |
| | | histories and physical examinations are performed as | |
| | | required in this element of performance, except any | |
| | | specific outpatient surgical or procedural services for | |
| | | which an assessment is performed instead. | |
| | | Note 2: For law and regulation guidance pertaining to | |
| | | the medical history and physical examination, refer to | |

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| | | 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to | |
| | | "Appendix A: Medicare Requirements for Hospitals" | |
| | | (AXA) for full text. | |
| §482.22(c)(5)(iii) | (iii) An assessment of the patient (in lieu of | MS.01.01.01, EP 38 | MS.14.01.01, EP 3 |
| | the requirements of paragraphs (c)(5)(i) and | For hospitals that use Joint Commission accreditation | The medical staff bylaws include requirements for the following: |
| | (ii) of this section) be completed and | for deemed status purposes: When the medical staff | - Medical history and physical examination for each patient as |
| | documented after registration, but prior to | has chosen to allow an assessment, in lieu of a | described in PC.11.02.01, EP 2 |
| | surgery or a procedure requiring anesthesia | comprehensive medical history and physical | - Updated patient examinations as described in PC.11.02.01, EP 3 |
| | services, when the patient is receiving | examination, for patients receiving specific outpatient | - Assessments in lieu of medical history and physical examinations |
| | specific outpatient surgical or procedural | surgical or procedural services, the medical staff bylaws | for patients as described in PC.11.02.01, EP 4 |
| | services and when the medical staff has | specify that an assessment of the patient is completed | Note: The medical history and physical examination are completed |
| | chosen to develop and maintain a policy that | and documented after registration, but prior to surgery | and documented by a physician (as defined in section 1861(r) of |
| | identifies, in accordance with the | or a procedure requiring anesthesia services, when the | the Social Security Act), an oral and maxillofacial surgeon, or other |
| | requirements at paragraph (c)(5)(v) of this | patient is receiving specific outpatient surgical or | qualified licensed practitioner in accordance with state law and |
| | section, specific patients as not requiring a | procedural services. | hospital policy. |
| | comprehensive medical history and physical | Note: For law and regulation guidance pertaining to the | |
| | examination, or any update to it, prior to | medical history and physical examination, refer to 42 | |
| | specific outpatient surgical or procedural | CFR 482.22(c)(5)(i), (ii), (iii), and (v). Refer to "Appendix | |
| | services. The assessment must be | A: Medicare Requirements for Hospitals" (AXA) for full | |
| | completed and documented by a physician | text. | |
| | (as defined in section 1861(r) of the Act), an | | |
| | oral and maxillofacial surgeon, or other | | |
| | qualified licensed individual in accordance | | |
| 2.22.22(.)(2)(1.) | with State law and hospital policy. | | |
| §482.22(c)(5)(iv) | (iv) The medical staff develop and maintain a | MS.03.01.01, EP 19 | MS.16.01.01, EP 10 |
| | policy that identifies those patients for whom | For hospitals that use Joint Commission accreditation | If the medical staff chooses to develop and maintain a policy for |
| | the assessment requirements of paragraph | for deemed status purposes: If the medical staff | the identification of specific patients to whom the assessment |
| | (c)(5)(iii) of this section would apply. The | chooses to develop and maintain a policy for the | requirements would apply in lieu of a comprehensive medical |
| | provisions of paragraphs (c)(5)(iii), (iv), and | identification of specific patients to whom the | history and physical examination, the policy is based on the |
| | (v) of this section do not apply to a medical | assessment requirements would apply, in lieu of a | following: |
| | staff that chooses to maintain a policy that | comprehensive medical history and physical | - Patient age, diagnoses, the type and number of surgeries and |
| | adheres to the requirements of paragraphs | examination, the policy is based on the following: | procedures scheduled to be performed, comorbidities, and the |
| | | - Patient age, diagnoses, the type and number of | level of anesthesia required for the surgery or procedure |

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| | of (c)(5)(i) and (ii) of this section for all | surgeries and procedures scheduled to be performed, | - Nationally recognized guidelines and standards of practice for |
| | patients. | comorbidities, and the level of anesthesia required for | assessment of particular types of patients prior to specific |
| | | the surgery or procedure | outpatient surgeries and procedures |
| | | - Nationally recognized guidelines and standards of | - Applicable state and local health and safety laws |
| | | practice for assessment of particular types of patients | The hospital demonstrates evidence that the policy applies only to |
| | | prior to specific outpatient surgeries and procedures | those patients receiving specific outpatient surgical or procedural |
| | | - Applicable state and local health and safety laws | services. |
| | | Note: For law and regulation guidance pertaining to the | Note: For hospitals that use Joint Commission accreditation for |
| | | medical history and physical examination, refer to 42 | deemed status purposes: For law and regulation guidance |
| | | CFR 482.22(c)(5)(iii). Refer to "Appendix A: Medicare | pertaining to the medical history and physical examination at 42 |
| | | Requirements for Hospitals" (AXA) for full text. | CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/. |
| §482.22(c)(5)(v) | (v) The medical staff, if it chooses to develop | MS.03.01.01, EP 19 | MS.16.01.01, EP 10 |
| | and maintain a policy for the identification of | For hospitals that use Joint Commission accreditation | If the medical staff chooses to develop and maintain a policy for |
| | specific patients to whom the assessment | for deemed status purposes: If the medical staff | the identification of specific patients to whom the assessment |
| | requirements in paragraph (c)(5)(iii) of this | chooses to develop and maintain a policy for the | requirements would apply in lieu of a comprehensive medical |
| | section would apply, must demonstrate | identification of specific patients to whom the | history and physical examination, the policy is based on the |
| | evidence that the policy applies only to those | assessment requirements would apply, in lieu of a | following: |
| | patients receiving specific outpatient | comprehensive medical history and physical | - Patient age, diagnoses, the type and number of surgeries and |
| | surgical or procedural services as well as | examination, the policy is based on the following: | procedures scheduled to be performed, comorbidities, and the |
| | evidence that the policy is based on: | - Patient age, diagnoses, the type and number of | level of anesthesia required for the surgery or procedure |
| | | surgeries and procedures scheduled to be performed, | - Nationally recognized guidelines and standards of practice for |
| | | comorbidities, and the level of anesthesia required for | assessment of particular types of patients prior to specific |
| | | the surgery or procedure | outpatient surgeries and procedures |
| | | - Nationally recognized guidelines and standards of | - Applicable state and local health and safety laws |
| | | practice for assessment of particular types of patients | The hospital demonstrates evidence that the policy applies only to |
| | | prior to specific outpatient surgeries and procedures | those patients receiving specific outpatient surgical or procedural |
| | | - Applicable state and local health and safety laws | services. |
| | | Note: For law and regulation guidance pertaining to the | Note: For hospitals that use Joint Commission accreditation for |
| | | medical history and physical examination, refer to 42 | deemed status purposes: For law and regulation guidance |
| | | CFR 482.22(c)(5)(iii). Refer to "Appendix A: Medicare | pertaining to the medical history and physical examination at 42 |
| | | Requirements for Hospitals" (AXA) for full text. | CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/. |
| §482.22(c)(5)(v)(A) | (A) Patient age, diagnoses, the type and | MS.03.01.01, EP 19 | MS.16.01.01, EP 10 |
| | number of surgeries and procedures | For hospitals that use Joint Commission accreditation | If the medical staff chooses to develop and maintain a policy for |

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| | scheduled to be performed, comorbidities, | for deemed status purposes: If the medical staff | the identification of specific patients to whom the assessment |
| | and the level of anesthesia required for the | chooses to develop and maintain a policy for the | requirements would apply in lieu of a comprehensive medical |
| | surgery or procedure. | identification of specific patients to whom the | history and physical examination, the policy is based on the |
| | | assessment requirements would apply, in lieu of a | following: |
| | | comprehensive medical history and physical | - Patient age, diagnoses, the type and number of surgeries and |
| | | examination, the policy is based on the following: | procedures scheduled to be performed, comorbidities, and the |
| | | - Patient age, diagnoses, the type and number of | level of anesthesia required for the surgery or procedure |
| | | surgeries and procedures scheduled to be performed, | - Nationally recognized guidelines and standards of practice for |
| | | comorbidities, and the level of anesthesia required for | assessment of particular types of patients prior to specific |
| | | the surgery or procedure | outpatient surgeries and procedures |
| | | - Nationally recognized guidelines and standards of | - Applicable state and local health and safety laws |
| | | practice for assessment of particular types of patients | The hospital demonstrates evidence that the policy applies only to |
| | | prior to specific outpatient surgeries and procedures | those patients receiving specific outpatient surgical or procedural |
| | | - Applicable state and local health and safety laws | services. |
| | | Note: For law and regulation guidance pertaining to the | Note: For hospitals that use Joint Commission accreditation for |
| | | medical history and physical examination, refer to 42 | deemed status purposes: For law and regulation guidance |
| | | CFR 482.22(c)(5)(iii). Refer to "Appendix A: Medicare | pertaining to the medical history and physical examination at 42 |
| | | Requirements for Hospitals" (AXA) for full text. | CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/. |
| §482.22(c)(5)(v)(B) | (B) Nationally recognized guidelines and | MS.03.01.01, EP 19 | MS.16.01.01, EP 10 |
| | standards of practice for assessment of | For hospitals that use Joint Commission accreditation | If the medical staff chooses to develop and maintain a policy for |
| | specific types of patients prior to specific | for deemed status purposes: If the medical staff | the identification of specific patients to whom the assessment |
| | outpatient surgeries and procedures. | chooses to develop and maintain a policy for the | requirements would apply in lieu of a comprehensive medical |
| | | identification of specific patients to whom the | history and physical examination, the policy is based on the |
| | | assessment requirements would apply, in lieu of a | following: |
| | | comprehensive medical history and physical | - Patient age, diagnoses, the type and number of surgeries and |
| | | examination, the policy is based on the following: | procedures scheduled to be performed, comorbidities, and the |
| | | - Patient age, diagnoses, the type and number of | level of anesthesia required for the surgery or procedure |
| | | surgeries and procedures scheduled to be performed, | - Nationally recognized guidelines and standards of practice for |
| | | comorbidities, and the level of anesthesia required for | assessment of particular types of patients prior to specific |
| | | the surgery or procedure | outpatient surgeries and procedures |
| | | - Nationally recognized guidelines and standards of | - Applicable state and local health and safety laws |
| | | practice for assessment of particular types of patients | The hospital demonstrates evidence that the policy applies only to |
| | | prior to specific outpatient surgeries and procedures | those patients receiving specific outpatient surgical or procedural |

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| | | - Applicable state and local health and safety laws | services. |
| | | Note: For law and regulation guidance pertaining to the | Note: For hospitals that use Joint Commission accreditation for |
| | | medical history and physical examination, refer to 42 | deemed status purposes: For law and regulation guidance |
| | | CFR 482.22(c)(5)(iii). Refer to "Appendix A: Medicare | pertaining to the medical history and physical examination at 42 |
| | | Requirements for Hospitals" (AXA) for full text. | CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/. |
| §482.22(c)(5)(v)(C) | (C) Applicable state and local health and | MS.03.01.01, EP 19 | MS.16.01.01, EP 10 |
| | safety laws. | For hospitals that use Joint Commission accreditation | If the medical staff chooses to develop and maintain a policy for |
| | | for deemed status purposes: If the medical staff | the identification of specific patients to whom the assessment |
| | | chooses to develop and maintain a policy for the | requirements would apply in lieu of a comprehensive medical |
| | | identification of specific patients to whom the | history and physical examination, the policy is based on the |
| | | assessment requirements would apply, in lieu of a | following: |
| | | comprehensive medical history and physical | - Patient age, diagnoses, the type and number of surgeries and |
| | | examination, the policy is based on the following: | procedures scheduled to be performed, comorbidities, and the |
| | | - Patient age, diagnoses, the type and number of | level of anesthesia required for the surgery or procedure |
| | | surgeries and procedures scheduled to be performed, | - Nationally recognized guidelines and standards of practice for |
| | | comorbidities, and the level of anesthesia required for | assessment of particular types of patients prior to specific |
| | | the surgery or procedure | outpatient surgeries and procedures |
| | | - Nationally recognized guidelines and standards of | - Applicable state and local health and safety laws |
| | | practice for assessment of particular types of patients | The hospital demonstrates evidence that the policy applies only to |
| | | prior to specific outpatient surgeries and procedures | those patients receiving specific outpatient surgical or procedural |
| | | - Applicable state and local health and safety laws | services. |
| | | Note: For law and regulation guidance pertaining to the | Note: For hospitals that use Joint Commission accreditation for |
| | | medical history and physical examination, refer to 42 | deemed status purposes: For law and regulation guidance |
| | | CFR 482.22(c)(5)(iii). Refer to "Appendix A: Medicare | pertaining to the medical history and physical examination at 42 |
| | | Requirements for Hospitals" (AXA) for full text. | CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/. |
| §482.22(c)(6) | (6) Include criteria for determining the | LD.04.03.09, EP 23 | MS.14.01.01, EP 1 |
| | privileges to be granted to individual | For hospitals that use Joint Commission accreditation | The organized medical staff adopts and enforces bylaws to carry |
| | practitioners and a procedure for applying | for deemed status purposes: When telemedicine | out its responsibilities. The bylaws are approved by the governing |
| | the criteria to individuals requesting | services are furnished to the hospital's patients, the | body and include the following: |
| | privileges. For distant-site physicians and | originating site has a written agreement with the distant | - Statement of the duties and privileges of each category of |
| | practitioners requesting privileges to furnish | site that specifies the following: | medical staff (for example, active, courtesy) |
| | telemedicine services under an agreement | - The distant site is a contractor of services to the | - Description of the organization of the medical staff, including |
| | with the hospital, the criteria for determining | hospital. | those members who are eligible to vote |

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| CoP Requirement | privileges and the procedure for applying the criteria are also subject to the requirements in \$482.12(a)(8) and (a)(9), and \$482.22(a)(3) and (a)(4). | - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply: - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). - The governing body of the originating site grants privileges to a distant site physician or other licensed practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site. MS.01.01.01, EP 14 The medical staff bylaws include the following requirements: The process for privileging and reprivileging physicians and other licensed practitioners. MS.13.01.01, EP 1 | - Description of the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body - Criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges, including the process for reprivileging physicians and other licensed practitioners - Process for credentialing and recredentialing physicians and other licensed practitioners - List of all the officer positions for the medical staff - Process by which the organized medical staff selects and/or elects and removes the medical staff officers - Process for adopting and amending the medical staff bylaws, medical staff rules and regulations, and policies - The qualifications and roles and responsibilities of the department chair, when applicable Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Distant-site physicians and practitioners requesting privileges to provide telemedicine services under an agreement with the hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4). |
| | | All physicians or other licensed practitioners who are | |

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| | | responsible for the patient's care, treatment, and | |
| | | services via telemedicine link are credentialed and | |
| | | privileged to do so at the originating site through one of | |
| | | the following mechanisms: | |
| | | - The originating site fully credentials and privileges the | |
| | | physician or other licensed practitioner according to | |
| | | Standards MS.06.01.03 through MS.06.01.13. | |
| | | Or | |
| | | - The originating site privileges physicians or other | |
| | | licensed practitioners using credentialing information | |
| | | from the distant site if the distant site is a Joint | |
| | | Commission–accredited or a Medicare-participating | |
| | | organization. The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Or | |
| | | - The originating site may choose to use the | |
| | | credentialing and privileging decision from the distant | |
| | | site to make a final privileging decision if all the | |
| | | following requirements are met: | |
| | | - The distant site is a Joint Commission–accredited or | |
| | | a Medicare-participating organization. | |
| | | - The physician or other licensed practitioner is | |
| | | privileged at the distant site for those services to be | |
| | | provided at the originating site. | |
| | | - For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The distant | |
| | | site provides the originating site with a current list of the | |
| | | physician's or other licensed practitioner's privileges. | |
| | | - The originating site has evidence of an internal | |
| | | review of the physician's or other licensed practitioner's | |
| | | performance of these privileges and sends to the distant | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | site information that is useful to assess the physician's | |
| | | or other licensed practitioner's quality of care, | |
| | | treatment, and services for use in privileging and | |
| | | performance improvement. At a minimum, this | |
| | | information includes all adverse outcomes related to | |
| | | sentinel events considered reviewable by The Joint | |
| | | Commission that result from the telemedicine services | |
| | | provided and complaints about the distant site | |
| | | physician or other licensed practitioner from patients, | |
| | | physicians or other licensed practitioners, or staff at the | |
| | | originating site. This occurs in a way consistent with any | |
| | | hospital policies or procedures intended to preserve any | |
| | | confidentiality or privilege of information established by | |
| | | applicable law. | |
| | | - The distant-site physician or other licensed | |
| | | practitioner has a license that is issued or recognized by | |
| | | the state in which the patient is receiving telemedicine | |
| | | services. | |
| | | Note 1: In the case of an accredited ambulatory care | |
| | | organization, the hospital must verify that the distant | |
| | | site made its decision using the process described in | |
| | | Standards MS.06.01.03 through MS.06.01.07 (excluding | |
| | | EP 2 from MS.06.01.03). This is equivalent to meeting | |
| | | Standard HR.02.01.03 in the Comprehensive | |
| | | Accreditation Manual for Ambulatory Care. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: As indicated | |
| | | at LD.04.03.09, EP 23, the originating site makes certain | |
| | | that all distant-site telemedicine providers' | |
| | | credentialing and privileging processes meet, at a | |
| | | minimum, the Medicare Conditions of Participation at | |
| | | 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) | |
| | | through (a)(4). For the language of the Medicare | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Conditions of Participation pertaining to telemedicine, | |
| | | see Appendix A. | |
| §482.23 | §482.23 Condition of Participation: Nursing | LD.04.03.01, EP 2 | LD.13.03.01, EP 2 |
| | Services The hospital must have an | The hospital provides essential services, including the | The hospital has an organized nursing service, with a plan of |
| | organized nursing service that provides 24- | following: | administrative authority and delineation of responsibility for |
| | hour nursing services. The nursing services | - Diagnostic radiology | patient care, that provides 24-hour nursing services. |
| | must be furnished or supervised by a | - Dietary | Note: For hospitals that use The Joint Commission for deemed- |
| | registered nurse. | - Emergency | status purposes: Rural hospitals with a 24-hour nursing waiver |
| | | - Medical records | granted under 42 CFR 488.54(c) are not required to have 24-hour |
| | | - Nuclear medicine | nursing services. |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | NPG.12.02.01, EP 4 |
| | | - Pharmaceutical | A registered nurse directly provides or supervises the nursing |
| | | - Physical rehabilitation | services provided by other staff to patients 24 hours a day, 7 days a |
| | | - Respiratory care | week. The hospital has a licensed practical nurse or registered |
| | | - Social work | nurse on duty at all times. |
| | | Note 1: Hospitals that provide only psychiatric and | Note 1: For hospitals that use Joint Commission accreditation for |
| | | addiction treatment services are not required to provide | deemed status purposes: A registered nurse is immediately |
| | | nuclear medicine, physical rehabilitation, and | available for the provision of care of any patient. |
| | | respiratory care services. | Note 2: For hospitals that use The Joint Commission for deemed- |
| | | Note 2: For hospitals that use Joint Commission | status purposes: Rural hospitals with a 24-hour nursing waiver |
| | | accreditation for deemed status purposes: If emergency | granted under 42 CFR 488.54(c) are not required to have 24-hour |
| | | services are provided at the hospital, the hospital | nursing services. |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| | | | |
| | | NR.02.03.01, EP 4 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. | |
| | | NR.02.03.01, EP 7 A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse is immediately available for the provision of care of any patient. | |
| §482.23(a) | §482.23(a) Standard: Organization The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care. The director of the nursing service must be a licensed registered nurse. He or she is responsible for the operation of the service, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the hospital. | LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. NR.01.01.01, EP 1 The nurse executive functions at the senior leadership level to provide effective leadership and to coordinate leaders to deliver nursing care, treatment, and services. NR.01.01.01, EP 5 The hospital defines the nurse executive's authority and responsibility in a written contract, written agreement, letter, memorandum, job or position description, or other document. NR.01.02.01, EP 2 The nurse executive is currently licensed as a registered professional nurse in the state in which they practice, in accordance with law and regulation. | The hospital has an organized nursing service, with a plan of administrative authority and delineation of responsibility for patient care, that provides 24-hour nursing services. Note: For hospitals that use The Joint Commission for deemedstatus purposes: Rural hospitals with a 24-hour nursing waiver granted under 42 CFR 488.54(c) are not required to have 24-hour nursing services. NPG.12.02.01, EP 1 The nurse executive, who is a licensed registered nurse, is responsible for the operation of nursing services, including determining the following: - Nursing policies and procedures - Types and numbers of nursing and other staff necessary to provide nursing care for all areas of the hospital |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | NR.02.01.01, EP 2 | |
| | | The nurse executive coordinates the following: | |
| | | - The development of hospitalwide programs, policies, | |
| | | and procedures that address how nursing care needs of | |
| | | the patient population are assessed, met, and | |
| | | evaluated. | |
| | | Note: Examples of patient populations include pediatric, | |
| | | diabetic, and geriatric patients. | |
| | | - The development of an effective, ongoing program to | |
| | | measure, analyze, and improve the quality of nursing | |
| | | care, treatment, and services. | |
| | | NR.02.01.01, EP 4 | |
| | | The nurse executive directs the following: | |
| | | - The implementation of hospitalwide plans to provide | |
| | | nursing care, treatment, and services. | |
| | | - The implementation of hospitalwide programs, | |
| | | policies, and procedures that address how nursing care | |
| | | needs of the patient population are assessed, met, and | |
| | | evaluated. | |
| | | Note: Examples of patient populations include pediatric, | |
| | | diabetic, and geriatric patients. | |
| | | - The implementation of an effective, ongoing program | |
| | | to measure, analyze, and improve the quality of nursing | |
| | | care, treatment, and services. | |
| | | NR.02.03.01, EP 2 | |
| | | The nurse executive implements nursing policies, | |
| | | procedures, and standards that describe and guide how | |
| | | the staff provide nursing care, treatment, and services. | |
| | | , | |
| | | NR.02.03.01, EP 3 | |
| | | The nurse executive provides access to all nursing | |

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| | | policies, procedures, and standards to the nursing staff. | |
| | | NR.02.03.01, EP 4 The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. NR.02.03.01, EP 6 The nurse executive or designee exercises final authority | |
| | | over staff who provide nursing care, treatment, and | |
| | | services. | |
| §482.23(b) | \$482.23(b) Standard: Staffing and Delivery of Care The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for the care of any patient. | LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. NR.02.02.01, EP 1 The nurse executive, registered nurses, and other designated nursing staff write and approve the following before implementation: - Standards of nursing practice for the hospital - Nursing standards of patient care, treatment, and services - Nursing policies and procedures | NPG.12.02.01, EP 5 There must be an adequate number of licensed registered nurses, licensed practical (vocational) nurses, and other staff to provide nursing care to all patients, as needed. Note: There are supervisors and staff for each department or nursing unit to make certain a registered nurse is immediate availability for the care of any patient. |
| | | - Nurse staffing plan(s) NR.02.03.01, EP 4 The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. NR.02.03.01, EP 7 A registered nurse provides or supervises the nursing | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | services 24 hours a day, 7 days a week. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse is immediately available for the provision of care of any patient. | |
| §482.23(b)(1) | (1) The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under \$488.54(c)of this chapter. | LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. NR.02.03.01, EP 4 The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. NR.02.03.01, EP 7 A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week. | LD.13.03.01, EP 2 The hospital has an organized nursing service, with a plan of administrative authority and delineation of responsibility for patient care, that provides 24-hour nursing services. Note: For hospitals that use The Joint Commission for deemedstatus purposes: Rural hospitals with a 24-hour nursing waiver granted under 42 CFR 488.54(c) are not required to have 24-hour nursing services. NPG.12.02.01, EP 4 A registered nurse directly provides or supervises the nursing services provided by other staff to patients 24 hours a day, 7 days a week. The hospital has a licensed practical nurse or registered nurse on duty at all times. |
| | | Note: For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse is immediately available for the provision of care of any patient. | Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse is immediately available for the provision of care of any patient. Note 2: For hospitals that use The Joint Commission for deemed-status purposes: Rural hospitals with a 24-hour nursing waiver granted under 42 CFR 488.54(c) are not required to have 24-hour nursing services. |
| §482.23(b)(2) | (2) The nursing service must have a procedure to ensure that hospital nursing personnel for whom licensure is required have valid and current licensure. | HR.01.01.01, EP 2 The hospital verifies and documents the following: - Credentials of staff using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. | HR.11.01.03, EP 3 The hospital develops and implements a procedure to verify and document the following: - Credentials of staff using the primary source when licensure, certification, or registration is required by federal, state, or local law and regulation. This is done at the time of hire and at the time credentials are renewed. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Credentials of staff (primary source not required) when | - Credentials of staff (primary source not required) when licensure, |
| | | licensure, certification, or registration is not required by | certification, or registration is not required by law and regulation. |
| | | law and regulation. This is done at the time of hire and at | This is done at the time of hire and at the time credentials are |
| | | the time credentials are renewed. | renewed. |
| | | Note 1: It is acceptable to verify current licensure, | Note 1: It is acceptable to verify current licensure, certification, or |
| | | certification, or registration with the primary source via a | registration with the primary source via a secure electronic |
| | | secure electronic communication or by telephone, if this | communication or by telephone, if this verification is documented. |
| | | verification is documented. | Note 2: A primary verification source may designate another |
| | | Note 2: A primary verification source may designate | agency to communicate credentials information. The designated |
| | | another agency to communicate credentials | agency can then be used as a primary source. |
| | | information. The designated agency can then be used as | Note 3: An external organization (for example, a credentials |
| | | a primary source. | verification organization [CVO]) may be used to verify credentials |
| | | Note 3: An external organization (for example, a | information. A CVO must meet the CVO guidelines identified in the |
| | | credentials verification organization [CVO]) may be used | Glossary. |
| | | to verify credentials information. A CVO must meet the | Note 4: The hospital determines the required qualifications for staff based on job responsibilities. |
| §482.23(b)(3) | (3) A registered nurse must supervise and | CVO guidelines identified in the Glossary. NR.02.01.01, EP 2 | NR.11.01.01, EP 4 |
| 8402.23(0)(3) | evaluate the nursing care for each patient. | The nurse executive coordinates the following: | A registered nurse supervises and evaluates the nursing care for |
| | evaluate the nursing care for each patient. | - The development of hospitalwide programs, policies, | each patient. |
| | | and procedures that address how nursing care needs of | each patient. |
| | | the patient population are assessed, met, and | |
| | | evaluated. | |
| | | Note: Examples of patient populations include pediatric, | |
| | | diabetic, and geriatric patients. | |
| | | - The development of an effective, ongoing program to | |
| | | measure, analyze, and improve the quality of nursing | |
| | | care, treatment, and services. | |
| | | | |
| | | NR.02.01.01, EP 4 | |
| | | The nurse executive directs the following: | |
| | | - The implementation of hospitalwide plans to provide | |
| | | nursing care, treatment, and services. | |
| | | - The implementation of hospitalwide programs, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated. Note: Examples of patient populations include pediatric, diabetic, and geriatric patients. - The implementation of an effective, ongoing program to measure, analyze, and improve the quality of nursing | |
| | | NR.02.03.01, EP 4 The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. | |
| | | NR.02.03.01, EP 7 A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse is immediately available for the provision of care of any patient. | |
| | | PC.01.02.03, EP 6 A registered nurse completes a nursing assessment within 24 hours after the patient's inpatient admission. | |
| | | PC.01.02.05, EP 1 Based on the initial assessment, a registered nurse determines the patient's need for nursing care, as required by hospital policy and law and regulation. | |
| | | PC.02.01.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | supervises and evaluates the nursing care for each patient. | |
| | | PC.03.01.01, EP 5 A registered nurse supervises perioperative nursing care. Note: Qualified registered nurses may perform circulating duties in the operating room. In accordance with state law and regulation and hospital policy, licensed practical nurses and surgical technologists may assist the circulating registered nurse in performing circulatory duties as long as the registered nurse supervises these staff and is immediately available to respond to emergencies. | |
| §482.23(b)(4) | (4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient that reflects the patient's goals and the nursing care to be provided to meet the patient's needs. The nursing care plan may be part of an interdisciplinary care plan. | NR.02.03.01, EP 2 The nurse executive implements nursing policies, procedures, and standards that describe and guide how the staff provide nursing care, treatment, and services. PC.01.02.03, EP 3 Each patient is reassessed as necessary based on their plan for care or changes in their condition. Note: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; discharge planning needs; and/or their setting requirements. PC.01.02.03, EP 6 A registered nurse completes a nursing assessment within 24 hours after the patient's inpatient admission. PC.01.02.05, EP 1 | PC.11.03.01, EP 1 The hospital develops, implements, and revises a written individualized plan of care based on the following: - Needs identified by the patient's assessment, reassessment, and results of diagnostic testing - The patient's goals and the time frames, settings, and services required to meet those goals Note 1: Nursing staff develops and keeps current a nursing plan of care plan, which may be a part of an interdisciplinary plan of care, for each patient. Note 2: The hospital evaluates the patient's progress and revises the plan of care based on the patient's progress. Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The patient's goals include both short- and long-term goals. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Based on the initial assessment, a registered nurse | |
| | | determines the patient's need for nursing care, as | |
| | | required by hospital policy and law and regulation. | |
| | | PC.01.03.01, EP 1 | |
| | | The hospital plans the patient's care, treatment, and | |
| | | services based on needs identified by the patient's | |
| | | assessment, reassessment, and results of diagnostic | |
| | | testing. | |
| | | | |
| | | PC.01.03.01, EP 5 | |
| | | The written plan of care is based on the patient's goals and the time frames, settings, and services required to | |
| | | meet those goals. | |
| | | Note: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | The patient's goals include both short- and long-term | |
| | | goals. | |
| | | | |
| | | PC.01.03.01, EP 23 | |
| | | The hospital revises plans and goals for care, treatment, | |
| §482.23(b)(5) | (5) A registered nurse must assign the | and services based on the patient's needs. HR.01.01.01, EP 1 | NR.11.01.01, EP 1 |
| 3402.23(D)(3) | nursing care of each patient to other nursing | The hospital defines staff qualifications specific to their | A registered nurse assigns the nursing care for each patient to |
| | personnel in accordance with the patient's | job responsibilities. | other nursing staff in accordance with the patient's needs and the |
| | needs and the specialized qualifications and | Note 1: Qualifications for infection control may be met | specialized qualifications and competence of the nursing staff |
| | competence of the nursing staff available. | through ongoing education, training, experience, and/or | available. |
| | | certification (such as that offered by the Certification | |
| | | Board for Infection Control). | |
| | | Note 2: Qualifications for laboratory personnel are | |
| | | described in the Clinical Laboratory Improvement | |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | |
| | | "Personnel for Nonwaived Testing" §493.1351- | |

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| | | \$493.1495. A complete description of the requirement is | |
| | | located at https://www.ecfr.gov/cgi-bin/text- | |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | HR.01.06.01, EP 1 | |
| | | The hospital defines the competencies it requires of its | |
| | | staff who provide patient care, treatment, or services. | |

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| | | | |
| | | HR.01.06.01, EP 3 | |
| | | An individual with the educational background, | |
| | | experience, or knowledge related to the skills being | |
| | | reviewed assesses competence. | |
| | | Note: When a suitable individual cannot be found to | |
| | | assess staff competence, the hospital can utilize an | |
| | | outside individual for this task. If a suitable individual | |
| | | inside or outside the hospital cannot be found, the | |
| | | hospital may consult the competency guidelines from | |
| | | an appropriate professional organization to make its | |
| | | assessment. | |
| | | HR.01.06.01, EP 5 | |
| | | Staff competence is initially assessed and documented | |
| | | as part of orientation. | |
| | | | |
| | | HR.01.06.01, EP 6 | |
| | | Staff competence is assessed and documented once | |
| | | every three years, or more frequently as required by | |
| | | hospital policy or in accordance with law and regulation. | |
| | | | |
| | | NR.02.01.01, EP 2 | |
| | | The nurse executive coordinates the following: | |
| | | - The development of hospitalwide programs, policies, | |
| | | and procedures that address how nursing care needs of | |
| | | the patient population are assessed, met, and | |
| | | evaluated. | |
| | | Note: Examples of patient populations include pediatric, diabetic, and geriatric patients. | |
| | | - The development of an effective, ongoing program to | |
| | | measure, analyze, and improve the quality of nursing | |
| | | | |
| | | care, treatment, and services. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | NR.02.01.01, EP 4 The nurse executive directs the following: - The implementation of hospitalwide plans to provide nursing care, treatment, and services The implementation of hospitalwide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated. Note: Examples of patient populations include pediatric, diabetic, and geriatric patients The implementation of an effective, ongoing program to measure, analyze, and improve the quality of nursing care, treatment, and services. | |
| | | NR.02.03.01, EP 2 The nurse executive implements nursing policies, procedures, and standards that describe and guide how the staff provide nursing care, treatment, and services. | |
| | | NR.02.03.01, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse assigns the nursing care for each patient to other nursing personnel in accordance with the patient's needs and the qualifications and competence of the nursing staff available. | |
| §482.23(b)(6) | (6) All licensed nurses who provide services in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of the clinical activities of all nursing personnel | HR.01.04.01, EP 1 The hospital orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, | NR.11.01.01, EP 2 All licensed nurses who provide services in the hospital adhere to its policies and procedures. Note: This applies to all nursing staff providing services (that is, hospital employee, contract, lease, other agreement, or volunteer). |

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| | which occur within the responsibility of the | treatment, or services; the environment of care; and | |
| | nursing services, regardless of the | infection control. | NR.11.01.01, EP 3 |
| | mechanism through which those personnel | | The nurse executive provides for the supervision and evaluation of |
| | are providing services (that is, hospital | HR.01.06.01, EP 3 | the clinical activities of all nursing staff in accordance with nursing |
| | employee, contract, lease, other agreement, | An individual with the educational background, | policies and procedures. |
| | or volunteer). | experience, or knowledge related to the skills being | Note: This applies to all nursing staff who are providing services |
| | | reviewed assesses competence. | (that is, hospital employee, contract, lease, other agreement, or |
| | | Note: When a suitable individual cannot be found to | volunteer). |
| | | assess staff competence, the hospital can utilize an | |
| | | outside individual for this task. If a suitable individual | |
| | | inside or outside the hospital cannot be found, the | |
| | | hospital may consult the competency guidelines from | |
| | | an appropriate professional organization to make its assessment. | |
| | | assessifient. | |
| | | HR.01.06.01, EP 5 | |
| | | Staff competence is initially assessed and documented | |
| | | as part of orientation. | |
| | | | |
| | | LD.04.03.09, EP 2 | |
| | | The hospital describes, in writing, the nature and scope | |
| | | of services provided through contractual agreements. | |
| | | | |
| | | LD.04.03.09, EP 6 | |
| | | Leaders monitor contracted services by evaluating these | |
| | | services in relation to the hospital's expectations. | |
| | | LD 04 03 00 ED 7 | |
| | | LD.04.03.09, EP 7 Leaders take steps to improve contracted services that | |
| | | do not meet expectations. | |
| | | Note: Examples of improvement efforts to consider | |
| | | include the following: | |
| | | | |
| | | - Increase monitoring of the contracted services | |

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| | | - Provide consultation or training to the contractor | |
| | | - Renegotiate the contract terms | |
| | | - Apply defined penalties | |
| | | - Terminate the contract | |
| | | NR.02.01.01, EP 4 The nurse executive directs the following: - The implementation of hospitalwide plans to provide | |
| | | nursing care, treatment, and services. | |
| | | - The implementation of hospitalwide programs, | |
| | | policies, and procedures that address how nursing care | |
| | | needs of the patient population are assessed, met, and | |
| | | evaluated. | |
| | | Note: Examples of patient populations include pediatric, | |
| | | diabetic, and geriatric patients. | |
| | | - The implementation of an effective, ongoing program | |
| | | to measure, analyze, and improve the quality of nursing | |
| | | care, treatment, and services. | |
| | | NR.02.03.01, EP 2 | |
| | | The nurse executive implements nursing policies, | |
| | | procedures, and standards that describe and guide how | |
| | | the staff provide nursing care, treatment, and services. | |
| | | the stair provide harsing earc, treatment, and services. | |
| | | NR.02.03.01, EP 3 | |
| | | The nurse executive provides access to all nursing | |
| | | policies, procedures, and standards to the nursing staff. | |
| §482.23(b)(7) | (7) The hospital must have policies and | NR.02.03.01, EP 9 | NPG.12.02.01, EP 7 |
| | procedures in place establishing which | For hospitals that use Joint Commission accreditation | The hospital has policies and procedures that establish which |
| | outpatient departments, if any, are not | for deemed status purposes: The hospital has policies | outpatient departments, if any, are not required to have a |
| | required under hospital policy to have a | and procedures that establish which outpatient | registered nurse present. The policies and procedures meet the |
| | registered nurse present. The policies and | departments, if any, are not required to have a | following requirements: |
| | procedures must: | registered nurse present. The policies and procedures | - Establish criteria that such outpatient departments need to meet, |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | are as follows: | taking into account the types of services delivered, the general |
| | | - Establish criteria that such outpatient departments | level of acuity of patients served by the department, and |
| | | need to meet, taking into account the types of services | established standards of practice for the services delivered |
| | | delivered, the general level of acuity of patients served | - Describe alternative staffing plans |
| | | by the department, and established standards of | - Are approved by the director of nursing |
| | | practice for the services delivered | - Are reviewed at least once every three years |
| | | - Describe alternative staffing plans | |
| | | - Approved by the director of nursing | |
| | | - Reviewed at least once every three years | |
| §482.23(b)(7)(i) | (i) Establish the criteria such outpatient | NR.02.03.01, EP 9 | NPG.12.02.01, EP 7 |
| | departments must meet, taking into account | For hospitals that use Joint Commission accreditation | The hospital has policies and procedures that establish which |
| | the types of services delivered, the general | for deemed status purposes: The hospital has policies | outpatient departments, if any, are not required to have a |
| | level of acuity of patients served by the | and procedures that establish which outpatient | registered nurse present. The policies and procedures meet the |
| | department, and the established standards | departments, if any, are not required to have a | following requirements: |
| | of practice for the services delivered; | registered nurse present. The policies and procedures | - Establish criteria that such outpatient departments need to meet, |
| | | are as follows: | taking into account the types of services delivered, the general |
| | | - Establish criteria that such outpatient departments | level of acuity of patients served by the department, and |
| | | need to meet, taking into account the types of services | established standards of practice for the services delivered |
| | | delivered, the general level of acuity of patients served | - Describe alternative staffing plans |
| | | by the department, and established standards of | - Are approved by the director of nursing |
| | | practice for the services delivered | - Are reviewed at least once every three years |
| | | - Describe alternative staffing plans | |
| | | - Approved by the director of nursing | |
| | | - Reviewed at least once every three years | |
| §482.23(b)(7)(ii) | (ii) Establish alternative staffing plans; | NR.02.03.01, EP 9 | NPG.12.02.01, EP 7 |
| | | For hospitals that use Joint Commission accreditation | The hospital has policies and procedures that establish which |
| | | for deemed status purposes: The hospital has policies | outpatient departments, if any, are not required to have a |
| | | and procedures that establish which outpatient | registered nurse present. The policies and procedures meet the |
| | | departments, if any, are not required to have a | following requirements: |
| | | registered nurse present. The policies and procedures | - Establish criteria that such outpatient departments need to meet, |
| | | are as follows: | taking into account the types of services delivered, the general |
| | | - Establish criteria that such outpatient departments | level of acuity of patients served by the department, and |
| | | need to meet, taking into account the types of services | established standards of practice for the services delivered |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | delivered, the general level of acuity of patients served | - Describe alternative staffing plans |
| | | by the department, and established standards of | - Are approved by the director of nursing |
| | | practice for the services delivered | - Are reviewed at least once every three years |
| | | - Describe alternative staffing plans | |
| | | - Approved by the director of nursing | |
| | | - Reviewed at least once every three years | |
| §482.23(b)(7)(iii) | (iii) Be approved by the director of nursing; | NR.02.03.01, EP 9 | NPG.12.02.01, EP 7 |
| | | For hospitals that use Joint Commission accreditation | The hospital has policies and procedures that establish which |
| | | for deemed status purposes: The hospital has policies | outpatient departments, if any, are not required to have a |
| | | and procedures that establish which outpatient | registered nurse present. The policies and procedures meet the |
| | | departments, if any, are not required to have a | following requirements: |
| | | registered nurse present. The policies and procedures | - Establish criteria that such outpatient departments need to meet, |
| | | are as follows: | taking into account the types of services delivered, the general |
| | | - Establish criteria that such outpatient departments | level of acuity of patients served by the department, and |
| | | need to meet, taking into account the types of services | established standards of practice for the services delivered |
| | | delivered, the general level of acuity of patients served | - Describe alternative staffing plans |
| | | by the department, and established standards of | - Are approved by the director of nursing |
| | | practice for the services delivered | - Are reviewed at least once every three years |
| | | - Describe alternative staffing plans | |
| | | - Approved by the director of nursing | |
| | | - Reviewed at least once every three years | |
| §482.23(b)(7)(iv) | (iv) Be reviewed at least once every 3 years. | NR.02.03.01, EP 9 | NPG.12.02.01, EP 7 |
| | | For hospitals that use Joint Commission accreditation | The hospital has policies and procedures that establish which |
| | | for deemed status purposes: The hospital has policies | outpatient departments, if any, are not required to have a |
| | | and procedures that establish which outpatient | registered nurse present. The policies and procedures meet the |
| | | departments, if any, are not required to have a | following requirements: |
| | | registered nurse present. The policies and procedures | - Establish criteria that such outpatient departments need to meet, |
| | | are as follows: | taking into account the types of services delivered, the general |
| | | - Establish criteria that such outpatient departments | level of acuity of patients served by the department, and |
| | | need to meet, taking into account the types of services | established standards of practice for the services delivered |
| | | delivered, the general level of acuity of patients served | - Describe alternative staffing plans |
| | | by the department, and established standards of | - Are approved by the director of nursing |
| | | practice for the services delivered | - Are reviewed at least once every three years |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Describe alternative staffing plans | |
| | | - Approved by the director of nursing | |
| | | - Reviewed at least once every three years | |
| §482.23(c) | (c) Standard: Preparation and administration | MM.05.01.09, EP 2 | |
| | of drugs. | Information on medication labels is displayed in a | |
| | | standardized format, in accordance with law and | |
| | | regulation and standards of practice. | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| | | MM.05.01.09, EP 3 | |
| | | All medications prepared in the hospital are correctly | |
| | | labeled with the following: | |
| | | - Medication name, strength, and amount (if not | |
| | | apparent from the container) | |
| | | Note: This is also applicable to sample medications. | |
| | | - Expiration date when not used within 24 hours | |
| | | - Expiration date and time when expiration occurs in less | |
| | | than 24 hours | |
| | | - The date prepared and the diluent for all compounded | |
| | | intravenous admixtures and parenteral nutrition | |
| | | formulas | |
| | | MM.05.01.09, EP 10 | |
| | | When an individualized medication(s) is prepared by | |
| | | someone other than the person administering the | |
| | | medication, the label includes the following: | |
| | | - The patient's name | |
| | | - The location where the medication is to be delivered | |
| | | - Directions for use and applicable accessory and | |
| | | cautionary instructions | |
| | | MM.05.01.11, EP 2 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications. | |
| | | MM.05.01.11, EP 3 The hospital dispenses medications within time frames it defines to meet patient needs. | |
| | | MM.06.01.01, EP 1 Only authorized clinical staff administer medications. The hospital defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation. Note: This does not prohibit self-administration of medications by patients, when indicated. | |
| | | MM.06.01.01, EP 3 Before administration, the individual administering the medication does the following: - Verifies that the medication selected matches the medication order and product label - Visually inspects the medication for particulates, discoloration, or other loss of integrity - Verifies that the medication has not expired - Verifies that no contraindications exist - Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route | |

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| | | medication with the patient's physician or other licensed practitioner, prescriber (if different from the physician or other licensed practitioner), and/or staff involved with the patient's care, treatment, and services | |
| | | MM.06.01.01, EP 9 Before administering a new medication, the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication. | |
| §482.23(c)(1) | (1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care, and accepted standards of practice. | HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. HR.01.06.01, EP 3 An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. If a suitable individual inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment. | MM.16.01.01, EP 1 Drugs and biologicals are prepared and administered in accordance with federal and state laws, the orders of the licensed practitioner or practitioners responsible for the patient's care, and accepted standards of practice. For hospitals that use Joint Commission Accreditation for deemed status purposes: Drugs and biologicals may be prepared and administered as follows: - On the orders of other practitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. - On the orders contained within preprinted and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of 42 CFR 482.24(c)(3). |
| | | HR.01.06.01, EP 5 Staff competence is initially assessed and documented as part of orientation. | |
| | | HR.01.06.01, EP 6 Staff competence is assessed and documented once every three years, or more frequently as required by | |

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| | | hospital policy or in accordance with law and regulation. | |
| | | | |
| | | MM.04.01.01, EP 1 | |
| | | The hospital follows a written policy that identifies the | |
| | | specific types of medication orders that it deems | |
| | | acceptable for use. | |
| | | Note: There are several different types of medication | |
| | | orders. Medication orders commonly used include the | |
| | | following: | |
| | | - As needed (PRN) orders: Orders acted on based on the | |
| | | occurrence of a specific indication or symptom | |
| | | - Standing orders: A prewritten medication order and | |
| | | specific instructions from the physician or other | |
| | | licensed practitioner to administer a medication to a | |
| | | person in clearly defined circumstances | |
| | | - Automatic stop orders: Orders that include a date or | |
| | | time to discontinue a medication | |
| | | - Titrating orders: Orders in which the dose is either | |
| | | progressively increased or decreased in response to the | |
| | | patient's status | |
| | | - Taper orders: Orders in which the dose is decreased by | |
| | | a particular amount with each dosing interval | |
| | | - Range orders: Orders in which the dose or dosing | |
| | | interval varies over a prescribed range, depending on the | |
| | | situation or patient's status | |
| | | - Signed and held orders: New prewritten (held) | |
| | | medication orders and specific instructions from a | |
| | | physician or other licensed practitioner to administer | |
| | | medication(s) to a patient in clearly defined | |
| | | circumstances that become active upon the release of | |
| | | the orders on a specific date(s) and time(s) | |
| | | - Orders for compounded drugs or drug mixtures not | |
| | | commercially available | |

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| | | - Orders for medication-related devices (for example, | |
| | | nebulizers, catheters) | |
| | | - Orders for investigational medications | |
| | | - Orders for herbal products | |
| | | - Orders for medications at discharge or transfer | |
| | | | |
| | | MM.04.01.01, EP 2 | |
| | | The hospital follows a written policy that defines the | |
| | | following: | |
| | | - The minimum required elements of a complete | |
| | | medication order, which must include medication | |
| | | name, medication dose, medication route, and | |
| | | medication frequency | |
| | | - When indication for use is required on a medication | |
| | | order | |
| | | - The precautions for ordering medications with look- | |
| | | alike or sound-alike names | |
| | | - Actions to take when medication orders are | |
| | | incomplete, illegible, or unclear | |
| | | - For medication titration orders, required elements | |
| | | include the medication name, medication route, initial | |
| | | rate of infusion (dose/unit of time), incremental units to | |
| | | which the rate or dose can be increased or decreased, | |
| | | how often the rate or dose can be changed, the | |
| | | maximum rate or dose of infusion, and the objective | |
| | | clinical measure to be used to guide changes | |
| | | Note: Examples of objective clinical measures to be | |
| | | used to guide titration changes include blood pressure, | |
| | | Richmond Agitation–Sedation Scale (RASS), and the | |
| | | Confusion Assessment Method (CAM). | |
| | | | |
| | | MM.05.01.01, EP 1 | |
| | | Before dispensing or removing medications from floor | |

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| | | stock or from an automated storage and distribution | |
| | | device, a pharmacist reviews all medication orders or | |
| | | prescriptions unless a physician or other licensed | |
| | | practitioner controls the ordering, preparation, and | |
| | | administration of the medication or when a delay would | |
| | | harm the patient in an urgent situation (including | |
| | | sudden changes in a patient's clinical status), in | |
| | | accordance with law and regulation. | |
| | | Note 1: The Joint Commission permits emergency | |
| | | departments to broadly apply two exceptions in regard | |
| | | to Standard MM.05.01.01, EP 1. These exceptions are | |
| | | intended to minimize treatment delays and patient | |
| | | backup. The first exception allows medications ordered | |
| | | by a physician or other licensed practitioner to be | |
| | | administered by staff who are permitted to do so by | |
| | | virtue of education, training, and organization policy | |
| | | (such as a registered nurse) and in accordance with law | |
| | | and regulation. A physician or other licensed | |
| | | practitioner is not required to remain at the bedside | |
| | | when the medication is administered. However, a | |
| | | physician or other licensed practitioner must be | |
| | | available to provide immediate intervention should a | |
| | | patient experience an adverse drug event. The second | |
| | | exception allows medications to be administered in | |
| | | urgent situations when a delay in doing so would harm | |
| | | the patient. | |
| | | Note 2: A hospital's radiology service (including | |
| | | hospital-associated ambulatory radiology) will be | |
| | | expected to define, through protocol or policy, the role | |
| | | of the physician or other licensed practitioner in the | |
| | | direct supervision of a patient during and after IV | |
| | | contrast media is administered including the physician | |
| | | or other licensed practitioner's timely intervention in the | |

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| | | event of a patient emergency. | |
| | | | |
| | | MM.05.01.01, EP 4 | |
| | | All medication orders are reviewed for the following: | |
| | | - Patient allergies or potential sensitivities | |
| | | - Existing or potential interactions between the | |
| | | medication ordered and food and medications the | |
| | | patient is currently taking | |
| | | - The appropriateness of the medication, dose, | |
| | | frequency, and route of administration | |
| | | - Current or potential impact as indicated by laboratory | |
| | | values | |
| | | - Therapeutic duplication | |
| | | - Other contraindications | |
| | | | |
| | | MM.05.01.01, EP 11 | |
| | | After the medication order has been reviewed, all | |
| | | concerns, issues, or questions are clarified with the | |
| | | individual prescriber before dispensing. | |
| | | PC.02.01.03, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Prior to providing care, | |
| | | treatment, and services, the hospital obtains or renews | |
| | | orders (verbal or written) from a physician or other | |
| | | licensed practitioner in accordance with professional | |
| | | standards of practice; law and regulation; hospital | |
| | | policies; and medical staff bylaws, rules, and | |
| | | regulations. | |
| | | Note 1: Outpatient services may be ordered by a | |
| | | physician or other licensed practitioner not appointed to | |
| | | the medical staff as long as the practitioner meets the | |
| | | following: | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|------------------|---|---|--|
| | | - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing | |
| §482.23(c)(1)(i) | (i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. | dietitians and nutrition professionals. MS.03.01.01, EP 2 Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff. | MM.16.01.01, EP 1 Drugs and biologicals are prepared and administered in accordance with federal and state laws, the orders of the licensed practitioner or practitioners responsible for the patient's care, and accepted standards of practice. For hospitals that use Joint Commission Accreditation for deemed status purposes: Drugs and biologicals may be prepared and administered as follows: - On the orders of other practitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. - On the orders contained within preprinted and electronic |

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| | | | standing orders, order sets, and protocols for patient orders only if |
| | | | such orders meet the requirements of 42 CFR 482.24(c)(3). |
| §482.23(c)(1)(ii) | (ii) Drugs and biologicals may be prepared | MM.04.01.01, EP 15 | MM.16.01.01, EP 1 |
| | and administered on the orders contained | For hospitals that use Joint Commission accreditation | Drugs and biologicals are prepared and administered in |
| | within pre-printed and electronic standing | for deemed status purposes: Processes for the use of | accordance with federal and state laws, the orders of the licensed |
| | orders, order sets, and protocols for patient | preprinted and electronic standing orders, order sets, | practitioner or practitioners responsible for the patient's care, and |
| | orders only if such orders meet the | and protocols for medication orders include the | accepted standards of practice. |
| | requirements of §482.24(c)(3). | following: | For hospitals that use Joint Commission Accreditation for deemed |
| | | - Review and approval of standing orders and protocols | status purposes: Drugs and biologicals may be prepared and |
| | | by the medical staff and the hospital's nursing and | administered as follows: |
| | | pharmacy leadership | - On the orders of other practitioners not specified under 42 CFR |
| | | - Evaluation of established standing orders and | 482.12(c) only if such practitioners are acting in accordance with |
| | | protocols for consistency with nationally recognized and | state law, including scope-of-practice laws, hospital policies, and |
| | | evidence-based guidelines | medical staff bylaws, rules, and regulations. |
| | | - Regular review of such standing orders and protocols | - On the orders contained within preprinted and electronic |
| | | by the medical staff and the hospital's nursing and | standing orders, order sets, and protocols for patient orders only if |
| | | pharmacy leadership to determine the continuing usefulness and safety of the standing orders and | such orders meet the requirements of 42 CFR 482.24(c)(3). |
| | | protocols | |
| | | - Dating, timing, and authenticating of standing orders | |
| | | and protocols by the ordering physician or other | |
| | | licensed practitioner or another licensed practitioner | |
| | | responsible for the patient's care in accordance with | |
| | | professional standards of practice; law and regulation; | |
| | | hospital policies; and medical staff bylaws, rules, and | |
| | | regulations. | |
| I | | | |
| I | | MS.03.01.01, EP 2 | |
| | | Physicians and other licensed practitioners practice | |
| | | only within the scope of their privileges as determined | |
| | | through mechanisms defined by the organized medical | |
| | | staff. | |

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| §482.23(c)(2) | (2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures. | LD.04.01.07, EP 1 Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services. MM.06.01.01, EP 1 Only authorized clinical staff administer medications. The hospital defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation. Note: This does not prohibit self-administration of medications by patients, when indicated. MS.03.01.01, EP 2 Physicians and other licensed practitioners practice only within the scope of their privileges as determined | MM.16.01.01, EP 2 Drugs and biologicals are administered by, or under supervision of, nursing or other staff in accordance with federal and state laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures. |
| §482.23(c)(3) | (3) With the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders in accordance with State law and hospital policy, and who is responsible for the care of the patient. | through mechanisms defined by the organized medical staff. HR.01.02.07, EP 2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. MM.04.01.01, EP 2 The hospital follows a written policy that defines the following: - The minimum required elements of a complete medication order, which must include medication name, medication dose, medication route, and medication frequency - When indication for use is required on a medication order - The precautions for ordering medications with look- | MM.14.01.01, EP 1 Orders for drugs and biologicals are documented and signed by any practitioner who is authorized to write orders in accordance with state law, hospital policy, and medical staff bylaws, rules, and regulations. Note: Influenza and pneumococcal vaccines may be administered per physician-approved hospital policy after an assessment of contraindications. |

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| | | alike or sound-alike names | |
| | | - Actions to take when medication orders are | |
| | | incomplete, illegible, or unclear | |
| | | - For medication titration orders, required elements | |
| | | include the medication name, medication route, initial | |
| | | rate of infusion (dose/unit of time), incremental units to | |
| | | which the rate or dose can be increased or decreased, | |
| | | how often the rate or dose can be changed, the | |
| | | maximum rate or dose of infusion, and the objective | |
| | | clinical measure to be used to guide changes | |
| | | Note: Examples of objective clinical measures to be | |
| | | used to guide titration changes include blood pressure, | |
| | | Richmond Agitation–Sedation Scale (RASS), and the | |
| | | Confusion Assessment Method (CAM). | |
| | | MM.04.01.01, EP 14 | |
| | | The hospital requires an order from a doctor of medicine | |
| | | or osteopathy or, as permitted by law and regulation, a | |
| | | hospital-specific protocol(s) approved by a doctor of | |
| | | medicine or osteopathy to administer influenza and | |
| | | pneumococcal vaccines. | |
| | | | |
| | | PC.02.01.03, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Prior to providing care, | |
| | | treatment, and services, the hospital obtains or renews | |
| | | orders (verbal or written) from a physician or other | |
| | | licensed practitioner in accordance with professional | |
| | | standards of practice; law and regulation; hospital | |
| | | policies; and medical staff bylaws, rules, and | |
| | | regulations. | |
| | | Note 1: Outpatient services may be ordered by a | |
| | | physician or other licensed practitioner not appointed to | |

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| | | the medical staff as long as the practitioner meets the | |
| | | following: | |
| | | - Responsible for the care of the patient | |
| | | - Licensed to practice in the state where the practitioner | |
| | | provides care to the patient or in accordance with | |
| | | Veterans Administration and Department of Defense | |
| | | licensure requirements | |
| | | - Acting within the practitioner's scope of practice under | |
| | | state law | |
| | | - Authorized in accordance with state law and policies | |
| | | adopted by the medical staff and approved by the | |
| | | governing body to order the applicable outpatient | |
| | | services | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Patient diets, | |
| | | including therapeutic diets, are ordered by the physician | |
| | | or other licensed practitioner responsible for the | |
| | | patient's care, or by a qualified dietitian or qualified | |
| | | nutrition professional who is authorized by the medical staff and acting in accordance with state law governing | |
| | | dietitians and nutrition professionals. | |
| | | dietitians and nutrition professionats. | |
| | | RC.01.02.01, EP 4 | |
| | | Entries in the medical record are authenticated by the | |
| | | author. Information introduced into the medical record | |
| | | through transcription or dictation is authenticated by the | |
| | | author. | |
| | | Note 1: Authentication can be verified through | |
| | | electronic signatures, written signatures or initials, | |
| | | rubber-stamp signatures, or computer key. | |
| | | Note 2: For paper-based records, signatures entered for | |
| | | purposes of authentication after transcription or for | |
| | | verbal orders are dated when required by law or | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | regulation or hospital policy. For electronic records, | |
| | | electronic signatures will be date-stamped. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: All orders, | |
| | | including verbal orders, are dated and authenticated by | |
| | | the ordering physician or other licensed practitioner who | |
| | | is responsible for the care of the patient, and who, in | |
| | | accordance with hospital policy; law and regulation; and | |
| | | medical staff bylaws, rules, and regulations, is | |
| | | authorized to write orders. | |
| | | RC.01.02.01, EP 5 | |
| | | The individual identified by the signature stamp or | |
| | | method of electronic authentication is the only | |
| | | individual who uses it. | |
| | | | |
| | | RC.02.01.01, EP 2 | |
| | | The medical record contains the following clinical | |
| | | information: | |
| | | - The reason(s) for admission for care, treatment, and | |
| | | services | |
| | | - The patient's initial diagnosis, diagnostic | |
| | | impression(s), or condition(s) | |
| | | - Any findings of assessments and reassessments | |
| | | - Any allergies to food - Any allergies to medications | |
| | | - Any conclusions or impressions drawn from the | |
| | | patient's medical history and physical examination | |
| | | - Any diagnoses or conditions established during the | |
| | | patient's course of care, treatment, and services | |
| | | (including complications and hospital-acquired | |
| | | infections). For psychiatric hospitals using Joint | |
| | | Commission accreditation for deemed status purposes: | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The diagnosis includes intercurrent diseases (diseases | |
| | | that occur during the course of another disease; for | |
| | | example, a patient with AIDS may develop an | |
| | | intercurrent bout of pneumonia) and the psychiatric | |
| | | diagnoses. | |
| | | - Any consultation reports | |
| | | - Any observations relevant to care, treatment, and | |
| | | services | |
| | | - The patient's response to care, treatment, and services | |
| | | - Any emergency care, treatment, and services provided | |
| | | to the patient before their arrival | |
| | | - Any progress notes | |
| | | - All orders | |
| | | - Any medications ordered or prescribed | |
| | | - Any medications administered, including the strength, | |
| | | dose, route, date and time of administration | |
| | | Note 1: When rapid titration of a medication is | |
| | | necessary, the hospital defines in policy the | |
| | | urgent/emergent situations in which block charting | |
| | | would be an acceptable form of documentation. | |
| | | Note 2: For the definition and a further explanation of block charting, refer to the Glossary. | |
| | | - Any access site for medication, administration devices | |
| | | used, and rate of administration | |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| | | - Discharge plan and discharge planning evaluation | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | RC.02.03.07, EP 4 Verbal orders are authenticated within the time frame specified by law and regulation. | |
| §482.23(c)(3)(i) | (i) If verbal orders are used, they are to be used infrequently. | MM.04.01.01, EP 6 The hospital minimizes the use of verbal and telephone medication orders. | MM.14.01.01, EP 2 The hospital minimizes the use of verbal medication orders. |
| §482.23(c)(3)(ii) | (ii) When verbal orders are used, they must only be accepted by persons who are authorized to do so by hospital policy and procedures consistent with Federal and State law. | HR.01.02.07, EP 2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. RC.02.03.07, EP 1 The hospital identifies, in writing, the staff who are authorized to receive and record verbal orders, in accordance with law and regulation. RC.02.03.07, EP 2 Only authorized staff receive and record verbal orders. RC.02.03.07, EP 3 Documentation of verbal orders includes the date and the names of individuals who gave, received, recorded, and implemented the orders. RC.02.03.07, EP 4 Verbal orders are authenticated within the time frame specified by law and regulation. RC.02.03.07, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received. | RC.12.02.01, EP 1 Only staff authorized by hospital policies and procedures consistent with federal and state law accept and record verbal orders. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.23(c)(3)(iii) | (iii) Orders for drugs and biologicals may be | RC.01.02.01, EP 1 | MM.14.01.01, EP 1 |
| | documented and signed by other | Only authorized individuals make entries in the medical | Orders for drugs and biologicals are documented and signed by |
| | practitioners only if such practitioners are | record. | any practitioner who is authorized to write orders in accordance |
| | acting in accordance with State law, | | with state law, hospital policy, and medical staff bylaws, rules, and |
| | including scope-of-practice laws, hospital | RC.01.02.01, EP 2 | regulations. |
| | policies, and medical staff bylaws, rules, and | The hospital defines the types of entries in the medical | Note: Influenza and pneumococcal vaccines may be administered |
| | regulations. | record made by licensed practitioners that require | per physician-approved hospital policy after an assessment of |
| | | countersigning, in accordance with law and regulation. | contraindications. |
| | | RC.01.02.01, EP 3 | |
| | | The author of each medical record entry is identified in | |
| | | the medical record. | |
| | | | |
| | | RC.01.02.01, EP 4 | |
| | | Entries in the medical record are authenticated by the | |
| | | author. Information introduced into the medical record | |
| | | through transcription or dictation is authenticated by the | |
| | | author. | |
| | | Note 1: Authentication can be verified through | |
| | | electronic signatures, written signatures or initials, | |
| | | rubber-stamp signatures, or computer key. | |
| | | Note 2: For paper-based records, signatures entered for | |
| | | purposes of authentication after transcription or for | |
| | | verbal orders are dated when required by law or | |
| | | regulation or hospital policy. For electronic records, electronic signatures will be date-stamped. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: All orders, | |
| | | including verbal orders, are dated and authenticated by | |
| | | the ordering physician or other licensed practitioner who | |
| | | is responsible for the care of the patient, and who, in | |
| | | accordance with hospital policy; law and regulation; and | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | medical staff bylaws, rules, and regulations, is | |
| | | authorized to write orders. | |
| §482.23(c)(4) | (4) Blood transfusions and intravenous | LD.04.01.07, EP 1 | PC.12.01.01, EP 3 |
| | medications must be administered in | Leaders review, approve, and manage the | The hospital administers blood transfusions and intravenous |
| | accordance with State law and approved | implementation of policies and procedures that guide | medications in accordance with state law and approved medical |
| | medical staff policies and procedures. | and support patient care, treatment, and services. | staff policies and procedures. |
| | | MM.06.01.01, EP 1 | |
| | | Only authorized clinical staff administer medications. | |
| | | The hospital defines, in writing, those who are | |
| | | authorized to administer medication, with or without | |
| | | supervision, in accordance with law and regulation. | |
| | | Note: This does not prohibit self-administration of | |
| | | medications by patients, when indicated. | |
| | | | |
| | | PC.02.01.01, EP 15 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Blood transfusions and intravenous medications are administered in | |
| | | accordance with state law and approved medical staff | |
| | | policies and procedures. | |
| §482.23(c)(5) | (5) There must be a hospital procedure for | MM.07.01.03, EP 1 | MM.17.01.01, EP 1 |
| 0402.20(0)(0) | reporting transfusion reactions, adverse drug | The hospital follows a written process to respond to | The hospital develops and implements policies and procedures for |
| | reactions, and errors in administration of | actual or potential adverse drug events, significant | reporting transfusion reactions, adverse drug reactions, and errors |
| | drugs. | adverse drug reactions, and medication errors. | in administration of drugs. |
| | | Note: This element of performance is also applicable to | Note: This element of performance is also applicable to sample |
| | | sample medications. | medications. |
| | | | |
| | | MM.07.01.03, EP 3 | |
| | | The hospital complies with internal and external | |
| | | reporting requirements for actual or potential adverse | |
| | | drug events, significant adverse drug reactions, and | |
| | | medication errors. | |

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| | | Note: This element of performance is also applicable to sample medications. | |
| | | PI.01.01.01, EP 7 The hospital collects data on the following: All reported and confirmed transfusion reactions. | |
| | | PI.01.01.01, EP 12 The hospital collects data on the following: Significant medication errors. | |
| | | PI.01.01.01, EP 13 The hospital collects data on the following: Significant adverse drug reactions. | |
| §482.23(c)(6) | (6) The hospital may allow a patient (or his or her caregiver/support person where appropriate) to self-administer both hospital-issued medications and the patient's own medications brought into the hospital, as defined and specified in the hospital's policies and procedures. | MM.06.01.03, EP 1 If self-administration of medications is allowed, the hospital follows written processes that guide the safe and accurate self-administration of medications or the administration of medications by a family member (refer to the Glossary for the definition of family). The processes address training, supervision, and documentation. | MM.16.01.01, EP 3 The hospital develops and implements policies and procedures that guide the safe and accurate self-administration of medications by the patient or their caregiver or support person, where appropriate. Note 1: This applies to hospital-issued medications and the patient's own medications brought into the hospital. Note 2: The term "self-administered medication(s)" may refer to medications administered by a family member. |
| §482.23(c)(6)(i) | (i) If the hospital allows a patient to self- administer specific hospital-issued medications, then the hospital must have policies and procedures in place to: | | |
| §482.23(c)(6)(i)(A) | (A) Ensure that a practitioner responsible for the care of the patient has issued an order, consistent with hospital policy, permitting self-administration. | MM.06.01.03, EP 1 If self-administration of medications is allowed, the hospital follows written processes that guide the safe and accurate self-administration of medications or the administration of medications by a family member (refer to the Glossary for the definition of family). The | MM.16.01.01, EP 4 If the hospital allows a patient to self-administer specific hospital- issued medications, the hospital has policies and procedures in place that address the following: - Making certain that an order is issued by a licensed practitioner responsible for the patient's care and that it is consistent with the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | processes address training, supervision, and | hospital's self-administration policy |
| | | documentation. | - Determining that the patient or the patient's caregiver or support |
| | | | person is capable of administering the specified medication(s) |
| | | PC.02.01.03, EP 1 | - Instructing the patient or the patient's caregiver or support |
| | | For hospitals that use Joint Commission accreditation | person, where appropriate, in the safe and accurate |
| | | for deemed status purposes: Prior to providing care, | administration of the specified medication(s) |
| | | treatment, and services, the hospital obtains or renews | - Addressing the security of the medications for each patient |
| | | orders (verbal or written) from a physician or other | Note: The term "self-administered medication(s)" may refer to |
| | | licensed practitioner in accordance with professional | medications administered by a family member. |
| | | standards of practice; law and regulation; hospital | |
| | | policies; and medical staff bylaws, rules, and | |
| | | regulations. | |
| | | Note 1: Outpatient services may be ordered by a | |
| | | physician or other licensed practitioner not appointed to | |
| | | the medical staff as long as the practitioner meets the | |
| | | following: | |
| | | - Responsible for the care of the patient | |
| | | - Licensed to practice in the state where the practitioner | |
| | | provides care to the patient or in accordance with | |
| | | Veterans Administration and Department of Defense | |
| | | licensure requirements | |
| | | - Acting within the practitioner's scope of practice under | |
| | | state law | |
| | | - Authorized in accordance with state law and policies | |
| | | adopted by the medical staff and approved by the | |
| | | governing body to order the applicable outpatient | |
| | | services | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Patient diets, | |
| | | including therapeutic diets, are ordered by the physician | |
| | | or other licensed practitioner responsible for the | |
| | | patient's care, or by a qualified dietitian or qualified | |
| | | nutrition professional who is authorized by the medical | |

| staff and acting in accordance with state law governing dietitians and nutrition professionals. [8] (B) Assess the capacity of the patient (or the patient's caregiver/support person where appropriate) to self-administer the specified medication(s). [8] (B) Assess the capacity of the patient (or the patient's caregiver/support person where appropriate) to self-administer the specified medication administers the medication is competent at medication administer medications. [8] (B) Assess the capacity of the patient (or the patient) or the patient or the family member who administers the medication is competent at medication administer medications. [8] (B) Assess the capacity of the patient (or the patient) or the family member who administers the medication is competent at medication administer medications. [8] (B) Assess the capacity of the patient (or the patient) or the family member who administers the medication is competent at medication administering the specified or the patient or the patient or the patient's care and that it is contact the patient or the pat | d procedures in used practitioner onsistent with the |
|--|--|
| [8] Assess the capacity of the patient (or the patient's caregiver/support person where appropriate) to self-administer the specified medication(s). [8] Assess the capacity of the patient (or the patient's caregiver/support person where appropriate) to self-administer the specified medication (s). [8] Assess the capacity of the patient (or the patient (or the patient) or the patient or the family member who administers the medication is competent at medication administer medications. [8] Assess the capacity of the patient (or the patient (or the patient to self-administer issued medications, the hospital allows a patient to self-administer issued medications, the hospital has policies and place that address the following: - MM.16.01.01, EP 4 If the hospital allows a patient to self-administer issued medications, the hospital has policies and place that address the following: - Making certain that an order is issued by a licent responsible for the patient's care and that it is con hospital's self-administering the specified or person is capable of administering the specified or linstructing the patient or the patient's caregiver. | d procedures in used practitioner onsistent with the |
| patient's caregiver/support person where appropriate) to self-administer the specified medication(s). The hospital determines that the patient or the family member who administers the medication is competent at medication administer medications. If the hospital allows a patient to self-administer issued medications, the hospital has policies and place that address the following: - Making certain that an order is issued by a license responsible for the patient's care and that it is concepted hospital's self-administration policy - Determining that the patient or the patient's care person is capable of administering the specified in the hospital allows a patient to self-administer issued medications, the hospital has policies and place that address the following: - Making certain that an order is issued by a license responsible for the patient or the patient's care and that it is concepted by a license responsible for the patient or the patient's care person is capable of administering the specified in the hospital allows a patient to self-administer issued medications, the hospital has policies and place that address the following: - Making certain that an order is issued by a license responsible for the patient or the patient's care and that it is concepted by a license responsible for the patient or the patient's care and that it is concepted by a license responsible for the patient or the patient's care and that it is concepted by a license responsible for the patient or the patient's care and that it is concepted by a license responsible for the patient or the patient's care and that it is concepted by a license responsible for the patient or the patient's care and that it is concepted by a license responsible for the patient or the patient's care and that it is concepted by a license responsible for the patient's care and that it is concepted by a license responsible for the patient's care and that it is concepted by a license responsible for the patient's care and that it is concepted by a license re | d procedures in used practitioner onsistent with the |
| appropriate) to self-administer the specified medication(s). member who administers the medication is competent at medication administration before allowing them to administer medications. member who administers the medication is competent at medications administer medication administer medication is competent at medications. member who administers the medication is competent at medications, the hospital has policies and place that address the following: - Making certain that an order is issued by a licent responsible for the patient's care and that it is conhospital's self-administration policy - Determining that the patient or the patient or the patient's caregiver. | d procedures in used practitioner onsistent with the |
| medication(s). at medication administration before allowing them to administer medications. place that address the following: - Making certain that an order is issued by a licent responsible for the patient's care and that it is contained to hospital's self-administration policy - Determining that the patient or the patient's care person is capable of administering the specified or instructing the patient or the patient's caregiver | sed practitioner onsistent with the |
| administer medications. - Making certain that an order is issued by a licent responsible for the patient's care and that it is conspital's self-administration policy - Determining that the patient or the patient's care person is capable of administering the specified responsible for the patient or the patient's care given | onsistent with the |
| responsible for the patient's care and that it is considered hospital's self-administration policy - Determining that the patient or the patient's care person is capable of administering the specified person is capable or the patient's caregiver | onsistent with the |
| hospital's self-administration policy - Determining that the patient or the patient's car person is capable of administering the specified of a linear tructing the patient or the patient's caregiver | |
| - Determining that the patient or the patient's car person is capable of administering the specified relationship in the patient or the patient's caregiver. | |
| person is capable of administering the specified in a linear tructing the patient or the patient's caregiver | |
| - Instructing the patient or the patient's caregiver | • |
| | , , |
| | = = |
| person, where appropriate, in the safe and accura | ate |
| administration of the specified medication(s) | |
| - Addressing the security of the medications for e | • |
| Note: The term "self-administered medication(s)" | may refer to |
| medications administered by a family member. | |
| §482.23(c)(6)(i)(C) (C) Instruct the patient (or the patient's MM.06.01.03, EP 3 | anasitia lasanital |
| caregiver/support person where appropriate) The hospital educates patients and families involved in If the hospital allows a patient to self-administer | |
| in the safe and accurate administration of self-administration about the following: issued medications, the hospital has policies and | a procedures in |
| the specified medication(s). - Medication name, type, and reason for use place that address the following: - Medication name, type, and reason for use place that address the following: | and proptitioner |
| - How to administer medication, including process, time, frequency, route, and dose - Making certain that an order is issued by a license transfer to the patient's care and that it is co | • |
| - Anticipated actions and potential side effects of the hospital's self-administration policy | nisistent with the |
| medication administered - Determining that the patient or the patient's car | regiver or support |
| - Monitoring the effects of the medication person is capable of administering the specified | • |
| - Instructing the patient or the patient's caregiver | ` ' |
| person, where appropriate, in the safe and accura | |
| administration of the specified medication(s) | |
| - Addressing the security of the medications for e | each patient |
| Note: The term "self-administered medication(s)" | |
| medications administered by a family member. | , |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.23(c)(6)(i)(D) | (D) Address the security of the medication(s) | MM.03.01.01, EP 2 | MM.16.01.01, EP 4 |
| | for each patient. | The hospital stores medications according to the | If the hospital allows a patient to self-administer specific hospital- |
| | | manufacturers' recommendations or, in the absence of | issued medications, the hospital has policies and procedures in |
| | | such recommendations, according to a pharmacist's | place that address the following: |
| | | instructions. | - Making certain that an order is issued by a licensed practitioner |
| | | Note: This element of performance is also applicable to | responsible for the patient's care and that it is consistent with the |
| | | sample medications. | hospital's self-administration policy |
| | | | - Determining that the patient or the patient's caregiver or support |
| | | MM.03.01.01, EP 3 | person is capable of administering the specified medication(s) |
| | | The hospital stores all medications and biologicals, | - Instructing the patient or the patient's caregiver or support |
| | | including controlled (scheduled) medications, in a | person, where appropriate, in the safe and accurate |
| | | secured area to prevent diversion, and locked when | administration of the specified medication(s) |
| | | necessary, in accordance with law and regulation. | - Addressing the security of the medications for each patient |
| | | Note 1: Scheduled medications include those listed in | Note: The term "self-administered medication(s)" may refer to |
| | | Schedules II–V of the Comprehensive Drug Abuse | medications administered by a family member. |
| | | Prevention and Control Act of 1970. | |
| | | Note 2: This element of performance is also applicable | |
| | | to sample medications. | |
| | | MM.06.01.03, EP 1 | |
| | | If self-administration of medications is allowed, the | |
| | | hospital follows written processes that guide the safe | |
| | | and accurate self-administration of medications or the | |
| | | administration of medications by a family member (refer | |
| | | to the Glossary for the definition of family). The | |
| | | processes address training, supervision, and | |
| | | documentation. | |
| §482.23(c)(6)(i)(E) | (E) Document the administration of each | MM.06.01.03, EP 1 | RC.12.01.01, EP 2 |
| | medication, as reported by the patient (or | If self-administration of medications is allowed, the | The medical record contains the following clinical information: |
| | the patient's caregiver/support person where | hospital follows written processes that guide the safe | - Admitting diagnosis |
| | appropriate), in the patient's medical record. | and accurate self-administration of medications or the | - Any emergency care, treatment, and services provided to the |
| | | administration of medications by a family member (refer | patient before their arrival |
| | | to the Glossary for the definition of family). The | - Any allergies to food and medications |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | processes address training, supervision, and | - Any findings of assessments and reassessments |
| | | documentation. | - Results of all consultative evaluations of the patient and findings |
| | | | by clinical and other staff involved in the care of the patient |
| | | RC.02.01.01, EP 2 | - Treatment goals, plan of care, and revisions to the plan of care |
| | | The medical record contains the following clinical | - Documentation of complications, health care–acquired |
| | | information: | infections, and adverse reactions to drugs and anesthesia |
| | | - The reason(s) for admission for care, treatment, and | - All practitioners' orders |
| | | services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | - The patient's initial diagnosis, diagnostic | signs, and other information necessary to monitor the patient's |
| | | impression(s), or condition(s) | condition |
| | | - Any findings of assessments and reassessments | - Medication records, including the strength, dose, route, date and |
| | | - Any allergies to food | time of administration, access site for medication, administration |
| | | - Any allergies to medications | devices used, and rate of administration |
| | | - Any conclusions or impressions drawn from the | Note: When rapid titration of a medication is necessary, the |
| | | patient's medical history and physical examination | hospital defines in policy the urgent/emergent situations in which |
| | | - Any diagnoses or conditions established during the | block charting would be an acceptable form of documentation. For |
| | | patient's course of care, treatment, and services | the definition and a further explanation of block charting, refer to |
| | | (including complications and hospital-acquired | the Glossary. |
| | | infections). For psychiatric hospitals using Joint | - Administration of each self-administered medication, as reported |
| | | Commission accreditation for deemed status purposes: | by the patient (or the patient's caregiver or support person where |
| | | The diagnosis includes intercurrent diseases (diseases | appropriate) |
| | | that occur during the course of another disease; for | - Records of radiology and nuclear medicine services, including |
| | | example, a patient with AIDS may develop an | signed interpretation reports |
| | | intercurrent bout of pneumonia) and the psychiatric | - All care, treatment, and services provided to the patient |
| | | diagnoses. | - Patient's response to care, treatment, and services |
| | | - Any consultation reports | - Medical history and physical examination, including any |
| | | - Any observations relevant to care, treatment, and | conclusions or impressions drawn from the information |
| | | services | - Discharge plan and discharge planning evaluation |
| | | - The patient's response to care, treatment, and services | - Discharge summary with outcome of hospitalization, disposition |
| | | - Any emergency care, treatment, and services provided | of case, and provisions for follow-up care, including any |
| | | to the patient before their arrival | medications dispensed or prescribed on discharge |
| | | - Any progress notes | - Any diagnoses or conditions established during the patient's |
| | | - All orders | course of care, treatment, and services |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| Cor nequirement | | Any medications ordered or prescribed Any medications administered, including the strength, dose, route, date and time of administration Note 1: When rapid titration of a medication is necessary, the hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation. Note 2: For the definition and a further explanation of block charting, refer to the Glossary. Any access site for medication, administration devices used, and rate of administration Any adverse drug reactions Treatment goals, plan of care, and revisions to the plan of care Results of diagnostic and therapeutic tests and procedures Any medications dispensed or prescribed on discharge Discharge diagnosis Discharge plan and discharge planning evaluation | Note: Medical records are completed within 30 days following discharge, including final diagnosis. |
| §482.23(c)(6)(ii) | (ii) If the hospital allows a patient to self- administer his or her own specific medications brought into the hospital, then the hospital must have policies and procedures in place to: | 2 ioonango prant ana anoonango prantining ovariadation | |
| §482.23(c)(6)(ii)(A) | (A) Ensure that a practitioner responsible for the care of the patient has issued an order, consistent with hospital policy, permitting self-administration of medications the patient brought into the hospital. | MM.03.01.05, EP 1 The hospital defines when medications brought into the hospital by patients, their families, or licensed practitioners can be administered. Note: This element of performance is also applicable to sample medications. PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation | MM.16.01.01, EP 5 If the hospital allows a patient to self-administer medications not issued by the hospital, the hospital has policies and procedures in place that address the following: - Making certain that an order is issued by a practitioner responsible for the patient's care and that it is consistent with the hospital's self-administration policy - Determining that the patient or the patient's caregiver or support person is capable of administering the specified medication(s) - |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | for deemed status purposes: Prior to providing care, | Instructing the patient or the patient's caregiver or support person, |
| | | treatment, and services, the hospital obtains or renews | where appropriate, in the safe and accurate administration of the |
| | | orders (verbal or written) from a physician or other | specified medication(s) |
| | | licensed practitioner in accordance with professional | - Addressing the security of the medications for each patient |
| | | standards of practice; law and regulation; hospital | - Identifying the specified medication(s) and visually evaluating the |
| | | policies; and medical staff bylaws, rules, and | medication(s) for integrity |
| | | regulations. | Note: The term "self-administered medication(s)" may refer to |
| | | Note 1: Outpatient services may be ordered by a | medications administered by a family member. |
| | | physician or other licensed practitioner not appointed to | |
| | | the medical staff as long as the practitioner meets the | |
| | | following: | |
| | | - Responsible for the care of the patient | |
| | | - Licensed to practice in the state where the practitioner | |
| | | provides care to the patient or in accordance with | |
| | | Veterans Administration and Department of Defense | |
| | | licensure requirements | |
| | | - Acting within the practitioner's scope of practice under | |
| | | state law | |
| | | - Authorized in accordance with state law and policies | |
| | | adopted by the medical staff and approved by the | |
| | | governing body to order the applicable outpatient | |
| | | services | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Patient diets, | |
| | | including therapeutic diets, are ordered by the physician | |
| | | or other licensed practitioner responsible for the | |
| | | patient's care, or by a qualified dietitian or qualified | |
| | | nutrition professional who is authorized by the medical | |
| | | staff and acting in accordance with state law governing | |
| | | dietitians and nutrition professionals. | |
| §482.23(c)(6)(ii)(B) | (B) Assess the capacity of the patient (or the | MM.06.01.03, EP 1 | MM.16.01.01, EP 5 |
| | patient's caregiver/support person where | If self-administration of medications is allowed, the | If the hospital allows a patient to self-administer medications not |
| | appropriate) to self-administer the specified | hospital follows written processes that guide the safe | issued by the hospital, the hospital has policies and procedures in |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | medication(s), and also determine if the | and accurate self-administration of medications or the | place that address the following: |
| | patient (or the patient's caregiver/support | administration of medications by a family member (refer | - Making certain that an order is issued by a practitioner |
| | person where appropriate) needs instruction | to the Glossary for the definition of family). The | responsible for the patient's care and that it is consistent with the |
| | in the safe and accurate administration of | processes address training, supervision, and | hospital's self-administration policy |
| | the specified medication(s). | documentation. | - Determining that the patient or the patient's caregiver or support person is capable of administering the specified medication(s) - |
| | | MM.06.01.03, EP 7 | Instructing the patient or the patient's caregiver or support person, |
| | | The hospital determines that the patient or the family | where appropriate, in the safe and accurate administration of the |
| | | member who administers the medication is competent | specified medication(s) |
| | | at medication administration before allowing them to | - Addressing the security of the medications for each patient |
| | | administer medications. | - Identifying the specified medication(s) and visually evaluating the |
| | | | medication(s) for integrity |
| | | | Note: The term "self-administered medication(s)" may refer to |
| | | | medications administered by a family member. |
| §482.23(c)(6)(ii)(C) | (C) Identify the specified medication(s) and | MM.03.01.05, EP 2 | MM.16.01.01, EP 5 |
| | visually evaluate the medication(s) for | Before use or administration of a medication brought | If the hospital allows a patient to self-administer medications not |
| | integrity. | into the hospital by a patient, their family, or a licensed | issued by the hospital, the hospital has policies and procedures in |
| | | practitioner, the hospital identifies the medication and | place that address the following: |
| | | visually evaluates the medication's integrity. | - Making certain that an order is issued by a practitioner |
| | | Note: This element of performance is also applicable to | responsible for the patient's care and that it is consistent with the |
| | | sample medications. | hospital's self-administration policy |
| | | | - Determining that the patient or the patient's caregiver or support |
| | | | person is capable of administering the specified medication(s) - |
| | | | Instructing the patient or the patient's caregiver or support person, |
| | | | where appropriate, in the safe and accurate administration of the |
| | | | specified medication(s) |
| | | | - Addressing the security of the medications for each patient |
| | | | - Identifying the specified medication(s) and visually evaluating the |
| | | | medication(s) for integrity |
| | | | Note: The term "self-administered medication(s)" may refer to |
| | | | medications administered by a family member. |
| §482.23(c)(6)(ii)(D) | (D) Address the security of the medication(s) | MM.03.01.01, EP 2 | MM.16.01.01, EP 5 |
| | for each patient. | The hospital stores medications according to the | If the hospital allows a patient to self-administer medications not |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | manufacturers' recommendations or, in the absence of | issued by the hospital, the hospital has policies and procedures in |
| | | such recommendations, according to a pharmacist's | place that address the following: |
| | | instructions. | - Making certain that an order is issued by a practitioner |
| | | Note: This element of performance is also applicable to | responsible for the patient's care and that it is consistent with the |
| | | sample medications. | hospital's self-administration policy |
| | | | - Determining that the patient or the patient's caregiver or support |
| | | MM.03.01.01, EP 3 | person is capable of administering the specified medication(s) - |
| | | The hospital stores all medications and biologicals, | Instructing the patient or the patient's caregiver or support person, |
| | | including controlled (scheduled) medications, in a | where appropriate, in the safe and accurate administration of the |
| | | secured area to prevent diversion, and locked when | specified medication(s) |
| | | necessary, in accordance with law and regulation. | - Addressing the security of the medications for each patient |
| | | Note 1: Scheduled medications include those listed in | - Identifying the specified medication(s) and visually evaluating the |
| | | Schedules II–V of the Comprehensive Drug Abuse | medication(s) for integrity |
| | | Prevention and Control Act of 1970. | Note: The term "self-administered medication(s)" may refer to |
| | | Note 2: This element of performance is also applicable | medications administered by a family member. |
| | | to sample medications. | |
| | | MM.06.01.03, EP 1 | |
| | | If self-administration of medications is allowed, the | |
| | | hospital follows written processes that guide the safe | |
| | | and accurate self-administration of medications or the | |
| | | administration of medications by a family member (refer | |
| | | to the Glossary for the definition of family). The | |
| | | processes address training, supervision, and | |
| | | documentation. | |
| §482.23(c)(6)(ii)(E) | (E) Document the administration of each | MM.06.01.03, EP 1 | RC.12.01.01, EP 2 |
| | medication, as reported by the patient (or | If self-administration of medications is allowed, the | The medical record contains the following clinical information: |
| | the patient's caregiver/support person where | hospital follows written processes that guide the safe | - Admitting diagnosis |
| | appropriate), in the patient's medical record. | and accurate self-administration of medications or the | - Any emergency care, treatment, and services provided to the |
| | | administration of medications by a family member (refer | patient before their arrival |
| | | to the Glossary for the definition of family). The | - Any allergies to food and medications |
| | | processes address training, supervision, and | - Any findings of assessments and reassessments |
| | | documentation. | - Results of all consultative evaluations of the patient and findings |

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| | | | by clinical and other staff involved in the care of the patient |
| | | RC.02.01.01, EP 2 | - Treatment goals, plan of care, and revisions to the plan of care |
| | | The medical record contains the following clinical | - Documentation of complications, health care–acquired |
| | | information: | infections, and adverse reactions to drugs and anesthesia |
| | | - The reason(s) for admission for care, treatment, and | - All practitioners' orders |
| | | services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | - The patient's initial diagnosis, diagnostic | signs, and other information necessary to monitor the patient's |
| | | impression(s), or condition(s) | condition |
| | | - Any findings of assessments and reassessments | - Medication records, including the strength, dose, route, date and |
| | | - Any allergies to food | time of administration, access site for medication, administration |
| | | - Any allergies to medications | devices used, and rate of administration |
| | | - Any conclusions or impressions drawn from the | Note: When rapid titration of a medication is necessary, the |
| | | patient's medical history and physical examination | hospital defines in policy the urgent/emergent situations in which |
| | | - Any diagnoses or conditions established during the | block charting would be an acceptable form of documentation. For |
| | | patient's course of care, treatment, and services | the definition and a further explanation of block charting, refer to |
| | | (including complications and hospital-acquired | the Glossary. |
| | | infections). For psychiatric hospitals using Joint | - Administration of each self-administered medication, as reported |
| | | Commission accreditation for deemed status purposes: | by the patient (or the patient's caregiver or support person where |
| | | The diagnosis includes intercurrent diseases (diseases | appropriate) |
| | | that occur during the course of another disease; for | - Records of radiology and nuclear medicine services, including |
| | | example, a patient with AIDS may develop an | signed interpretation reports |
| | | intercurrent bout of pneumonia) and the psychiatric | - All care, treatment, and services provided to the patient |
| | | diagnoses. | - Patient's response to care, treatment, and services |
| | | - Any consultation reports | - Medical history and physical examination, including any |
| | | - Any observations relevant to care, treatment, and | conclusions or impressions drawn from the information |
| | | services | - Discharge plan and discharge planning evaluation |
| | | - The patient's response to care, treatment, and services | - Discharge summary with outcome of hospitalization, disposition |
| | | - Any emergency care, treatment, and services provided | of case, and provisions for follow-up care, including any |
| | | to the patient before their arrival | medications dispensed or prescribed on discharge |
| | | - Any progress notes | - Any diagnoses or conditions established during the patient's |
| | | - All orders | course of care, treatment, and services |
| | | - Any medications ordered or prescribed | Note: Medical records are completed within 30 days following |
| | | - Any medications administered, including the strength, | discharge, including final diagnosis. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | dose, route, date and time of administration Note 1: When rapid titration of a medication is necessary, the hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation. Note 2: For the definition and a further explanation of block charting, refer to the Glossary Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis | |
| \$482.24 | \$482.24 Condition of Participation: Medical Record Services The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital. | - Discharge diagnosis - Discharge plan and discharge planning evaluation LD.04.01.05, EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. LD.04.03.01, EP 2 | LD.13.03.01, EP 1 The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: - Outpatient - Emergency - Medical records - Diagnostic and therapeutic radiology - Nuclear medicine - Surgical - Anesthesia - Laboratory - Respiratory |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital provides essential services, including the | - Dietetic |
| | | following: | |
| | | - Diagnostic radiology | RC.11.01.01, EP 1 |
| | | - Dietary | The hospital maintains a medical record for every inpatient and |
| | | - Emergency | outpatient in the hospital. |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| | | DC 04 04 04 ED 4 | |
| | | RC.01.01.01, EP 1 | |
| | | The hospital defines the components of a complete | |
| | | medical record. | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | RC.01.01.01, EP 5 The medical record includes the following: - Information needed to support the patient's diagnosis and condition - Information needed to justify the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information about the patient's care, treatment, and services that promotes continuity of care among staff and providers Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external | |
| §482.24(a) | §482.24(a) Standard: Organization and Staffing The organization of the medical record service must be appropriate to the scope and complexity of the services performed. The hospital must employ adequate personnel to ensure prompt completion, filing, and retrieval of records. | hr.01.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351-\$493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986& mc=true&node=sp42.5.493.m&rgn=div6. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, | LD.13.03.01, EP 1 The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: - Outpatient - Emergency - Medical records - Diagnostic and therapeutic radiology - Nuclear medicine - Surgical - Anesthesia - Laboratory - Respiratory - Dietetic |

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| | | occupational therapists, occupational therapy | NPG.12.01.01, EP 6 |
| | | assistants, speech-language pathologists, or | The hospital has a medical record service that has administrative |
| ļ | | audiologists (as defined in 42 CFR 484.4) provide | responsibility for medical records. The hospital employs adequate |
| ļ | | physical therapy, occupational therapy, speech- | staff to support the prompt completion, filing, and retrieval of |
| | | language pathology, or audiology services, if these | records. |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| ļ | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| ļ | | specific procedures is designated in writing. | |
| | | IM.02.02.03, EP 2 | |
| | | The hospital's storage and retrieval systems make | |
| 1 | | health information accessible when needed for patient | |
| | | care, treatment, and services. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The medical | |
| | | records system allows for timely retrieval of patient | |
| | | information by diagnosis and procedure. | |
| | | IM.02.02.03, EP 3 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital disseminates data and information in | |
| | | useful formats within time frames that are defined by | |
| | | the hospital and consistent with law and regulation. | |
| | | | |
| | | LD.03.06.01, EP 2 | |
| | | Leaders provide for a sufficient number and mix of | |
| | | individuals to support safe, quality care, treatment, and | |
| | | services. | |
| | | Note: The number and mix of individuals is appropriate | |
| | | to the scope and complexity of the services offered. | |
| | | | |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | |
| | | following: | |
| | | - Diagnostic radiology | |
| | | - Dietary | |
| | | - Emergency | |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|---|---|---|
| | | more information on 42 CFR 482.55, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The diagnostic radiology services provided by the hospital, as well as staff qualifications, meet professionally approved standards. | |
| §482.24(b) | §482.24(b) Standard: Form and Retention of | IM.02.01.03, EP 1 | RC.11.01.01, EP 1 |
| | Record The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be | The hospital follows a written policy that addresses the security of health information, including access, use, and disclosure. | The hospital maintains a medical record for every inpatient and outpatient in the hospital. |
| | accurately written, promptly completed, properly filed and retained, and accessible. The hospital must use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries. | IM.02.01.03, EP 2 The hospital implements a written policy addressing the following: - The integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction - The intentional destruction of health information - When and by whom the removal of health information is permitted Note: Removal refers to those actions that place health information outside the hospital's control. IM.02.01.03, EP 6 The hospital protects health information against loss, damage, unauthorized alteration, unintentional change, | RC.11.01.01, EP 4 The hospital develops and implements policies and procedures for accurate, legible, complete, signed, dated, and timed medical record entries that are authenticated by the person responsible for providing or evaluating the service provided. The medical records are promptly completed, properly filed and retained, and readily accessible. RC.11.02.01, EP 2 The hospital uses a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries. |
| | | and accidental destruction. IM.02.02.03, EP 2 The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The medical | |
| | | records system allows for timely retrieval of patient | |
| | | information by diagnosis and procedure. | |
| | | MS.03.01.01, EP 6 | |
| | | The organized medical staff specifies the minimal | |
| | | content of medical histories and physical examinations, | |
| | | which may vary by setting or level of care, treatment, | |
| | | and services. | |
| | | | |
| | | MS.03.01.01, EP 7 | |
| | | The organized medical staff monitors the quality of | |
| | | medical histories and physical examinations. | |
| | | MS.05.01.03, EP 3 | |
| | | The organized medical staff participates in the following | |
| | | activities: Accurate, timely, and legible completion of | |
| | | patient's medical records. | |
| | | | |
| | | RC.01.01.01, EP 1 | |
| | | The hospital defines the components of a complete | |
| | | medical record. | |
| | | RC.01.01.01, EP 5 | |
| | | The medical record includes the following: | |
| | | - Information needed to support the patient's diagnosis | |
| | | and condition | |
| | | - Information needed to justify the patient's care, | |
| | | treatment, and services | |
| | | - Information that documents the course and result of | |
| | | the patient's care, treatment, and services | |
| | | - Information about the patient's care, treatment, and | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | services that promotes continuity of care among staff and providers | |
| | | Note: For hospitals that elect The Joint Commission | |
| | | Primary Care Medical Home option: This requirement | |
| | | refers to care provided by both internal and external | |
| | | providers. | |
| | | RC.01.02.01, EP 3 | |
| | | The author of each medical record entry is identified in | |
| | | the medical record. | |
| | | RC.01.02.01, EP 4 | |
| | | Entries in the medical record are authenticated by the | |
| | | author. Information introduced into the medical record | |
| | | through transcription or dictation is authenticated by the | |
| | | author. | |
| | | Note 1: Authentication can be verified through electronic signatures, written signatures or initials, | |
| | | rubber-stamp signatures, or computer key. | |
| | | Note 2: For paper-based records, signatures entered for | |
| | | purposes of authentication after transcription or for | |
| | | verbal orders are dated when required by law or | |
| | | regulation or hospital policy. For electronic records, | |
| | | electronic signatures will be date-stamped. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: All orders, | |
| | | including verbal orders, are dated and authenticated by the ordering physician or other licensed practitioner who | |
| | | is responsible for the care of the patient, and who, in | |
| | | accordance with hospital policy; law and regulation; and | |
| | | medical staff bylaws, rules, and regulations, is | |
| | | authorized to write orders. | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | RC.01.02.01, EP 5 The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it. | |
| | | RC.01.03.01, EP 1 The hospital defines the time frame for completion of the medical record, which does not exceed 30 days after the patient's discharge. | |
| | | RC.01.03.01, EP 2 The hospital follows its written policy requiring timely entry of information into the patient's medical record. | |
| | | RC.01.04.01, EP 1 The hospital conducts an ongoing review of medical records at the point of care, based on the following indicators: presence, timeliness, legibility (whether handwritten or printed), accuracy, authentication, and completeness of data and information. | |
| | | RC.01.05.01, EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, | |
| | | printouts, films, scans; and other applicable image records. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | RC.01.05.01, EP 8 | |
| | | Original medical records are not released unless the | |
| | | hospital is responding to law and regulation. | |
| §482.24(b)(1) | (1) Medical records must be retained in their | RC.01.05.01, EP 1 | RC.11.03.01, EP 1 |
| | original or legally reproduced form for a | The retention time of the original or legally reproduced | The retention time of the original or legally reproduced medical |
| | period of at least 5 years. | medical record is determined by its use and hospital | record is determined by its use and hospital policy, in accordance |
| | | policy, in accordance with law and regulation. | with law and regulation. |
| | | Note: For hospitals that use Joint Commission | Note: For hospitals that use Joint Commission accreditation for |
| | | accreditation for deemed status purposes: Medical | deemed status purposes: Medical records are retained in their |
| | | records are retained in their original or legally | original or legally reproduced form for at least five years. This |
| | | reproduced form for at least five years. This includes | includes nuclear medicine reports; radiological reports, printouts, |
| | | nuclear medicine reports; radiological reports, | films, and scans; and other applicable image records. |
| | | printouts, films, scans; and other applicable image | |
| §482.24(b)(2) | (2) The hospital must have a system of | records. IM.01.01.01, EP 2 | IM.13.01.03, EP 1 |
| 9402.24(D)(Z) | coding and indexing medical records. The | The hospital identifies how data and information enter, | The hospital has a system for coding and indexing medical records |
| | system must allow for timely retrieval by | flow within, and leave the organization. | to make health information accessible when needed for patient |
| | diagnosis and procedure, in order to support | ntow within, and teave the organization. | care, treatment, and services. |
| | medical care evaluation studies. | IM.02.02.03, EP 2 | Note: For hospitals that use Joint Commission accreditation for |
| | modical care evaluation clauses | The hospital's storage and retrieval systems make | deemed status purposes: The medical records system allows for |
| | | health information accessible when needed for patient | timely retrieval of patient information by diagnosis and procedure. |
| | | care, treatment, and services. | amely removation parameters by anagrees and processing |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The medical | |
| | | records system allows for timely retrieval of patient | |
| | | information by diagnosis and procedure. | |
| | | IM.02.02.03, EP 3 | |
| | | The hospital disseminates data and information in | |
| | | useful formats within time frames that are defined by | |
| | | the hospital and consistent with law and regulation. | |
| §482.24(b)(3) | (3) The hospital must have a procedure for | IM.02.01.01, EP 1 | IM.12.01.01, EP 1 |
| | ensuring the confidentiality of patient | The hospital follows a written policy addressing the | The hospital develops and implements policies and procedures |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | records. Information from or copies of | privacy and confidentiality of health information. | addressing the privacy and confidentiality of health information. |
| | records may be released only to authorized | | Note: For hospitals that use Joint Commission accreditation for |
| | individuals, and the hospital must ensure | IM.02.01.01, EP 3 | deemed status purposes and have swing beds: Policies and |
| | that unauthorized individuals cannot gain | The hospital uses health information only for purposes | procedures also address the resident's personal records. |
| | access to or alter patient records. Original | permitted by law and regulation or as further limited by | |
| | medical records must be released by the | its policy on privacy. | IM.12.01.01, EP 3 |
| | hospital only in accordance with Federal or | | The hospital develops and implements policies and procedures for |
| | State laws, court orders, or subpoenas. | IM.02.01.01, EP 4 | the release of medical records. The policies and procedures are in |
| | | The hospital discloses health information only as | accordance with law and regulation, court orders, or subpoenas. |
| | | authorized by the patient or as otherwise consistent with | Note: Information from or copies of records may be released only |
| | | law and regulation. | to authorized individuals, and the hospital makes certain that |
| | | | unauthorized individuals cannot gain access to or alter patient |
| | | IM.02.01.03, EP 1 | records. |
| | | The hospital follows a written policy that addresses the | |
| | | security of health information, including access, use, | IM.12.01.03, EP 1 |
| | | and disclosure. | The hospital develops and implements a written policy that |
| | | | addresses the security of health information, including the |
| | | IM.02.01.03, EP 6 | following: |
| | | The hospital protects health information against loss, | - Access and use of health information |
| | | damage, unauthorized alteration, unintentional change, | - Integrity of health information against loss, damage, |
| | | and accidental destruction. | unauthorized alteration, unintentional change, and accidental |
| | | | destruction |
| | | RC.01.05.01, EP 8 | - Intentional destruction of health information |
| | | Original medical records are not released unless the | - When and by whom the removal of health information is |
| | | hospital is responding to law and regulation. | permitted |
| | | | Note: Removal refers to those actions that place health |
| | | | information outside the hospital's control. |
| §482.24(c) | §482.24(c) Standard: Content of Record The | RC.01.01.01, EP 5 | RC.11.01.01, EP 2 |
| | medical record must contain information to | The medical record includes the following: | The medical record includes the following: |
| | justify admission and continued | - Information needed to support the patient's diagnosis | - Information needed to justify the patient's admission and |
| | hospitalization, support the diagnosis, and | and condition | continued care, treatment, and services |
| | describe the patient's progress and | - Information needed to justify the patient's care, | - Information needed to support the patient's diagnosis and |
| | response to medications and services. | treatment, and services | condition |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Information that documents the course and result of | - Information about the patient's care, treatment, and services that |
| | | the patient's care, treatment, and services | promotes continuity of care among staff and providers |
| | | - Information about the patient's care, treatment, and | Note: For hospitals that elect The Joint Commission Primary Care |
| | | services that promotes continuity of care among staff | Medical Home option: This requirement refers to care provided by |
| | | and providers | both internal and external providers. |
| | | Note: For hospitals that elect The Joint Commission | |
| | | Primary Care Medical Home option: This requirement | RC.12.01.01, EP 2 |
| | | refers to care provided by both internal and external | The medical record contains the following clinical information: |
| | | providers. | - Admitting diagnosis |
| | | | - Any emergency care, treatment, and services provided to the |
| | | RC.02.01.01, EP 2 | patient before their arrival |
| | | The medical record contains the following clinical | - Any allergies to food and medications |
| | | information: | - Any findings of assessments and reassessments |
| | | - The reason(s) for admission for care, treatment, and | - Results of all consultative evaluations of the patient and findings |
| | | services | by clinical and other staff involved in the care of the patient |
| | | - The patient's initial diagnosis, diagnostic | - Treatment goals, plan of care, and revisions to the plan of care |
| | | impression(s), or condition(s) | - Documentation of complications, health care–acquired |
| | | - Any findings of assessments and reassessments | infections, and adverse reactions to drugs and anesthesia |
| | | - Any allergies to food | - All practitioners' orders |
| | | - Any allergies to medications | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | - Any conclusions or impressions drawn from the | signs, and other information necessary to monitor the patient's |
| | | patient's medical history and physical examination | condition |
| | | - Any diagnoses or conditions established during the | - Medication records, including the strength, dose, route, date and |
| | | patient's course of care, treatment, and services | time of administration, access site for medication, administration |
| | | (including complications and hospital-acquired | devices used, and rate of administration |
| | | infections). For psychiatric hospitals using Joint | Note: When rapid titration of a medication is necessary, the |
| | | Commission accreditation for deemed status purposes: | hospital defines in policy the urgent/emergent situations in which |
| | | The diagnosis includes intercurrent diseases (diseases | block charting would be an acceptable form of documentation. For |
| | | that occur during the course of another disease; for | the definition and a further explanation of block charting, refer to |
| | | example, a patient with AIDS may develop an | the Glossary. |
| | | intercurrent bout of pneumonia) and the psychiatric | - Administration of each self-administered medication, as reported |
| | | diagnoses. | by the patient (or the patient's caregiver or support person where |
| | | - Any consultation reports | appropriate) |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Any observations relevant to care, treatment, and | - Records of radiology and nuclear medicine services, including |
| | | services | signed interpretation reports |
| | | - The patient's response to care, treatment, and services | - All care, treatment, and services provided to the patient |
| | | - Any emergency care, treatment, and services provided | - Patient's response to care, treatment, and services |
| | | to the patient before their arrival | - Medical history and physical examination, including any |
| | | - Any progress notes | conclusions or impressions drawn from the information |
| | | - All orders | - Discharge plan and discharge planning evaluation |
| | | - Any medications ordered or prescribed | - Discharge summary with outcome of hospitalization, disposition |
| | | - Any medications administered, including the strength, | of case, and provisions for follow-up care, including any |
| | | dose, route, date and time of administration | medications dispensed or prescribed on discharge |
| | | Note 1: When rapid titration of a medication is | - Any diagnoses or conditions established during the patient's |
| | | necessary, the hospital defines in policy the | course of care, treatment, and services |
| | | urgent/emergent situations in which block charting | Note: Medical records are completed within 30 days following |
| | | would be an acceptable form of documentation. | discharge, including final diagnosis. |
| | | Note 2: For the definition and a further explanation of | |
| | | block charting, refer to the Glossary. | |
| | | - Any access site for medication, administration devices | |
| | | used, and rate of administration | |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| \$400.04(=)(4) | (4) All postions was disclusived and sustains marret | - Discharge plan and discharge planning evaluation | DO 44 04 04 ED 4 |
| §482.24(c)(1) | (1) All patient medical record entries must | RC.01.01, EP 5 The modical record includes the following: | RC.11.01.01, EP 4 The beenitel develope and implements policies and precedures for |
| | be legible, complete, dated, timed, and authenticated in written or electronic form by | The medical record includes the following: - Information needed to support the patient's diagnosis | The hospital develops and implements policies and procedures for accurate, legible, complete, signed, dated, and timed medical |
| | the person responsible for providing or | and condition | record entries that are authenticated by the person responsible for |
| | evaluating the service provided, consistent | | providing or evaluating the service provided. The medical records |
| | with hospital policies and procedures. | Information needed to justify the patient's care, treatment, and services | are promptly completed, properly filed and retained, and readily |
| | with hospital policies and procedules. | - Information that documents the course and result of | accessible. |
| | | - imormation that documents the course and result of | สบบบิงงามเป. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the patient's care, treatment, and services | |
| | | - Information about the patient's care, treatment, and | |
| | | services that promotes continuity of care among staff | |
| | | and providers | |
| | | Note: For hospitals that elect The Joint Commission | |
| | | Primary Care Medical Home option: This requirement | |
| | | refers to care provided by both internal and external providers. | |
| | | providers. | |
| | | RC.01.01.01, EP 7 | |
| | | All entries in the medical record are dated. | |
| | | | |
| | | RC.01.01.01, EP 13 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: All entries in the medical | |
| | | record, including all orders, are timed. | |
| | | RC.01.02.01, EP 2 | |
| | | The hospital defines the types of entries in the medical | |
| | | record made by licensed practitioners that require | |
| | | countersigning, in accordance with law and regulation. | |
| | | | |
| | | RC.01.02.01, EP 3 | |
| | | The author of each medical record entry is identified in | |
| | | the medical record. | |
| | | RC.01.02.01, EP 4 | |
| | | Entries in the medical record are authenticated by the | |
| | | author. Information introduced into the medical record | |
| | | through transcription or dictation is authenticated by the | |
| | | author. | |
| | | Note 1: Authentication can be verified through | |
| | | electronic signatures, written signatures or initials, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|---|---|---|
| | | rubber-stamp signatures, or computer key. | |
| | | Note 2: For paper-based records, signatures entered for | |
| | | purposes of authentication after transcription or for | |
| | | verbal orders are dated when required by law or | |
| | | regulation or hospital policy. For electronic records, | |
| | | electronic signatures will be date-stamped. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: All orders, | |
| | | including verbal orders, are dated and authenticated by | |
| | | the ordering physician or other licensed practitioner who | |
| | | is responsible for the care of the patient, and who, in | |
| | | accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is | |
| | | authorized to write orders. | |
| | | authorized to write orders. | |
| | | RC.01.02.01, EP 5 | |
| | | The individual identified by the signature stamp or | |
| | | method of electronic authentication is the only | |
| | | individual who uses it. | |
| | | | |
| | | RC.01.04.01, EP 1 | |
| | | The hospital conducts an ongoing review of medical | |
| | | records at the point of care, based on the following | |
| | | indicators: presence, timeliness, legibility (whether | |
| | | handwritten or printed), accuracy, authentication, and | |
| | | completeness of data and information. | |
| §482.24(c)(2) | (2) All orders, including verbal orders, must | PC.02.01.03, EP 1 | RC.11.02.01, EP 1 |
| | be dated, timed, and authenticated promptly | For hospitals that use Joint Commission accreditation | All orders, including verbal orders, are dated, timed, and |
| | by the ordering practitioner or by another | for deemed status purposes: Prior to providing care, | authenticated by the ordering physician or other licensed |
| | practitioner who is responsible for the care | treatment, and services, the hospital obtains or renews | practitioner who is responsible for the patient's care and who is |
| | of the patient only if such a practitioner is | orders (verbal or written) from a physician or other | authorized to write orders, in accordance with hospital policy, law |
| | acting in accordance with State law, | licensed practitioner in accordance with professional | and regulation, and medical staff bylaws, rules, and regulations. |
| | including scope-of-practice laws, hospital | standards of practice; law and regulation; hospital | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|--|---|-------------------|
| | policies, and medical staff bylaws, rules, and | policies; and medical staff bylaws, rules, and | |
| | regulations. | regulations. | |
| | | Note 1: Outpatient services may be ordered by a | |
| | | physician or other licensed practitioner not appointed to | |
| | | the medical staff as long as the practitioner meets the | |
| | | following: | |
| | | - Responsible for the care of the patient | |
| | | - Licensed to practice in the state where the practitioner | |
| | | provides care to the patient or in accordance with | |
| | | Veterans Administration and Department of Defense | |
| | | licensure requirements | |
| | | - Acting within the practitioner's scope of practice under | |
| | | state law | |
| | | - Authorized in accordance with state law and policies adopted by the medical staff and approved by the | |
| | | governing body to order the applicable outpatient | |
| | | services | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Patient diets, | |
| | | including therapeutic diets, are ordered by the physician | |
| | | or other licensed practitioner responsible for the | |
| | | patient's care, or by a qualified dietitian or qualified | |
| | | nutrition professional who is authorized by the medical | |
| | | staff and acting in accordance with state law governing | |
| | | dietitians and nutrition professionals. | |
| | | | |
| | | RC.01.01.01, EP 7 | |
| | | All entries in the medical record are dated. | |
| | | RC.01.01.01, EP 13 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: All entries in the medical | |
| | | record, including all orders, are timed. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | | |
| | | RC.01.02.01, EP 2 | |
| | | The hospital defines the types of entries in the medical | |
| | | record made by licensed practitioners that require | |
| | | countersigning, in accordance with law and regulation. | |
| | | RC.01.02.01, EP 3 | |
| | | The author of each medical record entry is identified in | |
| | | the medical record. | |
| | | RC.01.02.01, EP 4 | |
| | | Entries in the medical record are authenticated by the | |
| | | author. Information introduced into the medical record | |
| | | through transcription or dictation is authenticated by the | |
| | | author. | |
| | | Note 1: Authentication can be verified through | |
| | | electronic signatures, written signatures or initials, | |
| | | rubber-stamp signatures, or computer key. | |
| | | Note 2: For paper-based records, signatures entered for | |
| | | purposes of authentication after transcription or for | |
| | | verbal orders are dated when required by law or | |
| | | regulation or hospital policy. For electronic records, | |
| | | electronic signatures will be date-stamped. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: All orders, | |
| | | including verbal orders, are dated and authenticated by | |
| | | the ordering physician or other licensed practitioner who | |
| | | is responsible for the care of the patient, and who, in | |
| | | accordance with hospital policy; law and regulation; and | |
| | | medical staff bylaws, rules, and regulations, is | |
| | | authorized to write orders. | |
| | | RC.01.02.01, EP 5 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it. | |
| | | RC.02.03.07, EP 3 Documentation of verbal orders includes the date and the names of individuals who gave, received, recorded, and implemented the orders. | |
| | | RC.02.03.07, EP 4 Verbal orders are authenticated within the time frame specified by law and regulation. | |
| | | RC.02.03.07, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of verbal orders includes the time the verbal order was received. | |
| §482.24(c)(3) | (3) Hospitals may use pre-printed and electronic standing orders, order sets, and protocols for patient orders only if the hospital: | | |
| §482.24(c)(3)(i) | (i) Establishes that such orders and protocols have been reviewed and approved by the medical staff and the hospital's nursing and pharmacy leadership; | MM.04.01.01, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of preprinted and electronic standing orders, order sets, and protocols for medication orders include the following: - Review and approval of standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership - Evaluation of established standing orders and | RC.12.01.01, EP 5 The hospital uses preprinted and electronic standing orders, order sets, and protocols for patient orders only if the following occurs: - Orders and protocols are reviewed and approved by the medical staff and the hospital's nursing and pharmacy leadership Orders and protocols are consistent with nationally recognized and evidence-based guidelines Orders and protocols are periodically and regularly reviewed by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of |
| | | protocols for consistency with nationally recognized and evidence-based guidelines | the orders and protocols Orders and protocols are dated, timed, and authenticated |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-------------------|---|--|---|
| | | - Regular review of such standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols - Dating, timing, and authenticating of standing orders and protocols by the ordering physician or other licensed practitioner or another licensed practitioner responsible for the patient's care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. | promptly in the patient's medical record by the ordering practitioner or by another practitioner responsible for the care of the patient only if such a practitioner is acting in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. |
| §482.24(c)(3)(ii) | (ii) Demonstrates that such orders and protocols are consistent with nationally recognized and evidence-based guidelines; | MM.04.01.01, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: Processes for the use of preprinted and electronic standing orders, order sets, and protocols for medication orders include the following: - Review and approval of standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership - Evaluation of established standing orders and protocols for consistency with nationally recognized and evidence-based guidelines - Regular review of such standing orders and protocols by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the standing orders and protocols - Dating, timing, and authenticating of standing orders and protocols by the ordering physician or other licensed practitioner or another licensed practitioner responsible for the patient's care in accordance with | RC.12.01.01, EP 5 The hospital uses preprinted and electronic standing orders, order sets, and protocols for patient orders only if the following occurs: Orders and protocols are reviewed and approved by the medical staff and the hospital's nursing and pharmacy leadership. Orders and protocols are consistent with nationally recognized and evidence-based guidelines. Orders and protocols are periodically and regularly reviewed by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the orders and protocols. Orders and protocols are dated, timed, and authenticated promptly in the patient's medical record by the ordering practitioner or by another practitioner responsible for the care of the patient only if such a practitioner is acting in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | professional standards of practice; law and regulation; | |
| | | hospital policies; and medical staff bylaws, rules, and | |
| | | regulations. | |
| §482.24(c)(3)(iii) | (iii) Ensures that the periodic and regular | MM.04.01.01, EP 15 | RC.12.01.01, EP 5 |
| | review of such orders and protocols is | For hospitals that use Joint Commission accreditation | The hospital uses preprinted and electronic standing orders, order |
| | conducted by the medical staff and the | for deemed status purposes: Processes for the use of | sets, and protocols for patient orders only if the following occurs: |
| | hospital's nursing and pharmacy leadership | preprinted and electronic standing orders, order sets, | - Orders and protocols are reviewed and approved by the medical |
| | to determine the continuing usefulness and | and protocols for medication orders include the | staff and the hospital's nursing and pharmacy leadership. |
| | safety of the orders and protocols; and | following: | - Orders and protocols are consistent with nationally recognized |
| | | - Review and approval of standing orders and protocols | and evidence-based guidelines. |
| | | by the medical staff and the hospital's nursing and | - Orders and protocols are periodically and regularly reviewed by |
| | | pharmacy leadership | the medical staff and the hospital's nursing and pharmacy |
| | | - Evaluation of established standing orders and protocols for consistency with nationally recognized and | leadership to determine the continuing usefulness and safety of the orders and protocols. |
| | | evidence-based guidelines | - Orders and protocols are dated, timed, and authenticated |
| | | - Regular review of such standing orders and protocols | promptly in the patient's medical record by the ordering |
| | | by the medical staff and the hospital's nursing and | practitioner or by another practitioner responsible for the care of |
| | | pharmacy leadership to determine the continuing | the patient only if such a practitioner is acting in accordance with |
| | | usefulness and safety of the standing orders and | state law, including scope-of-practice laws, hospital policies, and |
| | | protocols | medical staff bylaws, rules, and regulations. |
| | | - Dating, timing, and authenticating of standing orders | , , , |
| | | and protocols by the ordering physician or other | |
| | | licensed practitioner or another licensed practitioner | |
| | | responsible for the patient's care in accordance with | |
| | | professional standards of practice; law and regulation; | |
| | | hospital policies; and medical staff bylaws, rules, and | |
| | | regulations. | |
| §482.24(c)(3)(iv) | (iv) Ensures that such orders and protocols | MM.04.01.01, EP 15 | RC.12.01.01, EP 5 |
| | are dated, timed, and authenticated | For hospitals that use Joint Commission accreditation | The hospital uses preprinted and electronic standing orders, order |
| | promptly in the patient's medical record by | for deemed status purposes: Processes for the use of | sets, and protocols for patient orders only if the following occurs: |
| | the ordering practitioner or by another | preprinted and electronic standing orders, order sets, | - Orders and protocols are reviewed and approved by the medical |
| | practitioner responsible for the care of the | and protocols for medication orders include the | staff and the hospital's nursing and pharmacy leadership. |
| | patient only if such a practitioner is acting in | following: | - Orders and protocols are consistent with nationally recognized |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | accordance with State law, including scope- | - Review and approval of standing orders and protocols | and evidence-based guidelines. |
| | of-practice laws, hospital policies, and | by the medical staff and the hospital's nursing and | - Orders and protocols are periodically and regularly reviewed by |
| | medical staff bylaws, rules, and regulations. | pharmacy leadership | the medical staff and the hospital's nursing and pharmacy |
| | | - Evaluation of established standing orders and | leadership to determine the continuing usefulness and safety of |
| | | protocols for consistency with nationally recognized and | the orders and protocols. |
| | | evidence-based guidelines | - Orders and protocols are dated, timed, and authenticated |
| | | - Regular review of such standing orders and protocols | promptly in the patient's medical record by the ordering |
| | | by the medical staff and the hospital's nursing and | practitioner or by another practitioner responsible for the care of |
| | | pharmacy leadership to determine the continuing | the patient only if such a practitioner is acting in accordance with |
| | | usefulness and safety of the standing orders and | state law, including scope-of-practice laws, hospital policies, and |
| | | protocols | medical staff bylaws, rules, and regulations. |
| | | - Dating, timing, and authenticating of standing orders | |
| | | and protocols by the ordering physician or other | |
| | | licensed practitioner or another licensed practitioner | |
| | | responsible for the patient's care in accordance with | |
| | | professional standards of practice; law and regulation; | |
| | | hospital policies; and medical staff bylaws, rules, and | |
| \$400.04/=\/4\ | (4) All | regulations. | |
| §482.24(c)(4) | (4) All records must document the following, | | |
| \$400.04/=\/4\/:\ | as appropriate: | | |
| §482.24(c)(4)(i) | (i) Evidence of | DO 04 00 00 FD 4 | DO 44 00 04 ED 0 |
| §482.24(c)(4)(i)(A) | (A) A medical history and physical | PC.01.02.03, EP 4 | PC.11.02.01, EP 2 |
| | examination completed and documented no | The patient receives a medical history and physical | A medical history and physical examination is completed and |
| | more than 30 days before or 24 hours after | examination no more than 30 days prior to, or within 24 | documented no more than 30 days prior to, or within 24 hours |
| | admission or registration, but prior to surgery | hours after, registration or inpatient admission, but prior | after, registration or inpatient admission but prior to surgery or a |
| | or a procedure requiring anesthesia services, | to surgery or a procedure requiring anesthesia services. | procedure requiring anesthesia services. |
| | and except as provided under paragraph | Note 1: For hospitals that use Joint Commission | Note 1: For hospitals that use Joint Commission accreditation for |
| | (c)(4)(i)(C) of this section. The medical | accreditation for deemed status purposes: Medical | deemed status purposes: Medical histories and physical |
| | history and physical examination must be | histories and physical examinations are performed as | examinations are performed as required in this element of |
| | placed in the patient's medical record within 24 hours after admission or registration, but | required in this element of performance, except any specific outpatient surgical or procedural services for | performance, except prior to any specific outpatient surgical or procedural services for which an assessment is performed instead |
| | prior to surgery or a procedure requiring | which an assessment is performed instead. | as provided under 42 CFR 482.24(c)(4)(i)(C). |
| | anesthesia services. | • | |
| | anesulesia services. | Note 2: For law and regulation guidance pertaining to | Note 2: For law and regulation guidance pertaining to the medical |

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| | | the medical history and physical examination, refer to | history and physical examination at 42 CFR 482.22(c)(5)(iii) and |
| | | 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to | 482.51(b)(1)(iii), refer to https://www.ecfr.gov/. |
| | | "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text. | RC.12.01.01, EP 6 |
| | | (AVA) for factors. | The medical history and physical examination or updates to the |
| | | PC.01.02.03, EP 7 | medical history and physical examination are placed in the |
| | | For hospitals that use Joint Commission accreditation | patient's medical record within 24 hours after admission or |
| | | for deemed status purposes: When the medical staff | registration, but prior to surgery or a procedure requiring |
| | | has chosen to allow an assessment (in lieu of a | anesthesia services. |
| | | comprehensive medical history and physical | |
| | | examination) for patients receiving specific outpatient | |
| | | surgical or procedural services, the assessment of the | |
| | | patient is completed and documented after registration but prior to surgery or a procedure requiring anesthesia | |
| | | services when the patient is receiving specific | |
| | | outpatient surgical or procedural services. (For more | |
| | | information, refer to Standard MS.03.01.01) | |
| | | Note: For further regulatory guidance, refer to 42 CFR | |
| | | 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and | |
| | | 482.22(c)(5)(v). Refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA) for full text. | |
| | | RC.01.03.01, EP 3 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital records the | |
| | | patient's medical history and physical examination, | |
| | | including updates, in the medical record within 24 hours | |
| | | after registration or inpatient admission but prior to | |
| | | surgery or a procedure requiring anesthesia services. | |
| | | RC.02.01.03, EP 3 | |
| | | The patient's medical history and physical examination | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | are recorded in the medical record before an operative | |
| | | or other high-risk procedure is performed. | |
| §482.24(c)(4)(i)(B) | (B) An updated examination of the patient, | PC.01.02.03, EP 5 | PC.11.02.01, EP 3 |
| | including any changes in the patient's | For a medical history and physical examination that was | For a medical history and physical examination that was |
| | condition, when the medical history and | completed within 30 days prior to registration or | completed within 30 days prior to registration or inpatient |
| | physical examination are completed within | inpatient admission, an update documenting any | admission, an update documenting any changes in the patient's |
| | 30 days before admission or registration, and | changes in the patient's condition is completed within | condition is completed within 24 hours after registration or |
| | except as provided under paragraph | 24 hours after registration or inpatient admission, but | inpatient admission, but prior to surgery or a procedure requiring |
| | (c)(4)(i)(C) of this section. Documentation of | prior to surgery or a procedure requiring anesthesia | anesthesia services. |
| | the updated examination must be placed in | services. | Note 1: For hospitals that use Joint Commission accreditation for |
| | the patient's medical record within 24 hours | Note 1: For hospitals that use Joint Commission | deemed status purposes: Medical histories and physical |
| | after admission or registration, but prior to | accreditation for deemed status purposes: Medical | examinations are performed as required in this element of |
| | surgery or a procedure requiring anesthesia | histories and physical examinations are performed as | performance, except prior to any specific outpatient surgical or |
| | services. | required in this element of performance, except any | procedural services for which an assessment is performed instead |
| | | specific outpatient surgical or procedural services for | as provided under 42 CFR 482.24(c)(4)(i)(C). |
| | | which an assessment is performed instead. | Note 2: For law and regulation guidance pertaining to the medical |
| | | Note 2: For law and regulation guidance pertaining to | history and physical examination at 42 CFR 482.22(c)(5)(iii) and |
| | | the medical history and physical examination, refer to | 482.51(b)(1)(iii), refer to https://www.ecfr.gov/. |
| | | 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to | |
| | | "Appendix A: Medicare Requirements for Hospitals" | RC.12.01.01, EP 6 |
| | | (AXA) for full text. | The medical history and physical examination or updates to the |
| | | | medical history and physical examination are placed in the |
| | | PC.01.02.03, EP 7 | patient's medical record within 24 hours after admission or |
| | | For hospitals that use Joint Commission accreditation | registration, but prior to surgery or a procedure requiring |
| | | for deemed status purposes: When the medical staff | anesthesia services. |
| | | has chosen to allow an assessment (in lieu of a | |
| | | comprehensive medical history and physical | |
| | | examination) for patients receiving specific outpatient | |
| | | surgical or procedural services, the assessment of the | |
| | | patient is completed and documented after registration | |
| | | but prior to surgery or a procedure requiring anesthesia | |
| | | services when the patient is receiving specific | |
| | | outpatient surgical or procedural services. (For more | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| \$482.24(c)(4)(i)(C) | (C) An assessment of the patient (in lieu of the requirements of paragraphs (c)(4)(i)(A) | information, refer to Standard MS.03.01.01) Note: For further regulatory guidance, refer to 42 CFR 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and 482.22(c)(5)(v). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text. RC.01.03.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital records the patient's medical history and physical examination, including updates, in the medical record within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services. PC.01.02.03, EP 7 For hospitals that use Joint Commission accreditation | RC.12.01.01, EP 7 An assessment of the patient (in lieu of a medical history and |
| | and (B) of this section) completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at § 482.22(c)(5)(v), specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services. | for deemed status purposes: When the medical staff has chosen to allow an assessment (in lieu of a comprehensive medical history and physical examination) for patients receiving specific outpatient surgical or procedural services, the assessment of the patient is completed and documented after registration but prior to surgery or a procedure requiring anesthesia services when the patient is receiving specific outpatient surgical or procedural services. (For more information, refer to Standard MS.03.01.01) Note: For further regulatory guidance, refer to 42 CFR 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and 482.22(c)(5)(v). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text. | physical examination as described in 42 CFR 482.24(c)(4)(i)(A) and (B)) is completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the following conditions are met: - The patient is receiving specific outpatient surgical or procedural services. - The medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at \$482.22(c)(5)(v), specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services. |
| §482.24(c)(4)(ii) | (ii) Admitting diagnosis. | RC.02.01.01, EP 2 The medical record contains the following clinical information: - The reason(s) for admission for care, treatment, and | RC.12.01.01, EP 2 The medical record contains the following clinical information: - Admitting diagnosis - Any emergency care, treatment, and services provided to the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | services | patient before their arrival |
| | | - The patient's initial diagnosis, diagnostic | - Any allergies to food and medications |
| | | impression(s), or condition(s) | - Any findings of assessments and reassessments |
| | | - Any findings of assessments and reassessments | - Results of all consultative evaluations of the patient and findings |
| | | - Any allergies to food | by clinical and other staff involved in the care of the patient |
| | | - Any allergies to medications | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - Any conclusions or impressions drawn from the | - Documentation of complications, health care–acquired |
| | | patient's medical history and physical examination | infections, and adverse reactions to drugs and anesthesia |
| | | - Any diagnoses or conditions established during the | - All practitioners' orders |
| | | patient's course of care, treatment, and services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | (including complications and hospital-acquired | signs, and other information necessary to monitor the patient's |
| | | infections). For psychiatric hospitals using Joint | condition |
| | | Commission accreditation for deemed status purposes: | - Medication records, including the strength, dose, route, date and |
| | | The diagnosis includes intercurrent diseases (diseases | time of administration, access site for medication, administration |
| | | that occur during the course of another disease; for | devices used, and rate of administration |
| | | example, a patient with AIDS may develop an | Note: When rapid titration of a medication is necessary, the |
| | | intercurrent bout of pneumonia) and the psychiatric | hospital defines in policy the urgent/emergent situations in which |
| | | diagnoses. | block charting would be an acceptable form of documentation. For |
| | | - Any consultation reports | the definition and a further explanation of block charting, refer to |
| | | - Any observations relevant to care, treatment, and | the Glossary. |
| | | services | - Administration of each self-administered medication, as reported |
| | | - The patient's response to care, treatment, and services | by the patient (or the patient's caregiver or support person where |
| | | - Any emergency care, treatment, and services provided | appropriate) |
| | | to the patient before their arrival | - Records of radiology and nuclear medicine services, including |
| | | - Any progress notes | signed interpretation reports |
| | | - All orders | - All care, treatment, and services provided to the patient |
| | | - Any medications ordered or prescribed | - Patient's response to care, treatment, and services |
| | | - Any medications administered, including the strength, | - Medical history and physical examination, including any |
| | | dose, route, date and time of administration | conclusions or impressions drawn from the information |
| | | Note 1: When rapid titration of a medication is | - Discharge plan and discharge planning evaluation |
| | | necessary, the hospital defines in policy the | - Discharge summary with outcome of hospitalization, disposition |
| | | urgent/emergent situations in which block charting | of case, and provisions for follow-up care, including any |
| | <u> </u> | would be an acceptable form of documentation. | medications dispensed or prescribed on discharge |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 2: For the definition and a further explanation of | - Any diagnoses or conditions established during the patient's |
| | | block charting, refer to the Glossary. | course of care, treatment, and services |
| | | - Any access site for medication, administration devices | Note: Medical records are completed within 30 days following |
| | | used, and rate of administration | discharge, including final diagnosis. |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| | | - Discharge plan and discharge planning evaluation | |
| §482.24(c)(4)(iii) | (iii) Results of all consultative evaluations of | RC.02.01.01, EP 2 | RC.12.01.01, EP 2 |
| | the patient and appropriate findings by | The medical record contains the following clinical | The medical record contains the following clinical information: |
| | clinical and other staff involved in the care of | information: | - Admitting diagnosis |
| | the patient. | - The reason(s) for admission for care, treatment, and | - Any emergency care, treatment, and services provided to the |
| | | services | patient before their arrival |
| | | - The patient's initial diagnosis, diagnostic | - Any allergies to food and medications |
| | | impression(s), or condition(s) | - Any findings of assessments and reassessments |
| | | - Any findings of assessments and reassessments | - Results of all consultative evaluations of the patient and findings |
| | | - Any allergies to food | by clinical and other staff involved in the care of the patient |
| | | - Any allergies to medications | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - Any conclusions or impressions drawn from the | - Documentation of complications, health care–acquired |
| | | patient's medical history and physical examination | infections, and adverse reactions to drugs and anesthesia |
| | | - Any diagnoses or conditions established during the | - All practitioners' orders |
| | | patient's course of care, treatment, and services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | (including complications and hospital-acquired | signs, and other information necessary to monitor the patient's |
| | | infections). For psychiatric hospitals using Joint | condition |
| | | Commission accreditation for deemed status purposes: | - Medication records, including the strength, dose, route, date and |
| | | The diagnosis includes intercurrent diseases (diseases | time of administration, access site for medication, administration |
| | | that occur during the course of another disease; for | devices used, and rate of administration |
| | | example, a patient with AIDS may develop an | Note: When rapid titration of a medication is necessary, the |
| | | intercurrent bout of pneumonia) and the psychiatric | hospital defines in policy the urgent/emergent situations in which |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | diagnoses. | block charting would be an acceptable form of documentation. For |
| | | - Any consultation reports | the definition and a further explanation of block charting, refer to |
| | | - Any observations relevant to care, treatment, and | the Glossary. |
| | | services | - Administration of each self-administered medication, as reported |
| | | - The patient's response to care, treatment, and services | by the patient (or the patient's caregiver or support person where |
| | | - Any emergency care, treatment, and services provided | appropriate) |
| | | to the patient before their arrival | - Records of radiology and nuclear medicine services, including |
| | | - Any progress notes | signed interpretation reports |
| | | - All orders | - All care, treatment, and services provided to the patient |
| | | - Any medications ordered or prescribed | - Patient's response to care, treatment, and services |
| | | - Any medications administered, including the strength, | - Medical history and physical examination, including any |
| | | dose, route, date and time of administration | conclusions or impressions drawn from the information |
| | | Note 1: When rapid titration of a medication is | - Discharge plan and discharge planning evaluation |
| | | necessary, the hospital defines in policy the | - Discharge summary with outcome of hospitalization, disposition |
| | | urgent/emergent situations in which block charting | of case, and provisions for follow-up care, including any |
| | | would be an acceptable form of documentation. | medications dispensed or prescribed on discharge |
| | | Note 2: For the definition and a further explanation of | - Any diagnoses or conditions established during the patient's |
| | | block charting, refer to the Glossary. | course of care, treatment, and services |
| | | - Any access site for medication, administration devices | Note: Medical records are completed within 30 days following |
| | | used, and rate of administration | discharge, including final diagnosis. |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| | | - Discharge plan and discharge planning evaluation | |
| §482.24(c)(4)(iv) | (iv) Documentation of complications, | RC.02.01.01, EP 2 | RC.12.01.01, EP 2 |
| | hospital acquired infections, and | The medical record contains the following clinical | The medical record contains the following clinical information: |
| | unfavorable reactions to drugs and | information: | - Admitting diagnosis |
| | anesthesia. | - The reason(s) for admission for care, treatment, and | - Any emergency care, treatment, and services provided to the |
| | | services | patient before their arrival |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The patient's initial diagnosis, diagnostic | - Any allergies to food and medications |
| | | impression(s), or condition(s) | - Any findings of assessments and reassessments |
| | | - Any findings of assessments and reassessments | - Results of all consultative evaluations of the patient and findings |
| | | - Any allergies to food | by clinical and other staff involved in the care of the patient |
| | | - Any allergies to medications | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - Any conclusions or impressions drawn from the | - Documentation of complications, health care–acquired |
| | | patient's medical history and physical examination | infections, and adverse reactions to drugs and anesthesia |
| | | - Any diagnoses or conditions established during the | - All practitioners' orders |
| | | patient's course of care, treatment, and services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | (including complications and hospital-acquired | signs, and other information necessary to monitor the patient's |
| | | infections). For psychiatric hospitals using Joint | condition |
| | | Commission accreditation for deemed status purposes: | - Medication records, including the strength, dose, route, date and |
| | | The diagnosis includes intercurrent diseases (diseases | time of administration, access site for medication, administration |
| | | that occur during the course of another disease; for | devices used, and rate of administration |
| | | example, a patient with AIDS may develop an | Note: When rapid titration of a medication is necessary, the |
| | | intercurrent bout of pneumonia) and the psychiatric | hospital defines in policy the urgent/emergent situations in which |
| | | diagnoses. | block charting would be an acceptable form of documentation. For |
| | | - Any consultation reports | the definition and a further explanation of block charting, refer to |
| | | - Any observations relevant to care, treatment, and | the Glossary. |
| | | services | - Administration of each self-administered medication, as reported |
| | | - The patient's response to care, treatment, and services | by the patient (or the patient's caregiver or support person where |
| | | - Any emergency care, treatment, and services provided | appropriate) |
| | | to the patient before their arrival | - Records of radiology and nuclear medicine services, including |
| | | - Any progress notes | signed interpretation reports |
| | | - All orders | - All care, treatment, and services provided to the patient |
| | | - Any medications ordered or prescribed | - Patient's response to care, treatment, and services |
| | | - Any medications administered, including the strength, | - Medical history and physical examination, including any |
| | | dose, route, date and time of administration | conclusions or impressions drawn from the information |
| | | Note 1: When rapid titration of a medication is | - Discharge plan and discharge planning evaluation |
| | | necessary, the hospital defines in policy the | - Discharge summary with outcome of hospitalization, disposition |
| | | urgent/emergent situations in which block charting | of case, and provisions for follow-up care, including any |
| | | would be an acceptable form of documentation. | medications dispensed or prescribed on discharge |
| | <u> </u> | Note 2: For the definition and a further explanation of | - Any diagnoses or conditions established during the patient's |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-------------------|--|--|--|
| CoP Requirement | CoP lext | block charting, refer to the Glossary. - Any access site for medication, administration devices used, and rate of administration - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care - Results of diagnostic and therapeutic tests and procedures - Any medications dispensed or prescribed on discharge - Discharge diagnosis - Discharge plan and discharge planning evaluation RC.02.01.03, EP 8 The medical record contains the following postoperative information: - The patient's vital signs and level of consciousness - Any medications, including intravenous fluids and any administered blood, blood products, and blood | course of care, treatment, and services Note: Medical records are completed within 30 days following discharge, including final diagnosis. |
| \$400.04(-)\4)(-) | (a) December 1 in factor and a second | components - Any unanticipated events or complications (including blood transfusion reactions) and the management of those events | DO 40 04 04 5D 0 |
| §482.24(c)(4)(v) | (v) Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent. | RC.02.01.01, EP 4 As needed to provide care, treatment, and services, the medical record contains the following additional information: - Any advance directives - Any informed consent, when required by hospital policy Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent contains documentation of a patient's mutual | RC.12.01.01, EP 3 The medical record contains any informed consent, when required by hospital policy or federal or state law or regulation. Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent contains documentation of a patient's mutual understanding of and agreement for care, treatment, and services through written signature; electronic signature; or, when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate decision-maker. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | understanding of and agreement for care, treatment, | |
| | | and services through written signature; electronic | |
| | | signature; or, when a patient is unable to provide a | |
| | | signature, documentation of the verbal agreement by | |
| | | the patient or surrogate decision-maker. | |
| | | - Any records of communication with the patient, such | |
| | | as telephone calls or e-mail | |
| | | - Any patient-generated information | |
| | | RI.01.03.01, EP 1 | |
| | | The hospital follows a written policy on informed | |
| | | consent that describes the following: | |
| | | - The specific care, treatment, and services that require | |
| | | informed consent | |
| | | - Circumstances that would allow for exceptions to | |
| | | obtaining informed consent | |
| | | - The process used to obtain informed consent | |
| | | - The physician or other licensed practitioner permitted | |
| | | to conduct the informed consent discussion in | |
| | | accordance with law and regulation | |
| | | - How informed consent is documented in the patient | |
| | | record | |
| | | Note: Documentation may be recorded in a form, in | |
| | | progress notes, or elsewhere in the record. | |
| | | - When a surrogate decision-maker may give informed | |
| | | consent | |
| | | RI.01.03.01, EP 2 | |
| | | The informed consent process includes a discussion | |
| | | about the following: | |
| | | - The patient's proposed care, treatment, and services. | |
| | | - Potential benefits, risks, and side effects of the | |
| | | patient's proposed care, treatment, and services; the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | likelihood of the patient achieving their goals; and any | |
| | | potential problems that might occur during | |
| | | recuperation. | |
| | | - Reasonable alternatives to the patient's proposed | |
| | | care, treatment, and services. The discussion | |
| | | encompasses risks, benefits, and side effects related to | |
| | | the alternatives and the risks related to not receiving the | |
| | | proposed care, treatment, and services. | |
| §482.24(c)(4)(vi) | (vi) All practitioners' orders, nursing notes, | RC.02.01.01, EP 2 | RC.12.01.01, EP 2 |
| | reports of treatment, medication records, | The medical record contains the following clinical | The medical record contains the following clinical information: |
| | radiology, and laboratory reports, and vital | information: | - Admitting diagnosis |
| | signs and other information necessary to | - The reason(s) for admission for care, treatment, and | - Any emergency care, treatment, and services provided to the |
| | monitor the patient's condition. | services | patient before their arrival |
| | | - The patient's initial diagnosis, diagnostic | - Any allergies to food and medications |
| | | impression(s), or condition(s) | - Any findings of assessments and reassessments |
| | | - Any findings of assessments and reassessments | - Results of all consultative evaluations of the patient and findings |
| | | - Any allergies to food | by clinical and other staff involved in the care of the patient |
| | | - Any allergies to medications | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - Any conclusions or impressions drawn from the | - Documentation of complications, health care–acquired |
| | | patient's medical history and physical examination | infections, and adverse reactions to drugs and anesthesia |
| | | - Any diagnoses or conditions established during the | - All practitioners' orders |
| | | patient's course of care, treatment, and services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | (including complications and hospital-acquired | signs, and other information necessary to monitor the patient's |
| | | infections). For psychiatric hospitals using Joint | condition |
| | | Commission accreditation for deemed status purposes: | - Medication records, including the strength, dose, route, date and |
| | | The diagnosis includes intercurrent diseases (diseases | time of administration, access site for medication, administration |
| | | that occur during the course of another disease; for | devices used, and rate of administration |
| | | example, a patient with AIDS may develop an | Note: When rapid titration of a medication is necessary, the |
| | | intercurrent bout of pneumonia) and the psychiatric | hospital defines in policy the urgent/emergent situations in which |
| | | diagnoses. | block charting would be an acceptable form of documentation. For |
| | | - Any consultation reports | the definition and a further explanation of block charting, refer to |
| | | - Any observations relevant to care, treatment, and | the Glossary. |
| | | services | - Administration of each self-administered medication, as reported |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The patient's response to care, treatment, and services | by the patient (or the patient's caregiver or support person where |
| | | - Any emergency care, treatment, and services provided | appropriate) |
| | | to the patient before their arrival | - Records of radiology and nuclear medicine services, including |
| | | - Any progress notes | signed interpretation reports |
| | | - All orders | - All care, treatment, and services provided to the patient |
| | | - Any medications ordered or prescribed | - Patient's response to care, treatment, and services |
| | | - Any medications administered, including the strength, | - Medical history and physical examination, including any |
| | | dose, route, date and time of administration | conclusions or impressions drawn from the information |
| | | Note 1: When rapid titration of a medication is | - Discharge plan and discharge planning evaluation |
| | | necessary, the hospital defines in policy the | - Discharge summary with outcome of hospitalization, disposition |
| | | urgent/emergent situations in which block charting | of case, and provisions for follow-up care, including any |
| | | would be an acceptable form of documentation. | medications dispensed or prescribed on discharge |
| | | Note 2: For the definition and a further explanation of | - Any diagnoses or conditions established during the patient's |
| | | block charting, refer to the Glossary. | course of care, treatment, and services |
| | | - Any access site for medication, administration devices | Note: Medical records are completed within 30 days following |
| | | used, and rate of administration | discharge, including final diagnosis. |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| | | - Discharge plan and discharge planning evaluation | |
| §482.24(c)(4)(vii) | (vii) Discharge summary with outcome of | RC.02.04.01, EP 3 | RC.12.01.01, EP 2 |
| | hospitalization, disposition of case, and | In order to provide information to other caregivers and | The medical record contains the following clinical information: |
| | provisions for follow-up care. | facilitate the patient's continuity of care, the medical | - Admitting diagnosis |
| | | record contains a concise discharge summary that | - Any emergency care, treatment, and services provided to the |
| | | includes the following: | patient before their arrival |
| | | - The reason for hospitalization | - Any allergies to food and medications |
| | | - The procedures performed | - Any findings of assessments and reassessments |
| | | - The care, treatment, and services provided | - Results of all consultative evaluations of the patient and findings |
| | | - The patient's condition and disposition at discharge | by clinical and other staff involved in the care of the patient |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Information provided to the patient and family | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - Provisions for follow-up care | - Documentation of complications, health care–acquired |
| | | Note 1: A discharge summary is not required when a | infections, and adverse reactions to drugs and anesthesia |
| | | patient is seen for minor problems or interventions, as | - All practitioners' orders |
| | | defined by the medical staff. In this instance, a final | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | progress note may be substituted for the discharge | signs, and other information necessary to monitor the patient's |
| | | summary provided the note contains the outcome of | condition |
| | | hospitalization, disposition of the case, and provisions | - Medication records, including the strength, dose, route, date and |
| | | for follow-up care. | time of administration, access site for medication, administration |
| | | Note 2: When a patient is transferred to a different level | devices used, and rate of administration |
| | | of care within the hospital, and caregivers change, a | Note: When rapid titration of a medication is necessary, the |
| | | transfer summary may be substituted for the discharge | hospital defines in policy the urgent/emergent situations in which |
| | | summary. If the caregivers do not change, a progress | block charting would be an acceptable form of documentation. For |
| | | note may be used. | the definition and a further explanation of block charting, refer to |
| | | Note 3: For psychiatric hospitals that use Joint | the Glossary. |
| | | Commission accreditation for deemed status purposes: | - Administration of each self-administered medication, as reported |
| | | The record of each patient discharged needs to include | by the patient (or the patient's caregiver or support person where |
| | | a discharge summary with the above information. The | appropriate) |
| | | exceptions in Notes 1 and 2 are not applicable. All | - Records of radiology and nuclear medicine services, including |
| | | patients discharged need to have a discharge summary. | signed interpretation reports |
| | | | - All care, treatment, and services provided to the patient |
| | | | - Patient's response to care, treatment, and services |
| | | | - Medical history and physical examination, including any |
| | | | conclusions or impressions drawn from the information |
| | | | - Discharge plan and discharge planning evaluation |
| | | | - Discharge summary with outcome of hospitalization, disposition |
| | | | of case, and provisions for follow-up care, including any |
| | | | medications dispensed or prescribed on discharge |
| | | | - Any diagnoses or conditions established during the patient's |
| | | | course of care, treatment, and services |
| | | | Note: Medical records are completed within 30 days following |
| | | | discharge, including final diagnosis. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.24(c)(4)(viii) | (viii) Final diagnosis with completion of | RC.01.03.01, EP 1 | RC.12.01.01, EP 2 |
| | medical records within 30 days following | The hospital defines the time frame for completion of | The medical record contains the following clinical information: |
| | discharge. | the medical record, which does not exceed 30 days after | - Admitting diagnosis |
| | | the patient's discharge. | - Any emergency care, treatment, and services provided to the |
| | | | patient before their arrival |
| | | RC.02.01.01, EP 2 | - Any allergies to food and medications |
| | | The medical record contains the following clinical | - Any findings of assessments and reassessments |
| | | information: | - Results of all consultative evaluations of the patient and findings |
| | | - The reason(s) for admission for care, treatment, and | by clinical and other staff involved in the care of the patient |
| | | services | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - The patient's initial diagnosis, diagnostic | - Documentation of complications, health care–acquired |
| | | impression(s), or condition(s) | infections, and adverse reactions to drugs and anesthesia |
| | | - Any findings of assessments and reassessments | - All practitioners' orders |
| | | - Any allergies to food | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | - Any allergies to medications | signs, and other information necessary to monitor the patient's |
| | | - Any conclusions or impressions drawn from the | condition |
| | | patient's medical history and physical examination | - Medication records, including the strength, dose, route, date and |
| | | - Any diagnoses or conditions established during the | time of administration, access site for medication, administration |
| | | patient's course of care, treatment, and services | devices used, and rate of administration |
| | | (including complications and hospital-acquired | Note: When rapid titration of a medication is necessary, the |
| | | infections). For psychiatric hospitals using Joint | hospital defines in policy the urgent/emergent situations in which |
| | | Commission accreditation for deemed status purposes: | block charting would be an acceptable form of documentation. For |
| | | The diagnosis includes intercurrent diseases (diseases | the definition and a further explanation of block charting, refer to |
| | | that occur during the course of another disease; for | the Glossary. |
| | | example, a patient with AIDS may develop an | - Administration of each self-administered medication, as reported |
| | | intercurrent bout of pneumonia) and the psychiatric | by the patient (or the patient's caregiver or support person where |
| | | diagnoses. | appropriate) |
| | | - Any consultation reports | - Records of radiology and nuclear medicine services, including |
| | | - Any observations relevant to care, treatment, and | signed interpretation reports |
| | | services | - All care, treatment, and services provided to the patient |
| | | - The patient's response to care, treatment, and services | - Patient's response to care, treatment, and services |
| | | - Any emergency care, treatment, and services provided | - Medical history and physical examination, including any |
| | | to the patient before their arrival | conclusions or impressions drawn from the information |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Any progress notes | - Discharge plan and discharge planning evaluation |
| | | - All orders | - Discharge summary with outcome of hospitalization, disposition |
| | | - Any medications ordered or prescribed | of case, and provisions for follow-up care, including any |
| | | - Any medications administered, including the strength, | medications dispensed or prescribed on discharge |
| | | dose, route, date and time of administration | - Any diagnoses or conditions established during the patient's |
| | | Note 1: When rapid titration of a medication is | course of care, treatment, and services |
| | | necessary, the hospital defines in policy the | Note: Medical records are completed within 30 days following |
| | | urgent/emergent situations in which block charting | discharge, including final diagnosis. |
| | | would be an acceptable form of documentation. | |
| | | Note 2: For the definition and a further explanation of | |
| | | block charting, refer to the Glossary. | |
| | | - Any access site for medication, administration devices | |
| | | used, and rate of administration | |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| \$400.04(d) | SAGO GA/d) Ctandard: Flactronia | - Discharge plan and discharge planning evaluation | |
| §482.24(d) | \$482.24(d) Standard: Electronic | | |
| | notifications. If the hospital utilizes an electronic medical records system or other | | |
| | electronic administrative system, which is | | |
| | conformant with the content exchange | | |
| | standard at 45 CFR 170.205(d)(2), then the | | |
| | hospital must demonstrate that— | | |
| §482.24(d)(1) | (1) The system's notification capacity is fully | IM.02.02.07, EP 1 | IM.13.01.05, EP 1 |
| | operational and the hospital uses it in | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | accordance with all State and Federal | for deemed status purposes: The hospital demonstrates | status purposes: The hospital demonstrates that its electronic |
| | statutes and regulations applicable to the | that its electronic health records system (or other | health records system's (or other electronic administrative |
| | | electronic administrative system) has a fully operational | system's) notification capacity is fully operational and is used in |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | hospital's exchange of patient health | notification capacity and is used in accordance with | accordance with applicable state and federal laws and regulations |
| | information. | applicable state and federal laws and regulations for the | for the exchange of patient health information. |
| | | exchange of patient health information. | |
| §482.24(d)(2) | (2) The system sends notifications that must | IM.02.02.07, EP 2 | IM.13.01.05, EP 2 |
| | include at least patient name, treating | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | practitioner name, and sending institution | for deemed status purposes: The hospital demonstrates | status purposes: The hospital demonstrates that its electronic |
| | name. | that its electronic health records system (or other | health records system (or other electronic administrative system) |
| | | electronic administrative system) sends notifications | sends notifications that include, at a minimum, the patient's |
| | | that include at least the patient's name, treating | name, treating licensed practitioner's name, and sending |
| | | licensed practitioner's name, and sending institution's | institution's name. |
| | | name. | |
| §482.24(d)(3) | (3) To the extent permissible under | IM.02.02.07, EP 3 | IM.13.01.05, EP 3 |
| | applicable federal and state law and | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | regulations, and not inconsistent with the | for deemed status purposes: In accordance with the | status purposes: In accordance with the patient's expressed |
| | patient's expressed privacy preferences, the | patient's expressed privacy preferences and applicable | privacy preferences and applicable laws and regulations, the |
| | system sends notifications directly, or | laws and regulations, the hospital's electronic health | hospital's electronic health records system (or other electronic |
| | through an intermediary that facilitates | records system (or other electronic administrative | administrative system) sends notifications directly, or through an |
| | exchange of health information, at the time | system) sends notifications directly, or through an | intermediary that facilitates exchange of health information, at the |
| | of: | intermediary that facilitates exchange of health | following times, when applicable: |
| | | information, at the time of the patient's emergency | - The patient's emergency department registration |
| | | department registration or inpatient admission. | - The patient's inpatient admission |
| §482.24(d)(3)(i) | (i) The patient's registration in the hospital's | IM.02.02.07, EP 3 | IM.13.01.05, EP 3 |
| | emergency department (if applicable). | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: In accordance with the | status purposes: In accordance with the patient's expressed |
| | | patient's expressed privacy preferences and applicable | privacy preferences and applicable laws and regulations, the |
| | | laws and regulations, the hospital's electronic health | hospital's electronic health records system (or other electronic |
| | | records system (or other electronic administrative | administrative system) sends notifications directly, or through an |
| | | system) sends notifications directly, or through an | intermediary that facilitates exchange of health information, at the |
| | | intermediary that facilitates exchange of health | following times, when applicable: |
| | | information, at the time of the patient's emergency | - The patient's emergency department registration |
| | | department registration or inpatient admission. | - The patient's inpatient admission |
| §482.24(d)(3)(ii) | (ii) The patient's admission to the hospital's | IM.02.02.07, EP 3 | IM.13.01.05, EP 3 |
| | inpatient services (if applicable). | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |

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| | | for deemed status purposes: In accordance with the | status purposes: In accordance with the patient's expressed |
| | | patient's expressed privacy preferences and applicable | privacy preferences and applicable laws and regulations, the |
| | | laws and regulations, the hospital's electronic health | hospital's electronic health records system (or other electronic |
| | | records system (or other electronic administrative | administrative system) sends notifications directly, or through an |
| | | system) sends notifications directly, or through an | intermediary that facilitates exchange of health information, at the |
| | | intermediary that facilitates exchange of health | following times, when applicable: |
| | | information, at the time of the patient's emergency | - The patient's emergency department registration |
| | | department registration or inpatient admission. | - The patient's inpatient admission |
| §482.24(d)(4) | (4) To the extent permissible under | IM.02.02.07, EP 4 | IM.13.01.05, EP 4 |
| | applicable federal and state law and | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | regulations and not inconsistent with the | for deemed status purposes: In accordance with the | status purposes: In accordance with the patient's expressed |
| | patient's expressed privacy preferences, the | patient's expressed privacy preferences and applicable | privacy preferences and applicable laws and regulations, the |
| | system sends notifications directly, or | laws and regulations, the hospital's electronic health | hospital's electronic health records system (or other electronic |
| | through an intermediary that facilitates | records system (or other electronic administrative | administrative system) sends notifications directly, or through an |
| | exchange of health information, either | system) sends notifications directly, or through an | intermediary that facilitates exchange of health information, either |
| | immediately prior to, or at the time of: | intermediary that facilitates exchange of health | immediately prior to or at the time of the patient's discharge or |
| | | information, either immediately prior to or at the time of | transfer from the hospital's emergency department or inpatient |
| | | the patient's discharge or transfer from the hospital's | services. |
| | | emergency department or inpatient services. | |
| §482.24(d)(4)(i) | (i) The patient's discharge or transfer from | IM.02.02.07, EP 4 | IM.13.01.05, EP 4 |
| | the hospital's emergency department (if | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | applicable). | for deemed status purposes: In accordance with the | status purposes: In accordance with the patient's expressed |
| | | patient's expressed privacy preferences and applicable | privacy preferences and applicable laws and regulations, the |
| | | laws and regulations, the hospital's electronic health | hospital's electronic health records system (or other electronic |
| | | records system (or other electronic administrative | administrative system) sends notifications directly, or through an |
| | | system) sends notifications directly, or through an | intermediary that facilitates exchange of health information, either |
| | | intermediary that facilitates exchange of health | immediately prior to or at the time of the patient's discharge or |
| | | information, either immediately prior to or at the time of | transfer from the hospital's emergency department or inpatient |
| | | the patient's discharge or transfer from the hospital's | services. |
| | | emergency department or inpatient services. | |
| §482.24(d)(4)(ii) | (ii) The patient's discharge or transfer from | IM.02.02.07, EP 4 | IM.13.01.05, EP 4 |
| | the hospital's inpatient services (if | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | applicable). | for deemed status purposes: In accordance with the | status purposes: In accordance with the patient's expressed |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | patient's expressed privacy preferences and applicable laws and regulations, the hospital's electronic health records system (or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, either immediately prior to or at the time of the patient's discharge or transfer from the hospital's | privacy preferences and applicable laws and regulations, the hospital's electronic health records system (or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, either immediately prior to or at the time of the patient's discharge or transfer from the hospital's emergency department or inpatient services. |
| §482.24(d)(5) | (5) The hospital has made a reasonable effort to ensure that the system sends the notifications to all applicable post-acute care services providers and suppliers, as well as to any of the following practitioners and entities, which need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes: | IM.02.02.07, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable postacute care services providers and suppliers, as well as any of the following who need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes: - The patient's established primary care licensed practitioner - The patient's established primary care practice group or entity - Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care Note: The term "reasonable effort" means that a hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which a hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive | IM.13.01.05, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post–acute care service providers and suppliers, as well as any of the following who need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes: - Patient's established primary care licensed practitioner - Patient's established primary care practice group or entity - Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care Note: The term "reasonable effort" means that the hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which the hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with the hospital system's capabilities. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | patient event notifications in a manner consistent with a | |
| | | hospital system's capabilities. | |
| §482.24(d)(5)(i) | (i) The patient's established primary care | IM.02.02.07, EP 5 | IM.13.01.05, EP 5 |
| | practitioner; | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital makes a | status purposes: The hospital makes a reasonable effort to |
| | | reasonable effort to confirm that its electronic health | confirm that its electronic health records system (or other |
| | | records system (or other electronic administrative | electronic administrative system) sends the notifications to all |
| | | system) sends the notifications to all applicable post- | applicable post-acute care service providers and suppliers, as |
| | | acute care services providers and suppliers, as well as | well as any of the following who need to receive notification of the |
| | | any of the following who need to receive notification of | patient's status for treatment, care coordination, or quality |
| | | the patient's status for treatment, care coordination, or quality improvement purposes: | improvement purposes: - Patient's established primary care licensed practitioner |
| | | - The patient's established primary care licensed | - Patient's established primary care reactice group or entity |
| | | practitioner | - Other licensed practitioners, or other practice groups or entities, |
| | | - The patient's established primary care practice group | identified by the patient as primarily responsible for the patient's |
| | | or entity | care |
| | | - Other licensed practitioners, or other practice groups | Note: The term "reasonable effort" means that the hospital has a |
| | | or entities, identified by the patient as primarily | process to send patient event notifications while working within |
| | | responsible for the patient's care | the constraints of its technology infrastructure. There may be |
| | | Note: The term "reasonable effort" means that a | instances in which the hospital (or its intermediary) cannot identify |
| | | hospital has a process to send patient event | an applicable recipient for a patient event notification despite |
| | | notifications while working within the constraints of its | establishing processes for identifying recipients. In addition, some |
| | | technology infrastructure. There may be instances in | recipients may not be able to receive patient event notifications in |
| | | which a hospital (or its intermediary) cannot identify an | a manner consistent with the hospital system's capabilities. |
| | | applicable recipient for a patient event notification | |
| | | despite establishing processes for identifying recipients. | |
| | | In addition, some recipients may not be able to receive | |
| | | patient event notifications in a manner consistent with a | |
| | | hospital system's capabilities. | |
| §482.24(d)(5)(ii) | (ii) The patient's established primary care | IM.02.02.07, EP 5 | IM.13.01.05, EP 5 |
| | practice group or entity; or | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital makes a | status purposes: The hospital makes a reasonable effort to |
| | | reasonable effort to confirm that its electronic health | confirm that its electronic health records system (or other |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | records system (or other electronic administrative | electronic administrative system) sends the notifications to all |
| | | system) sends the notifications to all applicable post- | applicable post–acute care service providers and suppliers, as |
| | | acute care services providers and suppliers, as well as | well as any of the following who need to receive notification of the |
| | | any of the following who need to receive notification of | patient's status for treatment, care coordination, or quality |
| | | the patient's status for treatment, care coordination, or | improvement purposes: |
| | | quality improvement purposes: | - Patient's established primary care licensed practitioner |
| | | - The patient's established primary care licensed | - Patient's established primary care practice group or entity |
| | | practitioner | - Other licensed practitioners, or other practice groups or entities, |
| | | - The patient's established primary care practice group | identified by the patient as primarily responsible for the patient's |
| | | or entity | care |
| | | - Other licensed practitioners, or other practice groups | Note: The term "reasonable effort" means that the hospital has a |
| | | or entities, identified by the patient as primarily | process to send patient event notifications while working within |
| | | responsible for the patient's care | the constraints of its technology infrastructure. There may be |
| | | Note: The term "reasonable effort" means that a | instances in which the hospital (or its intermediary) cannot identify |
| | | hospital has a process to send patient event | an applicable recipient for a patient event notification despite |
| | | notifications while working within the constraints of its | establishing processes for identifying recipients. In addition, some |
| | | technology infrastructure. There may be instances in | recipients may not be able to receive patient event notifications in |
| | | which a hospital (or its intermediary) cannot identify an | a manner consistent with the hospital system's capabilities. |
| | | applicable recipient for a patient event notification | |
| | | despite establishing processes for identifying recipients. | |
| | | In addition, some recipients may not be able to receive | |
| | | patient event notifications in a manner consistent with a | |
| | | hospital system's capabilities. | |
| §482.24(d)(5)(iii) | (iii) Other practitioner, or other practice | IM.02.02.07, EP 5 | IM.13.01.05, EP 5 |
| | group or entity, identified by the patient as | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | the practitioner, or practice group or entity, | for deemed status purposes: The hospital makes a | status purposes: The hospital makes a reasonable effort to |
| | primarily responsible for his or her care. | reasonable effort to confirm that its electronic health | confirm that its electronic health records system (or other |
| | | records system (or other electronic administrative | electronic administrative system) sends the notifications to all |
| | | system) sends the notifications to all applicable post- | applicable post–acute care service providers and suppliers, as |
| | | acute care services providers and suppliers, as well as | well as any of the following who need to receive notification of the |
| | | any of the following who need to receive notification of | patient's status for treatment, care coordination, or quality |
| | | the patient's status for treatment, care coordination, or | improvement purposes: |
| | | quality improvement purposes: | - Patient's established primary care licensed practitioner |

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| | | - The patient's established primary care licensed | - Patient's established primary care practice group or entity |
| | | practitioner | - Other licensed practitioners, or other practice groups or entities, |
| | | - The patient's established primary care practice group | identified by the patient as primarily responsible for the patient's |
| | | or entity | care |
| | | - Other licensed practitioners, or other practice groups | Note: The term "reasonable effort" means that the hospital has a |
| | | or entities, identified by the patient as primarily | process to send patient event notifications while working within |
| | | responsible for the patient's care | the constraints of its technology infrastructure. There may be |
| | | Note: The term "reasonable effort" means that a | instances in which the hospital (or its intermediary) cannot identify |
| | | hospital has a process to send patient event | an applicable recipient for a patient event notification despite |
| | | notifications while working within the constraints of its | establishing processes for identifying recipients. In addition, some |
| | | technology infrastructure. There may be instances in | recipients may not be able to receive patient event notifications in |
| | | which a hospital (or its intermediary) cannot identify an | a manner consistent with the hospital system's capabilities. |
| | | applicable recipient for a patient event notification | |
| | | despite establishing processes for identifying recipients. | |
| | | In addition, some recipients may not be able to receive | |
| | | patient event notifications in a manner consistent with a | |
| §482.25 | \$400.05 Condition of Portioinations | hospital system's capabilities. | LD 42 04 00 FDF |
| 8462.25 | \$482.25 Condition of Participation: | LD.04.01.07, EP 1 | LD.13.01.09, EP 5 |
| | Pharmaceutical Services The hospital must have pharmaceutical services that meet the | Leaders review, approve, and manage the implementation of policies and procedures that guide | The hospital develops and implements policies and procedures that minimizes drug errors. The medical staff develops these |
| | needs of the patients. The institution must | and support patient care, treatment, and services. | policies and procedures unless delegated to the pharmaceutical |
| | have a pharmacy directed by a registered | and support patient care, treatment, and services. | service. |
| | pharmacist or a drug storage area under | LD.04.03.01, EP 2 | Service. |
| | competent supervision. The medical staff is | The hospital provides essential services, including the | NPG.12.01.01, EP 10 |
| | responsible for developing policies and | following: | The hospital has a pharmacy that is directed by a registered |
| | procedures that minimize drug errors. This | - Diagnostic radiology | pharmacist. If the hospital does not have a pharmacy, it has a drug |
| | function may be delegated to the hospital's | - Dietary | storage area under competent supervision, as defined by the |
| | organized pharmaceutical service. | - Emergency | hospital. |
| | | - Medical records | Note: The pharmacy or drug storage area is administered in |
| | | - Nuclear medicine | accordance with accepted professional principles. |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Physical rehabilitation - Respiratory care - Social work Note 1: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The diagnostic radiology services provided by the hospital, as well as staff qualifications, meet professionally approved standards. | |
| 2400.05 | | MM.03.01.01, EP 19 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a pharmacy directed by a registered pharmacist or a supervised drug storage area, in accordance with law and regulation. Note: This element of performance is also applicable to sample medications. | |
| §482.25 | Element Deleted | LD.04.03.01, EP 2 The hospital provides essential services, including the following: - Diagnostic radiology - Dietary - Emergency | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| | | MM.03.01.01, EP 19 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital has a | |
| | | pharmacy directed by a registered pharmacist or a | |
| | | supervised drug storage area, in accordance with law | |
| | | and regulation. | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.25(a) | §482.25(a) Standard: Pharmacy | LD.03.08.01, EP 1 | MM.11.01.01, EP 1 |
| | Management and Administration The | The hospital's design of new or modified services or | Drugs and biologicals are procured, stored, controlled, and |
| | pharmacy or drug storage area must be | processes incorporates the following: | distributed in accordance with federal and state laws and |
| | administered in accordance with accepted | - The needs of patients, staff, and others | accepted standards of practice. |
| | professional principles. | - The results of performance improvement activities | Note: The hospital stores medications, including sample |
| | | - Information about potential risks to patients | medications, according to the manufacturers' recommendations |
| | | - Evidence-based information in the decision-making | or, in the absence of such recommendations, according to a |
| | | process | pharmacist's instructions. |
| | | - Information about sentinel events | |
| | | Note 1: A proactive risk assessment is one of several | MM.14.01.01, EP 3 |
| | | ways to assess potential risks to patients. For suggested | The hospital develops and implements a written policy that defines |
| | | components, refer to the "Proactive Risk Assessment" | the following: |
| | | section at the beginning of this chapter. | - Specific types of medication orders that it deems acceptable for |
| | | Note 2: Evidence-based information could include | use |
| | | practice guidelines, successful practices, information | - Minimum required elements of a complete medication order, |
| | | from current literature, and clinical standards. | which must include medication name, medication dose, |
| | | | medication route, and medication frequency |
| | | LD.03.10.01, EP 3 | - When indication for use is required on a medication order |
| | | When clinical practice guidelines will be used in the | - Precautions for ordering medications with look-alike or sound- |
| | | design or modification of processes, the following | alike names |
| | | occurs: | - Actions to take when medication orders are incomplete, illegible, |
| | | - The hospital follows criteria to manage guideline | or unclear |
| | | selection and implementation. | - Required elements for medication titration orders, including the |
| | | - The leaders of the hospital and the organized medical | medication name, medication route, initial rate of infusion |
| | | staff review, approve, and modify the clinical practice | (dose/unit of time), incremental units to which the rate or dose can |
| | | guidelines as needed. | be increased or decreased, how often the rate or dose can be |
| | | - The leaders of the hospital manage and evaluate the | changed, the maximum rate or dose of infusion, and the objective |
| | | implementation of the guidelines. | clinical measure to be used to guide changes |
| | | | Note 1: Examples of objective clinical measures to be used to |
| | | LD.04.01.05, EP 3 | guide titration changes include blood pressure, Richmond |
| | | The hospital defines, in writing, the responsibility of | Agitation–Sedation Scale (RASS), and the Confusion Assessment |
| | | those with administrative and clinical direction of its | Method (CAM). |
| | | programs, services, sites, or departments. | Note 2: Drugs and biologicals not specifically prescribed as to time |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. | or number of doses are automatically stopped after a reasonable time that is predetermined by the medical staff. |
| | | MM.03.01.01, EP 2 The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications. | |
| | | MM.03.01.01, EP 3 The hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation. Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Note 2: This element of performance is also applicable to sample medications. | |
| | | MM.03.01.01, EP 4 The hospital follows a written policy addressing the control of medication between receipt by a staff member and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage. Note: This element of performance is also applicable to sample medications. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | MM.03.01.01, EP 7 All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings. Note: This element of performance is also applicable to sample medications. | |
| | | MM.05.01.11, EP 2 The hospital dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications. | |
| §482.25(a)(1) | (1) A full-time, part-time, or consulting pharmacist must be responsible for developing, supervising, and coordinating all the activities of the pharmacy services. | HR.01.02.05, EP 28 For hospitals that use Joint Commission accreditation for deemed status purposes: A full-time, part-time, or consulting pharmacist develops, supervises, and coordinates all the activities of the pharmacy department or pharmacy services. | NPG.12.01.01, EP 11 The hospital has a full-time, part-time, or consulting pharmacist who is responsible for developing, supervising, and coordinating all pharmacy services activities. |
| §482.25(a)(2) | (2) The pharmaceutical service must have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services. | LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. | NPG.12.01.01, EP 1 Leaders provide for an adequate number and mix of qualified individuals to support safe, quality care, treatment, and services. Note 1: The number and mix of individuals is appropriate to the scope and complexity of the services offered. Services may include but are not limited to the following: - Rehabilitation services - Emergency services - Outpatient services - Respiratory services - Pharmaceutical services, including emergency pharmaceutical services |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | - Diagnostic and therapeutic radiology services |
| | | | Note 2: Emergency services staff are qualified in emergency care. |
| §482.25(a)(3) | (3) Current and accurate records must be | MM.03.01.01, EP 3 | MM.13.01.01, EP 1 |
| | kept of the receipt and disposition of all | The hospital stores all medications and biologicals, | The hospital maintains current and accurate records of the receipt |
| | scheduled drugs. | including controlled (scheduled) medications, in a | and disposition of all scheduled drugs. |
| | | secured area to prevent diversion, and locked when | |
| | | necessary, in accordance with law and regulation. | |
| | | Note 1: Scheduled medications include those listed in | |
| | | Schedules II–V of the Comprehensive Drug Abuse | |
| | | Prevention and Control Act of 1970. | |
| | | Note 2: This element of performance is also applicable | |
| | | to sample medications. | |
| | | MM.03.01.01, EP 4 | |
| | | The hospital follows a written policy addressing the | |
| | | control of medication between receipt by a staff | |
| | | member and administration of the medication, including | |
| | | safe storage, handling, wasting, security, disposition, | |
| | | and return to storage. | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| | | MM.05.01.11, EP 2 | |
| | | The hospital dispenses medications and maintains | |
| | | records in accordance with law and regulation, | |
| | | licensure, and professional standards of practice. | |
| | | Note 1: Dispensing practices and recordkeeping include | |
| | | antidiversion strategies. | |
| | | Note 2: This element of performance is also applicable | |
| | | to sample medications. | |
| §482.25(b) | §482.25(b) Standard: Delivery of Services In | EC.02.01.01, EP 11 | MM.11.01.01, EP 1 |
| | order to provide patient safety, drugs and | The hospital responds to product notices and recalls. | Drugs and biologicals are procured, stored, controlled, and |
| | biologicals must be controlled and | | distributed in accordance with federal and state laws and |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | distributed in accordance with applicable | MM.03.01.01, EP 3 | accepted standards of practice. |
| | standards of practice, consistent with | The hospital stores all medications and biologicals, | Note: The hospital stores medications, including sample |
| | Federal and State law. | including controlled (scheduled) medications, in a | medications, according to the manufacturers' recommendations |
| | | secured area to prevent diversion, and locked when | or, in the absence of such recommendations, according to a |
| | | necessary, in accordance with law and regulation. | pharmacist's instructions. |
| | | Note 1: Scheduled medications include those listed in | |
| | | Schedules II–V of the Comprehensive Drug Abuse | |
| | | Prevention and Control Act of 1970. | |
| | | Note 2: This element of performance is also applicable | |
| | | to sample medications. | |
| | | MM.03.01.01, EP 4 | |
| | | The hospital follows a written policy addressing the | |
| | | control of medication between receipt by a staff | |
| | | member and administration of the medication, including | |
| | | safe storage, handling, wasting, security, disposition, | |
| | | and return to storage. | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| | | MM.05.01.01, EP 1 | |
| | | Before dispensing or removing medications from floor | |
| | | stock or from an automated storage and distribution | |
| | | device, a pharmacist reviews all medication orders or | |
| | | prescriptions unless a physician or other licensed | |
| | | practitioner controls the ordering, preparation, and | |
| | | administration of the medication or when a delay would | |
| | | harm the patient in an urgent situation (including | |
| | | sudden changes in a patient's clinical status), in | |
| | | accordance with law and regulation. | |
| | | Note 1: The Joint Commission permits emergency | |
| | | departments to broadly apply two exceptions in regard | |
| | | to Standard MM.05.01.01, EP 1. These exceptions are | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | intended to minimize treatment delays and patient | |
| | | backup. The first exception allows medications ordered | |
| | | by a physician or other licensed practitioner to be | |
| | | administered by staff who are permitted to do so by | |
| | | virtue of education, training, and organization policy | |
| | | (such as a registered nurse) and in accordance with law | |
| | | and regulation. A physician or other licensed | |
| | | practitioner is not required to remain at the bedside | |
| | | when the medication is administered. However, a | |
| | | physician or other licensed practitioner must be | |
| | | available to provide immediate intervention should a | |
| | | patient experience an adverse drug event. The second | |
| | | exception allows medications to be administered in | |
| | | urgent situations when a delay in doing so would harm | |
| | | the patient. | |
| | | Note 2: A hospital's radiology service (including | |
| | | hospital-associated ambulatory radiology) will be | |
| | | expected to define, through protocol or policy, the role | |
| | | of the physician or other licensed practitioner in the | |
| | | direct supervision of a patient during and after IV | |
| | | contrast media is administered including the physician | |
| | | or other licensed practitioner's timely intervention in the | |
| | | event of a patient emergency. | |
| | | MM.05.01.11, EP 2 | |
| | | The hospital dispenses medications and maintains | |
| | | records in accordance with law and regulation, | |
| | | licensure, and professional standards of practice. | |
| | | Note 1: Dispensing practices and recordkeeping include | |
| | | antidiversion strategies. | |
| | | Note 2: This element of performance is also applicable | |
| | | to sample medications. | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | MM.05.01.17, EP 1 The hospital follows a written policy describing how it will retrieve and handle medications within the hospital that are recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA). Note: This element of performance is also applicable to sample medications. | |
| | | MM.05.01.17, EP 3 When a medication is recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA), the hospital notifies the prescribers and those who dispense or administer the medication. Note: This element of performance is also applicable to sample medications. | |
| | | MM.05.01.17, EP 4 When required by law and regulation or hospital policy, the hospital informs patients that their medication has been recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA). Note: This element of performance is also applicable to sample medications. | |
| | | MM.05.01.19, EP 2 When the hospital accepts unused, expired, or returned medications, it follows a process for returning medications to the pharmacy's control which includes procedures for preventing diversion. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| §482.25(b)(1) | (1) All compounding, packaging, and | MM.05.01.01, EP 4 | MM.15.01.01, EP 1 |
| | dispensing of drugs and biologicals must be | All medication orders are reviewed for the following: | A pharmacist supervises all compounding, packaging, and |
| | under the supervision of a pharmacist and | - Patient allergies or potential sensitivities | dispensing of drugs and biologicals except in urgent situations in |
| | performed consistent with State and Federal | - Existing or potential interactions between the | which a delay could harm the patient or when the product's |
| | laws. | medication ordered and food and medications the | stability is short. All compounding, packaging, and dispensing of |
| | | patient is currently taking | drugs and biologicals are performed in accordance with state and |
| | | - The appropriateness of the medication, dose, | federal law and regulation. |
| | | frequency, and route of administration | |
| | | - Current or potential impact as indicated by laboratory | MM.15.01.01, EP 2 |
| | | values | The hospital develops and implements policies and procedures for |
| | | - Therapeutic duplication | sterile medication compounding of nonhazardous and hazardous |
| | | - Other contraindications | medications in accordance with state and federal law and |
| | | | regulation. |
| | | MM.05.01.01, EP 11 | Note: All compounded medications are prepared in accordance |
| | | After the medication order has been reviewed, all | with the orders of a physician or other licensed practitioner. |
| | | concerns, issues, or questions are clarified with the | |
| | | individual prescriber before dispensing. | MM.15.01.01, EP 3 |
| | | | The hospital assesses competency of staff who conduct sterile |
| | | MM.05.01.07, EP 1 | medication compounding of nonhazardous and hazardous |
| | | A pharmacist supervises all compounding, packaging, | medications in accordance with state and federal law and |
| | | and dispensing of drugs and biologicals except in urgent | regulation and hospital policies. |
| | | situations in which a delay could harm the patient or | NW 45 04 04 5D 4 |
| | | when the product's stability is short. All compounding, | MM.15.01.01, EP 4 |
| | | packaging, and dispensing of drugs and biologicals are | The hospital conducts sterile medication compounding of |
| | | performed in accordance with state and federal law and | nonhazardous and hazardous medications within a proper |
| | | regulation. | environment in accordance with federal law and regulation and hospital policies. |
| | | MM.05.01.07, EP 2 | Note: Aspects of a proper environment include but are not limited |
| | | The hospital develops and implements policies and | to air exchanges and pressures, ISO designations, viable testing, |
| | | procedures for sterile medication compounding of | and cleaning/disinfecting. |
| | | nonhazardous and hazardous medications in | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | accordance with state and federal law and regulation. Note: All compounded medications are prepared in accordance with the orders of a physician or other licensed practitioner. | MM.15.01.01, EP 5 The hospital properly stores compounded sterile preparations of nonhazardous and hazardous medications and labels them with beyond-use dates in accordance with state and federal law and |
| | | MM.05.01.07, EP 3 The hospital assesses competency of staff who conduct sterile medication compounding of nonhazardous and hazardous medications in accordance with state and federal law and regulation and hospital policies. | regulation and hospital policies. MM.15.01.01, EP 6 The hospital conducts quality assurance of compounded sterile preparations of nonhazardous and hazardous medications in accordance with state and federal law and regulation and organization policy. |
| | | MM.05.01.07, EP 4 The hospital conducts sterile medication compounding of nonhazardous and hazardous medications within a proper environment in accordance with federal law and regulation and hospital policies. Note: Aspects of a proper environment include but are not limited to air exchanges and pressures, ISO designations, viable testing, and cleaning/disinfecting. | MM.15.01.01, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: An appropriately trained registered pharmacist or doctor of medicine or osteopathy performs or supervises in-house preparation of radiopharmaceuticals. |
| | | MM.05.01.07, EP 5 The hospital properly stores compounded sterile preparations of nonhazardous and hazardous medications and labels them with beyond-use dates in accordance with state and federal law and regulation and hospital policies. | |
| | | MM.05.01.07, EP 6 The hospital conducts quality assurance of compounded sterile preparations of nonhazardous and hazardous medications in accordance with state and federal law and regulation and organization policy. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | MM.05.01.07, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: An appropriately trained registered pharmacist or doctor of medicine or osteopathy performs or supervises in-house preparation of radiopharmaceuticals. | |
| | | MM.05.01.09, EP 2 Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice. Note: This element of performance is also applicable to sample medications. | |
| | | MM.05.01.09, EP 3 All medications prepared in the hospital are correctly labeled with the following: - Medication name, strength, and amount (if not apparent from the container) Note: This is also applicable to sample medications. - Expiration date when not used within 24 hours - Expiration date and time when expiration occurs in less than 24 hours - The date prepared and the diluent for all compounded intravenous admixtures and parenteral nutrition formulas | |
| | | MM.05.01.09, EP 10 When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: - The patient's name - The location where the medication is to be delivered | |

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| | | - Directions for use and applicable accessory and | |
| | | cautionary instructions | |
| §482.25(b)(2)(i) | (2)(i) All drugs and biologicals must be kept | MM.03.01.01, EP 3 | MM.13.01.01, EP 2 |
| | in a secure area, and locked when | The hospital stores all medications and biologicals, | The hospital stores all medications and biologicals, including |
| | appropriate. | including controlled (scheduled) medications, in a | controlled (scheduled) medications, in a secured area and locked |
| | | secured area to prevent diversion, and locked when | when necessary to prevent diversion in accordance with law and |
| | | necessary, in accordance with law and regulation. | regulation. |
| | | Note 1: Scheduled medications include those listed in | Note 1: Scheduled medications include those listed in Schedules |
| | | Schedules II–V of the Comprehensive Drug Abuse | II–V of the Comprehensive Drug Abuse Prevention and Control Act |
| | | Prevention and Control Act of 1970. | of 1970. |
| | | Note 2: This element of performance is also applicable | Note 2: This element of performance is also applicable to sample |
| | | to sample medications. | medications. |
| | | | Note 3: Only authorized staff have access to locked areas. |
| | | MM.03.01.01, EP 4 | |
| | | The hospital follows a written policy addressing the | |
| | | control of medication between receipt by a staff | |
| | | member and administration of the medication, including | |
| | | safe storage, handling, wasting, security, disposition, | |
| | | and return to storage. | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| | | MM.03.01.01, EP 6 | |
| | | The hospital prevents unauthorized individuals from | |
| | | obtaining medications in accordance with its policy and | |
| | | law and regulation. | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| §482.25(b)(2)(ii) | (ii) Drugs listed in Schedules II, III, IV, and V | MM.03.01.01, EP 3 | MM.13.01.01, EP 2 |
| | of the Comprehensive Drug Abuse | The hospital stores all medications and biologicals, | The hospital stores all medications and biologicals, including |
| | Prevention and Control Act of 1970 must be | including controlled (scheduled) medications, in a | controlled (scheduled) medications, in a secured area and locked |
| | kept locked within a secure area. | secured area to prevent diversion, and locked when | when necessary to prevent diversion in accordance with law and |
| | | necessary, in accordance with law and regulation. | regulation. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 1: Scheduled medications include those listed in | Note 1: Scheduled medications include those listed in Schedules |
| | | Schedules II–V of the Comprehensive Drug Abuse | II–V of the Comprehensive Drug Abuse Prevention and Control Act |
| | | Prevention and Control Act of 1970. | of 1970. |
| | | Note 2: This element of performance is also applicable | Note 2: This element of performance is also applicable to sample |
| | | to sample medications. | medications. |
| | | | Note 3: Only authorized staff have access to locked areas. |
| §482.25(b)(2)(iii) | (iii) Only authorized personnel may have | MM.03.01.01, EP 6 | MM.13.01.01, EP 2 |
| | access to locked areas. | The hospital prevents unauthorized individuals from | The hospital stores all medications and biologicals, including |
| | | obtaining medications in accordance with its policy and | controlled (scheduled) medications, in a secured area and locked |
| | | law and regulation. | when necessary to prevent diversion in accordance with law and |
| | | Note: This element of performance is also applicable to | regulation. |
| | | sample medications. | Note 1: Scheduled medications include those listed in Schedules |
| | | | II–V of the Comprehensive Drug Abuse Prevention and Control Act |
| | | | of 1970. |
| | | | Note 2: This element of performance is also applicable to sample medications. |
| | | | |
| §482.25(b)(3) | (3) Outdated, mislabeled, or otherwise | MM.03.01.01, EP 8 | Note 3: Only authorized staff have access to locked areas. MM.13.01.01, EP 4 |
| 3402.23(b)(3) | unusable drugs and biologicals must not be | The hospital removes all expired, damaged, and/or | The hospital removes all expired, damaged, mislabeled, |
| | available for patient use. | contaminated medications and stores them separately | contaminated, or otherwise unusable medications and stores |
| | available for patient use. | from medications available for administration. | them separately from medications available for patient use. |
| | | Note: This element of performance is also applicable to | Note: This element of performance is also applicable to sample |
| | | sample medications. | medications. |
| §482.25(b)(4) | (4) When a pharmacist is not available, drugs | MM.05.01.13, EP 1 | MM.13.01.01, EP 5 |
| 0.02.20(0)(.) | and biologicals must be removed from the | The hospital follows a process for providing medications | When a pharmacist is not available, only designated staff obtain |
| | pharmacy or storage area only by personnel | to meet patient needs when the pharmacy is closed. | drugs and biologicals from the pharmacy or storage area in |
| | designated in the policies of the medical | | accordance with policies and procedures of medical staff and |
| | staff and pharmaceutical service, in | MM.05.01.13, EP 2 | pharmaceutical service, and applicable federal and state law and |
| | accordance with Federal and State law. | When non-pharmacist health care professionals are | regulation. |
| | | allowed by law or regulation to obtain medications after | |
| | | the pharmacy is closed, the following occurs: | |
| | | - Medications available are limited to those approved by | |
| | | the hospital. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital stores and secures the medications approved for use outside of the pharmacy. Only trained, designated prescribers and nurses are permitted access to approved medications Quality control procedures (such as an independent second check by another individual or a secondary verification built into the system such as bar coding) are in place to prevent medication retrieval errors. The hospital arranges for a qualified pharmacist to be available either on-call or at another location (for example, at another organization that has 24-hour pharmacy service) to answer questions or provide medications beyond those accessible to non-pharmacy staff. | |
| §482.25(b)(5) | (5) Drugs and biologicals not specifically prescribed as to time or number of doses must automatically be stopped after a reasonable time that is predetermined by the medical staff. | MM.04.01.01, EP 1 The hospital follows a written policy that identifies the specific types of medication orders that it deems acceptable for use. Note: There are several different types of medication orders. Medication orders commonly used include the following: - As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom - Standing orders: A prewritten medication order and specific instructions from the physician or other licensed practitioner to administer a medication to a person in clearly defined circumstances - Automatic stop orders: Orders that include a date or time to discontinue a medication - Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status - Taper orders: Orders in which the dose is decreased by | MM.14.01.01, EP 3 The hospital develops and implements a written policy that defines the following: - Specific types of medication orders that it deems acceptable for use - Minimum required elements of a complete medication order, which must include medication name, medication dose, medication route, and medication frequency - When indication for use is required on a medication order - Precautions for ordering medications with look-alike or sound-alike names - Actions to take when medication orders are incomplete, illegible, or unclear - Required elements for medication titration orders, including the medication name, medication route, initial rate of infusion (dose/unit of time), incremental units to which the rate or dose can be increased or decreased, how often the rate or dose can be changed, the maximum rate or dose of infusion, and the objective clinical measure to be used to guide changes |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | a particular amount with each dosing interval | Note 1: Examples of objective clinical measures to be used to |
| | | - Range orders: Orders in which the dose or dosing | guide titration changes include blood pressure, Richmond |
| | | interval varies over a prescribed range, depending on the | Agitation–Sedation Scale (RASS), and the Confusion Assessment |
| | | situation or patient's status | Method (CAM). |
| | | - Signed and held orders: New prewritten (held) | Note 2: Drugs and biologicals not specifically prescribed as to time |
| | | medication orders and specific instructions from a | or number of doses are automatically stopped after a reasonable |
| | | physician or other licensed practitioner to administer | time that is predetermined by the medical staff. |
| | | medication(s) to a patient in clearly defined | |
| | | circumstances that become active upon the release of | |
| | | the orders on a specific date(s) and time(s) | |
| | | - Orders for compounded drugs or drug mixtures not | |
| | | commercially available | |
| | | - Orders for medication-related devices (for example, | |
| | | nebulizers, catheters) | |
| | | - Orders for investigational medications | |
| | | - Orders for herbal products | |
| | | - Orders for medications at discharge or transfer | |
| | | MM.05.01.01, EP 4 | |
| | | All medication orders are reviewed for the following: | |
| | | - Patient allergies or potential sensitivities | |
| | | - Existing or potential interactions between the | |
| | | medication ordered and food and medications the | |
| | | patient is currently taking | |
| | | - The appropriateness of the medication, dose, | |
| | | frequency, and route of administration | |
| | | - Current or potential impact as indicated by laboratory | |
| | | values | |
| | | - Therapeutic duplication | |
| | | - Other contraindications | |
| §482.25(b)(6) | (6) Drug administration errors, adverse drug | MM.07.01.03, EP 1 | MM.17.01.01, EP 2 |
| | reactions, and incompatibilities must be | The hospital follows a written process to respond to | Medication administration errors, adverse drug reactions, and |
| | immediately reported to the attending | actual or potential adverse drug events, significant | medication incompatibilities, as defined by the hospital, are |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| 1 | physician and, if appropriate, to the | adverse drug reactions, and medication errors. | immediately reported to the attending physician or other licensed |
| | hospital's quality assessment and performance improvement program. | Note: This element of performance is also applicable to sample medications. | practitioner and, as appropriate, to the hospitalwide quality assessment and performance improvement program. |
| | periormance improvement program. | sumple medications. | assessment and performance improvement program. |
| | | MM.07.01.03, EP 2 | MM.17.01.01, EP 3 |
| | | The hospital follows a written process addressing | The hospital has a method (such as using established benchmarks |
| | | prescriber notification in the event of an adverse drug event, significant adverse drug reaction, or medication | for the size and scope of services provided by the hospital or studies on reporting rates published in peer-reviewed journals) by |
| | | error. | which to measure the effectiveness of its process for identifying |
| | | Note: This element of performance is also applicable to | and reporting medication errors and adverse drug reactions to the |
| | | sample medications. | quality assessment and performance improvement program. |
| | | MM.07.01.03, EP 3 | |
| | | The hospital complies with internal and external | |
| 1 | | reporting requirements for actual or potential adverse | |
| | | drug events, significant adverse drug reactions, and medication errors. | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| | | MM 07 04 02 FD 0 | |
| | | MM.07.01.03, EP 6 For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Medication administration | |
| | | errors, adverse drug reactions, and medication | |
| 1 | | incompatibilities as defined by the hospital are | |
| | | immediately reported to the attending physician and as appropriate to the organizationwide quality assessment | |
| | | and performance improvement program. | |
| | | Note: The definition of "physician" is the same as that | |
| | | used by the Centers for Medicare & Description (OND) (1997) | |
| | | Services (CMS) (refer to the Glossary). | |
| | | Pl.01.01.01, EP 12 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital collects data on the following: Significant | |
| | | medication errors. | |
| | | DI 04 04 04 ED 42 | |
| | | PI.01.01.01, EP 13 The hospital collects data on the following: Significant | |
| | | adverse drug reactions. | |
| §482.25(b)(7) | (7) Abuses and losses of controlled | MM.01.01.03, EP 5 | MM.13.01.01, EP 3 |
| | substances must be reported, in accordance | For hospitals that use Joint Commission accreditation | The hospital reports abuses and losses of controlled substances, |
| | with applicable Federal and State laws, to | for deemed status purposes: The hospital reports | in accordance with federal and state law and regulation, to the |
| | the individual responsible for the | abuses and losses of controlled substances, in | individual responsible for the pharmacy department or service |
| | pharmaceutical service, and to the chief | accordance with law and regulation, to the individual | and, as appropriate, to the chief executive officer. |
| | executive officer, as appropriate. | responsible for the pharmacy department or service | Note: This element of performance is also applicable to sample |
| | | and, as appropriate, to the chief executive. | medications. |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| §482.25(b)(8) | (8) Information relating to drug interactions | IM.03.01.01, EP 1 | MM.11.01.03, EP 1 |
| | and information of drug therapy, side effects, | The hospital provides access to knowledge-based | Information relating to drug interactions, drug therapy, side |
| | toxicology, dosage, indications for use, and routes of administration must be available to | information resources 24 hours a day, 7 days a week. | effects, toxicology, dosage, indications for use, and routes of administration is available to the professional staff. |
| | the professional staff. | MM.02.01.01, EP 4 | duministration is available to the professional stain. |
| | and professional otam. | The hospital maintains a formulary, including | |
| | | medication strength and dosage. The formulary is | |
| | | readily available to those involved in medication | |
| | | management. | |
| | | Note 1: Sample medications are not required to be on | |
| | | the formulary. | |
| | | Note 2: In some settings, the term "list of medications | |
| | | available for use" is used instead of "formulary." The | |
| \$400.05(b)(0) | (O) A favorable was research to a catallist and | terms are synonymous. | MM 40 04 04 FD 4 |
| §482.25(b)(9) | (9) A formulary system must be established | MM.02.01.01, EP 1 Members of the medical staff licensed practitioners | MM.12.01.01, EP 1 The begintal maintains a formular that includes medication |
| | by the medical staff to assure quality pharmaceuticals at reasonable costs. | Members of the medical staff, licensed practitioners, pharmacists, and other staff involved in ordering, | The hospital maintains a formulary that includes medication strength and dosage. The formulary is readily available to those |
| | pharmaceuticals at reasonable costs. | dispensing, administering, and/or monitoring the effects | involved in medication management. |
| | | uispensing, auministering, and/or monitoring the effects | involved in medication management. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|---|
| | | of medications develop written criteria for determining | Note 1: Sample medications are not required to be on the |
| | | which medications are available for dispensing or | formulary. |
| | | administering to patients. | Note 2: In some settings, the term "list of medications available for |
| | | Note: This element of performance is also applicable to | use" is used instead of "formulary." The terms are synonymous. |
| | | sample medications. | |
| | | | |
| | | MM.02.01.01, EP 2 | |
| | | The hospital develops and approves criteria for selecting | |
| | | medications, which, at a minimum, include the | |
| | | following: | |
| | | - Indications for use | |
| | | - Effectiveness | |
| | | - Drug interactions | |
| | | - Potential for errors and abuse | |
| | | - Adverse drug events | |
| | | - Sentinel event advisories | |
| | | - Population(s) served (for example, pediatrics, | |
| | | geriatrics) | |
| | | - Other risks | |
| | | - Costs | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| | | MM.02.01.01, EP 4 | |
| | | The hospital maintains a formulary, including | |
| | | medication strength and dosage. The formulary is | |
| | | readily available to those involved in medication | |
| | | management. | |
| | | Note 1: Sample medications are not required to be on | |
| | | the formulary. | |
| | | Note 2: In some settings, the term "list of medications | |
| | | available for use" is used instead of "formulary." The | |
| | | terms are synonymous. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.26 | §482.26 Condition of Participation: | HR.01.01.01, EP 1 | LD.13.03.01, EP 1 |
| | Radiologic Services The hospital must | The hospital defines staff qualifications specific to their | The hospital provides services directly or through referral, |
| | maintain, or have available, diagnostic | job responsibilities. | consultation, contractual arrangements, or other agreements that |
| | radiologic services. If therapeutic services | Note 1: Qualifications for infection control may be met | meet the needs of the population(s) served, are organized |
| | are also provided, they, as well as the | through ongoing education, training, experience, and/or | appropriate to the scope and complexity of services offered, and |
| | diagnostic services, must meet | certification (such as that offered by the Certification | are in accordance with accepted standards of practice. Services |
| | professionally approved standards for safety | Board for Infection Control). | may include but are not limited to the following: |
| | and personnel qualifications. | Note 2: Qualifications for laboratory personnel are | - Outpatient |
| | | described in the Clinical Laboratory Improvement | - Emergency |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | - Medical records |
| | | "Personnel for Nonwaived Testing" \$493.1351- | - Diagnostic and therapeutic radiology |
| | | §493.1495. A complete description of the requirement is | - Nuclear medicine |
| | | located at https://www.ecfr.gov/cgi-bin/text- | - Surgical |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | - Anesthesia |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | - Laboratory |
| | | Note 3: For hospitals that use Joint Commission | - Respiratory |
| | | accreditation for deemed status purposes: Qualified | - Dietetic |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | NPG.12.01.01, EP 1 |
| | | assistants, speech-language pathologists, or | Leaders provide for an adequate number and mix of qualified |
| | | audiologists (as defined in 42 CFR 484.4) provide | individuals to support safe, quality care, treatment, and services. |
| | | physical therapy, occupational therapy, speech- | Note 1: The number and mix of individuals is appropriate to the |
| | | language pathology, or audiology services, if these | scope and complexity of the services offered. Services may |
| | | services are provided by the hospital. The provision of | include but are not limited to the following: |
| | | care and staff qualifications are in accordance with | - Rehabilitation services |
| | | national acceptable standards of practice and also meet | - Emergency services |
| | | the requirements of 409.17. See Appendix A for 409.17 | - Outpatient services |
| | | requirements. | - Respiratory services |
| | | Note 4: Qualifications for language interpreters and | - Pharmaceutical services, including emergency pharmaceutical |
| | | translators may be met through language proficiency | services |
| | | assessment, education, training, and experience. The | - Diagnostic and therapeutic radiology services |
| | | use of qualified interpreters and translators is supported | Note 2: Emergency services staff are qualified in emergency care. |
| | | by the Americans with Disabilities Act, Section 504 of | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the specific procedures is designated in writing. | |
| | | specific procedures is designated in writing. | |
| | | HR.01.06.01, EP 1 | |
| | | The hospital defines the competencies it requires of its | |
| | | staff who provide patient care, treatment, or services. | |
| | | LD.01.03.01, EP 3 | |
| | | The governing body approves the hospital's written | |
| | | scope of services. | |
| | | 0000001 | |
| | | LD.04.03.01, EP 1 | |
| | | The needs of the population(s) served guide decisions | |
| | | about which services will be provided directly or through | |
| | | referral, consultation, contractual arrangements, or | |
| | | other agreements. | |
| | | Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: | |
| | | If medical and surgical diagnostic and treatment | |
| | | services are not available within the hospital, the | |
| | | hospital has an agreement with an outside source for | |
| | | these services to make sure that the services are | |
| | | immediately available or an agreement needs to be | |
| | | established for transferring patients to a general | |
| | | hospital that participates in the Medicare program. | |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | following: | |
| | | - Diagnostic radiology | |
| | | - Dietary | |
| | | - Emergency | |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| | | LD.04.03.09, EP 2 | |
| | | The hospital describes, in writing, the nature and scope | |
| | | of services provided through contractual agreements. | |
| | | | |
| | | LD.04.03.09, EP 4 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Leaders monitor contracted services by establishing | |
| | | expectations for the performance of the contracted | |
| | | services. | |
| | | Note 1: In most cases, each physician and other | |
| | | licensed practitioner providing services through a | |
| | | contractual agreement must be credentialed and | |
| | | privileged by the hospital using their services following | |
| | | the process described in the "Medical Staff" (MS) | |
| | | chapter. | |
| | | Note 2: For hospitals that do not use Joint Commission | |
| | | accreditation for deemed status purposes: When the | |
| | | hospital contracts with another accredited organization | |
| | | for patient care, treatment, and services to be provided | |
| | | off site, it can do the following: | |
| | | - Verify that all physicians and other licensed | |
| | | practitioners who will be providing patient care, | |
| | | treatment, and services have appropriate privileges by | |
| | | obtaining, for example, a copy of the list of privileges. | |
| | | - Specify in the written agreement that the contracted | |
| | | organization will ensure that all contracted services | |
| | | provided by physicians and other licensed practitioners | |
| | | will be within the scope of their privileges. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The leaders | |
| | | who monitor the contracted services are the governing | |
| | | body. | |
| | | LD 04 00 00 FD 5 | |
| | | LD.04.03.09, EP 5 | |
| | | Leaders monitor contracted services by communicating | |
| | | the expectations in writing to the provider of the | |
| | | contracted services. | |
| | | Note: A written description of the expectations can be | |
| | | provided either as part of the written agreement or in | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | addition to it. | |
| | | | |
| | | LD.04.03.09, EP 6 | |
| | | Leaders monitor contracted services by evaluating these | |
| | | services in relation to the hospital's expectations. | |
| | | LD.04.03.09, EP 7 | |
| | | Leaders take steps to improve contracted services that | |
| | | do not meet expectations. | |
| | | Note: Examples of improvement efforts to consider | |
| | | include the following: | |
| | | - Increase monitoring of the contracted services | |
| | | - Provide consultation or training to the contractor | |
| | | - Renegotiate the contract terms | |
| | | - Apply defined penalties | |
| | | - Terminate the contract | |
| | | LD.04.03.09, EP 8 | |
| | | When contractual agreements are renegotiated or | |
| | | terminated, the hospital maintains the continuity of | |
| | | patient care. | |
| §482.26(a) | §482.26(a) Standard: Radiologic Services | LD.04.03.01, EP 1 | LD.13.03.01, EP 1 |
| | The hospital must maintain, or have | The needs of the population(s) served guide decisions | The hospital provides services directly or through referral, |
| | available, radiologic services according to | about which services will be provided directly or through | consultation, contractual arrangements, or other agreements that |
| | the needs of the patients. | referral, consultation, contractual arrangements, or | meet the needs of the population(s) served, are organized |
| | | other agreements. | appropriate to the scope and complexity of services offered, and |
| | | Note: For psychiatric hospitals that use Joint | are in accordance with accepted standards of practice. Services |
| | | Commission accreditation for deemed status purposes: | may include but are not limited to the following: |
| | | If medical and surgical diagnostic and treatment | - Outpatient |
| | | services are not available within the hospital, the | - Emergency |
| | | hospital has an agreement with an outside source for | - Medical records |
| | | these services to make sure that the services are | - Diagnostic and therapeutic radiology |
| | | immediately available or an agreement needs to be | - Nuclear medicine |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | established for transferring patients to a general | - Surgical |
| | | hospital that participates in the Medicare program. | - Anesthesia |
| | | | - Laboratory |
| | | LD.04.03.01, EP 2 | - Respiratory |
| | | The hospital provides essential services, including the | - Dietetic |
| | | following: | |
| | | - Diagnostic radiology | NPG.12.01.01, EP 1 |
| | | - Dietary | Leaders provide for an adequate number and mix of qualified |
| | | - Emergency | individuals to support safe, quality care, treatment, and services. |
| | | - Medical records | Note 1: The number and mix of individuals is appropriate to the |
| | | - Nuclear medicine | scope and complexity of the services offered. Services may |
| | | - Nursing care | include but are not limited to the following: |
| | | - Pathology and clinical laboratory | - Rehabilitation services |
| | | - Pharmaceutical | - Emergency services |
| | | - Physical rehabilitation | - Outpatient services |
| | | - Respiratory care | - Respiratory services |
| | | - Social work | - Pharmaceutical services, including emergency pharmaceutical |
| | | Note 1: Hospitals that provide only psychiatric and | services |
| | | addiction treatment services are not required to provide | - Diagnostic and therapeutic radiology services |
| | | nuclear medicine, physical rehabilitation, and | Note 2: Emergency services staff are qualified in emergency care. |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| | | | <u>I</u> |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|---|---|---|
| | | LD.04.03.09, EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements. | |
| | | LD.04.03.09, EP 8 When contractual agreements are renegotiated or terminated, the hospital maintains the continuity of patient care. | |
| §482.26(b) | §482.26(b) Standard: Safety for Patients and Personnel The radiologic services, particularly ionizing radiology procedures, must be free from hazards for patients and personnel. | EC.01.01.01, EP 4 The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities. EC.01.01.01, EP 6 The hospital has a written plan for managing the following: Hazardous materials and waste. EC.02.01.01, EP 1 The hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. EC.02.01.01, EP 3 The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment. | PE.02.01.01, EP 4 The hospital develops and implements policies and procedures to protect patients and staff from exposure to hazardous materials. The policies and procedures address the following: - Minimizing risk when selecting, handling, storing, transporting, using, and disposing of radioactive materials, hazardous chemicals, and hazardous gases and vapors - Disposal of hazardous medications - Minimizing risk when selecting and using hazardous energy sources, including the use of proper shielding - Periodic inspection of radiology equipment and prompt correction of hazards found during inspection - Precautions to follow and personal protective equipment to wear in response to hazardous material and waste spills or exposure Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs). Note 2: Hazardous gases and vapors include but are not limited to ethylene oxide and nitrous oxide gases; vapors generated by glutaraldehyde; cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9) |

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| | | EC.02.02.01, EP 3 The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. | |
| | | EC.02.02.01, EP 7 The hospital minimizes risks associated with selecting and using hazardous energy sources. Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs). Note 2: This includes the use of proper shielding during fluoroscopic procedures. | |
| | | LD.04.01.07, EP 1 Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services. | |
| §482.26(b)(1) | (1) Proper safety precautions must be maintained against radiation hazards. This includes adequate shielding for patients, personnel, and facilities, as well as appropriate storage, use and disposal of radioactive materials. | EC.02.02.01, EP 1 The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. | PE.02.01.01, EP 4 The hospital develops and implements policies and procedures to protect patients and staff from exposure to hazardous materials. The policies and procedures address the following: - Minimizing risk when selecting, handling, storing, transporting, using, and disposing of radioactive materials, hazardous chemicals, and hazardous gases and vapors |
| | | EC.02.02.01, EP 3 The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. | Disposal of hazardous medications Minimizing risk when selecting and using hazardous energy sources, including the use of proper shielding Periodic inspection of radiology equipment and prompt correction of hazards found during inspection Precautions to follow and personal protective equipment to wear |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | EC.02.02.01, EP 6 | in response to hazardous material and waste spills or exposure |
| | | The hospital minimizes risks associated with selecting, | Note 1: Hazardous energy is produced by both ionizing equipment |
| | | handling, storing, transporting, using, and disposing of | (for example, radiation and x-ray equipment) and nonionizing |
| | | radioactive materials. | equipment (for example, lasers and MRIs). |
| | | | Note 2: Hazardous gases and vapors include but are not limited to |
| | | | ethylene oxide and nitrous oxide gases; vapors generated by |
| | | EC.02.02.01, EP 7 | glutaraldehyde; cauterizing equipment, such as lasers; waste |
| | | The hospital minimizes risks associated with selecting | anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. |
| | | and using hazardous energy sources. | (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9) |
| | | Note 1: Hazardous energy is produced by both ionizing | |
| | | equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and | |
| | | MRIs). | |
| | | Note 2: This includes the use of proper shielding during | |
| | | fluoroscopic procedures. | |
| | | Nacrosopie procedures. | |
| | | EC.02.02.01, EP 8 | |
| | | The hospital minimizes risks associated with disposing | |
| | | of hazardous medications. | |
| | | | |
| | | EC.02.02.01, EP 11 | |
| | | For managing hazardous materials and waste, the | |
| | | hospital has the permits, licenses, manifests, and safety | |
| | | data sheets required by law and regulation. | |
| | | FO 00 00 04 FD 40 | |
| | | EC.02.02.01, EP 12 The heapital labels beyond up materials and wests | |
| | | The hospital labels hazardous materials and waste. | |
| | | Labels identify the contents and hazard warnings. * Footnote *: The Occupational Safety and Health | |
| | | Administration's (OSHA) Bloodborne Pathogens and | |
| | | Hazard Communications Standards and the National | |
| | | Fire Protection Association (NFPA) provide details on | |
| | | labeling requirements. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | EC.02.04.03, EP 1 For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs | |
| | | safety, operational, and functional checks. EC.02.04.03, EP 3 The hospital inspects, tests, and maintains non-highrisk equipment identified on the medical equipment inventory. These activities are documented. MM.01.01.03, EP 1 | |
| | | The hospital identifies, in writing, its high-alert and hazardous medications. * Note: This element of performance is also applicable to sample medications. Footnote *: For a list of high-alert medications, see https://www.ismp.org/recommendations. For a list of hazardous drugs, see https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf. | |
| | | MM.01.01.03, EP 2 The hospital follows a process for managing high-alert and hazardous medications. | |

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| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| §482.26(b)(2) | (2) Periodic inspection of equipment must be | EC.02.04.01, EP 2 | PE.02.01.01, EP 4 |
| | made and hazards identified must be | For hospitals that do not use Joint Commission | The hospital develops and implements policies and procedures to |
| | promptly corrected. | accreditation for deemed status purposes: The hospital | protect patients and staff from exposure to hazardous materials. |
| | | maintains either a written inventory of all medical | The policies and procedures address the following: |
| | | equipment or a written inventory of selected equipment | - Minimizing risk when selecting, handling, storing, transporting, |
| | | categorized by physical risk associated with use | using, and disposing of radioactive materials, hazardous |
| | | (including all life-support equipment) and equipment | chemicals, and hazardous gases and vapors |
| | | incident history. The hospital evaluates new types of | - Disposal of hazardous medications |
| | | equipment before initial use to determine whether they | - Minimizing risk when selecting and using hazardous energy |
| | | should be included in the inventory. | sources, including the use of proper shielding |
| | | For boonitals that use laint Commission accorditation | - Periodic inspection of radiology equipment and prompt |
| | | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a | correction of hazards found during inspection - Precautions to follow and personal protective equipment to wear |
| | | written inventory of all medical equipment. | in response to hazardous material and waste spills or exposure |
| | | written inventory of all medical equipment. | Note 1: Hazardous energy is produced by both ionizing equipment |
| | | EC.02.04.01, EP 4 | (for example, radiation and x-ray equipment) and nonionizing |
| | | The hospital identifies the activities and associated | equipment (for example, lasers and MRIs). |
| | | frequencies, in writing, for maintaining, inspecting, and | Note 2: Hazardous gases and vapors include but are not limited to |
| | | testing all medical equipment on the inventory. | ethylene oxide and nitrous oxide gases; vapors generated by |
| | | Note: Activities and associated frequencies for | glutaraldehyde; cauterizing equipment, such as lasers; waste |
| | | maintaining, inspecting, and testing of medical | anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. |
| | | equipment must have a 100% completion rate. | (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9) |
| | | | |
| | | EC.02.04.03, EP 1 | |
| | | For hospitals that do not use Joint Commission | |
| | | accreditation for deemed status purposes: Before initial | |
| | | use of medical equipment on the medical equipment | |
| | | inventory, the hospital performs safety, operational, and | |
| | | functional checks. | |
| | | | |
| | | For hospitals that use Joint Commission accreditation | |

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| | | for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. | |
| | | EC.02.04.03, EP 3 The hospital inspects, tests, and maintains non-highrisk equipment identified on the medical equipment inventory. These activities are documented. | |
| | | EC.04.01.01, EP 8 Based on its process(es), the hospital reports and investigates the following: Hazardous materials and waste spills and exposures. | |
| §482.26(b)(3) | (3) Radiation workers must be checked periodically, by the use of exposure meters or badge tests, for amount of radiation exposure. | EC.02.02.01, EP 3 The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. | PE.02.01.01, EP 5 Radiation workers are checked periodically, using exposure meters or badge tests, for the amount of radiation exposure. |
| | | EC.02.02.01, EP 7 The hospital minimizes risks associated with selecting and using hazardous energy sources. Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs). Note 2: This includes the use of proper shielding during fluoroscopic procedures. | |
| | | EC.02.02.01, EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Radiation workers are | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | checked periodically, by the use of exposure meters or | |
| | | badge tests, for the amount of radiation exposure. | |
| §482.26(b)(4) | (4) Radiologic services must be provided | PC.02.01.03, EP 1 | PC.12.01.01, EP 1 |
| | only on the order of practitioners with clinical | For hospitals that use Joint Commission accreditation | Prior to providing care, treatment, and services, the hospital |
| | privileges or, consistent with State law, of | for deemed status purposes: Prior to providing care, | obtains or renews orders (verbal or written) from a physician or |
| | other practitioners authorized by the medical | treatment, and services, the hospital obtains or renews | other licensed practitioner in accordance with professional |
| | staff and the governing body to order the | orders (verbal or written) from a physician or other | standards of practice; law and regulation; hospital policies; and |
| | services. | licensed practitioner in accordance with professional | medical staff bylaws, rules, and regulations. |
| | | standards of practice; law and regulation; hospital | Note 1: This includes but is not limited to respiratory services, |
| | | policies; and medical staff bylaws, rules, and | radiology services, rehabilitation services, nuclear medicine |
| | | regulations. | services, and dietetic services, if provided. |
| | | Note 1: Outpatient services may be ordered by a | Note 2: For hospitals that use Joint Commission accreditation for |
| | | physician or other licensed practitioner not appointed to | deemed status purposes: Patient diets, including therapeutic |
| | | the medical staff as long as the practitioner meets the | diets, are ordered by the physician or other licensed practitioner |
| | | following: | responsible for the patient's care or by a qualified dietitian or |
| | | - Responsible for the care of the patient | qualified nutrition professional who is authorized by the medical |
| | | - Licensed to practice in the state where the practitioner | staff and acting in accordance with state law governing dietitians |
| | | provides care to the patient or in accordance with Veterans Administration and Department of Defense | and nutrition professionals. |
| | | licensure requirements | |
| | | - Acting within the practitioner's scope of practice under | |
| | | state law | |
| | | - Authorized in accordance with state law and policies | |
| | | adopted by the medical staff and approved by the | |
| | | governing body to order the applicable outpatient | |
| | | services | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Patient diets, | |
| | | including therapeutic diets, are ordered by the physician | |
| | | or other licensed practitioner responsible for the | |
| | | patient's care, or by a qualified dietitian or qualified | |
| | | nutrition professional who is authorized by the medical | |

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| | | staff and acting in accordance with state law governing | |
| | | dietitians and nutrition professionals. | |
| §482.26(c) | §482.26(c) Standard: Personnel | | |
| §482.26(c)(1) | (1) A qualified full-time, part-time or | LD.04.01.05, EP 3 | MS.17.01.03, EP 5 |
| | consulting radiologist must supervise the | The hospital defines, in writing, the responsibility of | For hospitals that use Joint Commission accreditation for deemed |
| | ionizing radiology services and must | those with administrative and clinical direction of its | status purposes: A full-time, part-time, or consulting radiologist, |
| | interpret only those radiologic tests that are | programs, services, sites, or departments. | who is a doctor of medicine or osteopathy qualified by education |
| | determined by the medical staff to require a | Note: For hospitals that use Joint Commission | and experience in radiology, supervises ionizing radiology services |
| | radiologist's specialized knowledge. For | accreditation for deemed status purposes: This includes | and interprets radiologic tests that the medical staff determine to |
| | purposes of this section, a radiologist is a | the full-time employee who directs and manages dietary | require a radiologist's specialized knowledge. |
| | doctor of medicine or osteopathy who is | services. | |
| | qualified by education and experience in | M0 04 04 04 5D 00 | |
| | radiology. | MS.01.01.01, EP 36 | |
| | | The medical staff bylaws include the following | |
| | | requirements: If departments of the medical staff exist, | |
| | | the qualifications and roles and responsibilities of the department chair, which are defined by the organized | |
| | | medical staff, include the following: | |
| | | inedical stan, include the following. | |
| | | Qualifications: | |
| | | - Certification by an appropriate specialty board or | |
| | | comparable competence affirmatively established | |
| | | through the credentialing process | |
| | | anough the erotic that he process | |
| | | Roles and responsibilities: | |
| | | - Clinically related activities of the department | |
| | | - Administratively related activities of the department, | |
| | | unless otherwise provided by the hospital | |
| | | - Continuing surveillance of the professional | |
| | | performance of all individuals in the department who | |
| | | have delineated clinical privileges | |
| | | - Recommending to the medical staff the criteria for | |
| | | clinical privileges that are relevant to the care provided | |

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| | | in the department | |
| | | - Recommending clinical privileges for each member of | |
| | | the department | |
| | | - Assessing and recommending to the relevant hospital | |
| | | authority off-site sources for needed patient care, | |
| | | treatment, and services not provided by the department | |
| | | or the organization | |
| | | - Integration of the department or service into the | |
| | | primary functions of the organization | |
| | | - Coordination and integration of interdepartmental and | |
| | | intradepartmental services | |
| | | - Development and implementation of policies and | |
| | | procedures that guide and support the provision of care, | |
| | | treatment, and services | |
| | | - Recommendations for a sufficient number of qualified | |
| | | and competent persons to provide care, treatment, and | |
| | | services | |
| | | - Determination of the qualifications and competence of | |
| | | department or service staff who provide patient care, | |
| | | treatment, and services but are not licensed to practice | |
| | | independently | |
| | | - Continuous assessment and improvement of the | |
| | | quality of care, treatment, and services | |
| | | - Maintenance of quality control programs, as | |
| | | appropriate | |
| | | - Orientation and continuing education of all persons in | |
| | | the department or service | |
| | | - Recommending space and other resources needed by | |
| | | the department or service | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: When | |
| | | departments of the medical staff do not exist, the | |
| | | medical staff is responsible for the development of | |

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| | | policies and procedures that minimize medication | |
| | | errors. The medical staff may delegate this responsibility | |
| | | to the organized pharmaceutical service. | |
| | | | |
| | | MS.06.01.03, EP 9 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: A full-time, part-time, or | |
| | | consulting radiologist who is a doctor of medicine or osteopathy qualified by education and experience in | |
| | | radiology supervises ionizing radiology services. | |
| | | radiology supervises ionizing radiology services. | |
| | | MS.06.01.05, EP 2 | |
| | | The hospital, based on recommendations by the | |
| | | organized medical staff and approval by the governing | |
| | | body, establishes criteria that determine a physician's or | |
| | | other licensed practitioner's ability to provide patient | |
| | | care, treatment, and services within the scope of the | |
| | | privilege(s) requested. Evaluation of all of the following | |
| | | are included in the criteria: | |
| | | - Current licensure and/or certification, as appropriate, | |
| | | verified with the primary source | |
| | | - The applicant's specific relevant training, verified with | |
| | | the primary source | |
| | | - Evidence of physical ability to perform the requested | |
| | | privilege | |
| | | - Data from professional practice review by an organization(s) that currently privileges the applicant (if | |
| | | available) | |
| | | - Peer and/or faculty recommendation | |
| | | - When renewing privileges, review of the physician's or | |
| | | other licensed practitioner's performance within the | |
| | | hospital | |

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| §482.26(c)(2) | (2) Only personnel designated as qualified by | MS.03.01.01, EP 16 | MS.16.01.01, EP 11 |
| | the medical staff may use the radiologic | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | equipment and administer procedures. | for deemed status purposes: The medical staff | status purposes: The medical staff determines the qualifications |
| | | determines the qualifications of the radiology staff who | of the radiology staff who use equipment and administer |
| | | use equipment and administer procedures. | procedures. |
| | | Note: Technologists who perform diagnostic computed | Note: Technologists who perform diagnostic computed |
| | | tomography exams will, at a minimum, meet the | tomography exams will, at a minimum, meet the requirements |
| | | requirements specified at HR.01.01.01, EP 32. | specified at HR.11.02.01, EP 7. |
| §482.26(d) | §482.26(d) Standard: Records Records of | RC.02.01.01, EP 2 | RC.12.01.01, EP 2 |
| | radiologic services must be maintained. | The medical record contains the following clinical | The medical record contains the following clinical information: |
| | | information: | - Admitting diagnosis |
| | | - The reason(s) for admission for care, treatment, and | - Any emergency care, treatment, and services provided to the |
| | | services | patient before their arrival |
| | | - The patient's initial diagnosis, diagnostic | - Any allergies to food and medications |
| | | impression(s), or condition(s) | - Any findings of assessments and reassessments |
| | | - Any findings of assessments and reassessments | - Results of all consultative evaluations of the patient and findings |
| | | - Any allergies to food | by clinical and other staff involved in the care of the patient |
| | | - Any allergies to medications | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - Any conclusions or impressions drawn from the | - Documentation of complications, health care–acquired |
| | | patient's medical history and physical examination | infections, and adverse reactions to drugs and anesthesia |
| | | - Any diagnoses or conditions established during the | - All practitioners' orders |
| | | patient's course of care, treatment, and services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | (including complications and hospital-acquired | signs, and other information necessary to monitor the patient's |
| | | infections). For psychiatric hospitals using Joint | condition |
| | | Commission accreditation for deemed status purposes: | - Medication records, including the strength, dose, route, date and |
| | | The diagnosis includes intercurrent diseases (diseases | time of administration, access site for medication, administration |
| | | that occur during the course of another disease; for | devices used, and rate of administration |
| | | example, a patient with AIDS may develop an | Note: When rapid titration of a medication is necessary, the |
| | | intercurrent bout of pneumonia) and the psychiatric | hospital defines in policy the urgent/emergent situations in which |
| | | diagnoses. | block charting would be an acceptable form of documentation. For |
| | | - Any consultation reports | the definition and a further explanation of block charting, refer to |
| | | - Any observations relevant to care, treatment, and | the Glossary. |
| | | services | - Administration of each self-administered medication, as reported |

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| | | - The patient's response to care, treatment, and services | by the patient (or the patient's caregiver or support person where |
| | | - Any emergency care, treatment, and services provided | appropriate) |
| | | to the patient before their arrival | - Records of radiology and nuclear medicine services, including |
| | | - Any progress notes | signed interpretation reports |
| | | - All orders | - All care, treatment, and services provided to the patient |
| | | - Any medications ordered or prescribed | - Patient's response to care, treatment, and services |
| | | - Any medications administered, including the strength, | - Medical history and physical examination, including any |
| | | dose, route, date and time of administration | conclusions or impressions drawn from the information |
| | | Note 1: When rapid titration of a medication is | - Discharge plan and discharge planning evaluation |
| | | necessary, the hospital defines in policy the | - Discharge summary with outcome of hospitalization, disposition |
| | | urgent/emergent situations in which block charting | of case, and provisions for follow-up care, including any |
| | | would be an acceptable form of documentation. | medications dispensed or prescribed on discharge |
| | | Note 2: For the definition and a further explanation of | - Any diagnoses or conditions established during the patient's |
| | | block charting, refer to the Glossary. | course of care, treatment, and services |
| | | - Any access site for medication, administration devices | Note: Medical records are completed within 30 days following |
| | | used, and rate of administration | discharge, including final diagnosis. |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| 6400.00(-1)(4) | (4) The modified or the constant of the constan | - Discharge plan and discharge planning evaluation | DO 40 04 04 ED 0 |
| §482.26(d)(1) | (1) The radiologist or other practitioner who | RC.01.02.01, EP 3 | RC.12.01.01, EP 2 |
| | performs radiology services must sign | The author of each medical record entry is identified in | The medical record contains the following clinical information: |
| | reports of his or her interpretations. | the medical record. | - Admitting diagnosis |
| | | DC 04 02 04 ED 4 | - Any emergency care, treatment, and services provided to the |
| | | RC.01.02.01, EP 4 Entries in the medical record are authenticated by the | patient before their arrival |
| | | author. Information introduced into the medical record | Any allergies to food and medicationsAny findings of assessments and reassessments |
| | | through transcription or dictation is authenticated by the | - Any midnings of assessments and reassessments - Results of all consultative evaluations of the patient and findings |
| | | author. | by clinical and other staff involved in the care of the patient |
| | <u> </u> | auuioi. | by cumcat and other Stan involved in the Care of the patient |

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| | | Note 1: Authentication can be verified through | - Treatment goals, plan of care, and revisions to the plan of care |
| | | electronic signatures, written signatures or initials, | - Documentation of complications, health care–acquired |
| | | rubber-stamp signatures, or computer key. | infections, and adverse reactions to drugs and anesthesia |
| | | Note 2: For paper-based records, signatures entered for | - All practitioners' orders |
| | | purposes of authentication after transcription or for | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | verbal orders are dated when required by law or | signs, and other information necessary to monitor the patient's |
| | | regulation or hospital policy. For electronic records, | condition |
| | | electronic signatures will be date-stamped. | - Medication records, including the strength, dose, route, date and |
| | | Note 3: For hospitals that use Joint Commission | time of administration, access site for medication, administration |
| | | accreditation for deemed status purposes: All orders, | devices used, and rate of administration |
| | | including verbal orders, are dated and authenticated by | Note: When rapid titration of a medication is necessary, the |
| | | the ordering physician or other licensed practitioner who | hospital defines in policy the urgent/emergent situations in which |
| | | is responsible for the care of the patient, and who, in | block charting would be an acceptable form of documentation. For |
| | | accordance with hospital policy; law and regulation; and | the definition and a further explanation of block charting, refer to |
| | | medical staff bylaws, rules, and regulations, is | the Glossary. |
| | | authorized to write orders. | - Administration of each self-administered medication, as reported |
| | | | by the patient (or the patient's caregiver or support person where |
| | | RC.01.02.01, EP 5 | appropriate) |
| | | The individual identified by the signature stamp or method of electronic authentication is the only | Records of radiology and nuclear medicine services, including signed interpretation reports |
| | | individual who uses it. | - All care, treatment, and services provided to the patient |
| | | marriadat who does it. | - Patient's response to care, treatment, and services |
| | | | - Medical history and physical examination, including any |
| | | | conclusions or impressions drawn from the information |
| | | | - Discharge plan and discharge planning evaluation |
| | | | - Discharge summary with outcome of hospitalization, disposition |
| | | | of case, and provisions for follow-up care, including any |
| | | | medications dispensed or prescribed on discharge |
| | | | - Any diagnoses or conditions established during the patient's |
| | | | course of care, treatment, and services |
| | | | Note: Medical records are completed within 30 days following |
| | | | discharge, including final diagnosis. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.26(d)(2) | (2) The hospital must maintain the following for at least 5 years: | RC.01.05.01, EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, scans; and other applicable image records. | RC.11.03.01, EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, and scans; and other applicable image records. |
| §482.26(d)(2)(i) | (i) Copies of reports and printouts | RC.01.05.01, EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, scans; and other applicable image records. | RC.11.03.01, EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, and scans; and other applicable image records. |
| \$482.26(d)(2)(ii) | (ii) Films, scans, and other image records, as appropriate. | RC.01.05.01, EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, scans; and other applicable image records. | RC.11.03.01, EP 1 The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, and scans; and other applicable image records. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.27 | §482.27 Condition of Participation: | LD.04.01.01, EP 1 | LD.13.03.01, EP 1 |
| | Laboratory Services The hospital must | The hospital is licensed, is certified, or has a permit, in | The hospital provides services directly or through referral, |
| | maintain, or have available, adequate | accordance with law and regulation, to provide the care, | consultation, contractual arrangements, or other agreements that |
| | laboratory services to meet the needs of its | treatment, or services for which the hospital is seeking | meet the needs of the population(s) served, are organized |
| | patients. The hospital must ensure that all | accreditation from The Joint Commission. | appropriate to the scope and complexity of services offered, and |
| | laboratory services provided to its patients | Note 1: Each service location that performs laboratory | are in accordance with accepted standards of practice. Services |
| | are performed in a facility certified in | testing (waived or nonwaived) must have a Clinical | may include but are not limited to the following: |
| | accordance with Part 493 of this chapter. | Laboratory Improvement Amendments of 1988 (CLIA | - Outpatient |
| | | '88) certificate as specified by the federal CLIA | - Emergency |
| | | regulations (42 CFR 493.55 and 493.3) and applicable | - Medical records |
| | | state law. Laboratory services meet the applicable | - Diagnostic and therapeutic radiology |
| | | requirements at 42 CFR 482.27. | - Nuclear medicine |
| | | Note 2: For more information on how to obtain a CLIA | - Surgical |
| | | certificate, see http://www.cms.gov/Regulations-and- | - Anesthesia |
| | | Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_ | - Laboratory |
| | | Certificate_International_Laboratories.html. | - Respiratory |
| | | | - Dietetic |
| | | LD.04.01.01, EP 2 | |
| | | The hospital provides care, treatment, and services in | LD.13.03.01, EP 12 |
| | | accordance with licensure requirements, laws, and | The hospital has laboratory services available, either directly or |
| | | rules and regulations. | through a contractual agreement with a Clinical Laboratory |
| | | Note: For hospitals that use Joint Commission | Improvement Amendments (CLIA)–certified laboratory that meets |
| | | accreditation for deemed status purposes: The hospital | the requirements of 42 CFR 493. |
| | | meets the Centers for Medicare & Dedicard | |
| | | Services' (CMS) definition of a hospital in accordance | |
| | | with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] | |
| | | for the language of this CMS requirement.) | |
| | | | |
| | | LD.04.03.01, EP 1 | |
| | | The needs of the population(s) served guide decisions | |
| | | about which services will be provided directly or through | |
| | | referral, consultation, contractual arrangements, or | |
| | | other agreements. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | If medical and surgical diagnostic and treatment | |
| | | services are not available within the hospital, the | |
| | | hospital has an agreement with an outside source for | |
| | | these services to make sure that the services are | |
| | | immediately available or an agreement needs to be | |
| | | established for transferring patients to a general | |
| | | hospital that participates in the Medicare program. | |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | |
| | | following: | |
| | | - Diagnostic radiology | |
| | | - Dietary | |
| | | - Emergency | |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| §482.27(a) | §482.27(a) Standard: Adequacy of | LD.04.01.01, EP 1 | LD.13.03.01, EP 1 |
| | Laboratory Services The hospital must have | The hospital is licensed, is certified, or has a permit, in | The hospital provides services directly or through referral, |
| | laboratory services available, either directly | accordance with law and regulation, to provide the care, | consultation, contractual arrangements, or other agreements that |
| | or through a contractual agreement with a | treatment, or services for which the hospital is seeking | meet the needs of the population(s) served, are organized |
| | certified laboratory that meets requirements | accreditation from The Joint Commission. | appropriate to the scope and complexity of services offered, and |
| | of Part 493 of this chapter. | Note 1: Each service location that performs laboratory | are in accordance with accepted standards of practice. Services |
| | | testing (waived or nonwaived) must have a Clinical | may include but are not limited to the following: |
| | | Laboratory Improvement Amendments of 1988 (CLIA | - Outpatient |
| | | '88) certificate as specified by the federal CLIA | - Emergency |
| | | regulations (42 CFR 493.55 and 493.3) and applicable | - Medical records |
| | | state law. Laboratory services meet the applicable | - Diagnostic and therapeutic radiology |
| | | requirements at 42 CFR 482.27. | - Nuclear medicine |
| | | Note 2: For more information on how to obtain a CLIA | - Surgical |
| | | certificate, see http://www.cms.gov/Regulations-and- | - Anesthesia |
| | | Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_ | - Laboratory |
| | | Certificate_International_Laboratories.html. | - Respiratory |
| | | | - Dietetic |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | LD.13.03.01, EP 12 |
| | | following: | The hospital has laboratory services available, either directly or |
| | | - Diagnostic radiology | through a contractual agreement with a Clinical Laboratory |
| | | - Dietary | Improvement Amendments (CLIA)–certified laboratory that meets |
| | | - Emergency | the requirements of 42 CFR 493. |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |

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| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| | | LD.04.03.09, EP 2 | |
| | | The hospital describes, in writing, the nature and scope | |
| | | of services provided through contractual agreements. | |
| | | | |
| | | LD.04.03.09, EP 4 | |
| | | Leaders monitor contracted services by establishing | |
| | | expectations for the performance of the contracted | |
| | | services. | |
| | | Note 1: In most cases, each physician and other | |
| | | licensed practitioner providing services through a | |
| | | contractual agreement must be credentialed and | |
| | | privileged by the hospital using their services following | |
| | | the process described in the "Medical Staff" (MS) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: - Verify that all physicians and other licensed practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by physicians and other licensed practitioners will be within the scope of their privileges. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body. | |
| | | LD.04.03.09, EP 10 Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same. Note: For law and regulation guidance on the Clinical Laboratory Improvement Amendments of 1988, refer to 42 CFR 493. | |
| §482.27(a)(1) | (1) Emergency laboratory services must be available 24 hours a day. | LD.04.03.01, EP 26 For hospitals that use Joint Commission accreditation for deemed status purposes: Emergency laboratory services are available 24 hours a day, 7 days a week. | LD.13.03.01, EP 13 Emergency laboratory services are available 24 hours a day, 7 days a week. |
| §482.27(a)(2) | (2) A written description of services provided must be available to the medical staff. | LD.01.03.01, EP 3 The governing body approves the hospital's written scope of services. | LD.13.03.01, EP 14 The hospital maintains a written description of the scope of laboratory services provided that is available to the medical staff. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.27(a)(3) | (3) The laboratory must make provision for proper receipt and reporting of tissue specimens. | LD.04.03.09, EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements. PC.03.01.08, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory follows written policies and procedures for collecting, preserving, transporting, receiving, and reporting examination results for tissue specimens. | PC.13.01.05, EP 1 The laboratory develops and implements written policies and procedures for collecting, preserving, transporting, receiving, and reporting examination results for tissue specimens. |
| §482.27(a)(4) | (4) The medical staff and a pathologist must determine which tissue specimens require a macroscopic (gross) examination and which require both macroscopic and microscopic examinations. | PC.03.01.08, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The laboratory follows a written policy, approved by the medical staff and a pathologist, that establishes which tissue specimens require only a macroscopic examination, and which require both a macroscopic and microscopic examination. | PC.13.01.05, EP 2 The laboratory develops and implements a written policy, approved by the medical staff and a pathologist, that establishes which tissue specimens require only a macroscopic examination and which require both a macroscopic and microscopic examination. |
| §482.27(b) | §482.27(b) Standard: Potentially Infectious Blood and Blood Components | | |
| §482.27(b)(1) | (1) Potentially human immunodeficiency virus (HIV) infectious blood and blood components. Potentially HIV infectious blood and blood components are prior collections from a donor – | | |
| §482.27(b)(1)(i) | (i) Who tested negative at the time of donation but tests reactive for evidence of HIV infection on a later donation; | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for | PC.15.01.01, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital develops and implements written policies and procedures, including documentation and notification procedures, addressing potentially infectious blood and blood components, consistent with Centers for Medicare & Description of the procedures requirements at 42 CFR 482.27. Note 1: The procedures for notification and documentation |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Hospitals" appendix. | conform to federal, state, and local laws, including requirements for the confidentiality of medical records and other patient |
| | | PC.05.01.09, EP 2 | information. |
| | | For hospitals that use Joint Commission accreditation | Note 2: See Glossary for the definition of potentially infectious |
| | | for deemed status purposes: The hospital implements | blood and blood components. |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.27(b)(1)(ii) | (ii) Who tests positive on the supplemental | PC.05.01.09, EP 1 | PC.15.01.01, EP 1 |
| | (additional, more specific) test or other | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | follow-up testing required by FDA; and | for deemed status purposes: The hospital has a written | status purposes: The hospital develops and implements written |
| | | policy(s) and procedure(s) addressing potentially | policies and procedures, including documentation and notification |
| | | infectious blood, consistent with CMS requirements at | procedures, addressing potentially infectious blood and blood |
| | | 42 CFR 482.27. | components, consistent with Centers for Medicare & Description (Components) |
| | | Note: For guidance regarding the requirements at 42 | Medicaid Services requirements at 42 CFR 482.27. |
| | | CFR 482.27, refer to the "Medicare Requirements for | Note 1: The procedures for notification and documentation |
| | | Hospitals" appendix. | conform to federal, state, and local laws, including requirements |
| | | | for the confidentiality of medical records and other patient |
| | | PC.05.01.09, EP 2 | information. |
| | | For hospitals that use Joint Commission accreditation | Note 2: See Glossary for the definition of potentially infectious |
| | | for deemed status purposes: The hospital implements | blood and blood components. |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| 0.400.07/1.1/1/1/1/1 | | Hospitals" appendix. | |
| §482.27(b)(1)(iii) | (iii) For whom the timing of seroconversion | PC.05.01.09, EP 1 | PC.15.01.01, EP 1 |
| | cannot be precisely estimated. | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital has a written | status purposes: The hospital develops and implements written |

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| | | policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | policies and procedures, including documentation and notification procedures, addressing potentially infectious blood and blood components, consistent with Centers for Medicare & Description of Medica |
| §482.27(b)(2) | (2) Potentially hepatitis C virus (HCV) infectious blood and blood components. Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47. | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 | PC.15.01.01, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital develops and implements written policies and procedures, including documentation and notification procedures, addressing potentially infectious blood and blood components, consistent with Centers for Medicare & Description of Medicaid Services requirements at 42 CFR 482.27. Note 1: The procedures for notification and documentation conform to federal, state, and local laws, including requirements for the confidentiality of medical records and other patient information. Note 2: See Glossary for the definition of potentially infectious blood and blood components. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.27(b)(3) | (3) Services furnished by an outside blood | LD.04.03.09, EP 2 | LD.13.03.03, EP 5 |
| | collecting establishment. If a hospital | The hospital describes, in writing, the nature and scope | If the hospital routinely uses the services of an outside blood |
| | regularly uses the services of an outside | of services provided through contractual agreements. | collecting establishment, it must have an agreement with the |
| | blood collecting establishment, it must have | | blood collecting establishment that governs the procurement, |
| | an agreement with the blood collecting | LD.04.03.09, EP 4 | transfer, and availability of blood and blood components. The |
| | establishment that governs the | Leaders monitor contracted services by establishing | agreement includes that the blood collecting establishment notify |
| | procurement, transfer, and availability of | expectations for the performance of the contracted | the hospital within the specified timeframes under the following |
| | blood and blood components. The | services. | circumstances: |
| | agreement must require that the blood | Note 1: In most cases, each physician and other | - Within 3 calendar days if the blood collecting establishment |
| | collecting establishment notify the hospital - | licensed practitioner providing services through a | supplied blood and blood components collected from a donor who |
| | - | contractual agreement must be credentialed and | tested negative at the time of donation but tests reactive for |
| | | privileged by the hospital using their services following | evidence of human immunodeficiency virus (HIV) or hepatitis C |
| | | the process described in the "Medical Staff" (MS) | virus (HCV) infection on a later donation or who is determined to |
| | | chapter. | be at increased risk for transmitting HIV or HCV infection |
| | | Note 2: For hospitals that do not use Joint Commission | - Within 45 days of the test for the results of the supplemental |
| | | accreditation for deemed status purposes: When the | (additional, more specific) test for HIV or HCV or other follow-up |
| | | hospital contracts with another accredited organization | testing required by the US Food and Drug Administration |
| | | for patient care, treatment, and services to be provided | -Within 3 calendar days after the blood collecting establishment |
| | | off site, it can do the following: | supplied blood and blood components collected from an |
| | | - Verify that all physicians and other licensed | infectious donor, whenever records are available |
| | | practitioners who will be providing patient care, | |
| | | treatment, and services have appropriate privileges by | |
| | | obtaining, for example, a copy of the list of privileges. | |
| | | - Specify in the written agreement that the contracted | |
| | | organization will ensure that all contracted services | |
| | | provided by physicians and other licensed practitioners | |
| | | will be within the scope of their privileges. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The leaders | |
| | | who monitor the contracted services are the governing | |
| | | body. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | LD.04.03.09, EP 5 Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it. | |
| | | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| | | PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| §482.27(b)(3)(i) | (i) Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV | LD.04.03.09, EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements. LD.04.03.09, EP 4 | LD.13.03.03, EP 5 If the hospital routinely uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | infection on a later donation or who is | Leaders monitor contracted services by establishing | agreement includes that the blood collecting establishment notify |
| | determined to be at increased risk for | expectations for the performance of the contracted | the hospital within the specified timeframes under the following |
| | transmitting HIV or HCV infection; | services. | circumstances: |
| | | Note 1: In most cases, each physician and other | - Within 3 calendar days if the blood collecting establishment |
| | | licensed practitioner providing services through a | supplied blood and blood components collected from a donor who |
| | | contractual agreement must be credentialed and | tested negative at the time of donation but tests reactive for |
| | | privileged by the hospital using their services following | evidence of human immunodeficiency virus (HIV) or hepatitis C |
| | | the process described in the "Medical Staff" (MS) | virus (HCV) infection on a later donation or who is determined to |
| | | chapter. | be at increased risk for transmitting HIV or HCV infection |
| | | Note 2: For hospitals that do not use Joint Commission | - Within 45 days of the test for the results of the supplemental |
| | | accreditation for deemed status purposes: When the | (additional, more specific) test for HIV or HCV or other follow-up |
| | | hospital contracts with another accredited organization | testing required by the US Food and Drug Administration |
| | | for patient care, treatment, and services to be provided | -Within 3 calendar days after the blood collecting establishment |
| | | off site, it can do the following: | supplied blood and blood components collected from an |
| | | - Verify that all physicians and other licensed | infectious donor, whenever records are available |
| | | practitioners who will be providing patient care, | |
| | | treatment, and services have appropriate privileges by | |
| | | obtaining, for example, a copy of the list of privileges. | |
| | | - Specify in the written agreement that the contracted | |
| | | organization will ensure that all contracted services | |
| | | provided by physicians and other licensed practitioners | |
| | | will be within the scope of their privileges. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The leaders | |
| | | who monitor the contracted services are the governing | |
| | | body. | |
| | | LD.04.03.09, EP 5 | |
| | | Leaders monitor contracted services by communicating | |
| | | the expectations in writing to the provider of the | |
| | | contracted services. | |
| | | Note: A written description of the expectations can be | |
| | | provided either as part of the written agreement or in | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| CoP Requirement | CoP Text | addition to it. PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. | Future EP Mapping |
| | | Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| | | PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| §482.27(b)(3)(ii) | (ii) Within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA; | LD.04.03.09, EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements. LD.04.03.09, EP 4 Leaders monitor contracted services by establishing | LD.13.03.03, EP 5 If the hospital routinely uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement includes that the blood collecting establishment notify |
| | | expectations for the performance of the contracted services. Note 1: In most cases, each physician and other licensed practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following | the hospital within the specified timeframes under the following circumstances: - Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of human immunodeficiency virus (HIV) or hepatitis C |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the process described in the "Medical Staff" (MS) | virus (HCV) infection on a later donation or who is determined to |
| | | chapter. | be at increased risk for transmitting HIV or HCV infection |
| | | Note 2: For hospitals that do not use Joint Commission | - Within 45 days of the test for the results of the supplemental |
| | | accreditation for deemed status purposes: When the | (additional, more specific) test for HIV or HCV or other follow-up |
| | | hospital contracts with another accredited organization | testing required by the US Food and Drug Administration |
| | | for patient care, treatment, and services to be provided | -Within 3 calendar days after the blood collecting establishment |
| | | off site, it can do the following: | supplied blood and blood components collected from an |
| | | - Verify that all physicians and other licensed | infectious donor, whenever records are available |
| | | practitioners who will be providing patient care, | |
| | | treatment, and services have appropriate privileges by | |
| | | obtaining, for example, a copy of the list of privileges. | |
| | | - Specify in the written agreement that the contracted | |
| | | organization will ensure that all contracted services | |
| | | provided by physicians and other licensed practitioners | |
| | | will be within the scope of their privileges. Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The leaders | |
| | | who monitor the contracted services are the governing | |
| | | body. | |
| | | body. | |
| | | LD.04.03.09, EP 5 | |
| | | Leaders monitor contracted services by communicating | |
| | | the expectations in writing to the provider of the | |
| | | contracted services. | |
| | | Note: A written description of the expectations can be | |
| | | provided either as part of the written agreement or in | |
| | | addition to it. | |
| | | | |
| | | PC.05.01.09, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital has a written | |
| | | policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| | | PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| §482.27(b)(3)(iii) | (iii) Within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available. | LD.04.03.09, EP 2 The hospital describes, in writing, the nature and scope of services provided through contractual agreements. LD.04.03.09, EP 4 Leaders monitor contracted services by establishing expectations for the performance of the contracted services. Note 1: In most cases, each physician and other licensed practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter. Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following: | LD.13.03.03, EP 5 If the hospital routinely uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement includes that the blood collecting establishment notify the hospital within the specified timeframes under the following circumstances: - Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of human immunodeficiency virus (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection - Within 45 days of the test for the results of the supplemental (additional, more specific) test for HIV or HCV or other follow-up testing required by the US Food and Drug Administration -Within 3 calendar days after the blood collecting establishment |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Verify that all physicians and other licensed | supplied blood and blood components collected from an |
| | | practitioners who will be providing patient care, | infectious donor, whenever records are available |
| | | treatment, and services have appropriate privileges by | |
| | | obtaining, for example, a copy of the list of privileges. | |
| | | - Specify in the written agreement that the contracted | |
| | | organization will ensure that all contracted services | |
| | | provided by physicians and other licensed practitioners will be within the scope of their privileges. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The leaders | |
| | | who monitor the contracted services are the governing | |
| | | body. | |
| | | LD.04.03.09, EP 5 | |
| | | Leaders monitor contracted services by communicating | |
| | | the expectations in writing to the provider of the | |
| | | contracted services. | |
| | | Note: A written description of the expectations can be | |
| | | provided either as part of the written agreement or in | |
| | | addition to it. | |
| | | PC.05.01.09, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital has a written | |
| | | policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| | | позрікаю аррепціх. | |
| | | PC.05.01.09, EP 2 | |
| | | For hospitals that use Joint Commission accreditation | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| §482.27(b)(4) | (4) Quarantine of blood and blood components pending completion of testing. If the blood collecting establishment (either internal or under an agreement) notifies the hospital of the reactive HIV or HCV screening test results, the hospital must determine the disposition of the blood or blood component and quarantine all blood and blood components from previous donations in inventory. | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | PC.15.01.01, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: If the hospital receives notification of blood that is reactive to the human immunodeficiency virus (HIV) or hepatitis C virus (HCV) screening test, the hospital determines the disposition of the blood or blood components and quarantines all previously donated blood and blood components in inventory. |
| | | PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| §482.27(b)(4)(i) | (i) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is negative, absent other informative test results, the hospital may release the | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 | PC.15.01.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: If the hospital receives notification that the result of the supplemental (additional, more specific) test for potentially infectious blood or blood components or other follow-up testing required by the US Food and Drug Administration is negative and |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | blood and blood components from | CFR 482.27, refer to the "Medicare Requirements for | there are no other informative test results, the hospital may |
| | quarantine. | Hospitals" appendix. | release the blood and blood components from quarantine. |
| | | PC.05.01.09, EP 2 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital implements | |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| 2422224 | | Hospitals" appendix. | |
| §482.27(b)(4)(ii) | (ii) If the blood collecting establishment | | |
| | notifies the hospital that the result of the supplemental (additional, more specific) | | |
| | test or other follow-up testing required by | | |
| | FDA is positive, the hospital must – | | |
| §482.27(b)(4)(ii)(A) | (A) Dispose of the blood and blood | PC.05.01.09, EP 1 | PC.15.01.01, EP 4 |
| | components; and | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital has a written | status purposes: If the hospital receives notification that the result |
| | | policy(s) and procedure(s) addressing potentially | of the supplemental (additional, more specific) test for potentially |
| | | infectious blood, consistent with CMS requirements at | infectious blood or blood components or other follow-up testing |
| | | 42 CFR 482.27. Note: For guidance regarding the requirements at 42 | required by the US Food and Drug Administration is positive, the hospital does the following: |
| | | CFR 482.27, refer to the "Medicare Requirements for | - Disposes of the blood and blood components |
| | | Hospitals" appendix. | - Notifies the transfusion recipients as set forth in 42 CFR |
| | | Troopitato apportanti | 482.27(b)(6) |
| | | PC.05.01.09, EP 2 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital implements | |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.27(b)(4)(ii)(B) | (B) Notify the transfusion recipients as set | PC.05.01.09, EP 1 | PC.15.01.01, EP 4 |
| | forth in paragraph (b)(6) of this section. | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital has a written | status purposes: If the hospital receives notification that the result |
| | | policy(s) and procedure(s) addressing potentially | of the supplemental (additional, more specific) test for potentially |
| | | infectious blood, consistent with CMS requirements at | infectious blood or blood components or other follow-up testing |
| | | 42 CFR 482.27. | required by the US Food and Drug Administration is positive, the |
| | | Note: For guidance regarding the requirements at 42 | hospital does the following: |
| | | CFR 482.27, refer to the "Medicare Requirements for | - Disposes of the blood and blood components |
| | | Hospitals" appendix. | - Notifies the transfusion recipients as set forth in 42 CFR |
| | | | 482.27(b)(6) |
| | | PC.05.01.09, EP 2 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital implements | |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| 0.400.07(1.)(4)(***) | (···) (6) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Hospitals" appendix. | DO 45 04 04 5D 5 |
| §482.27(b)(4)(iii) | (iii) If the blood collecting establishment | PC.05.01.09, EP 1 | PC.15.01.01, EP 5 |
| | notifies the hospital that the result of the | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | supplemental (additional, more specific) | for deemed status purposes: The hospital has a written | status purposes: If the hospital receives notification that the result |
| | test or other follow-up testing required by | policy(s) and procedure(s) addressing potentially | of the supplemental (additional, more specific) test for potentially |
| | FDA is indeterminate, the hospital must | infectious blood, consistent with CMS requirements at 42 CFR 482.27. | infectious blood or blood components or other follow-up testing |
| | destroy or label prior collections of blood or blood components held in quarantine as set | Note: For guidance regarding the requirements at 42 | required by the US Food and Drug Administration (FDA) is indeterminate, the hospital destroys or labels prior collections of |
| | forth at 21 CFR 610.46(b)(2) and | CFR 482.27, refer to the "Medicare Requirements for | blood or blood components held in quarantine, consistent with |
| | ` ` ` ` | Hospitals" appendix. | FDA requirements 21 CFR 610.46(b)(2) and 610.47(b)(2). |
| | 610.47(b)(2). | Γιοοριταίο αμμετιαίλ. | DA Tequire Ille III & 21 OFN 010.40(D)(2) dilu 010.47(D)(2). |
| | | PC.05.01.09, EP 2 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| §482.27(b)(5) | (5) Recordkeeping by the hospital. The hospital must maintain | | |
| §482.27(b)(5)(i) | (i) Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of disposition in a manner that permits prompt retrieval; and | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | LD.13.01.01, EP 7 The hospital maintains the following: - Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of disposition in a manner that permits prompt retrieval - A fully funded plan to transfer these records to another hospital or other entity if the hospital ceases operation for any reason |
| §482.27(b)(5)(ii) | (ii) A fully funded plan to transfer these records to another hospital or other entity if such hospital ceases operation for any reason. | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially | LD.13.01.01, EP 7 The hospital maintains the following: - Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | infectious blood, consistent with CMS requirements at | disposition in a manner that permits prompt retrieval |
| | | 42 CFR 482.27. | - A fully funded plan to transfer these records to another hospital |
| | | Note: For guidance regarding the requirements at 42 | or other entity if the hospital ceases operation for any reason |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| | | PC.05.01.09, EP 2 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital implements | |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.27(b)(6) | (6) Patient notification. If the hospital has | | |
| | administered potentially HIV or HCV | | |
| | infectious blood or blood components | | |
| | (either directly through its own blood | | |
| | collecting establishment or under an | | |
| | agreement) or released such blood or blood | | |
| | components to another entity or individual, | | |
| | the hospital must take the following actions: | | |
| §482.27(b)(6)(i) | (i) Make reasonable attempts to notify the | PC.05.01.09, EP 1 | PC.15.01.01, EP 6 |
| | patient, or to notify the attending physician | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | or the physician who ordered the blood or | for deemed status purposes: The hospital has a written | status purposes: When potentially human immunodeficiency virus |
| | blood component and ask the physician to | policy(s) and procedure(s) addressing potentially | (HIV) or hepatitis C virus (HCV) infectious blood or blood |
| | notify the patient, or other individual as | infectious blood, consistent with CMS requirements at | components are administered (either directly through the |
| | permitted under paragraph (b)(10) of this | 42 CFR 482.27. | hospital's own blood collecting establishment or under an |
| | section, that potentially HIV or HCV | Note: For guidance regarding the requirements at 42 | agreement) or released to another entity or individual, the hospital |
| | infectious blood or blood components were | CFR 482.27, refer to the "Medicare Requirements for | takes the following actions: |
| | transfused to the patient and that there may | Hospitals" appendix. | - Makes reasonable attempts to notify the patient, the attending |
| | | | physician or other licensed practitioner, or the physician or other |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | be a need for HIV or HCV testing and counseling. | PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | licensed practitioner who ordered the blood or blood component and ask the practitioner to notify the patient, or other individuals as permitted under 42 CFR 482.27, that potentially HIV or HCV infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling - Attempts to notify to the patient, legal guardian, or relative if the practitioner is unavailable or declines to make the notification - Documents in the patient's medical record the notification or attempts to give the required notification |
| §482.27(b)(6)(ii) | (ii) If the physician is unavailable or declines to make the notification, make reasonable attempts to give this notification to the patient, legal guardian or relative. | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | PC.15.01.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: When potentially human immunodeficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood components are administered (either directly through the hospital's own blood collecting establishment or under an agreement) or released to another entity or individual, the hospital takes the following actions: - Makes reasonable attempts to notify the patient, the attending physician or other licensed practitioner, or the physician or other licensed practitioner who ordered the blood or blood component and ask the practitioner to notify the patient, or other individuals as permitted under 42 CFR 482.27, that potentially HIV or HCV infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling - Attempts to notify to the patient, legal guardian, or relative if the practitioner is unavailable or declines to make the notification - Documents in the patient's medical record the notification or attempts to give the required notification |
| §482.27(b)(6)(iii) | (iii) Document in the patient's medical record the notification or attempts to give the required notification. | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written | PC.15.01.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: When potentially human immunodeficiency virus |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | policy(s) and procedure(s) addressing potentially | (HIV) or hepatitis C virus (HCV) infectious blood or blood |
| | | infectious blood, consistent with CMS requirements at | components are administered (either directly through the |
| | | 42 CFR 482.27. | hospital's own blood collecting establishment or under an |
| | | Note: For guidance regarding the requirements at 42 | agreement) or released to another entity or individual, the hospital |
| | | CFR 482.27, refer to the "Medicare Requirements for | takes the following actions: |
| | | Hospitals" appendix. | - Makes reasonable attempts to notify the patient, the attending |
| | | | physician or other licensed practitioner, or the physician or other |
| | | PC.05.01.09, EP 2 | licensed practitioner who ordered the blood or blood component |
| | | For hospitals that use Joint Commission accreditation | and ask the practitioner to notify the patient, or other individuals |
| | | for deemed status purposes: The hospital implements | as permitted under 42 CFR 482.27, that potentially HIV or HCV |
| | | its policy(s) and procedure(s) addressing potentially | infectious blood or blood components were transfused to the |
| | | infectious blood, consistent with CMS requirements at | patient and that there may be a need for HIV or HCV testing and |
| | | 42 CFR 482.27. | counseling |
| | | Note: For guidance regarding the requirements at 42 | - Attempts to notify to the patient, legal guardian, or relative if the |
| | | CFR 482.27, refer to the "Medicare Requirements for | practitioner is unavailable or declines to make the notification |
| | | Hospitals" appendix. | - Documents in the patient's medical record the notification or |
| | | | attempts to give the required notification |
| §482.27(b)(7) | (7) Timeframe for notification— For donors | PC.05.01.09, EP 1 | PC.15.01.01, EP 7 |
| | tested on or after February 20, 2008. For | For hospitals that use Joint Commission accreditation | If the hospital receives notification that it received potentially |
| | notifications resulting from donors tested on | for deemed status purposes: The hospital has a written | human immunodeficiency virus (HIV) or hepatitis C virus (HCV) |
| | or after February 20, 2008 as set forth at 21 | policy(s) and procedure(s) addressing potentially | infectious blood and blood components, the hospital makes |
| | CFR 610.46 and 21 CFR 610.47 the | infectious blood, consistent with CMS requirements at | reasonable attempts to give notification over a period of 12 weeks |
| | notification effort begins when the blood | 42 CFR 482.27. | unless one of the following occurs: |
| | collecting establishment notifies the | Note: For guidance regarding the requirements at 42 | - The patient is located and notified. |
| | hospital that it received potentially HIV or | CFR 482.27, refer to the "Medicare Requirements for | - The hospital is unable to locate the patient and documents in the |
| | HCV infectious blood and blood | Hospitals" appendix. | patient's medical record the extenuating circumstances beyond |
| | components. The hospital must make | | the hospital's control that caused the notification timeframe to |
| | reasonable attempts to give notification over | PC.05.01.09, EP 2 | exceed 12 weeks. |
| | a period of 12 weeks unless— | For hospitals that use Joint Commission accreditation | Note: For notifications resulting from donors tested on or after |
| | | for deemed status purposes: The hospital implements | February 20, 2008 as set forth at 21 CFR 610.46 and 610.47, the |
| | | its policy(s) and procedure(s) addressing potentially | notification effort begins when the blood collecting establishment |
| | | infectious blood, consistent with CMS requirements at | notifies the hospital that it received potentially HIV or HCV |
| | | 42 CFR 482.27. | infectious blood and blood components. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | |
| §482.27(b)(7)(i) | (i) The patient is located and notified; or | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | PC.15.01.01, EP 7 If the hospital receives notification that it received potentially human immunodeficiency virus (HIV) or hepatitis C virus (HCV) infectious blood and blood components, the hospital makes reasonable attempts to give notification over a period of 12 weeks unless one of the following occurs: - The patient is located and notified. - The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks. Note: For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 610.47, the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components. |
| §482.27(b)(7)(ii) | (ii) The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks. | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. PC.05.01.09, EP 2 | PC.15.01.01, EP 7 If the hospital receives notification that it received potentially human immunodeficiency virus (HIV) or hepatitis C virus (HCV) infectious blood and blood components, the hospital makes reasonable attempts to give notification over a period of 12 weeks unless one of the following occurs: - The patient is located and notified. - The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | Note: For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 610.47, the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components. |
| §482.27(b)(8) | (8) Content of notification. The notification must include the following information: | | |
| §482.27(b)(8)(i) | (i) A basic explanation of the need for HIV or HCV testing and counseling. | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. PC.05.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Hospitals" appendix. | PC.15.01.01, EP 8 When notifying patients who have received potentially human immune deficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood components, the notification includes the following: Oral or written information explaining the need for HIV or HCV testing and counseling, so that the patient can make an informed decision about whether to obtain HIV or HCV testing and counseling A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose |
| §482.27(b)(8)(ii) | (ii) Enough oral or written information so that an informed decision can be made about whether to obtain HIV or HCV testing and counseling. | PC.05.01.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a written policy(s) and procedure(s) addressing potentially | PC.15.01.01, EP 8 When notifying patients who have received potentially human immune deficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood components, the notification includes the |

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| | | infectious blood, consistent with CMS requirements at | following: |
| | | 42 CFR 482.27. | - Oral or written information explaining the need for HIV or HCV |
| | | Note: For guidance regarding the requirements at 42 | testing and counseling, so that the patient can make an informed |
| | | CFR 482.27, refer to the "Medicare Requirements for | decision about whether to obtain HIV or HCV testing and |
| | | Hospitals" appendix. | counseling |
| | | | - A list of programs or places where the person can obtain HIV or |
| | | PC.05.01.09, EP 2 | HCV testing and counseling, including any requirements or |
| | | For hospitals that use Joint Commission accreditation | restrictions the program may impose |
| | | for deemed status purposes: The hospital implements | |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.27(b)(8)(iii) | (iii) A list of programs or places where the | PC.05.01.09, EP 1 | PC.15.01.01, EP 8 |
| () | person can obtain HIV or HCV testing and | For hospitals that use Joint Commission accreditation | When notifying patients who have received potentially human |
| | counseling, including any requirements or | for deemed status purposes: The hospital has a written | immune deficiency virus (HIV) or hepatitis C virus (HCV) infectious |
| | restrictions the program may impose. | policy(s) and procedure(s) addressing potentially | blood or blood components, the notification includes the |
| | | infectious blood, consistent with CMS requirements at | following: |
| | | 42 CFR 482.27. | - Oral or written information explaining the need for HIV or HCV |
| | | Note: For guidance regarding the requirements at 42 | testing and counseling, so that the patient can make an informed |
| | | CFR 482.27, refer to the "Medicare Requirements for | decision about whether to obtain HIV or HCV testing and |
| | | Hospitals" appendix. | counseling |
| | | | - A list of programs or places where the person can obtain HIV or |
| | | PC.05.01.09, EP 2 | HCV testing and counseling, including any requirements or |
| | | For hospitals that use Joint Commission accreditation | restrictions the program may impose |
| | | for deemed status purposes: The hospital implements | |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |

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| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.27(b)(9) | (9) Policies and procedures. The hospital | PC.05.01.09, EP 1 | PC.15.01.01, EP 1 |
| | must establish policies and procedures for | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | notification and documentation that | for deemed status purposes: The hospital has a written | status purposes: The hospital develops and implements written |
| | conform to Federal, State, and local laws, | policy(s) and procedure(s) addressing potentially | policies and procedures, including documentation and notification |
| | including requirements for the confidentiality | infectious blood, consistent with CMS requirements at | procedures, addressing potentially infectious blood and blood |
| | of medical records and other patient | 42 CFR 482.27. | components, consistent with Centers for Medicare & Description (Components) |
| | information. | Note: For guidance regarding the requirements at 42 | Medicaid Services requirements at 42 CFR 482.27. |
| | | CFR 482.27, refer to the "Medicare Requirements for | Note 1: The procedures for notification and documentation |
| | | Hospitals" appendix. | conform to federal, state, and local laws, including requirements |
| | | | for the confidentiality of medical records and other patient |
| | | | information. |
| | | | Note 2: See Glossary for the definition of potentially infectious |
| | | | blood and blood components. |
| §482.27(b)(10) | (10) Notification to legal representative or | PC.05.01.09, EP 1 | PC.15.01.01, EP 9 |
| | relative. If the patient has been adjudged | For hospitals that use Joint Commission accreditation | If a patient has received an infectious blood or blood component, |
| | incompetent by a State court, the physician | for deemed status purposes: The hospital has a written | the hospital notifies the specified individual(s) under the following |
| | or hospital must notify a legal representative | policy(s) and procedure(s) addressing potentially | circumstances: |
| | designated in accordance with State law. If | infectious blood, consistent with CMS requirements at | - A legal representative designated in accordance with state law if |
| | the patient is competent, but State law | 42 CFR 482.27. | the patient has been adjudged incompetent by a state court |
| | permits a legal representative or relative to | Note: For guidance regarding the requirements at 42 | - The patient or his or her legal representative or relative if the |
| | receive the information on the patient's | CFR 482.27, refer to the "Medicare Requirements for | patient is competent but state law permits a legal representative |
| | behalf, the physician or hospital must notify | Hospitals" appendix. | or relative to receive the information on the patient's behalf |
| | the patient or his or her legal representative | DC 05 04 00 FD 0 | - The patient's legal representative or relative if the beneficiary of |
| | or relative. For possible HIV infectious | PC.05.01.09, EP 2 | the potentially human immunodeficiency virus infectious |
| | transfusion recipients that are deceased, the | For hospitals that use Joint Commission accreditation | transfusion is deceased The parents or local quardian if the nations is a minor |
| | physician or hospital must inform the deceased patient's legal representative or | for deemed status purposes: The hospital implements its policy(s) and procedure(s) addressing potentially | - The parents or legal guardian if the patient is a minor |
| | relative. If the patient is a minor, the parents | infectious blood, consistent with CMS requirements at | |
| | or legal guardian must be notified. | 42 CFR 482.27. | |
| | or tegat guardian must be notined. | Note: For guidance regarding the requirements at 42 | |
| | | Note. For guidance regarding the requirements at 42 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.27(c) | §482.27(c) Standard: General blood safety | | |
| | issues. For lookback activities only related | | |
| | to new blood safety issues that are identified | | |
| | after August 24, 2007, hospitals must | | |
| | comply with FDA regulations as they pertain | | |
| | to blood safety issues in the following areas: | | |
| §482.27(c)(1) | (1) Appropriate testing and quarantining of | PC.05.01.09, EP 1 | PC.15.01.01, EP 10 |
| | infectious blood and blood components. | For hospitals that use Joint Commission accreditation | The hospital complies with US Food and Drug Administration |
| | | for deemed status purposes: The hospital has a written | regulations pertaining to blood safety issues in the following areas: |
| | | policy(s) and procedure(s) addressing potentially | - Appropriate testing and quarantining of infectious blood and |
| | | infectious blood, consistent with CMS requirements at | blood components |
| | | 42 CFR 482.27. | - Notification and counseling of potential recipients of infectious |
| | | Note: For guidance regarding the requirements at 42 | blood and blood components |
| | | CFR 482.27, refer to the "Medicare Requirements for | Note: This applies to lookback activities only related to new blood |
| | | Hospitals" appendix. | safety issues that are identified after August 24, 2007. |
| | | PC.05.01.09, EP 2 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital implements | |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.27(c)(2) | (2) Notification and counseling of recipients | PC.05.01.09, EP 1 | PC.15.01.01, EP 10 |
| | that may have received infectious blood and | For hospitals that use Joint Commission accreditation | The hospital complies with US Food and Drug Administration |
| | blood components. | for deemed status purposes: The hospital has a written | regulations pertaining to blood safety issues in the following areas: |
| | | policy(s) and procedure(s) addressing potentially | - Appropriate testing and quarantining of infectious blood and |
| | | infectious blood, consistent with CMS requirements at | blood components |
| | | 42 CFR 482.27. | - Notification and counseling of potential recipients of infectious |

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| | | Note: For guidance regarding the requirements at 42 | blood and blood components |
| | | CFR 482.27, refer to the "Medicare Requirements for | Note: This applies to lookback activities only related to new blood |
| | | Hospitals" appendix. | safety issues that are identified after August 24, 2007. |
| | | | |
| | | PC.05.01.09, EP 2 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital implements | |
| | | its policy(s) and procedure(s) addressing potentially | |
| | | infectious blood, consistent with CMS requirements at | |
| | | 42 CFR 482.27. | |
| | | Note: For guidance regarding the requirements at 42 | |
| | | CFR 482.27, refer to the "Medicare Requirements for | |
| | | Hospitals" appendix. | |
| §482.28 | §482.28 Condition of Participation: Food and | HR.01.01.01, EP 1 | LD.13.03.01, EP 1 |
| | Dietetic Services The hospital must have | The hospital defines staff qualifications specific to their | The hospital provides services directly or through referral, |
| | organized dietary services that are directed | job responsibilities. | consultation, contractual arrangements, or other agreements that |
| | and staffed by adequate qualified personnel. | Note 1: Qualifications for infection control may be met | meet the needs of the population(s) served, are organized |
| | However, a hospital that has a contract with | through ongoing education, training, experience, and/or | appropriate to the scope and complexity of services offered, and |
| | an outside food management company may | certification (such as that offered by the Certification | are in accordance with accepted standards of practice. Services |
| | be found to meet this Condition of | Board for Infection Control). | may include but are not limited to the following: |
| | Participation if the company has a dietician | Note 2: Qualifications for laboratory personnel are | - Outpatient |
| | who serves the hospital on a full-time, part- | described in the Clinical Laboratory Improvement | - Emergency |
| | time, or consultant basis, and if the company | Amendments of 1988 (CLIA '88), under Subpart M: | - Medical records |
| | maintains at least the minimum standards | "Personnel for Nonwaived Testing" \$493.1351- | - Diagnostic and therapeutic radiology |
| | specified in this section and provides for | §493.1495. A complete description of the requirement is | - Nuclear medicine |
| | constant liaison with the hospital medical | located at https://www.ecfr.gov/cgi-bin/text- | - Surgical |
| | staff for recommendations on dietetic | idx?SID=0854acca5427c69e771e5beb52b0b986& | - Anesthesia |
| | policies affecting patient treatment. | mc=true&node=sp42.5.493.m&rgn=div6. | - Laboratory |
| | | Note 3: For hospitals that use Joint Commission | - Respiratory |
| | | accreditation for deemed status purposes: Qualified | - Dietetic |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | NPG.12.01.01, EP 7 |
| | | assistants, speech-language pathologists, or | The hospital has dietetic services that are directed and adequately |

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| | | audiologists (as defined in 42 CFR 484.4) provide | staffed by qualified personnel. |
| | | physical therapy, occupational therapy, speech- | Note: For hospitals that provide dietetic services through |
| | | language pathology, or audiology services, if these | contracted services, the contracted service has a dietician who |
| | | services are provided by the hospital. The provision of | serves the hospital full-time, part-time, or on a consultant basis |
| | | care and staff qualifications are in accordance with | and acts as a liaison to hospital medical staff for |
| | | national acceptable standards of practice and also meet | recommendations on dietetic policies that affect patient care, |
| | | the requirements of 409.17. See Appendix A for 409.17 | treatment, and services. |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | HR.01.01.01, EP 2 | |
| | | The hospital verifies and documents the following: | |
| | | - Credentials of staff using the primary source when | |
| | | licensure, certification, or registration is required by law | |
| | | and regulation to practice their profession. This is done | |
| | | at the time of hire and at the time credentials are | |
| | | renewed. | |
| | | - Credentials of staff (primary source not required) when | |
| | | licensure, certification, or registration is not required by | |
| | | law and regulation. This is done at the time of hire and at | |
| | | the time credentials are renewed. | |
| | | Note 1: It is acceptable to verify current licensure, | |

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| | | certification, or registration with the primary source via a | |
| | | secure electronic communication or by telephone, if this | |
| | | verification is documented. Note 2: A primary verification source may designate | |
| | | another agency to communicate credentials | |
| | | information. The designated agency can then be used as | |
| | | a primary source. | |
| | | Note 3: An external organization (for example, a | |
| | | credentials verification organization [CVO]) may be used | |
| | | to verify credentials information. A CVO must meet the | |
| | | CVO guidelines identified in the Glossary. | |
| | | HR.01.01.01, EP 3 | |
| | | The hospital verifies and documents that the applicant | |
| | | has the education and experience required by the job | |
| | | responsibilities. | |
| | | UD 04 00 05 ED 0 | |
| | | HR.01.02.05, EP 2 For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital has a | |
| | | qualified dietitian on a full-time, part-time, or | |
| | | consultative basis. | |
| | | | |
| | | LD.03.06.01, EP 2 | |
| | | Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and | |
| | | services. | |
| | | Note: The number and mix of individuals is appropriate | |
| | | to the scope and complexity of the services offered. | |
| | | | |
| | | LD.04.01.05, EP 2 | |
| | | Programs, services, sites, or departments providing patient care are directed by one or more qualified | |
| | | patient care are unected by one or more qualified | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | professionals or by a qualified licensed practitioner with | |
| | | clinical privileges. | |
| | | | |
| | | LD.04.01.05, EP 3 | |
| | | The hospital defines, in writing, the responsibility of | |
| | | those with administrative and clinical direction of its | |
| | | programs, services, sites, or departments. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: This includes | |
| | | the full-time employee who directs and manages dietary | |
| | | services. | |
| | | | |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | |
| | | following: | |
| | | - Diagnostic radiology | |
| | | - Dietary | |
| | | - Emergency | |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| | | LD.04.03.09, EP 1 | |
| | | Clinical leaders and medical staff have an opportunity to | |
| | | provide advice about the sources of clinical services to | |
| | | be provided through contractual agreement. | |
| | | | |
| | | LD.04.03.09, EP 2 | |
| | | The hospital describes, in writing, the nature and scope | |
| | | of services provided through contractual agreements. | |
| | | LD.04.03.09, EP 3 | |
| | | Designated leaders approve contractual agreements. | |
| | | LD.04.03.09, EP 4 | |
| | | Leaders monitor contracted services by establishing | |
| | | expectations for the performance of the contracted | |
| | | services. | |
| | | Note 1: In most cases, each physician and other | |
| | | licensed practitioner providing services through a | |
| | | contractual agreement must be credentialed and | |
| | | privileged by the hospital using their services following | |
| | | the process described in the "Medical Staff" (MS) | |
| | | chapter. | |
| | | Note 2: For hospitals that do not use Joint Commission | |
| | | accreditation for deemed status purposes: When the | |

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| | | hospital contracts with another accredited organization | |
| | I | for patient care, treatment, and services to be provided | |
| | I | off site, it can do the following: | |
| | I | - Verify that all physicians and other licensed | |
| | I | practitioners who will be providing patient care, | |
| | I | treatment, and services have appropriate privileges by | |
| | I | obtaining, for example, a copy of the list of privileges. | |
| | I | - Specify in the written agreement that the contracted | |
| | I | organization will ensure that all contracted services | |
| | I | provided by physicians and other licensed practitioners will be within the scope of their privileges. | |
| | I | Note 3: For hospitals that use Joint Commission | |
| | I | accreditation for deemed status purposes: The leaders | |
| | I | who monitor the contracted services are the governing | |
| | I | body. | |
| | I | | |
| | I | LD.04.03.09, EP 5 | |
| | I | Leaders monitor contracted services by communicating | |
| | I | the expectations in writing to the provider of the | |
| | I | contracted services. | |
| | I | Note: A written description of the expectations can be | |
| | I | provided either as part of the written agreement or in | |
| | I | addition to it. | |
| | I | LD 04 02 00 ED 6 | |
| | I | LD.04.03.09, EP 6 Leaders monitor contracted services by evaluating these | |
| | I | services in relation to the hospital's expectations. | |
| | I | 301 vices in retation to the nospital 3 expectations. | |
| | I | LD.04.03.09, EP 7 | |
| | I | Leaders take steps to improve contracted services that | |
| | I | do not meet expectations. | |
| | I | Note: Examples of improvement efforts to consider | |
| | _ | include the following: | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Increase monitoring of the contracted services Provide consultation or training to the contractor Renegotiate the contract terms Apply defined penalties Terminate the contract | |
| §482.28(a) | §482.28(a) Standard: Organization | | |
| §482.28(a)(1) | (1) The hospital must have a full-time employee who– | LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. | |
| §482.28(a)(1)(i) | (i) Serves as director of the food and dietetic services; | Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. | NPG.12.01.01, EP 8 The hospital has a full-time employee, qualified through education, training, or experience, who serves as director to oversee the daily management of food and dietetic services. |
| \$482.28(a)(1)(ii) | (ii) Is responsible for daily management of the dietary services; and | LD.04.01.05, EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. | NPG.12.01.01, EP 8 The hospital has a full-time employee, qualified through education, training, or experience, who serves as director to oversee the daily management of food and dietetic services. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. | |
| §482.28(a)(1)(iii) | (iii) Is qualified by experience or training. | HR.01.01.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351-\$493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986& mc=true&node=sp42.5.493.m&rgn=div6. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the hospital. The provision of | NPG.12.01.01, EP 8 The hospital has a full-time employee, qualified through education, training, or experience, who serves as director to oversee the daily management of food and dietetic services. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | | |
| | | HR.01.01.01, EP 3 | |
| | | The hospital verifies and documents that the applicant | |
| | | has the education and experience required by the job responsibilities. | |
| | | responsibilities. | |
| | | LD.04.01.05, EP 2 | |
| | | Programs, services, sites, or departments providing | |
| | | patient care are directed by one or more qualified | |
| | | professionals or by a qualified licensed practitioner with | |
| | | clinical privileges. | |
| | | | |
| | | LD.04.01.05, EP 3 | |
| | | The hospital defines, in writing, the responsibility of | |
| | | those with administrative and clinical direction of its | |
| | | programs, services, sites, or departments. | |
| | | Note: For hospitals that use Joint Commission | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | accreditation for deemed status purposes: This includes | |
| | | the full-time employee who directs and manages dietary | |
| | | services. | |
| §482.28(a)(2) | (2) There must be a qualified dietitian, full- | HR.01.01.01, EP 1 | NPG.12.01.01, EP 9 |
| | time, part-time or on a consultant basis. | The hospital defines staff qualifications specific to their | The hospital has a qualified dietitian on a full-time, part-time, or |
| | | job responsibilities. | consultative basis. |
| | | Note 1: Qualifications for infection control may be met | |
| | | through ongoing education, training, experience, and/or | |
| | | certification (such as that offered by the Certification | |
| | | Board for Infection Control). | |
| | | Note 2: Qualifications for laboratory personnel are | |
| | | described in the Clinical Laboratory Improvement | |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | |
| | | "Personnel for Nonwaived Testing" §493.1351- | |
| | | §493.1495. A complete description of the requirement is | |
| | | located at https://www.ecfr.gov/cgi-bin/text- | |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. Note 5: For hospitals that use Joint Commission accreditation for deemed status purposes: Staff qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the specific procedures is designated in writing. HR.01.01.01, EP 3 The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities. | |
| | | HR.01.02.05, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a qualified dietitian on a full-time, part-time, or consultative basis. | |
| | | LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. | |
| §482.28(a)(3) | (3) There must be administrative and technical personnel competent in their respective duties. | HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. | HR.11.01.01, EP 1 The hospital's food and dietetic services administrative and technical staff are competent to perform their responsibilities. |
| | | HR.01.06.01, EP 5 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Staff competence is initially assessed and documented | |
| | | as part of orientation. | |
| | | HR.01.06.01, EP 6 | |
| | | Staff competence is assessed and documented once | |
| | | every three years, or more frequently as required by | |
| | | hospital policy or in accordance with law and regulation. | |
| §482.28(b) | §482.28(b) Standard: Diets Menus must | PC.02.02.03, EP 7 | PC.12.01.09, EP 1 |
| | meet the needs of the patients. | Food and nutrition products are consistent with each | The nutritional needs of the individual patient are met in |
| | | patient's care, treatment, and services. | accordance with clinical practice guidelines and recognized dietary practices. |
| | | | Note: Diet menus meet the needs of the patients. |
| §482.28(b)(1) | (1) Individual patient nutritional needs must | HR.01.02.05, EP 2 | PC.12.01.09, EP 1 |
| | be met in accordance with recognized | For hospitals that use Joint Commission accreditation | The nutritional needs of the individual patient are met in |
| | dietary practices. | for deemed status purposes: The hospital has a | accordance with clinical practice guidelines and recognized |
| | | qualified dietitian on a full-time, part-time, or | dietary practices. |
| | | consultative basis. | Note: Diet menus meet the needs of the patients. |
| | | LD.03.10.01, EP 3 | |
| | | When clinical practice guidelines will be used in the | |
| | | design or modification of processes, the following | |
| | | occurs: | |
| | | - The hospital follows criteria to manage guideline | |
| | | selection and implementation. | |
| | | - The leaders of the hospital and the organized medical | |
| | | staff review, approve, and modify the clinical practice | |
| | | guidelines as needed The leaders of the hospital manage and evaluate the | |
| | | implementation of the guidelines. | |
| | | , | |
| | | PC.01.02.01, EP 3 | |
| | | The hospital has defined criteria that identify when | |
| | | nutritional plans are developed. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | PC.01.03.01, EP 1 The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. | |
| | | PC.02.02.03, EP 7 Food and nutrition products are consistent with each patient's care, treatment, and services. | |
| | | PC.02.02.03, EP 22 For hospitals that use Joint Commission accreditation for deemed status purposes: A current therapeutic diet manual approved by the dietitian and medical staff is available to all medical, nursing, and food service staff. | |
| §482.28(b)(2) | (2) All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals. | PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following: - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense | PC.12.01.01, EP 1 Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear medicine services, and dietetic services, if provided. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | licensure requirements - Acting within the practitioner's scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. PC.02.01.03, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s). | |
| §482.28(b)(3) | (3) A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing, and food service personnel. | PC.02.03, EP 22 For hospitals that use Joint Commission accreditation for deemed status purposes: A current therapeutic diet manual approved by the dietitian and medical staff is available to all medical, nursing, and food service staff. | PC.12.01.09, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes: The dietitian and medical staff approve a therapeutic diet manual that is current and available to all medical, nursing, and food service staff. Note: For the purposes of this element of performance, current is defined as having a publication or revision date no more than five years old. |
| §482.30 | §482.30 Condition of Participation: Utilization Review The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 | LD.13.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan that provides for review of services provided by the hospital and the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | the institution and by members of the | that provides for review of services furnished by the | medical staff to patients entitled to benefits under the Medicare |
| | medical staff to patients entitled to benefits | hospital and the medical staff to patients entitled to | and Medicaid programs. |
| | under the Medicare and Medicaid programs. | benefits under the Medicare and Medicaid programs. | Note: The hospital does not need to have a utilization review plan if |
| | | Note 1: The hospital does not need to have a utilization | either a quality improvement organization (QIO) has assumed |
| | | review plan if either a Quality Improvement Organization | binding review for the hospital or the Centers for Medicare & Description of the Centers for Medicare and |
| | | (QIO) has assumed binding review for the hospital or the | Medicaid Services (CMS) has determined that the utilization review |
| | | Centers for Medicare & Medicaid Services (CMS) | procedures established by the state under title XIX of the Social |
| | | has determined that the utilization review procedures | Security Act are superior to the procedures required in this section, |
| | | established by the state under title XIX of the Social | and has required hospitals in that state to meet the utilization |
| | | Security Act are superior to the procedures required in | review plan requirements under 42 CFR 456.50 through 42 CFR |
| | | this section, and has required hospitals in that state to | 456.245. |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(a) | §482.30(a) Standard: Applicability The | nequirements for riospitates (river). | |
| 3402.30(a) | provisions of this section apply except in | | |
| | either of the following circumstances: | | |
| §482.30(a)(1) | (1) A Utilization and Quality Control Quality | LD.04.01.01, EP 17 | LD.13.01.03, EP 1 |
| | Improvement Organization (QIO) has | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | assumed binding review for the hospital. | for deemed status purposes: The hospital has a | status purposes: The hospital has a utilization review plan that |
| | | utilization review plan consistent with 42 CFR 482.30 | provides for review of services provided by the hospital and the |
| | | that provides for review of services furnished by the | medical staff to patients entitled to benefits under the Medicare |
| | | hospital and the medical staff to patients entitled to | and Medicaid programs. |
| | | benefits under the Medicare and Medicaid programs. | Note: The hospital does not need to have a utilization review plan if |
| | | Note 1: The hospital does not need to have a utilization | either a quality improvement organization (QIO) has assumed |
| | | review plan if either a Quality Improvement Organization | binding review for the hospital or the Centers for Medicare & Description of the Center of the Cente |
| | | (QIO) has assumed binding review for the hospital or the | Medicaid Services (CMS) has determined that the utilization review |
| | | Centers for Medicare & Description (CMS) | procedures established by the state under title XIX of the Social |
| | | has determined that the utilization review procedures | Security Act are superior to the procedures required in this section, |
| | | established by the state under title XIX of the Social | and has required hospitals in that state to meet the utilization |
| | | Security Act are superior to the procedures required in | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | this section, and has required hospitals in that state to | review plan requirements under 42 CFR 456.50 through 42 CFR |
| | | meet the utilization review plan requirements under 42 | 456.245. |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(a)(2) | (2) CMS has determined that the UR | LD.04.01.01, EP 17 | LD.13.01.03, EP 1 |
| | procedures established by the State under | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | title XIX of the Act are superior to the | for deemed status purposes: The hospital has a | status purposes: The hospital has a utilization review plan that |
| | procedures required in this section, and has | utilization review plan consistent with 42 CFR 482.30 | provides for review of services provided by the hospital and the |
| | required hospitals in that State to meet the | that provides for review of services furnished by the | medical staff to patients entitled to benefits under the Medicare |
| | UR plan requirements under §\$456.50 | hospital and the medical staff to patients entitled to | and Medicaid programs. |
| | through 456.245 of this chapter. | benefits under the Medicare and Medicaid programs. | Note: The hospital does not need to have a utilization review plan if |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 1: The hospital does not need to have a utilization | either a quality improvement organization (QIO) has assumed |
| | | review plan if either a Quality Improvement Organization | binding review for the hospital or the Centers for Medicare & Description of the Center & Description of the Cente |
| | | (QIO) has assumed binding review for the hospital or the | Medicaid Services (CMS) has determined that the utilization review |
| | | Centers for Medicare & Description (CMS) | procedures established by the state under title XIX of the Social |
| | | has determined that the utilization review procedures | Security Act are superior to the procedures required in this section, |
| | | established by the state under title XIX of the Social | and has required hospitals in that state to meet the utilization |
| | | Security Act are superior to the procedures required in | review plan requirements under 42 CFR 456.50 through 42 CFR |
| | | this section, and has required hospitals in that state to | 456.245. |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | ID 04 04 04 ED 40 | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & mp; Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.30(b) | §482.30(b) Standard: Composition of | LD.04.01.01, EP 17 | LD.13.01.03, EP 4 |
| | Utilization Review Committee A UR | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | committee consisting of two or more | for deemed status purposes: The hospital has a | status purposes: The hospital's utilization review committee |
| | practitioners must carry out the UR function. | utilization review plan consistent with 42 CFR 482.30 | consists of two or more licensed practitioners, and at least two of |
| | At least two of the members of the | that provides for review of services furnished by the | the members of the committee are doctors of medicine or |
| | committee must be doctors of medicine or | hospital and the medical staff to patients entitled to | osteopathy. The other members may be any of the other types of |
| | osteopathy. The other members may be any | benefits under the Medicare and Medicaid programs. | practitioners specified in 42 CFR 482.12(c)(1). |
| | of the other types of practitioners specified | Note 1: The hospital does not need to have a utilization | Note: The committee or group's reviews are not conducted by any |
| | in §482.12(c)(1). | review plan if either a Quality Improvement Organization | individual who has a direct financial interest (for example, an |
| | | (QIO) has assumed binding review for the hospital or the | ownership interest) in that hospital or who was professionally |
| | | Centers for Medicare & Medicaid Services (CMS) | involved in the care of the patient whose case is being reviewed. |
| | | has determined that the utilization review procedures | |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| \$402.20/b)/4) | (1) Event as an effect in paragraphs (b)(2) | superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(b)(1) | (1) Except as specified in paragraphs (b)(2) and (3) of this section, the UR committee must be one of the following: | | |
| §482.30(b)(1)(i) | (i) A staff committee of the institution; | ED.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). LD.04.01.01, EP 18 For hospitals that use Joint Commission accreditation | LD.13.01.03, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review committee that is either a staff committee or a group outside the hospital established by the local medical society and some or all the hospitals in the locality or in a manner approved by the Centers for Medicare & Medicaid Services. Note: If, because of the small size of the hospital, it is impracticable to have a properly functioning staff committee, the utilization review committee is established by a group outside the hospital, as specified in 42 CFR 482.30(b)(1)(ii). |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| Cor nequirement | COT TEXT | for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Description (QIO) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare" | Tutule Er Plapping |
| §482.30(b)(1)(ii) | (ii) A group outside the institution | Requirements for Hospitals" (AXA). LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & December of the hospital or the Centers for Medicare will state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 | LD.13.01.03, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review committee that is either a staff committee or a group outside the hospital established by the local medical society and some or all the hospitals in the locality or in a manner approved by the Centers for Medicare & Decause of the small size of the hospital, it is impracticable to have a properly functioning staff committee, the utilization review committee is established by a group outside the hospital, as specified in 42 CFR 482.30(b)(1)(ii). |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|----------------------|--|---|--|
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(b)(1)(ii)(A) | (A) Established by the local medical society | LD.04.01.01, EP 17 | LD.13.01.03, EP 3 |
| | and some or all of the hospitals in the | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | locality; or | for deemed status purposes: The hospital has a | status purposes: The hospital has a utilization review committee |
| | | utilization review plan consistent with 42 CFR 482.30 | that is either a staff committee or a group outside the hospital |
| | | that provides for review of services furnished by the | established by the local medical society and some or all the |
| | | hospital and the medical staff to patients entitled to | hospitals in the locality or in a manner approved by the Centers for |
| | | benefits under the Medicare and Medicaid programs. | Medicare & mp; Medicaid Services. |
| | | Note 1: The hospital does not need to have a utilization | Note: If, because of the small size of the hospital, it is |
| | | review plan if either a Quality Improvement Organization | impracticable to have a properly functioning staff committee, the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|----------------------|---|---|--|
| | | (QIO) has assumed binding review for the hospital or the | utilization review committee is established by a group outside the |
| | | Centers for Medicare & Medicaid Services (CMS) | hospital, as specified in 42 CFR 482.30(b)(1)(ii). |
| | | has determined that the utilization review procedures | |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(b)(1)(ii)(B) | (B) Established in a manner approved by | LD.04.01.01, EP 17 | LD.13.01.03, EP 3 |
| | CMS. | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | for deemed status purposes: The hospital has a | status purposes: The hospital has a utilization review committee |
| | | utilization review plan consistent with 42 CFR 482.30 | that is either a staff committee or a group outside the hospital |
| | | that provides for review of services furnished by the | established by the local medical society and some or all the |
| | | hospital and the medical staff to patients entitled to | hospitals in the locality or in a manner approved by the Centers for |
| | | benefits under the Medicare and Medicaid programs. | Medicare & mp; Medicaid Services. |
| | | Note 1: The hospital does not need to have a utilization | Note: If, because of the small size of the hospital, it is |
| | | review plan if either a Quality Improvement Organization | impracticable to have a properly functioning staff committee, the |
| | | (QIO) has assumed binding review for the hospital or the | utilization review committee is established by a group outside the |
| | | Centers for Medicare & Defication Services (CMS) | hospital, as specified in 42 CFR 482.30(b)(1)(ii). |
| | | has determined that the utilization review procedures | |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| 0.400.00(1.)(0) | (0) (1) | Requirements for Hospitals" (AXA). | LD 40 04 00 ED 0 |
| §482.30(b)(2) | (2) If, because of the small size of the | LD.04.01.01, EP 17 | LD.13.01.03, EP 3 |
| | institution, it is impracticable to have a | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | properly functioning staff committee, the UR | for deemed status purposes: The hospital has a | status purposes: The hospital has a utilization review committee |
| | committee must be established as specified | utilization review plan consistent with 42 CFR 482.30 | that is either a staff committee or a group outside the hospital |
| | in paragraph (b)(1)(ii) of this section | that provides for review of services furnished by the | established by the local medical society and some or all the |
| | | hospital and the medical staff to patients entitled to | hospitals in the locality or in a manner approved by the Centers for |
| | | benefits under the Medicare and Medicaid programs. | Medicare & amp; Medicaid Services. |
| | | Note 1: The hospital does not need to have a utilization | Note: If, because of the small size of the hospital, it is |
| | | review plan if either a Quality Improvement Organization | impracticable to have a properly functioning staff committee, the |
| | | (QIO) has assumed binding review for the hospital or the | utilization review committee is established by a group outside the |
| | | Centers for Medicare & Medicaid Services (CMS) | hospital, as specified in 42 CFR 482.30(b)(1)(ii). |
| | | has determined that the utilization review procedures | |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Description (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(b)(3) | (3) The committee or group's reviews may not be conducted by any individual who | moquiremente for freepreate (vivi). | LD.13.01.03, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's utilization review committee consists of two or more licensed practitioners, and at least two of the members of the committee are doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in 42 CFR 482.12(c)(1). Note: The committee or group's reviews are not conducted by any individual who has a direct financial interest (for example, an ownership interest) in that hospital or who was professionally involved in the care of the patient whose case is being reviewed. |
| §482.30(b)(3)(i) | (i) Has a direct financial interest (for example, an ownership interest) in that hospital; or | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the | LD.13.01.03, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's utilization review committee consists of two or more licensed practitioners, and at least two of the members of the committee are doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in 42 CFR 482.12(c)(1). Note: The committee or group's reviews are not conducted by any individual who has a direct financial interest (for example, an |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Centers for Medicare & Medicaid Services (CMS) | ownership interest) in that hospital or who was professionally |
| | | has determined that the utilization review procedures | involved in the care of the patient whose case is being reviewed. |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(b)(3)(ii) | (ii) Was professionally involved in the care of | LD.04.01.01, EP 17 | LD.13.01.03, EP 4 |
| 3-02.00(0)(0)(11) | the patient whose case is being reviewed. | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | the patient whose case is being reviewed. | for deemed status purposes: The hospital has a | status purposes: The hospital's utilization review committee |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | utilization review plan consistent with 42 CFR 482.30 | consists of two or more licensed practitioners, and at least two of |
| | | that provides for review of services furnished by the | the members of the committee are doctors of medicine or |
| | | hospital and the medical staff to patients entitled to | osteopathy. The other members may be any of the other types of |
| | | benefits under the Medicare and Medicaid programs. | practitioners specified in 42 CFR 482.12(c)(1). |
| | | Note 1: The hospital does not need to have a utilization | Note: The committee or group's reviews are not conducted by any |
| | | review plan if either a Quality Improvement Organization | individual who has a direct financial interest (for example, an |
| | | (QIO) has assumed binding review for the hospital or the | ownership interest) in that hospital or who was professionally |
| | | Centers for Medicare & Description (CMS) | involved in the care of the patient whose case is being reviewed. |
| | | has determined that the utilization review procedures | |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(c) | §482.30(c) Standard: Scope and Frequency of Review | . , , | |
| §482.30(c)(1) | (1) The UR plan must provide for review for Medicare and Medicaid patients with respect to the medical necessity of | | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's utilization review plan provides for the review of Medicare and Medicaid patients with respect to the medical necessity of the following: - Admissions to the hospital - Duration of stays - Professional services provided, including drugs and biologicals Note 1: The hospital may perform reviews of admissions before, during, or after hospital admission. Note 2: The hospital may perform reviews on a sample basis, except for reviews of extended stay cases. |
| §482.30(c)(1)(i) | (i) Admissions to the institution; | ED.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Dedicard Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's utilization review plan provides for the review of Medicare and Medicaid patients with respect to the medical necessity of the following: - Admissions to the hospital - Duration of stays - Professional services provided, including drugs and biologicals Note 1: The hospital may perform reviews of admissions before, during, or after hospital admission. Note 2: The hospital may perform reviews on a sample basis, except for reviews of extended stay cases. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & mp; Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(c)(1)(ii) | (ii) The duration of stays; and | LD.04.01.01, EP 17 | LD.13.01.03, EP 2 |
| | | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital has a | status purposes: The hospital's utilization review plan provides for |
| | | utilization review plan consistent with 42 CFR 482.30 | the review of Medicare and Medicaid patients with respect to the |
| | | that provides for review of services furnished by the | medical necessity of the following: |
| | | hospital and the medical staff to patients entitled to | - Admissions to the hospital |
| | | benefits under the Medicare and Medicaid programs. | - Duration of stays |
| | | Note 1: The hospital does not need to have a utilization | - Professional services provided, including drugs and biologicals |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | review plan if either a Quality Improvement Organization | Note 1: The hospital may perform reviews of admissions before, |
| ! | | (QIO) has assumed binding review for the hospital or the | during, or after hospital admission. |
| ! | | Centers for Medicare & Described Services (CMS) | Note 2: The hospital may perform reviews on a sample basis, |
| ! | | has determined that the utilization review procedures | except for reviews of extended stay cases. |
| ! | | established by the state under title XIX of the Social | |
| ! | | Security Act are superior to the procedures required in | |
| ! | | this section, and has required hospitals in that state to | |
| ! | | meet the utilization review plan requirements under 42 | |
| ! | | CFR 456.50 through 42 CFR 456.245. | |
| ! | | Note 2: For guidance regarding the requirements at 42 | |
| ! | | CFR 482.30, refer to "Appendix A: Medicare | |
| 1 | | Requirements for Hospitals" (AXA). | |
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| ! | | LD.04.01.01, EP 18 | |
| ! | | For hospitals that use Joint Commission accreditation | |
| ! | | for deemed status purposes: Utilization review activities | |
| ! | | are implemented by the hospital in accordance with the | |
| ! | | plan. | |
| ! | | Note 1: The hospital does not need to implement | |
| ! | | utilization review activities itself if either a Quality | |
| ! | | Improvement Organization (QIO) has assumed binding | |
| ! | | review for the hospital or the Centers for Medicare | |
| ! | | & Medicaid Services (CMS) has determined that | |
| ! | | the utilization review procedures established by the | |
| ! | | state under title XIX of the Social Security Act are | |
| , | | superior to the procedures required in this section, and | |
| ! | | has required hospitals in that state to meet the | |
| ! | | utilization review plan requirements under 42 CFR | |
| ! | | 456.50 through 42 CFR 456.245. | |
| ! | | Note 2: For guidance regarding the requirements at 42 | |
| , | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.30(c)(1)(iii) | (iii) Professional services furnished including | LD.04.01.01, EP 17 | LD.13.01.03, EP 2 |
| | drugs and biologicals. | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital has a | status purposes: The hospital's utilization review plan provides for |
| | | utilization review plan consistent with 42 CFR 482.30 | the review of Medicare and Medicaid patients with respect to the |
| | | that provides for review of services furnished by the | medical necessity of the following: |
| | | hospital and the medical staff to patients entitled to | - Admissions to the hospital |
| | | benefits under the Medicare and Medicaid programs. | - Duration of stays |
| | | Note 1: The hospital does not need to have a utilization | - Professional services provided, including drugs and biologicals |
| | | review plan if either a Quality Improvement Organization | Note 1: The hospital may perform reviews of admissions before, |
| | | (QIO) has assumed binding review for the hospital or the | during, or after hospital admission. |
| | | Centers for Medicare & Description (CMS) | Note 2: The hospital may perform reviews on a sample basis, |
| | | has determined that the utilization review procedures | except for reviews of extended stay cases. |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(c)(2) | (2) Review of admissions may be performed before, at, or after hospital admission. | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Dedicare & Periodical Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). LD.04.01.01, EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's utilization review plan provides for the review of Medicare and Medicaid patients with respect to the medical necessity of the following: - Admissions to the hospital - Duration of stays - Professional services provided, including drugs and biologicals Note 1: The hospital may perform reviews of admissions before, during, or after hospital admission. Note 2: The hospital may perform reviews on a sample basis, except for reviews of extended stay cases. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(c)(3) | (3) Except as specified in paragraph (e) of | LD.04.01.01, EP 17 | LD.13.01.03, EP 2 |
| | this section, reviews may be conducted on a | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | sample basis. | for deemed status purposes: The hospital has a | status purposes: The hospital's utilization review plan provides for |
| | | utilization review plan consistent with 42 CFR 482.30 | the review of Medicare and Medicaid patients with respect to the |
| | | that provides for review of services furnished by the | medical necessity of the following: |
| | | hospital and the medical staff to patients entitled to | - Admissions to the hospital |
| | | benefits under the Medicare and Medicaid programs. | - Duration of stays |
| | | Note 1: The hospital does not need to have a utilization | - Professional services provided, including drugs and biologicals |
| | | review plan if either a Quality Improvement Organization | Note 1: The hospital may perform reviews of admissions before, |
| | | (QIO) has assumed binding review for the hospital or the | during, or after hospital admission. |
| | | Centers for Medicare & Description (CMS) | Note 2: The hospital may perform reviews on a sample basis, |
| | | has determined that the utilization review procedures | except for reviews of extended stay cases. |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | OFN 402.30, Telef to Appendix A. Medicale | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Description (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(c)(4) | (4) Hospitals that are paid for inpatient hospital services under the prospective payment system set forth in Part 412 of this chapter must conduct review of duration of stays and review of professional services as follows: | | For hospitals that use Joint Commission accreditation for deemed status purposes: If the hospital is paid for inpatient hospital services under the prospective payment system set forth in 42 CFR Part 412, it conducts a review of duration of stays and a review of professional services as follows: - For duration of stays, the hospital reviews only cases that it determines to be outlier cases based on extended length of stay, as described in 42 CFR 412.80(a)(1)(i). - For professional services, the hospital reviews only cases that it determines to be outlier cases based on extraordinarily high costs, as described in 42 CFR 412.80(a)(1)(ii). |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.30(c)(4)(i) | (i) For duration of stays, these hospitals need | LD.04.01.01, EP 17 | LD.13.01.03, EP 7 |
| | review only cases that they reasonably | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | assume to be outlier cases based on | for deemed status purposes: The hospital has a | status purposes: If the hospital is paid for inpatient hospital |
| | extended length of stay, as described in | utilization review plan consistent with 42 CFR 482.30 | services under the prospective payment system set forth in 42 CFR |
| | §412.80(a)(1)(i) of this chapter; and | that provides for review of services furnished by the | Part 412, it conducts a review of duration of stays and a review of |
| | | hospital and the medical staff to patients entitled to | professional services as follows: |
| | | benefits under the Medicare and Medicaid programs. | - For duration of stays, the hospital reviews only cases that it |
| | | Note 1: The hospital does not need to have a utilization | determines to be outlier cases based on extended length of stay, |
| | | review plan if either a Quality Improvement Organization | as described in 42 CFR 412.80(a)(1)(i). |
| | | (QIO) has assumed binding review for the hospital or the | - For professional services, the hospital reviews only cases that it |
| | | Centers for Medicare & Defication Services (CMS) | determines to be outlier cases based on extraordinarily high costs, |
| | | has determined that the utilization review procedures | as described in 42 CFR 412.80(a)(1)(ii). |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-------------------|--|--|--|
| | | superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(c)(4)(ii) | (ii) For professional services, these hospitals need review only cases that they reasonably assume to be outlier cases based on extraordinarily high costs, as described in §412.80(a)(1)(ii) of this chapter. | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). LD.04.01.01, EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. | LD.13.01.03, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: If the hospital is paid for inpatient hospital services under the prospective payment system set forth in 42 CFR Part 412, it conducts a review of duration of stays and a review of professional services as follows: - For duration of stays, the hospital reviews only cases that it determines to be outlier cases based on extended length of stay, as described in 42 CFR 412.80(a)(1)(i). - For professional services, the hospital reviews only cases that it determines to be outlier cases based on extraordinarily high costs, as described in 42 CFR 412.80(a)(1)(ii). |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Description (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare" | |
| §482.30(d) | §482.30(d) Standard: Determination Regarding Admissions or Continued Stays | Requirements for Hospitals" (AXA). | |
| §482.30(d)(1) | (1) The determination that an admission or continued stay is not medically necessary- | | |
| §482.30(d)(1)(i) | (i) May be made by one member of the UR committee if the practitioner or practitioners responsible for the care of the patient, as specified of \$482.12(c), concur with the determination or fail to present their views when afforded the opportunity; and | ED.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Decivical Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to | ED.13.01.03, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital develops and implements a process to determine if an admission or continued stay is not medically necessary. This determination is made by one of the following: One member of the utilization review committee if the licensed practitioner(s) responsible for the patient's care, as specified in 42 CFR 482.12(c), concurs with the determination or fails to present their views when afforded the opportunity At least two members of the utilization review committee in all other cases Note: Before determining that an admission or continued stay is not medically necessary, the utilization review committee consults the licensed practitioner(s) responsible for the patient's care, as |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | specified in 42 CFR 482.12(c), and affords the practitioner(s) the opportunity to present their views. |
| | | LD.04.01.01, EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Description (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare" | |
| \$492.20(d)(1)(ii) | (ii) Must be made by at least two members of | Requirements for Hospitals" (AXA). | LD 12 01 02 ED 6 |
| §482.30(d)(1)(ii) | (ii) Must be made by at least two members of the UR committee in all other cases. | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs | LD.13.01.03, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital develops and implements a process to determine if an admission or continued stay is not medically necessary. This determination is made by one of the following: - One member of the utilization review committee if the licensed practitioner(s) responsible for the patient's care, as specified in 42 |
| | | benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization | practitioner(s) responsible for the patient's care, as specified in 4: CFR 482.12(c), concurs with the determination or fails to present |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | review plan if either a Quality Improvement Organization | their views when afforded the opportunity |
| | | (QIO) has assumed binding review for the hospital or the | - At least two members of the utilization review committee in all |
| | | Centers for Medicare & Described Services (CMS) | other cases |
| | | has determined that the utilization review procedures | Note: Before determining that an admission or continued stay is |
| | | established by the state under title XIX of the Social | not medically necessary, the utilization review committee consults |
| | | Security Act are superior to the procedures required in | the licensed practitioner(s) responsible for the patient's care, as |
| | | this section, and has required hospitals in that state to | specified in 42 CFR 482.12(c), and affords the practitioner(s) the |
| | | meet the utilization review plan requirements under 42 | opportunity to present their views. |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.30(d)(2) | (2) Before making a determination that an | LD.04.01.01, EP 17 | LD.13.01.03, EP 6 |
| | admission or continued stay is not medically | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | necessary, the UR committee must consult | for deemed status purposes: The hospital has a | status purposes: The hospital develops and implements a process |
| | the practitioner or practitioners responsible | utilization review plan consistent with 42 CFR 482.30 | to determine if an admission or continued stay is not medically |
| | for the care of the patient, as specified in | that provides for review of services furnished by the | necessary. This determination is made by one of the following: |
| | §482.12(c), and afford the practitioner or | hospital and the medical staff to patients entitled to | - One member of the utilization review committee if the licensed |
| | practitioners the opportunity to present their | benefits under the Medicare and Medicaid programs. | practitioner(s) responsible for the patient's care, as specified in 42 |
| | views. | Note 1: The hospital does not need to have a utilization | CFR 482.12(c), concurs with the determination or fails to present |
| | | review plan if either a Quality Improvement Organization | their views when afforded the opportunity |
| | | (QIO) has assumed binding review for the hospital or the | - At least two members of the utilization review committee in all |
| | | Centers for Medicare & Medicaid Services (CMS) | other cases |
| | | has determined that the utilization review procedures | Note: Before determining that an admission or continued stay is |
| | | established by the state under title XIX of the Social | not medically necessary, the utilization review committee consults |
| | | Security Act are superior to the procedures required in | the licensed practitioner(s) responsible for the patient's care, as |
| | | this section, and has required hospitals in that state to | specified in 42 CFR 482.12(c), and affords the practitioner(s) the |
| | | meet the utilization review plan requirements under 42 | opportunity to present their views. |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(d)(3) | (3) If the committee decides that admission to or continued stay in the hospital is not medically necessary, written notification must be given, no later than 2 days after the determination, to the hospital, the patient, and the practitioner or practitioners responsible for the care of the patient, as specified in \$482.12(c); | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Dedicare & Procedures (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). LD.04.01.01, EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. | LD.13.01.03, EP 10 For hospitals that use Joint Commission accreditation for deemed status purposes: If the utilization review committee determines that admission to or continued stay in the hospital is not medically necessary, the committee gives written notification to the hospital, the patient, and the licensed practitioner(s) responsible for the patient's care, as specified in 42 CFR 482.12(c), no later than 2 days after the determination. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| CoP Requirement | CoP Text | Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Description (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 | Future EP Mapping |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(e) | §482.30(e) Standard: Extended Stay Review | | |
| \$482.30(e)(1) | (1) In hospitals that are not paid under the prospective payment system, the UR committee must make a periodic review, as specified in the UR plan, or each current inpatient receiving hospital services during a continuous period of extended duration. The scheduling of the periodic reviews may | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Dedicare & Procedures (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 | For hospitals that use Joint Commission accreditation for deemed status purposes: In hospitals that are not paid under the prospective payment system, the utilization review (UR) committee periodically reviews, as specified in the UR plan, each current inpatient during a continuous period of extended duration. The scheduling of the periodic reviews may be the same for all cases or differ for different classes of cases. Note: The UR committee conducts its review no later than 7 days after the day required in the UR plan. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & amp; Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(e)(1)(i) | (i) Be the same for all cases; or | LD.04.01.01, EP 17 | LD.13.01.03, EP 8 |
| | | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes: The hospital has a | status purposes: In hospitals that are not paid under the |
| | | utilization review plan consistent with 42 CFR 482.30 | prospective payment system, the utilization review (UR) |
| | | that provides for review of services furnished by the | committee periodically reviews, as specified in the UR plan, each |
| | | hospital and the medical staff to patients entitled to | current inpatient during a continuous period of extended duration. |
| | | benefits under the Medicare and Medicaid programs. | The scheduling of the periodic reviews may be the same for all |
| | | Note 1: The hospital does not need to have a utilization | cases or differ for different classes of cases. |
| | | review plan if either a Quality Improvement Organization | Note: The UR committee conducts its review no later than 7 days |
| | | (QIO) has assumed binding review for the hospital or the | after the day required in the UR plan. |
| | | Centers for Medicare & Medicaid Services (CMS) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| · | | has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 For hospitals that use Joint Commission accreditation for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Description (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). | |
| §482.30(e)(1)(ii) | (ii) Differ for different classes of cases. | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 | LD.13.01.03, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes: In hospitals that are not paid under the prospective payment system, the utilization review (UR) |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | that provides for review of services furnished by the | committee periodically reviews, as specified in the UR plan, each |
| | | hospital and the medical staff to patients entitled to | current inpatient during a continuous period of extended duration. |
| | | benefits under the Medicare and Medicaid programs. | The scheduling of the periodic reviews may be the same for all |
| | | Note 1: The hospital does not need to have a utilization | cases or differ for different classes of cases. |
| | | review plan if either a Quality Improvement Organization | Note: The UR committee conducts its review no later than 7 days |
| | | (QIO) has assumed binding review for the hospital or the | after the day required in the UR plan. |
| | | Centers for Medicare & Description (CMS) | |
| | | has determined that the utilization review procedures | |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|--|---|---|
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| §482.30(e)(2) | (2) In hospitals paid under the prospective | LD.04.01.01, EP 17 | LD.13.01.03, EP 9 |
| | payment system, the UR committee must | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | review all cases reasonably assumed by the | for deemed status purposes: The hospital has a | status purposes: In hospitals paid under the prospective payment |
| | hospital to be outlier cases because the | utilization review plan consistent with 42 CFR 482.30 | system, the utilization review (UR) committee reviews all cases |
| | extended length of stay exceeds the | that provides for review of services furnished by the | where the extended length of stay exceeds the threshold criteria |
| | threshold criteria for the diagnosis, as | hospital and the medical staff to patients entitled to | for the diagnosis, as described in 42 CFR 412.80 (a)(1)(i). The |
| | described in §412.80(a)(1)(i). The hospital is | benefits under the Medicare and Medicaid programs. | hospital is not required to review an extended stay that does not |
| | not required to review an extended stay that | Note 1: The hospital does not need to have a utilization | exceed the outlier threshold for the diagnosis. |
| | does not exceed the outlier threshold for the | review plan if either a Quality Improvement Organization | Note: The UR committee conducts its review no later than 7 days |
| | diagnosis. | (QIO) has assumed binding review for the hospital or the | after the day required in the UR plan. |
| | | Centers for Medicare & Description (CMS) | |
| | | has determined that the utilization review procedures | |
| | | established by the state under title XIX of the Social | |
| | | Security Act are superior to the procedures required in | |
| | | this section, and has required hospitals in that state to | |
| | | meet the utilization review plan requirements under 42 | |
| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare | |
| §482.30(e)(3) | (3) The UR committee must make the periodic review no later than 7 days after the day required in the UR plan. | LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). LD.04.01.01, EP 18 For hospitals that use Joint Commission accreditation | LD.13.01.03, EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes: In hospitals paid under the prospective payment system, the utilization review (UR) committee reviews all cases where the extended length of stay exceeds the threshold criteria for the diagnosis, as described in 42 CFR 412.80 (a)(1)(i). The hospital is not required to review an extended stay that does not exceed the outlier threshold for the diagnosis. Note: The UR committee conducts its review no later than 7 days after the day required in the UR plan. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | for deemed status purposes: Utilization review activities are implemented by the hospital in accordance with the plan. Note 1: The hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Description (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix A: Medicare | |
| §482.30(f) | \$482.30(f) Standard: Review of Professional Services The committee must review professional services provided, to determine medical necessity and to promote the most efficient use of available health facilities and services. | Requirements for Hospitals" (AXA). LD.04.01.01, EP 17 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs. Note 1: The hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the hospital or the Centers for Medicare & Decide Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required hospitals in that state to meet the utilization review plan requirements under 42 | LD.13.01.03, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's utilization review committee reviews professional services provided to determine medical necessity and to promote the most efficient use of available health facilities and services. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | CFR 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA). | |
| | | | |
| | | LD.04.01.01, EP 18 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: Utilization review activities | |
| | | are implemented by the hospital in accordance with the | |
| | | plan. | |
| | | Note 1: The hospital does not need to implement | |
| | | utilization review activities itself if either a Quality | |
| | | Improvement Organization (QIO) has assumed binding | |
| | | review for the hospital or the Centers for Medicare | |
| | | & Medicaid Services (CMS) has determined that | |
| | | the utilization review procedures established by the | |
| | | state under title XIX of the Social Security Act are | |
| | | superior to the procedures required in this section, and | |
| | | has required hospitals in that state to meet the | |
| | | utilization review plan requirements under 42 CFR | |
| | | 456.50 through 42 CFR 456.245. | |
| | | Note 2: For guidance regarding the requirements at 42 | |
| | | CFR 482.30, refer to "Appendix A: Medicare | |
| 2.22.44 | | Requirements for Hospitals" (AXA). | |
| §482.41 | §482.41 Condition of Participation: Physical | EC.02.05.01, EP 1 | PE.01.01.01, EP 1 |
| | Environment The hospital must be | The hospital designs and installs utility systems | The hospital's building is constructed, arranged, and maintained to |
| | constructed, arranged, and maintained to | according to National Fire Protection Association codes | allow safe access and to protect the safety and well-being of |
| | ensure the safety of the patient, and to | to meet patient care and operational needs. | patients. |
| | provide facilities for diagnosis and treatment | FO 00 00 04 FD 4 | Note 1: Diagnostic and therapeutic facilities are located in areas |
| | and for special hospital services appropriate | EC.02.06.01, EP 1 | appropriate for the services provided. |
| | to the needs of the community. | Interior spaces meet the needs of the patient population | Note 2: When planning for new, altered, or renovated space, the |
| | | and are safe and suitable to the care, treatment, and | hospital uses state rules and regulations or the current Guidelines |
| | | services provided. | for Design and Construction of Hospitals published by the Facility |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|---|
| | | | Guidelines Institute. If the state rules and regulations or the |
| | | EC.02.06.01, EP 11 | Guidelines do not address the design needs of the hospital, then it |
| | | Lighting is suitable for care, treatment, and services. | uses other reputable standards and guidelines that provide |
| | | | equivalent design criteria. |
| | | EC.02.06.01, EP 20 | |
| | | Areas used by patients are clean and free of offensive | PE.01.01.01, EP 2 |
| | | odors. | The hospital has adequate space and facilities for the services it |
| | | | provides, including facilities for the diagnosis and treatment of |
| | | EC.02.06.01, EP 26 | patients and for any special services offered to meet the needs of |
| | | The hospital keeps furnishings and equipment safe and | the community served. |
| | | in good repair. | Note: The extent and complexity of facilities is determined by the |
| | | | services offered. |
| | | EC.02.06.05, EP 1 | |
| | | When planning for new, altered, or renovated space, the | |
| | | hospital uses one of the following design criteria: | |
| | | - State rules and regulations | |
| | | - The most current edition of the Guidelines for Design | |
| | | and Construction of Hospitals published by the Facility | |
| | | Guidelines Institute | |
| | | When the above rules, regulations, and guidelines do | |
| | | not meet specific design needs, use other reputable | |
| | | standards and guidelines that provide equivalent design | |
| | | criteria. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | complies with National Fire Protection Association | |
| | | requirements, including emergency generator location | |
| | | requirements as follows: | |
| | | - Health Care Facilities Code (NFPA 99-2012 and | |
| | | Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA | |
| | | 12-4, TIA 12-5, and TIA 12-6) | |
| | | - Life Safety Code (NFPA 101-2012 and Tentative Interim | |
| | | Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - NFPA 110-2010 when a new structure is built or when | |
| | | an existing structure or building is renovated | |
| | | EC.02.06.05, EP 2 | |
| | | When planning for demolition, construction, renovation, | |
| | | or general maintenance, the hospital conducts a | |
| | | preconstruction risk assessment for air quality | |
| | | requirements, infection control, utility requirements, | |
| | | noise, vibration, and other hazards that affect care, | |
| | | treatment, and services. | |
| | | Note: See LS.01.02.01 for information on fire safety | |
| | | procedures to implement during construction or | |
| | | renovation. | |
| | | EC.02.06.05, EP 3 | |
| | | The hospital takes action based on its assessment to | |
| | | minimize risks during demolition, construction, | |
| | | renovation, or general maintenance. | |
| §482.41(a) | §482.41(a) Standard: Buildings The | EC.01.01.01, EP 4 | PE.01.01.01, EP 1 |
| , , | condition of the physical plant and the | The hospital has a written plan for managing the | The hospital's building is constructed, arranged, and maintained to |
| | overall hospital environment must be | following: The environmental safety of patients and | allow safe access and to protect the safety and well-being of |
| | developed and maintained in such a manner | everyone else who enters the hospital's facilities. | patients. |
| | that the safety and well-being of patients are | | Note 1: Diagnostic and therapeutic facilities are located in areas |
| | assured. | EC.01.01.01, EP 6 | appropriate for the services provided. |
| | | The hospital has a written plan for managing the | Note 2: When planning for new, altered, or renovated space, the |
| | | following: Hazardous materials and waste. | hospital uses state rules and regulations or the current Guidelines |
| | | FC 04 04 04 FD 7 | for Design and Construction of Hospitals published by the Facility |
| | | EC.01.01.01, EP 7 The hospital has a written plan for managing the | Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the hospital, then it |
| | | following: Fire safety. | uses other reputable standards and guidelines that provide |
| | | Tottownig. I no surety. | equivalent design criteria. |
| | | EC.01.01.01, EP 8 | |
| | | The hospital has a written plan for managing the | PE.01.01.01, EP 2 |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | following: Medical equipment. | The hospital has adequate space and facilities for the services it |
| | | | provides, including facilities for the diagnosis and treatment of |
| | | EC.01.01.01, EP 9 | patients and for any special services offered to meet the needs of |
| | | The hospital has a written plan for managing the | the community served. |
| | | following: Utility systems. | Note: The extent and complexity of facilities is determined by the |
| | | Note: In circumstances where the program or service is | services offered. |
| | | located in a business occupancy not owned by the | |
| | | accredited organization, the plan may only need to | PE.01.01.01, EP 3 |
| | | address how routine service and maintenance for their | The hospital's premises are clean and orderly. |
| | | utility systems are obtained. | Note: Clean and orderly means an uncluttered physical |
| | | | environment where patients and staff can function. This includes |
| | | EC.02.01.01, EP 1 | but is not limited to storing equipment and supplies in their proper |
| | | The hospital implements its process to identify safety | spaces, attending to spills, and keeping areas neat. |
| | | and security risks associated with the environment of | |
| | | care that could affect patients, staff, and other people | |
| | | coming to the hospital's facilities. | |
| | | Note: Risks are identified from internal sources such as | |
| | | ongoing monitoring of the environment, results of root | |
| | | cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources | |
| | | such as Sentinel Event Alerts. | |
| | | Such as Sentinet Event Aterts. | |
| | | EC.02.01.01, EP 3 | |
| | | The hospital takes action to minimize or eliminate | |
| | | identified safety and security risks in the physical | |
| | | environment. | |
| | | on vii on in one | |
| | | EC.02.01.01, EP 5 | |
| | | The hospital maintains all grounds and equipment. | |
| | | | |
| | | EC.02.01.01, EP 11 | |
| | | The hospital responds to product notices and recalls. | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | EC.02.02.01, EP 1 The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation. | |
| | | EC.02.02.01, EP 3 The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. | |
| | | EC.02.02.01, EP 4 The hospital implements its procedures in response to hazardous material and waste spills or exposures. | |
| | | EC.02.02.01, EP 5 The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. | |
| | | EC.02.02.01, EP 8 The hospital minimizes risks associated with disposing of hazardous medications. | |
| | | EC.02.02.01, EP 10 The hospital monitors levels of hazardous gases and vapors to determine that they are in safe range. Note: Law and regulation determine the frequency of monitoring hazardous gases and vapors as well as acceptable ranges. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | | |
| | | EC.02.02.01, EP 11 | |
| | | For managing hazardous materials and waste, the | |
| | | hospital has the permits, licenses, manifests, and safety | |
| | | data sheets required by law and regulation. | |
| | | EC.02.02.01, EP 12 | |
| | | The hospital labels hazardous materials and waste. | |
| | | Labels identify the contents and hazard warnings. * | |
| | | Footnote *: The Occupational Safety and Health | |
| | | Administration's (OSHA) Bloodborne Pathogens and | |
| | | Hazard Communications Standards and the National | |
| | | Fire Protection Association (NFPA) provide details on | |
| | | labeling requirements. | |
| | | EC.02.04.01, EP 9 | |
| | | The hospital has written procedures to follow when | |
| | | medical equipment fails, including using emergency | |
| | | clinical interventions and backup equipment. | |
| | | EC.02.05.01, EP 9 | |
| | | The hospital labels utility system controls to facilitate | |
| | | partial or complete emergency shutdowns. | |
| | | Note 1: Examples of utility system controls that should | |
| | | be labeled are utility source valves, utility system main | |
| | | switches and valves, and individual circuits in an | |
| | | electrical distribution panel. | |
| | | Note 2: For example, the fire alarm system's circuit is | |
| | | clearly labeled as Fire Alarm Circuit; the disconnect | |
| | | method (that is, the circuit breaker) is marked in red; | |
| | | and access is restricted to authorized personnel. | |
| | | Information regarding the dedicated branch circuit for | |
| | | the fire alarm panel is located in the control unit. For | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2. | |
| | | EC.02.05.01, EP 10 The hospital has written procedures for responding to utility system disruptions. | |
| | | EC.02.05.01, EP 11 The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected areas. | |
| | | EC.02.05.01, EP 12 The hospital's procedures address performing emergency clinical interventions during utility system disruptions. | |
| | | EC.02.05.01, EP 13 The hospital responds to utility system disruptions as described in its procedures. | |
| | | EC.02.05.01, EP 17 The hospital maps the distribution of its utility systems. | |
| | | EC.02.06.01, EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. | |
| | | EC.02.06.01, EP 26 The hospital keeps furnishings and equipment safe and in good repair. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|---|---|---|
| COP Requirement | COP Text | EC.04.01.01, EP 15 Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness. EC.04.01.03, EP 2 The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues. | Puture EP Mapping |
| | | EC.04.01.05, EP 1 The hospital takes action on the identified opportunities to resolve environmental safety issues. | |
| §482.41(a)(1) | (1) There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available. | The hospital provides emergency power within 10 seconds for the following: Alarm systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). EC.02.05.03, EP 3 The hospital provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). | PE.04.01.03, EP 1 The hospital has emergency power and lighting in the following areas, at a minimum: - Operating rooms - Recovery rooms - Intensive care - Emergency rooms - Stairwells Battery lamps and flashlights are available in all other areas not serviced by the emergency power supply source. |
| | | EC.02.05.03, EP 4 New buildings equipped with or requiring the use of life | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (For full text, refer to NFPA 101-2012: 18.2.9.2; 18.2.10.5; NFPA 99-2012: 6.4.2.2) | |
| | | EC.02.05.03, EP 5 The hospital provides emergency power within 10 seconds for the following: Emergency communication systems, as required by the Life Safety Code. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). | |
| | | EC.02.05.03, EP 6 The hospital provides emergency power within 10 seconds for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b). | |
| | | EC.02.05.03, EP 7 The hospital provides emergency power within 10 seconds for the following: Areas in which loss of power could result in patient harm, including intensive care, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, and nurseries. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2; NFPA 110-2010: 4.1; Table 4.1(b). | |
| | | EC.02.05.03, EP 12 Equipment designated to be powered by emergency power supply is energized by the hospital's design. Staging of equipment startup is permissible. (For full text, refer to NFPA 99-2012: 6.4.2.2) | |
| | | EC.02.05.03, EP 13 The hospital provides emergency power for elevators selected to provide service to patients during interruption of normal power (at least one for nonambulatory patients). Note: For guidance in establishing a reliable emergency power system for the equipment branch (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.2.2. | |
| | | EC.02.05.03, EP 16 For hospitals that use Joint Commission accreditation for deemed status purposes: Battery lamps and flashlights are available in areas not serviced by the emergency supply source. | |
| §482.41(a)(2) | (2) There must be facilities for emergency gas and water supply. | EC.02.05.01, EP 10 The hospital has written procedures for responding to utility system disruptions. EC.02.05.01, EP 11 | PE.04.01.03, EP 2 The hospital has a system to provide emergency gas and water supply. Note 1: The system includes making arrangements with local utility companies and others for the provision of emergency sources of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital's procedures address shutting off the malfunctioning system and notifying staff in affected | water and gas. Note 2: Emergency gas includes fuels such as propane, natural |
| | | areas. | gas, fuel oil, or liquefied natural gas, as well as any gases the |
| | | EC.02.05.01, EP 12 | hospital uses in the care of patients, such as oxygen, nitrogen, or nitrous oxide. |
| | | The hospital's procedures address performing | |
| | | emergency clinical interventions during utility system disruptions. | |
| | | disruptions. | |
| | | EC.02.05.01, EP 13 | |
| | | The hospital responds to utility system disruptions as described in its procedures. | |
| §482.41(b) | §482.41(b) Standard: Life Safety from Fire | EC.02.03.01, EP 1 | PE.03.01.01, EP 3 |
| | The hospital must ensure that the life safety | The hospital minimizes the potential for harm from fire, | The hospital meets the applicable provisions of the Life Safety |
| | from fire requirements are met. | smoke, and other products of combustion. | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | FC 02 02 04 FD 4 | 1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions |
| | | EC.02.03.01, EP 4 The hospital maintains free and unobstructed access to | applicable to ambulatory health care occupancies, regardless of |
| | | all exits. | the number of patients served. |
| | | Note: This requirement applies to all buildings classified | Note 2: For hospitals that use Joint Commission accreditation for |
| | | as business occupancy. The "Life Safety" (LS) chapter | deemed status purposes: The provisions of the Life Safety Code do |
| | | addresses the requirements for all other occupancy | not apply in a state where the Centers for Medicare & Description (2012) in the contract of th |
| | | types. | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Department & De |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.41(b)(1) | (1) Except as otherwise provided in this section— | | |
| §482.41(b)(1)(i) | (i) The hospital must meet the applicable | EC.02.03.03, EP 1 | PE.03.01.01, EP 3 |
| | provisions and must proceed in accordance | The hospital conducts fire drills once per shift per | The hospital meets the applicable provisions of the Life Safety |
| | with the Life Safety Code (NFPA 101 and | quarter in each building defined as a health care | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | Tentative Interim Amendments TIA 12–1, TIA | occupancy by the Life Safety Code. The hospital | 1, 12-2, 12-3, and 12-4). |
| | 12–2, TIA 12–3, and TIA 12–4.) Outpatient | conducts quarterly fire drills in each building defined as | Note 1: Outpatient surgical departments meet the provisions |
| | surgical departments must meet the | an ambulatory health care occupancy by the Life Safety | applicable to ambulatory health care occupancies, regardless of |
| | provisions applicable to Ambulatory Health | Code. | the number of patients served. |
| | Care Occupancies, regardless of the number | Note 1: Evacuation of patients during drills is not | Note 2: For hospitals that use Joint Commission accreditation for |
| | of patients served. | required. | deemed status purposes: The provisions of the Life Safety Code do |
| | | Note 2: When drills are conducted between 9:00 P.M. | not apply in a state where the Centers for Medicare & Description and the content of the content |
| | | and 6:00 A.M., the hospital may use a coded | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | announcement to notify staff instead of activating | by state law adequately protects patients in hospitals. |
| | | audible alarms. For full text, refer to NFPA 101-2012: | Note 3: For hospitals that use Joint Commission accreditation for |
| | | 18/19: 7.1.7. | deemed status purposes: In consideration of a recommendation |
| | | Note 3: In leased or rented facilities, drills need be | by the state survey agency or accrediting organization or at the |
| | | conducted only in areas of the building that the hospital | discretion of the Secretary for the US Department of Health & |
| | | occupies. | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | EC.02.03.03, EP 3 | unreasonable hardship upon a hospital, but only if the waiver will |
| | | When quarterly fire drills are required, they are | not adversely affect the health and safety of the patients. |
| | | unannounced and held at unexpected times and under | Note 4: All inspecting activities are documented with the name of |
| | | varying conditions. Fire drills include transmission of fire | the activity; date of the activity; inventory of devices, equipment, or |
| | | alarm signal and simulation of emergency fire | other items; required frequency; name and contact information of |
| | | conditions. | person who performed the activity; NFPA standard(s) referenced |
| | | Note 1: When drills are conducted between 9:00 P.M. | for the activity; and results of the activity. |
| | | and 6:00 A.M., the hospital may use a coded | |
| | | announcement to notify staff instead of activating | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3. | |
| | | EC.02.03.03, EP 4 Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan. | |
| | | EC.02.03.03, EP 5 The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented. | |
| | | EC.02.03.03, EP 7 The hospital conducts annual fire exit drills for operating rooms/surgical suites. (For full text, refer to NFPA 99-2012: 15.13.3.10.3) Note 1: This drill involves applicable staff and focuses on prevention as well as simulated extinguishment and evacuation. Note 2: An announced annual fire exit drill cannot be used to meet one of the unannounced quarterly fire drills required by NFPA 101-2012: 18/19.7.1.6. | |
| | | EC.02.03.03, EP 8 For hospitals that have hyperbaric facilities, emergency procedures and fire training drills are conducted annually. (For full text, refer to NFPA 99-2012: 14.2.4.5.4; 14.3.1.4.5) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 1: This drill includes recording the time to evacuate | |
| | | all persons from the area, involves applicable staff, and | |
| | | focuses on prevention as well as simulated | |
| | | extinguishment and evacuation. Response procedures | |
| | | for fires within and outside the hyperbaric chamber | |
| | | address the role of the inside observer, the chamber | |
| | | operator, medical personnel, and other personnel, as | |
| | | applicable. For additional guidance, refer to NFPA 99- | |
| | | 2012: B.14.2 and B.14.3. | |
| | | Note 2: If the hospital conducts an unannounced drill, it | |
| | | may serve as one of the required fire drills. | |
| | | EC.02.03.05, EP 28 | |
| | | Documentation of maintenance, testing, and inspection | |
| | | activities for Standard EC.02.03.05, EPs 1–20, 25 | |
| | | (including fire alarm and fire protection systems) | |
| | | includes the following: | |
| | | - Name of the activity | |
| | | - Date of the activity | |
| | | - Inventory of devices, equipment, or other items | |
| | | - Required frequency of the activity | |
| | | - Name and contact information, including affiliation, of | |
| | | the person who performed the activity | |
| | | - NFPA standard(s) referenced for the activity | |
| | | - Results of the activity | |
| | | Note: For additional guidance on documenting | |
| | | activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: | |
| | | 14.2.1; 14.2.2; 14.2.3; 14.2.4. | |
| | | EC.03.01.01, EP 1 | |
| | | Staff responsible for the maintenance, inspection, | |
| | | testing, and use of medical equipment, utility systems | |
| | | and equipment, fire safety systems and equipment, and | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | safe handling of hazardous materials and waste are | |
| | | competent and receive continuing education and | |
| | | training. | |
| | | | |
| | | EC.03.01.01, EP 2 | |
| | | Staff can describe or demonstrate actions to take in the | |
| | | event of an environment of care incident. | |
| | | LS.01.01.01, EP 1 | |
| | | The hospital assigns an individual(s) to assess | |
| | | compliance with the Life Safety Code and manage the | |
| | | Statement of Conditions (SOC) when addressing survey- | |
| | | related deficiencies. | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | complies with the 2012 Life Safety Code. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | provisions of the Life Safety Code do not apply in a state | |
| | | where the Centers for Medicare & Description (Control of the Control of the Contr | |
| | | Services finds that a fire and safety code imposed by | |
| | | state law adequately protects patients in hospitals. | |
| | | LS.01.02.01, EP 1 | |
| | | The hospital has a written interim life safety measures | |
| | | (ILSM) policy that covers situations when Life Safety | |
| | | Code deficiencies cannot be immediately corrected or | |
| | | during periods of construction. The policy includes | |
| | | criteria for evaluating when and to what extent the | |
| | | hospital implements LS.01.02.01, EPs 2–15, to | |
| | | compensate for increased life safety risk. The criteria | |
| | | include the assessment process to determine when | |
| | | interim life safety measures are implemented. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: For any Life Safety Code (LSC) deficiency that | |
| | | cannot be immediately corrected during survey, the | |
| | | hospital identifies which ILSMs in its policy will be | |
| | | implemented until the issue is corrected. | |
| | | | |
| | | LS.01.02.01, EP 2 | |
| | | When the hospital identifies Life Safety Code | |
| | | deficiencies that cannot be immediately corrected or | |
| | | during periods of construction, the hospital evacuates | |
| | | the building or notifies the fire department (or other | |
| | | emergency response group) and initiates a fire watch | |
| | | when a fire alarm system is out of service more than 4 | |
| | | out of 24 hours or a sprinkler system is out of service | |
| | | more than 10 hours in a 24-hour period in an occupied | |
| | | building. Notification and fire watch times are | |
| | | documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2) | |
| | | 9.0.1.0, 9.7.0, NFFA 23-2011. 13.3.2) | |
| | | LS.01.02.01, EP 15 | |
| | | The hospital's policy allows the use of other ILSMs not | |
| | | addressed in EPs 2–14. | |
| | | Note: The "other" ILSMs used are documented by | |
| | | selecting "other" and annotating the associated text box | |
| | | in the hospital's Survey-Related Plan for Improvement | |
| | | (SPFI) within the Statement of Conditions™ (SOC). | |
| | | | |
| | | LS.02.01.10, EP 1 | |
| | | Buildings meet requirements for construction type and | |
| | | height. In Types I and II construction, alternative | |
| | | protection measures are permitted to be substituted for | |
| | | sprinkler protection in specific areas where state or | |
| | | local regulations prohibit sprinklers. All new buildings | |
| | | contain approved automatic sprinkler systems. Existing | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 18/19.1.6; 18.3.5.1; 19.3.5.3; 18/19.3.5.4; 18/19.3.5.5; 18.3.5.6) | |
| | | LS.02.01.10, EP 3 Any building undergoing change of use or change of occupancy classification complies with NFPA 101-2012: 43.7, unless permitted by NFPA 101-2012: 18/19.1.1.4.2. | |
| | | LS.02.01.10, EP 4 When an addition is made to a building, the building is in compliance with NFPA 101-2012: 43.8 and Chapter 18. | |
| | | LS.02.01.10, EP 5 Buildings without protection from automatic sprinkler systems comply with NFPA 101-2012: 18.4.3.2; 18.4.3.3; and 18.4.3.8. When a nonsprinklered smoke compartment has undergone major rehabilitation, the automatic sprinkler requirements of Chapter 18.3.5 will apply. Note: Major rehabilitation involves the modification of more than 50 percent, or 4500 square feet, of the area of the smoke compartment. (For full text, refer to NFPA 101-2012: 18/19.1.1.4.3.3) | |
| | | LS.02.01.10, EP 8 When multiple occupancies are identified, they are in accordance with NFPA 101-2012: 18/19.1.3.2 or | |
| | | 18/19.1.3.4, and the most stringent occupancy requirements are followed throughout the building. Note 1: If a two-hour separation is provided in | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | accordance with NFPA 101-2012: 8.2.1.3, the | |
| | | construction type is determined as follows: | |
| | | - The construction type and supporting construction of | |
| | | the health care occupancy is based on the story in which | |
| | | it is located in the building in accordance with NFPA | |
| | | 101-2012: 18/19.1.6 and Tables 18/19.1.6.1. | |
| | | - The construction type of the areas of the building | |
| | | enclosing the other occupancies are based on NFPA | |
| | | 101-2012: 18/19.1.3.5; 8.2.1.3. | |
| | | Note 2: Outpatient surgical departments must be | |
| | | classified as ambulatory health care occupancy | |
| | | regardless of the number of patients served. (For full | |
| | | text, refer to NFPA 101-2012: 18/19.1.3.4.1) | |
| | | LS.02.01.10, EP 9 | |
| | | The fire protection ratings for opening protectives in fire | |
| | | barriers and fire-rated smoke barriers are as follows: | |
| | | - Three hours in three-hour barriers | |
| | | - Ninety minutes in two-hour barriers | |
| | | - Forty-five minutes in one-hour barriers | |
| | | - Twenty minutes in thirty-minute barriers | |
| | | (For full text, refer to NFPA 101-2012: 8.3.3.2; 8.3.4; | |
| | | Table 8.3.4.2) | |
| | | Note 1: Labels on fire door assemblies must be | |
| | | maintained in legible condition. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | meets the applicable provisions of the Life Safety Code | |
| | | Tentative Interim Amendment (TIA) 12-1. | |
| | | LS.02.01.10, EP 10 | |
| | | In existing buildings that are not a high rise and are | |
| | | protected with automatic sprinkler systems, exit stairs | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | (or new exit stairs connecting three or fewer floors) are | |
| | | fire rated for one hour. In new construction, exit stairs | |
| | | connecting four or more floors are fire rated for two | |
| | | hours. (For full text, refer to NFPA 101-2012: 7.1.3.2.1) | |
| | | LC 00 01 10 FD 11 | |
| | | LS.02.01.10, EP 11 | |
| | | Fire-rated doors within walls and floors have functioning | |
| | | hardware, including positive latching devices and self- | |
| | | closing or automatic-closing devices (either kept closed | |
| | | or activated by release device complying with NFPA 101- | |
| | | 2012: 7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and | |
| | | undercuts are no larger than 3/4 of an inch. Fire-rated | |
| | | doors within walls do not have unapproved protective | |
| | | plates greater than 16 inches from the bottom of the | |
| | | door. Blocking or wedging open fire-rated doors is | |
| | | prohibited. (For full text, refer to NFPA 101-2012: | |
| | | 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; | |
| | | 6.3.1.7; 6.4.5) | |
| | | 0.0.1.7, 0.4.0) | |
| | | LS.02.01.10, EP 12 | |
| | | Doors requiring a fire rating of 3/4 of an hour or longer | |
| | | are free of coverings, decorations, or other objects | |
| | | applied to the door face, with the exception of | |
| | | informational signs, which are applied with adhesive | |
| | | only. (For full text, refer to NFPA 80-2010: 4.1.4) | |
| | | LS.02.01.10, EP 13 | |
| | | Ducts penetrating the walls or floors with a fire | |
| | | resistance rating of less than 3 hours are protected by | |
| | | dampers that are fire rated for 1 1/2 hours; ducts | |
| | | penetrating the walls or floors with a fire resistance | |
| | | rating of 3 hours or greater are protected by dampers | |

| that are fire rated for 3 hours. (For full text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2) LS.02.01.0 EP 14 The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fine-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material to this purpose. (For full text, refer to NFPA 101-2012: 8.3.5) LS.02.01.10, EP 15 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1. LS.02.01.20, EP 1 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Levator tobby ext access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|--|-----------------|----------|--|-------------------|
| LS.02.01.10, EP 14 The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walts or floors are protected with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5) LS.02.01.10, EP 15 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1. LS.02.01.20, EP 1 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.1 or access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 2.2.5. (18/19.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.5). [Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | that are fire rated for 3 hours. (For full text, refer to NFPA | |
| The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5) LS.02.01.10, EP 15 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1. LS.02.01.20, EP 1 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 1.819.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012: 5.4.1; 5.4.2) | |
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| Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5) LS.02.01.10, FP 15 The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1. LS.02.01.20, EP 1 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 72.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 72.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 72.1 or access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.5) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | | |
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| The hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1. LS.02.01.20, EP 1 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or accesscontrolled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | , | |
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| LS.02.01.20, EP 1 Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | The hospital meets all other Life Safety Code | |
| Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | requirements related to NFPA 101-2012: 18/19.1. | |
| Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | | |
| or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | · | |
| egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | | |
| used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access- controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | · | |
| defined in NFPA 101-2012: 7.2.1.6.1 or access- controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | | |
| controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | | |
| 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | | |
| locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4; 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | <u>-</u> | |
| 18/19.2.2.2.5; 18/19.2.2.2.6) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | | |
| Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | | |
| accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | • | |
| meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4. | | | · | |
| Tentative Interim Amendment (TIA) 12-4. | | | | |
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| IS 02 01 20 FP 2 | | | remanye interim Amendment (HA) 12-4. | |
| | | | LS.02.01.20, EP 2 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | Doors to patient sleeping rooms are not locked unless | |
| | | the clinical needs of patients require specialized | |
| | | security or where patients pose a security threat and | |
| | | staff can readily unlock doors at all times. (For full text, | |
| | | refer to NFPA 101-2012: 18/19.2.2.2; 18/19.2.2.5.1; | |
| | | 18/19.2.2.2.5.2) | |
| | | LS.02.01.20, EP 3 | |
| | | Horizontal sliding doors permitted by NFPA 101-2012: | |
| | | 7.2.1.14 that are not automatic closing are limited to a | |
| | | single leaf and have a latch or other mechanism to | |
| | | prevent the door from rebounding. (For full text, refer to | |
| | | NFPA 101-2012: 18/19.2.2.2.10.1) | |
| | | LS.02.01.20, EP 4 | |
| | | Horizontal sliding doors serving an occupant load fewer | |
| | | than 10 are permitted, as long as they comply with NFPA | |
| | | 101-2012: 18/19.2.2.2.10.2 and meet the following | |
| | | criteria: | |
| | | - Area served by the door has no hazards. | |
| | | - Door is operable from either side without special | |
| | | knowledge or effort. | |
| | | - Force required to operate the door in the direction of | |
| | | travel is less than or equal to 30 pounds-force (lbf) to set | |
| | | the door in motion and less than or equal to 15 lbf to | |
| | | close or open to the required width Assembly is appropriately fire rated and is self- or | |
| | | automatic-closing by smoke detection per 7.2.1.8; | |
| | | assembly is installed per NFPA 80-2010. | |
| | | - Where required to latch, the door has a latch or other | |
| | | mechanism to prevent the door from rebounding. | |
| | | 10.00.04.00.50.5 | |
| | | LS.02.01.20, EP 5 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | Walls containing horizontal exits are fire rated for two or more hours, extend from the lowest floor slab to the floor or roof slab above, and extend continuously from exterior wall to exterior wall. (For full text, refer to NFPA | |
| | | 101-2012: 7.2.4.3.1; 18/19.2.2.5) LS.02.01.20, EP 6 Doors in new buildings that are a part of horizontal exits | |
| | | have approved vision panels, are installed without a center mullion, and swing in the opposite direction of one another. Doors in existing construction are not required to swing with egress travel. (For full text, refer | |
| | | to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3) LS.02.01.20, EP 7 When horizontal exit walls in new buildings terminate at | |
| | | outside walls at an angle of less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4) | |
| | | LS.02.01.20, EP 8 Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends | |
| | | 10 feet or more horizontally. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.2; 7.2.2.6.3) LS.02.01.20, EP 9 Stairs and ramps serving as a required means of egress | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | have handrails and guards on both sides in new buildings and on at least one side in existing buildings. Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with NFPA 101-2012: 7.2.5–7.5.12. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 18/19.2.2.6–18/19.2.2.10; 7.2.2.4; 7.2.5–7.2.12) | |
| | | LS.02.01.20, EP 10 New stairs serving three or more stories and existing stairs serving five or more stories have signs on each floor landing in the stairwell that identify the story, the stairwell, the top and bottom, and the direction to and story of exit discharge. Floor level information is also presented in tactile lettering. The signs are placed five feet above the floor landing in a position that is easily visible when the door is open or closed. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4) LS.02.01.20, EP 11 | |
| | | The capacity of the means of egress is in accordance with NFPA 101-2012: 7.3. (For full text, refer to NFPA 101-2012: 18/19.2.3.1) | |
| | | Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and provides a level walking surface. The exit discharge is a hard-packed, all-weather travel surface that is free from obstructions and terminates at a public way or at an exterior exit discharge. (For full text, refer to NFPA 101-2012: 18/19.2.7; 7.1.7; 7.1.10.1; 7.2.6; 7.7.2) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | LS.02.01.20, EP 14 | |
| | | Exits, exit accesses, and exit discharges (means of | |
| | | egress) are clear of obstructions or impediments to the | |
| | | public way, such as clutter (for example, equipment, | |
| | | carts, furniture), construction material, and snow and | |
| | | ice. (For full text, refer to NFPA 101-2012: 18/19.2.5.1; | |
| | | 7.1.10.1; 7.5.1.1) | |
| | | Note 1: Wheeled equipment (such as equipment and | |
| | | carts currently in use, equipment used for patient lift | |
| | | and transport, and medical emergency equipment not in | |
| | | use) that maintains at least five feet of clear and | |
| | | unobstructed corridor width is allowed, provided there is | |
| | | a fire plan and training program addressing its relocation | |
| | | in a fire or similar emergency. (For full text, refer to NFPA | |
| | | 101-2012: 18/19.2.3.4 (4)) | |
| | | Note 2: Where the corridor width is at least eight feet | |
| | | and the smoke compartment is fully protected by an | |
| | | electrically supervised smoke detection system or is in | |
| | | direct supervision of facility staff, furniture that is | |
| | | securely attached is allowed provided it does not reduce | |
| | | the corridor width to less than six feet, is only on one | |
| | | side of the corridor, does not exceed 50 square feet, is in | |
| | | groupings spaced at least 10 feet apart, and does not | |
| | | restrict access to building service and fire protection | |
| | | equipment. (For full text, refer to NFPA 101-2012: | |
| | | 18/19.2.3.4 (5)) | |
| | | | |
| | | LS.02.01.20, EP 15 | |
| | | When stair doors are held open and the sprinkler or fire | |
| | | alarm system activates the release of one door in a | |
| | | stairway, all doors serving that stairway close. (For full | |
| | | text, refer to NFPA 101-2012: 18/19.2.2.2.7; | |
| | | 18/19.2.2.2.8) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | LS.02.01.20, EP 16 Each floor of a building has at least two exits that are remote from each other and accessible from every part of the floor. Each smoke compartment has two distinct egress paths to exits that do not require entry into the same adjacent smoke compartment. (For full text, refer to NFPA 101-2012: 18/19.2.4.1–18/19.2.4.4) | |
| | | LS.02.01.20, EP 17 Every corridor provides access to at least two approved exits in accordance with NFPA 101-2012: 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. (For full text, refer to NFPA 101-2012: 18/19.2.5.4) | |
| | | LS.02.01.20, EP 18 In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. In new psychiatric buildings, exit corridors are at least six feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5) | |
| | | LS.02.01.20, EP 20 Existing exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for existing 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair. (For full text, refer to NFPA 101-2012: 19.2.3.6, 19.2.3.7) | |
| | | LS.02.01.20, EP 21 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | New exit access doors and exit doors are of the swinging | |
| | | type and are at least 41 1/2 inches in clear width. In | |
| | | psychiatric hospitals doors are at least 32 inches wide. | |
| | | Doors not subject to patient use, in exit stairway | |
| | | enclosures, or serving newborn nurseries are at least 32 | |
| | | inches in clear width. If using a pair of doors, the doors | |
| | | have a rabbet, bevel, or astragal at the meeting edge, | |
| | | and at least one of the doors provides 32 inches in clear | |
| | | width, while the inactive leaf of the pair is secured with | |
| | | automatic flush bolts. (For full text, refer to NFPA 101- | |
| | | 2012: 18.2.3.6; 18.2.3.7) | |
| | | LS.02.01.20, EP 22 | |
| | | Exit access doors and exit doors are free of mirrors, | |
| | | hangings, or draperies that might conceal, obscure, or | |
| | | confuse the direction of exit. (For full text, refer to NFPA | |
| | | 101-2012: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1) | |
| | | , | |
| | | LS.02.01.20, EP 23 | |
| | | Doors to new boiler rooms, new heater rooms, and new | |
| | | mechanical equipment rooms located in a means of | |
| | | egress are not held open by an automatic release | |
| | | device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7) | |
| | | LC 00 04 00 FD 04 | |
| | | LS.02.01.20, EP 24 The corridor width is not obstructed by well projections | |
| | | The corridor width is not obstructed by wall projections. Note: When corridors are six feet wide or more, it is | |
| | | allowable for certain objects to project into the corridor, | |
| | | such as hand rub dispensers or computer desks that are | |
| | | retractable. The objects must be no more than 36 inches | |
| | | wide and cannot project more than 6 inches into the | |
| | | corridor. These items must be installed at least 48 | |
| | | inches apart and above the handrail height. (For full text, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | refer to NFPA 101-2012: 18/19.2.3.4) | |
| | | LS.02.01.20, EP 25 In new buildings, no dead-end corridor is longer than 30 feet, and the common path of travel does not exceed 100 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2) Note: Existing dead-end corridors longer than 30 feet are permitted to be used if it is impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012: 19.2.5.2) | |
| | | LS.02.01.20, EP 26 Patient sleeping rooms open directly onto an exit access corridor. Patient sleeping rooms with less than eight beds may have one intervening room to reach an exit access corridor provided the intervening room is equipped with an approved automatic smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1–18/19.2.5.6.4) | |
| | | LS.02.01.20, EP 27 Patient sleeping rooms that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5) | |
| | | LS.02.01.20, EP 32 For existing buildings, suites of patient sleeping rooms are limited to 5,000 square feet or less. If the existing building has an approved electrically supervised | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | sprinkler system and total coverage automatic smoke detection system, the suite is permitted to be increased to 7,500 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.3.4; 19.3.5.7; 19.3.5.8.) If the suite is provided with direct visual supervision, an approved electrically supervised sprinkler system, and a total coverage (complete) smoke detection system, the suite is permitted to be increased to 10,000 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.2.5.7.2.1(D)(1)(a); 19.2.5.7.2.3; 19.3.4; 19.3.5.8) | |
| | | LS.02.01.20, EP 35 For new buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4) | |
| | | LS.02.01.20, EP 36 For existing buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is either 150 feet if the building is not protected throughout by an approved electrically supervised sprinkler system or 200 feet if the building is fully protected by an approved electrically supervised sprinkler system. (For full text, refer to NFPA 101-2012: 19.2.5.7.2.4; 19.2.5.7.3.4) | |
| | | LS.02.01.20, EP 37 Travel distances to exits are measured in accordance | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | with NFPA 101-2012: 7.6. | |
| | | - From any point in the room or suite to the exit is 150 | |
| | | feet or less (200 feet or less if the building is fully | |
| | | sprinklered) | |
| | | - From any point in a room to the room door is 50 feet or | |
| | | less | |
| | | (For full text, refer to NFPA 101-2012: 18/19.2.6) | |
| | | LS.02.01.20, EP 38 | |
| | | Means of egress are adequately illuminated at all points, | |
| | | including angles and intersections of corridors and | |
| | | passageways, stairways, stairway landings, exit doors, | |
| | | and exit discharges. (For full text, refer to NFPA 101- | |
| | | 2012: 18/19.2.8; 7.8.1.1) | |
| | | LS.02.01.20, EP 39 | |
| | | Illumination in the means of egress, including exit | |
| | | discharges, is arranged so that failure of any single light | |
| | | fixture or bulb will not leave the area in darkness (less | |
| | | than 0.2 foot candles). Emergency lighting of at least | |
| | | 1½-hours duration is provided automatically in | |
| | | accordance with NFPA 101-2012: 7.9. (For full text, | |
| | | refer to NFPA 101-2012: 18/19.2.8; 18/19.2.9.1; 7.8.1.4; | |
| | | 7.9.2) | |
| | | LS.02.01.20, EP 40 | |
| | | Exit signs are visible when the path to the exit is not | |
| | | readily apparent. Signs are adequately lit and have | |
| | | letters that are four or more inches high (or six inches | |
| | | high if externally lit). Exit and directional signs displayed | |
| | | with continuous illumination are also served by the | |
| | | emergency lighting system unless the building is one | |
| | <u> </u> | story with less than 30 occupants, and the line of exit | |

| travel is obvious. (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.4; 7.10.1.5.1; 7.10.5; 7.10.6; 7.10.7) LS.02.01.20, EP 41 Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit. (For full text, refer to NFPA 101-2012: 18/19.2.10.1; 7.10.8.3) LS.02.01.20, EP 42 The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2. LS.02.01.30, EP 1 In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-ruf re-rated walls when connecting flore or fewer floors and two-ruf re-rated walls when connecting flore or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and vertilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, combusible, or hazardous materials that are | CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|---|-----------------|----------|--|-------------------|
| LS.02.01.20, EP 41 Signs reading "NO EXIT" are posted on any door, passage, or stainway that is neither an exit near an access to an exit but may be mistaken for an exit. (For full text, refer to NFPA 101-2012: 18/19.2.10.1; 7.10.8.3) LS.02.01.20, EP 42 The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2. LS.02.01.30, EP 1 In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | travel is obvious. (For full text, refer to NFPA 101-2012: | |
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| LS.02.01.20, EP 42 The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2. LS.02.01.30, EP 1 In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting three or fewer floors in existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | · · · · · · · · · · · · · · · · · · · | |
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| egress requirements related to NFPA 101-2012: 18/19.2. LS.02.01.30, EP 1 In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | · | |
| LS.02.01.30, EP 1 In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | | |
| In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | 18/19.2. | |
| In new construction, vertical openings, including exit stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | | |
| stairs, are enclosed by one-hour fire-rated walls when connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | | |
| connecting three or fewer floors and two-hour fire-rated walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | | |
| walls when connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | - | |
| construction, vertical openings, including exit stairs, are enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | _ | |
| enclosed with a minimum of one-hour fire-rated construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | - | |
| construction. Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | | |
| Note: These vertical openings include, but are not limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | | |
| limited to, shafts (including elevator, light and ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | | |
| ventilation), communicating stairs, ramps, trash chutes, linen chutes, and utility chases. (For full text, refer to NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | | |
| NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | ventilation), communicating stairs, ramps, trash chutes, | |
| LS.02.01.30, EP 4 Laboratories using quantities of flammable, | | | linen chutes, and utility chases. (For full text, refer to | |
| Laboratories using quantities of flammable, | | | NFPA 101-2012: 8.6; 18/19.3.1; 7.1.3.2.1) | |
| Laboratories using quantities of flammable, | | | | |
| | | | · | |
| Compustible, or nazardous materials that are | | | J . | |
| considered a severe hazard are in accordance with | | | | |
| NFPA 101-2012: 8.7 and NFPA 99 requirements | | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | applicable to administration, maintenance, and testing. (For full text refer to NFPA 101-2012: 18/19.3.2.2; NFPA 99-2012: 15.4) | |
| | | LS.02.01.30, EP 5 Where residential or commercial cooking equipment is used to prepare meals for less than 31 people in a smoke compartment, one cooking facility is permitted to be open to the corridor provided all criteria in NFPA 101-2012: 18/19.3.2.5 are met. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-2. | |
| | | LS.02.01.30, EP 7 Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2) | |
| | | LS.02.01.30, EP 8 Newly installed interior floor finishes in corridors of smoke compartments with an approved automatic sprinkler system is at least Class II. Existing floor finishes are not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7) | |
| | | LS.02.01.30, EP 11 Within corridors in smoke compartments that are protected throughout with an approved supervised sprinkler system, partitions are allowed to terminate at | |

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| | | the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling with penetrating items such as sprinkler piping and sprinklers that penetrate the ceiling, ducted heating, ventilating, and air conditioning (HVAC) supply and return-air diffusers, speakers, and recessed lighting fixtures. (For full text, refer to NFPA 101-2012: 18/19.3.6.2) | |
| | | LS.02.01.30, EP 14 In smoke compartments without sprinkler systems, fixed fire windows in corridor walls are 25% or less of the size of the corridor walls in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as a size of 1,296 square inches or less, made with wired glass or fire-rated glazing, and set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.6.2.7; 8.3.3.8; 8.3.3.9; 8.3.3.11) | |
| | | LS.02.01.30, EP 15 Openings in vision panels or doors in corridor walls (other than in smoke compartments containing patient sleeping rooms) are installed at or below one half the distance from the floor to the ceiling. These openings may not be larger than 80 square inches in new buildings or larger than 20 square inches in existing buildings. Note: Openings may include, but are not limited to, mail slots and pass-through windows in areas such as laboratories, pharmacies, and cashier stations. (For full text, refer to NFPA 101-2012: 18/19.3.6.5) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | LS.02.01.30, EP 16 | |
| | | Corridors serving adjoining areas are not used for a | |
| | | portion of an air supply, air return, or exhaust air | |
| | | plenum. | |
| | | Note: Incidental air movement between rooms and | |
| | | corridors (such as isolation rooms) because of the need | |
| | | for pressure differentials in hospitals is permitted. In | |
| | | such cases, the direction of airflow is not the focus for | |
| | | this element of performance. For the purpose of fire | |
| | | protection, air transfer should be limited to the amount | |
| | | necessary to maintain positive or negative pressure | |
| | | differentials. (For full text, refer to NFPA 101-2012: 19.5.2.1; NFPA 90A-2012: 4.3.12.1; 4.3.12.1.3.2) | |
| | | 19.5.2.1, NFPA 90A-2012. 4.3.12.1, 4.3.12.1.3.2) | |
| | | LS.02.01.30, EP 18 | |
| | | In existing buildings, at least two smoke compartments | |
| | | are provided for every story that has more than 30 | |
| | | patients in sleeping rooms. Smoke barriers have a | |
| | | minimum ½-hour fire resistance rating; the maximum | |
| | | size of each smoke compartment is limited to 22,500 | |
| | | square feet. Space shall be provided on each side of | |
| | | smoke barriers to adequately accommodate the total | |
| | | number of occupants in adjoining compartments. The | |
| | | travel distance from any point within the smoke | |
| | | compartment to a smoke barrier door is no more than | |
| | | 200 feet. (For full text, refer to NFPA 101-2012: 19.3.7.1; | |
| | | 19.3.7.3; 19.3.7.5) | |
| | | | |
| | | LS.02.01.30, EP 19 | |
| | | Smoke barriers extend from the floor slab to the floor or | |
| | | roof slab above, through any concealed spaces (such as | |
| | | those above suspended ceilings and interstitial spaces), | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.2.3; 8.5.2; 8.5.6; 8.7) Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. | |
| | | LS.02.01.30, EP 20 Doors in smoke barriers are self-closing or automatic-closing, constructed of 1 3/4-inch or thicker solid bonded wood core or constructed to resist fire for not less than 20 minutes, and fitted to resist the passage of smoke. The gap between meeting edges of door pairs is no wider than 1/8 of an inch. In new buildings, undercuts are no larger than 3/4 of an inch, and doors in a means of egress swing in the opposite direction. (For full text, refer to NFPA 101-2012: 18.3.7.6; 18/19.3.7.8; 8.5.4.1; NFPA 80-2010: 4.8.4.1; 6.3.1.7.1) | |
| | | LS.02.01.30, EP 21 In smoke compartments without sprinkler systems, fixed fire windows in smoke barrier doors are 25% or less of the size of the doors in which they are installed. Existing window installations that conform to previously accepted Life Safety Code criteria (such as 1,296 square inches or less, wired glass or fire-rated glazing, and are set in approved metal frames) are permitted. (For full text, refer to NFPA 101-2012: 19.3.7.6; 8.3.3; 8.5.4.5) LS.02.01.30, EP 22 | |
| | | In new buildings, the smoke damper is not required in the duct passing through a smoke barrier. In existing buildings, ducts that penetrate smoke barriers are | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | protected by approved smoke dampers that close when | |
| | | a smoke detector is activated. The detector is located | |
| | | either within the duct system or in the area serving the | |
| | | smoke compartment. In existing buildings protected by | |
| | | an approved automatic sprinkler system, the damper is | |
| | | not required in the duct. (For full text, refer to NFPA 101- | |
| | | 2012: 18/19.3.7.3; 8.3.5.1; 8.5.5; 8.5.5.7) | |
| | | LS.02.01.30, EP 23 | |
| | | Approved smoke dampers protect air transfer openings | |
| | | extending through smoke barriers in ceiling spaces that | |
| | | are used as an unducted common plenum for either | |
| | | supply or return air. (For full text, refer to NFPA 101- | |
| | | 2012: 18/19.3.7.3; 8.5.5.2) | |
| | | LS.02.01.30, EP 26 | |
| | | The hospital meets all other Life Safety Code fire and | |
| | | smoke protection requirements related to NFPA 101- | |
| | | 2012: 18/19.3. | |
| | | FOR FULL EP MAPPING VIEW HAP CROSSWALK | |
| §482.41(b)(1)(ii) | (ii) Notwithstanding paragraph (b)(1)(i) of | LS.02.01.30, EP 2 | PE.03.01.01, EP 6 |
| 3402.41(0)(1)(1) | this section, corridor doors and doors to | All new hazardous areas have doors that are self-closing | For hospitals that use Joint Commission accreditation for deemed |
| | rooms containing flammable or combustible | or automatic-closing, except for laboratories using | status purposes: Regardless of the provisions of the Life Safety |
| | materials must be provided with positive | flammable or combustible materials deemed less than | Code, corridor doors and doors to rooms containing flammable or |
| | latching hardware. Roller latches are | a severe hazard and storage rooms greater than 50 | combustible materials have positive latching hardware. Roller |
| | prohibited on such doors. | square feet, but less than 100 square feet that are used | latches are prohibited on these doors. |
| | | for storage of combustible material. Hazardous areas | |
| | | have a fire barrier with a one-hour fire-resistive rating. | |
| | | These areas include, but are not limited to, boiler and | |
| | | fuel-fired heater rooms, central/bulk laundries larger | |
| | | than 100 square feet, paint shops, repair shops, soiled | |
| | | linen rooms, trash collection rooms with containers | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | exceeding 64 gallons, laboratories considered a severe hazard, and storage rooms larger than 100 square feet that contain combustible material. (For full text, refer to NFPA 101-2012: 18.3.2.1; 18.3.2.2; 18.3.2.3; 18.3.2.4; Table 18.3.2.1) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to rooms containing flammable or combustible materials are provided with positive latching hardware. Roller latches are prohibited on such doors. | |
| | | LS.02.01.30, EP 3 All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies. (For full text, refer to NFPA 101-2012: 19.3.2.1; 19.3.2.2; 19.3.2.3; 19.3.2.4) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to rooms containing flammable or combustible materials are provided with positive latching hardware. Roller latches are prohibited on such doors. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | LS.02.01.30, EP 12 | |
| | | In new buildings, all corridor doors are constructed to | |
| | | resist the passage of smoke, hinged so that they swing, | |
| | | and the doors do not have ventilating louvers or transfer | |
| | | grills (with the exception of bathrooms, toilets, and sink | |
| | | closets that do not contain flammable or combustible | |
| | | materials). Undercuts are no larger than one inch. | |
| | | Positive latching hardware is required. Roller latches are | |
| | | prohibited. (For full text, refer to NFPA 101-2012: | |
| | | 18.3.6.3.1; 18.3.6.3.5; 18.3.6.4; 18.3.6.5; 18.3.6.3.10; | |
| | | 18.3.6.3.11) | |
| | | LS.02.01.30, EP 13 | |
| | | · | |
| | | In existing buildings, all corridor doors are constructed to resist the passage of smoke and constructed of 1 3/4- | |
| | | inch or thicker solid bonded wood core or constructed of | |
| | | material that resists fire for not less than 20 minutes, | |
| | | and the doors do not have ventilating louvers or transfer | |
| | | grills (with the exception of bathrooms, toilets, and sink | |
| | | closets that do not contain flammable or combustible | |
| | | materials). Positive latching hardware is required. Roller | |
| | | latches are prohibited. (For full text, refer to NFPA 101- | |
| | | 2012: 19.3.6.3.1; 19.3.6.3.2; 19.3.6.3.5) | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Powered | |
| | | corridor doors are equipped with positive latching | |
| | | hardware unless the organization can verify that this | |
| | | equipment is not an option provided by the door | |
| | | manufacturer. In instances where positive latching | |
| | | hardware is not an available option provided by the | |
| | | manufacturer, the device used must be capable of | |
| | | keeping the door fully closed when a force of 5 lbf is | |
| | | applied at the latch edge and in any direction to a sliding | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | or folding door, whether or not power is applied in accordance with NFPA 101-2012: 19.3.6.3.7. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials are not required to have a device capable of keeping the door fully closed if a force of 5 lbf is applied at the latch edge. In these cases, roller latches are permissible. | |
| | | LS.05.01.30, EP 1 All hazardous areas are enclosed with one-hour fire-rated walls with ¾-hour fire-rated doors; or hazardous areas have sprinkler systems and are constructed to resist the passage of smoke with doors equipped with self-closing or automatic-closing devices. (For full text, refer to NFPA 101-2012: 38/39.3.2; 8.7; NFPA 80-2010: 4.8.4.1; 6.3.1.7; 6.5) | |
| | | LS.05.01.30, EP 4 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 38/39.3. | |
| §482.41(b)(2) | (2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life | LS.01.01.01, EP 2 In time frames defined by the hospital, the hospital performs a building assessment to determine compliance with the "Life Safety" (LS) chapter. | PE.03.01.01, EP 3 The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- 1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions |
| | Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients. | LS.01.01, EP 4 When the hospital plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the hospital meets the 60-day time frame. | applicable to ambulatory health care occupancies, regardless of the number of patients served. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 1: If the corrective action will exceed the 60-day time frame, the hospital must request a time-limited waiver within 30 days from the end of survey. Note 2: If there are alternative systems, methods, or devices considered equivalent, the hospital may submit an equivalency request using its Statement of Conditions (SOC). Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/resources/patient-safety-topics/the-physical-environment/life-safety-code-information-and-resources/ and NFPA 101-2012: 1.4. | not apply in a state where the Centers for Medicare & Description of the Secretary for the US Department of Health & Description of the Secretary for the US Department of Health & Description of the Secretary for the US Department of Health & Description of the Secretary for the US Department of Health & Description of the Secretary for the US Department of Health & Description of the Secretary for the US Department of Health & Description of the Secretary for the US Department of Health & Description of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients. Note 4: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity. |
| §482.41(b)(3) | (3) The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals. | LS.01.01.01, EP 1 The hospital assigns an individual(s) to assess compliance with the Life Safety Code and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital complies with the 2012 Life Safety Code. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Deficiency Medicaid Services finds that a fire and safety code imposed by state law adequately protects patients in hospitals. | PE.03.01.01, EP 3 The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- 1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Description of the Life Safety Code imposed by state law adequately protects patients in hospitals. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & Department & Departm |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity. |
| §482.41(b)(4) | (4) The hospital must have procedures for | EC.02.02.01, EP 5 | PE.02.01.01, EP 6 |
| 3402.41(0)(4) | the proper routine storage and prompt | The hospital minimizes risks associated with selecting, | The hospital has procedures for the proper routine storage and |
| | disposal of trash. | handling, storing, transporting, using, and disposing of | prompt disposal of trash and regulated medical waste. |
| | · | hazardous chemicals. | |
| | | | |
| | | | |
| | | EC.02.02.01, EP 6 | |
| | | The hospital minimizes risks associated with selecting, | |
| | | handling, storing, transporting, using, and disposing of | |
| | | radioactive materials. | |
| | | | |
| | | EC.02.02.01, EP 19 | |
| | | The hospital has procedures for the proper routine | |
| | | storage and prompt disposal of trash and regulated | |
| | | medical waste. | |
| §482.41(b)(5) | (5) The hospital must have written fire | EC.02.03.01, EP 9 | PE.03.01.01, EP 4 |
| | control plans that contain provisions for | The written fire response plan describes the specific | The hospital has written fire control plans that include provisions |
| | prompt reporting of fires; extinguishing fires; | roles of staff at and away from a fire's point of origin, | for prompt reporting of fires; extinguishing fires; protection of |
| | protection of patients, personnel and guests; | including when and how to sound and report fire alarms, | patients, staff, and guests; evacuation; and cooperation with |
| | evacuation; and cooperation with fire fighting | how to contain smoke and fire, how to use a fire | firefighting authorities. |
| | authorities. | extinguisher, how to assist and relocate patients, how to | |
| | | evacuate to areas of refuge, and how staff will cooperate | |
| | | with firefighting authorities. Staff are periodically | |
| | | instructed on and kept informed of their duties under the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | plan, including cooperation with firefighting authorities. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2. | |
| | | EC.02.03.03, EP 2 The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated. Note: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies. | |
| | | HR.01.04.01, EP 1 The hospital orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services; the environment of care; and infection control. | |
| §482.41(b)(6) | (6) The hospital must maintain written evidence of regular inspection and approval by State or local fire control agencies. | LS.01.01.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies. | PE.03.01.01, EP 5 The hospital maintains written evidence of regular inspection and approval by state or local fire control agencies. |
| §482.41(b)(7) | (7) A hospital may install alcohol-based hand rub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access; | LS.02.01.30, EP 6 Alcohol-based hand rubs (ABHR) are stored and handled in accordance with NFPA 101-2012: 8.7.3.1, unless all of the following conditions are met: - Corridor is at least six feet wide. | PE.03.01.01, EP 7 When the hospital installs alcohol-based hand rub dispensers, it installs the dispensers in a manner that protects against inappropriate access. |

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| | | - ABHR does not exceed 95% alcohol. | |
| | | - Maximum individual dispenser capacity is 0.32 gallons | |
| | | of fluid (0.53 gallons in suites) or 18 ounces of NFPA | |
| | | Level 1–classified aerosols. | |
| | | - Dispensers have a minimum of four feet of horizontal | |
| | | spacing between them. | |
| | | - Dispensers are not installed within one inch of an | |
| | | ignition source. | |
| | | - If floor is carpeted, the building is fully sprinkler | |
| | | protected. | |
| | | - Operation of the dispenser complies with NFPA 101- | |
| | | 2012: 18/19.3.2.6(11). | |
| | | - ABHR is protected against inappropriate access.- Not more than an aggregate of 10 gallons of fluid or | |
| | | 1135 ounces of aerosol are used in a single smoke | |
| | | compartment outside a storage cabinet, excluding one | |
| | | individual dispenser per room. | |
| | | - Storing more than five gallons of fluid in a single smoke | |
| | | compartment complies with NFPA 30. | |
| | | | |
| | | LS.05.01.30, EP 3 | |
| | | Alcohol-based hand rubs (ABHR) are stored and | |
| | | handled in accordance with NFPA 101-2012: 8.7.3.1 and | |
| | | as follows: | |
| | | - Corridor clear width of 44 inches is not compromised | |
| | | by dispenser. | |
| | | - ABHR does not exceed 95% alcohol. | |
| | | - Maximum individual dispenser capacity is 0.32 gallons | |
| | | of fluid (0.53 gallons in suites or rooms separated from | |
| | | corridors) or 18 ounces of NFPA Level 1–classified | |
| | | aerosols. | |
| | | - Dispensers have a minimum of 4 feet of horizontal | |
| | | spacing between them. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.41(b)(8) | (8) When a sprinkler system is shut down for more than 10 hours, the hospital must: | - Dispensers are not installed within 1 inch of an ignition source. - Operation of the dispensers must comply with the manufacturers' instructions for use. - ABHR is protected against inappropriate access. - Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used on a single story or in a single fire compartment outside a storage cabinet, excluding one individual dispenser per room. - Storing more than 5 gallons of fluid on a single story or in a single fire compartment complies with NFPA 30. LS.05.01.30, EP 4 The hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 38/39.3. LS.01.02.01, EP 2 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2) | |
| §482.41(b)(8)(i) | (i) Evacuate the building or portion of the building affected by the system outage until the system is back in service, or | LS.01.02.01, EP 2 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital evacuates the building or notifies the fire department (or other | PE.03.01.01, EP 8 When a sprinkler system is shut down for more than 10 hours, the hospital either evacuates the building or portion of the building affected by the system outage until the system is back in service, |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2) | or the hospital establishes a fire watch until the system is back in service. |
| §482.41(b)(8)(ii) | (ii) Establish a fire watch until the system is back in service. | LS.01.02.01, EP 2 When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2) | PE.03.01.01, EP 8 When a sprinkler system is shut down for more than 10 hours, the hospital either evacuates the building or portion of the building affected by the system outage until the system is back in service, or the hospital establishes a fire watch until the system is back in service. |
| §482.41(b)(9) | (9) Buildings must have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016 the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement. | Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department). Note: Windows in atrium walls are considered outside windows. LS.02.01.30, EP 25 In new buildings constructed after July 5, 2016, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special nursing care areas (for example, intensive care units, | PE.03.01.01, EP 9 Buildings have an outside window or outside door in every sleeping room. For any building constructed after July 5, 2016, the sill height does not exceed 36 inches above the floor. Note 1: Windows in atrium walls are considered outside windows for the purposes of this requirement. Note 2: The sill height requirement does not apply to newborn nurseries and rooms intended for occupancy for less than 24 hours. Note 3: The sill height in special nursing care areas of new occupancies does not exceed 60 inches. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor. | |
| §482.41(b)(9)(i) | (i) The sill height requirement does not apply to newborn nurseries and rooms intended for occupancy for less than 24 hours. | Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department). Note: Windows in atrium walls are considered outside windows. LS.02.01.30, EP 25 In new buildings constructed after July 5, 2016, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor. | PE.03.01.01, EP 9 Buildings have an outside window or outside door in every sleeping room. For any building constructed after July 5, 2016, the sill height does not exceed 36 inches above the floor. Note 1: Windows in atrium walls are considered outside windows for the purposes of this requirement. Note 2: The sill height requirement does not apply to newborn nurseries and rooms intended for occupancy for less than 24 hours. Note 3: The sill height in special nursing care areas of new occupancies does not exceed 60 inches. |
| §482.41(b)(9)(ii) | (ii) The sill height in special nursing care areas of new occupancies must not exceed 60 inches | Every patient sleeping room has an outside window or outside door except newborn nurseries or rooms intended for less than 24-hour stays (such as obstetrical labor beds, recovery beds, and observation beds in the emergency department). Note: Windows in atrium walls are considered outside windows. LS.02.01.30, EP 25 In new buildings constructed after July 5, 2016, the window sill height in patient sleeping rooms does not exceed 36 inches from the floor, except in special | PE.03.01.01, EP 9 Buildings have an outside window or outside door in every sleeping room. For any building constructed after July 5, 2016, the sill height does not exceed 36 inches above the floor. Note 1: Windows in atrium walls are considered outside windows for the purposes of this requirement. Note 2: The sill height requirement does not apply to newborn nurseries and rooms intended for occupancy for less than 24 hours. Note 3: The sill height in special nursing care areas of new occupancies does not exceed 60 inches. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | nursing care areas (for example, intensive care units, coronary care units, hemodialysis units, and neonatal intensive care units), where window sill height does not exceed 60 inches above the floor. | |
| \$482.41(c) | (c) Standard: Building safety. Except as otherwise provided in this section, the hospital must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12–2, TIA 12–3, TIA 12–4, TIA 12–5 and TIA 12–6). | EC.01.01.01, EP 1 Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors. EC.02.01.03, EP 4 Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within the site of intentional expulsion (within 1 foot). When other oxygen delivery equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area of administration (within 15 feet). Solid fuel-burning appliances are not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. (For full text, refer to NFPA 99-2012: 11.5.1.1; Tentative Interim Amendment [TIA] 12-6) EC.02.03.01, EP 13 The hospital meets all other Health Care Facilities Code fire protection requirements, as related to NFPA 99-2012: Chapter 15. EC.02.04.03, EP 27 | PE.04.01.01, EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & December 1. Medicare & December 1. Medicare & December 1. Medicare Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity. |
| | | EU.UZ.U4.U3, EF Z/ | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5. | |
| | | EC.02.05.01, EP 2 New building systems and modifications to existing building systems are designed to meet the National Fire Protection Association's Categories 1–4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.) | |
| | | EC.02.05.01, EP 18 Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7. | |
| | | EC.02.05.01, EP 19 The emergency power supply system's equipment and environment are maintained per manufacturers' recommendations, including ambient temperature not less than 40°F; ventilation supply and exhaust; and water jacket temperature (when required). (For full text, refer to NFPA 99-2012: 9.3.10) | |
| | | EC.02.05.05, EP 8 The hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3. | |
| | | EC.02.05.09, EP 14 The hospital meets all other NFPA 99-2012: Health Care Facilities Code requirements related to gas and vacuum systems and gas equipment. (For full text, refer to NFPA 99-2012: Chapters 5 and 11) Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-4 and 12-6. | |
| §482.41(c)(1) | (1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to a hospital. | EC.01.01.01, EP 1 Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors. | PE.04.01.01, EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & Decided Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.41(c)(2) | (2) If application of the Health Care Facilities | EC.01.01.01, EP 1 | PE.04.01.01, EP 1 |
| | Code required under paragraph (c) of this | Leaders identify an individual(s) to manage risk, | The hospital meets the applicable provisions and proceeds in |
| | section would result in unreasonable | coordinate risk reduction activities in the physical | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | hardship for the hospital, CMS may waive | environment, collect deficiency information, and | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | specific provisions of the Health Care | disseminate summaries of actions and results. | and 12-6). |
| | Facilities Code, but only if the waiver does | Note: Deficiencies include injuries, problems, or use | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| | not adversely affect the health and safety of | errors. | Code do not apply. |
| | patients. | | Note 2: If application of the Health Care Facilities Code would |
| | | | result in unreasonable hardship for the hospital, the Centers for |
| | | | Medicare & may waive specific provisions |
| | | | of the Health Care Facilities Code, but only if the waiver does not |
| | | | adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.41(d) | §482.41(d) Standard: Facilities The hospital | EC.02.05.01, EP 18 | PE.01.01.01, EP 1 |
| | must maintain adequate facilities for its | Medical gas storage rooms and transfer and manifold | The hospital's building is constructed, arranged, and maintained to |
| | services. | rooms comply with NFPA 99-2012: 9.3.7. | allow safe access and to protect the safety and well-being of |
| | | | patients. |
| | | EC.02.05.01, EP 19 | Note 1: Diagnostic and therapeutic facilities are located in areas |
| | | The emergency power supply system's equipment and | appropriate for the services provided. |
| | | environment are maintained per manufacturers' | Note 2: When planning for new, altered, or renovated space, the |
| | | recommendations, including ambient temperature not | hospital uses state rules and regulations or the current Guidelines |
| | | less than 40°F; ventilation supply and exhaust; and | for Design and Construction of Hospitals published by the Facility |
| | | water jacket temperature (when required). (For full text, | Guidelines Institute. If the state rules and regulations or the |
| | | refer to NFPA 99-2012: 9.3.10) | Guidelines do not address the design needs of the hospital, then it |
| | | | uses other reputable standards and guidelines that provide |
| | | LD.04.01.11, EP 3 | equivalent design criteria. |
| | | The interior and exterior space provided for care, | |

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| | | treatment, and services meets the needs of patients. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The extent and complexity of facilities must be determined by the services offered. | PE.01.01.01, EP 2 The hospital has adequate space and facilities for the services it provides, including facilities for the diagnosis and treatment of patients and for any special services offered to meet the needs of the community served. Note: The extent and complexity of facilities is determined by the services offered. |
| §482.41(d)(1) | (1) Diagnostic and therapeutic facilities must be located for the safety of patients. | LD.04.01.11, EP 3 The interior and exterior space provided for care, treatment, and services meets the needs of patients. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The extent and complexity of facilities must be determined by the services offered. | PE.01.01.01, EP 1 The hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients. Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided. Note 2: When planning for new, altered, or renovated space, the hospital uses state rules and regulations or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria. |
| §482.41(d)(2) | (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality. | EC.01.01.01, EP 1 Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors. EC.01.01.01, EP 3 The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems. Note: This library includes manuals, procedures | PE.04.01.01, EP 2 The hospital maintains essential equipment in safe operating condition. PE.04.01.01, EP 5 The hospital maintains supplies to ensure an acceptable level of safety and quality. Note: Supplies are stored in a manner to ensure the safety of the stored supplies and to not violate fire codes or otherwise endanger patients. PE.04.01.05, EP 1 The water management program has an individual or a team |

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| | | provided by manufacturers, technical bulletins, and | responsible for the oversight and implementation of the program, |
| | | other information. | including but not limited to development, management, and |
| | | | maintenance activities. |
| | | EC.01.01.01, EP 8 | |
| | | The hospital has a written plan for managing the | PE.04.01.05, EP 2 |
| | | following: Medical equipment. | The individual or team responsible for the water management |
| | | | program develops the following: |
| | | EC.01.01.01, EP 9 | - A basic diagram that maps all water supply sources, treatment |
| | | The hospital has a written plan for managing the | systems, processing steps, control measures, and end-use points |
| | | following: Utility systems. | Note: An example would be a flow chart with symbols showing |
| | | Note: In circumstances where the program or service is | sinks, showers, water fountains, ice machines, and so forth. |
| | | located in a business occupancy not owned by the | - A water risk management plan based on the diagram that |
| | | accredited organization, the plan may only need to | includes an evaluation of the physical and chemical conditions of |
| | | address how routine service and maintenance for their | each step of the water flow diagram to identify any areas where |
| | | utility systems are obtained. | potentially hazardous conditions may occur (these conditions are |
| | | | most likely to occur in areas with slow or stagnant water) |
| | | EC.02.03.05, EP 1 | Note: Refer to the Centers for Disease Control and Prevention's |
| | | The hospital tests supervisory signal devices on the | "Water Infection Control Risk Assessment (WICRA) for Healthcare |
| | | inventory in accordance with the following time frames: | Settings" tool as an example for conducting a water-related risk |
| | | - Quarterly for pressure supervisory indicating devices | assessment. |
| | | (including both high- and low-air pressure switches), | - A plan for addressing the use of water in areas of buildings where |
| | | water level supervisory indicating devices, water | water may have been stagnant for a period of time (for example, |
| | | temperature supervisory indicating devices, room | unoccupied or temporarily closed areas) |
| | | temperature supervisory indicating devices, and other | - An evaluation of the patient populations served to identify |
| | | suppression system supervisory initiating devices | patients who are immunocompromised |
| | | - Semiannually for valve supervisory switches | - Monitoring protocols and acceptable ranges for control measures |
| | | - Annually for other supervisory initiating devices | Note: Hospitals should consider incorporating basic practices for |
| | | The results and completion dates are documented. | water monitoring within their water management programs that |
| | | Note 1: For additional guidance on performing tests, see | include monitoring of water temperature, residual disinfectant, |
| | | NFPA 72-2010: Table 14.4.5. | and pH. In addition, protocols should include specificity around |
| | | Note 2: Water storage tanks and associated water | the parameters measured, locations where measurements are |
| | | storage equipment do not require testing. | made, and appropriate corrective actions taken when parameters |
| | | | are out of range. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | EC.02.03.05, EP 2 | |
| | | Every 6 months, the hospital tests vane-type and | PE.04.01.05, EP 3 |
| | | pressure-type water flow devices and valve tamper | The individual or team responsible for the water management |
| | | switches on the inventory. The results and completion | program manages the following: |
| | | dates are documented. | - Documenting results of all monitoring activities |
| | | Note 1: For additional guidance on performing tests, see | - Corrective actions and procedures to follow if a test result |
| | | NFPA 72-2010: Table 14.4.5. | outside of acceptable limits is obtained, including when a |
| | | Note 2: Mechanical water flow devices (including, but not limited to, water motor gongs) should be tested | probable or confirmed waterborne pathogen(s) indicates action is necessary |
| | | quarterly. The results and completion dates are | - Documenting corrective actions taken when control limits are not |
| | | documented. (For full text, refer to NFPA 25-2011: Table | maintained |
| | | 5.1.1.2) | Note: See PE.07.01.01, EP 1 for the process of monitoring, |
| | | | reporting, and investigating utility system issues. |
| | | EC.02.03.05, EP 3 | |
| | | Every 12 months, the hospital tests duct detectors, heat | PE.04.01.05, EP 4 |
| | | detectors, manual fire alarm boxes, and smoke | The individual or team responsible for the water management |
| | | detectors on the inventory. The results and completion | program reviews the program annually and when the following |
| | | dates are documented. | occurs: |
| | | Note: For additional guidance on performing tests, see | - Changes have been made to the water system that would add |
| | | NFPA 72-2010: Table 14.4.5; 17.14. | additional risk. |
| | | | - New equipment or an at-risk water system(s) has been added |
| | | EC.02.03.05, EP 4 | that could generate aerosols or be a potential source for |
| | | Every 12 months, the hospital tests visual and audible | Legionella. This includes the commissioning of a new wing or |
| | | fire alarms, including speakers and door-releasing | building. |
| | | devices on the inventory. The results and completion dates are documented. | Note 1: The Joint Commission and the Centers for Medicare & Composition (CMS) do not require culturing for Logic pollagor |
| | | Note: For additional guidance on performing tests, see | Medicaid Services (CMS) do not require culturing for Legionella or |
| | | NFPA 72-2010: Table 14.4.5. | other waterborne pathogens. Testing protocols are at the discretion of the hospital unless required by law or regulation. |
| | | NFFA 72-2010. Table 14.4.5. | Note 2: Refer to ASHRAE Standard 188-2018 "Legionellosis: Risk |
| | | EC.02.03.05, EP 5 | Management for Building Water Systems" and the Centers for |
| | | Every 12 months, the hospital tests fire alarm | Disease Control and Prevention Toolkit "Developing a Water |
| | | equipment on the inventory for notifying off-site fire | Management Program to Reduce Legionella Growth and Spread in |
| | | responders. The results and completion dates are | Buildings" for guidance on creating a water management plan. For |
| | | responders. The results and completion dates are | Dantaings for guidance on creating a water management plan. For |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | documented. Note: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5. | additional guidance, consult ANSI/ASHRAE Guideline 12-2020 "Managing the Risk of Legionellosis Associated with Building Water Systems." |
| | | EC.02.03.05, EP 6 For automatic sprinkler systems: The hospital tests electric motor–driven fire pumps monthly and diesel engine–driven fire pumps every week under no-flow conditions. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.1; 8.3.2. | |
| | | EC.02.03.05, EP 9 For automatic sprinkler systems: Every 12 months, the hospital tests main drains at system low point or at all system risers. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1. | |
| | | EC.02.03.05, EP 10 For automatic sprinkler systems: Every quarter, the hospital inspects all fire department water supply connections. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table 13.1.1.2. | |
| | | EC.02.03.05, EP 11 For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. Fire pump | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | supervisory signals for "pump running" and "pump power loss" are tested annually. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3; 8.3.3.4. | |
| | | EC.02.03.05, EP 12 Every 5 years, the hospital conducts hydrostatic and water flow tests for standpipe systems. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 6.3.1; 6.3.2; Table 6.1.1.2. | |
| | | EC.02.03.05, EP 13 Every 6 months, the hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2. | |
| | | EC.02.03.05, EP 14 The hospital tests automatic fire-extinguishing systems as follows: - Carbon dioxide systems every 12 months - Halon systems every 6 months - Other special systems per National Fire Protection Association standards and manufacturers' recommendations. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | Note 2: For full text, refer to NFPA 12-2011: 4.8.3.2 (for carbon dioxide systems) and NFPA 12A-2009: 6.1 (for halon systems). Note 3: For full text, refer to NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA 17A-2009 for other extinguishing systems. | |
| | | EC.02.03.05, EP 15 At least monthly, the hospital inspects portable fire extinguishers. The results and completion dates are documented. Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: Inspections involve a visual check to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge. Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4. | |
| | | EC.02.03.05, EP 16 Every 12 months, the hospital performs maintenance on portable fire extinguishers, including recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are documented. Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | EC.02.03.05, EP 17 The hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The results and completion dates are documented. Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008: Chapter 7 and NFPA 25-2011: Chapter 6. | |
| | | EC.02.03.05, EP 18 The hospital operates fire and smoke dampers one year after installation and then at least every six years to verify that they fully close. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 90A-2012: 5.4.8; NFPA 80-2010: 19.4; NFPA 105-2010: 6.5. | |
| | | EC.02.03.05, EP 19 Every 12 months, the hospital tests automatic smokedetection shutdown devices for air-handling equipment. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 90A-2012: 6.4.1. | |
| | | EC.02.03.05, EP 20 Every 12 months, the hospital tests sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. The results and completion dates are documented. Note: For full text, refer to NFPA 80-2010: 5.2.14.3; | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | NFPA 105-2010: 5.2.1; 5.2.2. | |
| | | | |
| | | EC.02.03.05, EP 25 | |
| | | The hospital has annual inspection and testing of fire | |
| | | door assemblies by individuals who can demonstrate | |
| | | knowledge and understanding of the operating | |
| | | components of the door being tested. Testing begins | |
| | | with a pre-test visual inspection; testing includes both | |
| | | sides of the opening. | |
| | | Note 1: Nonrated doors, including corridor doors to | |
| | | patient care rooms and smoke barrier doors, are not | |
| | | subject to the annual inspection and testing | |
| | | requirements of either NFPA 80 or NFPA 105. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Nonrated | |
| | | doors should be routinely inspected and maintained in | |
| | | accordance with the facility maintenance program. | |
| | | Note 3: For additional guidance on testing of door | |
| | | assemblies, see NFPA 101-2012; 7.2.1.5.10.1; | |
| | | 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; | |
| | | 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1. | |
| | | FO 00 00 05 FD 07 | |
| | | EC.02.03.05, EP 27 | |
| | | Elevators with firefighters' emergency operations are tested monthly. The test completion dates and results | |
| | | | |
| | | are documented. (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6) | |
| | | 3.4.0, 3.4.0) | |
| | | EC.02.04.01, EP 2 | |
| | | For hospitals that do not use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | maintains either a written inventory of all medical | |
| | | equipment or a written inventory of selected equipment | |
| | | equipment of a written inventory of selected equipment | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | categorized by physical risk associated with use | |
| | | (including all life-support equipment) and equipment | |
| | | incident history. The hospital evaluates new types of | |
| | | equipment before initial use to determine whether they | |
| | | should be included in the inventory. | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital maintains a | |
| | | written inventory of all medical equipment. | |
| | | written inventory of all medical equipment. | |
| | | EC.02.04.01, EP 3 | |
| | | The hospital identifies high-risk medical equipment on | |
| | | the inventory for which there is a risk of serious injury or | |
| | | death to a patient or staff member should the | |
| | | equipment fail. | |
| | | Note: High-risk medical equipment includes life-support | |
| | | equipment. | |
| | | EC.02.04.01, EP 4 | |
| | | The hospital identifies the activities and associated | |
| | | frequencies, in writing, for maintaining, inspecting, and | |
| | | testing all medical equipment on the inventory. | |
| | | Note: Activities and associated frequencies for | |
| | | maintaining, inspecting, and testing of medical | |
| | | equipment must have a 100% completion rate. | |
| | | EC 02 04 01 ED E | |
| | | EC.02.04.01, EP 5 For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital's activities | |
| | | and frequencies for inspecting, testing, and maintaining | |
| | | the following items must be in accordance with | |
| | | manufacturers' recommendations: | |
| | | - Equipment subject to federal or state law or Medicare | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | Conditions of Participation in which inspecting, testing, | |
| | | and maintaining must be in accordance with the | |
| | | manufacturers' recommendations, or otherwise | |
| | | establishes more stringent maintenance requirements | |
| | | - Medical laser devices | |
| | | - Imaging and radiologic equipment (whether used for | |
| | | diagnostic or therapeutic purposes) | |
| | | - New medical equipment with insufficient maintenance | |
| | | history to support the use of alternative maintenance | |
| | | strategies | |
| | | Note: Maintenance history includes any of the following | |
| | | documented evidence: | |
| | | - Records provided by the hospital's contractors | |
| | | - Information made public by nationally recognized | |
| | | sources | |
| | | - Records of the hospital's experience over time | |
| | | EC.02.04.01, EP 6 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: A qualified individual(s) | |
| | | uses written criteria to support the determination | |
| | | whether it is safe to permit medical equipment to be | |
| | | maintained in an alternate manner that includes the | |
| | | following: | |
| | | - How the equipment is used, including the seriousness | |
| | | and prevalence of harm during normal use | |
| | | - Likely consequences of equipment failure or | |
| | | malfunction, including seriousness of and prevalence of | |
| | | harm | |
| | | - Availability of alternative or backup equipment in the | |
| | | event the equipment fails or malfunctions | |
| | | - Incident history of identical or similar equipment | |
| | | - Maintenance requirements of the equipment | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | (For more information on defining staff qualifications, refer to Standard HR.01.01.01) | |
| | | , | |
| | | EC.02.04.01, EP 7 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital identifies medical equipment on its inventory that is included in an | |
| | | alternative equipment maintenance program. | |
| | | EC.02.04.01, EP 9 | |
| | | The hospital has written procedures to follow when | |
| | | medical equipment fails, including using emergency | |
| | | clinical interventions and backup equipment. | |
| | | EC.02.04.01, EP 11 | |
| | | The hospital monitors and reports all incidents in which | |
| | | medical equipment is suspected in or attributed to the | |
| | | death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990. | |
| | | EC.02.04.03, EP 1 | |
| | | For hospitals that do not use Joint Commission | |
| | | accreditation for deemed status purposes: Before initial | |
| | | use of medical equipment on the medical equipment | |
| | | inventory, the hospital performs safety, operational, and functional checks. | |
| | | For hospitale that use leint Commission against its | |
| | | For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after | |
| | | major repairs or upgrades of medical equipment on the | |
| | | medical equipment inventory, the hospital performs | |
| | | safety, operational, and functional checks. | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | EC.02.04.03, EP 2 The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment. Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical | |
| | | equipment must have a 100% completion rate. EC.02.04.03, EP 3 The hospital inspects, tests, and maintains non-highrisk equipment identified on the medical equipment inventory. These activities are documented. | |
| | | EC.02.04.03, EP 4 The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. | |
| | | EC.02.04.03, EP 5 The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented. | |
| | | EC.02.04.03, EP 8 Equipment listed for use in oxygen-enriched atmospheres is clearly and permanently labeled (withstands cleaning/disinfecting) as follows: - Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Oxygen-metering equipment and pressure reducing | |
| | | regulators are labeled "OXYGEN–USE NO OIL." | |
| | | - Labels on flowmeters, pressure-reducing regulators, | |
| | | and oxygen-dispensing apparatuses designate the gases | |
| | | for which they are intended. | |
| | | - Cylinders and containers are labeled in accordance | |
| | | with Compressed Gas Association (CGA) C-7. | |
| | | (For full text, refer to NFPA 99-2012: 11.5.3.1) Note: Color coding is not utilized as the primary method | |
| | | of determining cylinder or container contents. | |
| | | or determining cylinder or container contents. | |
| | | EC.02.04.03, EP 10 | |
| | | All occupancies containing hyperbaric facilities comply | |
| | | with construction, equipment, administration, and | |
| | | maintenance requirements of NFPA 99-2012: Chapter | |
| | | 14. | |
| | | | |
| | | EC.02.04.03, EP 27 | |
| | | The hospital meets NFPA 99-2012: Health Care | |
| | | Facilities Code requirements related to electrical | |
| | | equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10) | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | meets the applicable provisions of the Health Care | |
| | | Facilities Code Tentative Interim Amendment (TIA) 12-5. | |
| | | | |
| | | EC.02.05.01, EP 3 | |
| | | For hospitals that do not use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | maintains a written inventory of all operating | |
| | | components of utility systems or maintains a written | |
| | | inventory of selected operating components of utility | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | systems based on risks for infection, occupant needs, and systems critical to patient care (including all lifesupport systems). The hospital evaluates new types of utility components before initial use to determine whether they should be included in the inventory. | |
| | | For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains a written inventory of all operating components of utility systems. | |
| | | EC.02.05.01, EP 4 The hospital identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail. Note: High-risk utility system components include life-support equipment. | |
| | | EC.02.05.01, EP 5 The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. Note: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4. | |
| | | EC.02.05.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | manufacturers' recommendations: | |
| | | - Equipment subject to federal or state law or Medicare | |
| | | Conditions of Participation in which inspecting, testing, | |
| | | and maintaining be in accordance with the | |
| | | manufacturers' recommendations, or otherwise | |
| | | establishes more stringent maintenance requirements | |
| | | - New operating components with insufficient | |
| | | maintenance history to support the use of alternative | |
| | | maintenance strategies | |
| | | Note: Maintenance history includes any of the following | |
| | | documented evidence: | |
| | | - Records provided by the hospital's contractors | |
| | | - Information made public by nationally recognized | |
| | | sources | |
| | | - Records of the hospital's experience over time | |
| | | EC.02.05.01, EP 7 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: A qualified individual(s) | |
| | | uses written criteria to support the determination of | |
| | | whether it is safe to permit operating components of | |
| | | utility systems to be maintained in an alternate manner | |
| | | that includes the following: | |
| | | - How the equipment is used, including the seriousness | |
| | | and prevalence of harm during normal use | |
| | | - Likely consequences of equipment failure or | |
| | | malfunction, including seriousness of and prevalence of | |
| | | harm | |
| | | - Availability of alternative or backup equipment in the | |
| | | event the equipment fails or malfunctions | |
| | | - Incident history of identical or similar equipment | |
| | | - Maintenance requirements of the equipment | |
| | | (For more information on defining staff qualifications, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | refer to Standard HR.01.01.01) | |
| | | | |
| | | EC.02.05.01, EP 8 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital identifies | |
| | | operating components of utility systems on its inventory | |
| | | that are included in an alternative equipment | |
| | | maintenance program. | |
| | | EC.02.05.01, EP 11 | |
| | | The hospital's procedures address shutting off the | |
| | | malfunctioning system and notifying staff in affected | |
| | | areas. | |
| | | | |
| | | EC.02.05.01, EP 15 | |
| | | In critical care areas designed to control airborne | |
| | | contaminants (such as biological agents, gases, fumes, | |
| | | dust), the ventilation system provides appropriate | |
| | | pressure relationships, air-exchange rates, filtration | |
| | | efficiencies, temperature, and humidity. For new and | |
| | | existing health care facilities, or altered, renovated, or | |
| | | modernized portions of existing systems or individual | |
| | | components (constructed or plans approved on or after | |
| | | July 5, 2016), heating, cooling, and ventilation are in | |
| | | accordance with NFPA 99-2012, which includes 2008 | |
| | | ASHRAE 170, or state design requirements if more | |
| | | stringent. | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Existing | |
| | | facilities may elect to implement a Centers for Medicare | |
| | | & amp; Medicaid Services (CMS) categorical waiver to | |
| | | reduce their relative humidity to 20% in operating rooms | |
| | | and other anesthetizing locations. Should the facility | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | elect the waiver, it must be included in its Basic Building | |
| | I | Information (BBI), and the facility's equipment and | |
| | I | supplies must be compatible with the humidity | |
| | I | reduction. For further information on waiver and | |
| | I | equivalency requests, see | |
| | I | https://www.jointcommission.org/resources/patient- | |
| | I | safety-topics/the-physical-environment/life-safety- | |
| | I | code-information-and-resources/. | |
| | I | Note 2: For hospitals that use Joint Commission | |
| | I | accreditation for deemed status purposes: Existing | |
| | I | facilities may comply with the 2012 NFPA 99 ventilation | |
| | I | requirements or the ventilation requirements in the | |
| | I | edition of the NFPA code previously adopted by CMS at | |
| | | the time of installation (for example, 1999 NFPA 99). | |
| | | EC.02.05.01, EP 20 | |
| | I | Operating rooms are considered wet procedure | |
| | I | locations, unless otherwise determined by a risk | |
| | I | assessment authorized by the facility governing body. | |
| | I | Operating rooms defined as wet locations are protected | |
| | I | by either isolated power or ground-fault circuit | |
| | I | interrupters. A written record of the risk assessment is | |
| | I | maintained and available for inspection. (For full text, | |
| | I | refer to NFPA 99-2012: 6.3.2.2.8.4; 6.3.2.2.8.7; 6.4.4.2) | |
| | | EC 02.05.01 ED 21 | |
| | I | Electrical distribution in the hospital is based on the | |
| | I | Electrical distribution in the hospital is based on the following categories: | |
| | I | - Category 1: Critical care rooms served by a Type 1 | |
| | I | essential electrical system (EES) in which electrical | |
| | I | system failure is likely to cause major injury or death to | |
| | I | patients, including all rooms where electric life support | |
| | I | equipment is required. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | - Category 2: General care rooms served by a Type 1 or | |
| | | Type 2 EES in which electrical system failure is likely to | |
| | | cause minor injury to patients. | |
| | | - Category 3: Basic care rooms in which electrical | |
| | | system failure is not likely to cause injury to patients. | |
| | | Patient care rooms are required to have a Type 3 EES | |
| | | where the life safety branch has an alternate source of | |
| | | power that will be effective for 1 1/2 hours. | |
| | | (For full text, refer to NFPA 99-2012: 3.3.138; 6.3.2.2.10; | |
| | | 6.6.2.2.2; 6.6.3.1.1) | |
| | | EC.02.05.01, EP 22 | |
| | | Hospital-grade receptacles at patient bed locations and | |
| | | where deep sedation or general anesthesia is | |
| | | administered are tested after initial installation, | |
| | | replacement, or servicing. In pediatric locations, | |
| | | receptacles in patient rooms (other than nurseries), | |
| | | bathrooms, play rooms, and activity rooms are listed | |
| | | tamper-resistant or have a listed tamper-resistant cover. | |
| | | Electrical receptacles or cover plates supplied from the | |
| | | life safety and critical branches have a distinctive color | |
| | | or marking. (For full text, refer to NFPA 99-2012: 6.3.2; | |
| | | 6.3.3; 6.3.4; 6.4.2.2.6; 6.5.2.2.4.2; 6.6.2.2.3.2) | |
| | | EC.02.05.01, EP 23 | |
| | | Power strips in a patient care vicinity are only used for | |
| | | components of movable electrical equipment | |
| | | assemblies used for patient care. These power strips | |
| | | meet UL 1363A or UL 60601-1. Power strips used | |
| | | outside of a patient care vicinity, but within the patient | |
| | | care room, meet UL 1363. In non–patient care rooms, | |
| | | power strips meet other UL standards. (For full text, | |
| | | refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | 400-8; 590.3(D); Tentative Interim Amendment [TIA] 12- | |
| | | 5) | |
| | | Note 1: The mounting of power strips to medical | |
| | | equipment assemblies or the reconfiguration of | |
| | | equipment powered by power strips in a medical | |
| | | equipment assembly must be performed by personnel | |
| | | who are qualified to make certain that this is done in | |
| | | accordance with NFPA 99-2012: 10.2.3.6. | |
| | | Note 2: Per NFPA 99-2012: 3.3.138, patient care room is | |
| | | defined as any room of a health care facility wherein | |
| | | patients are intended to be examined or treated. Per | |
| | | NFPA 99-2012: 3.3.139, patient care vicinity is defined | |
| | | as a space, within a location intended for the | |
| | | examination and treatment of patients, extending 1.8 | |
| | | meters (6 feet) beyond the normal location of the bed, | |
| | | chair, table, treadmill, or other device that supports the | |
| | | patient during examination and treatment and extending | |
| | | vertically to 2.3 meters (7 feet, 6 inches) above the floor. | |
| | | Note 3: In new facilities, the number of receptacles shall | |
| | | be in accordance with NFPA 99-2012: 6.3.2.2.6.2. If | |
| | | patient bed locations in existing health care facilities | |
| | | undergo renovation or a change in occupancy, the | |
| | | number of receptacles must be increased to meet the | |
| | | requirements of NFPA 99-2012: 6.3.2.2.6.2 to eliminate | |
| | | the need for power strips. | |
| | | EC.02.05.01, EP 24 | |
| | | Extension cords are not used as a substitute for fixed | |
| | | wiring in a building. Extension cords used temporarily | |
| | | are removed immediately upon completion of the | |
| | | intended purpose. (For full text, refer to NFPA 99-2012: | |
| | | 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); | |
| | | Tentative Interim Amendment [TIA] 12-5) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|-------------------|
| | | equipment system supplies power to the ventilation | |
| | | system. (For full text, refer to NFPA 101-2012: | |
| | | 18/19.3.2.3; NFPA 99-2012: 6.4.2.2.4.2) | |
| | | EC.02.05.01, EP 27 | |
| | | Newly engineered smoke control systems are designed, | |
| | | installed, maintained, and tested per NFPA 92-2012. | |
| | | Existing smoke control systems are tested and | |
| | | maintained to established engineering principles unless | |
| | | specifically exempted by the authority having | |
| | | jurisdiction. Systems not meeting the performance | |
| | | requirements of the testing specified in NFPA 101-2012: | |
| | | 19.7.7.1 can be continued in operation only with the | |
| | | specific approval of the authority having jurisdiction. | |
| | | (For full text, refer to NFPA 101-2012: 18/19: 7.7; NFPA | |
| | | 92-2012) | |
| | | Note: The smoke plume created by the thermal | |
| | | destruction of tissue by cauterizing equipment and | |
| | | lasers is addressed at Standard EC.02.02.01, EP 9. | |
| | | EC.02.05.02, EP 1 | |
| | | The water management program has an individual or a | |
| | | team responsible for the oversight and implementation | |
| | | of the program, including but not limited to | |
| | | development, management, and maintenance | |
| | | activities. | |
| | | EC.02.05.02, EP 2 | |
| | | The individual or team responsible for the water | |
| | | management program develops the following: | |
| | | - A basic diagram that maps all water supply sources, | |
| | | treatment systems, processing steps, control measures, | |
| | | and end-use points | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: An example would be a flow chart with symbols | |
| | | showing sinks, showers, water fountains, ice machines, | |
| | | and so forth. | |
| | | - A water risk management plan based on the diagram | |
| | | that includes an evaluation of the physical and chemical | |
| | | conditions of each step of the water flow diagram to | |
| | | identify any areas where potentially hazardous | |
| | | conditions may occur (these conditions are most likely | |
| | | to occur in areas with slow or stagnant water) | |
| | | Note: Refer to the Centers for Disease Control and | |
| | | Prevention's "Water Infection Control Risk Assessment | |
| | | (WICRA) for Healthcare Settings" tool as an example for | |
| | | conducting a water-related risk assessment. | |
| | | - A plan for addressing the use of water in areas of | |
| | | buildings where water may have been stagnant for a | |
| | | period of time (for example, unoccupied or temporarily | |
| | | closed areas) | |
| | | - An evaluation of the patient populations served to | |
| | | identify patients who are immunocompromised | |
| | | - Monitoring protocols and acceptable ranges for control | |
| | | measures | |
| | | Note: Hospitals should consider incorporating basic | |
| | | practices for water monitoring within their water | |
| | | management programs that include monitoring of water | |
| | | temperature, residual disinfectant, and pH. In addition, | |
| | | protocols should include specificity around the | |
| | | parameters measured, locations where measurements | |
| | | are made, and appropriate corrective actions taken | |
| | | when parameters are out of range. | |
| | | EC.02.05.02, EP 3 | |
| | | The individual or team responsible for the water | |
| | | management program manages the following: | |

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| | | - Documenting results of all monitoring activities | |
| | | - Corrective actions and procedures to follow if a test | |
| | | result outside of acceptable limits is obtained, including | |
| | | when a probable or confirmed waterborne pathogen(s) | |
| | | indicates action is necessary | |
| | | - Documenting corrective actions taken when control | |
| | | limits are not maintained | |
| | | Note: See EC.04.01.01, EP 1 for the process of | |
| | | monitoring, reporting, and investigating utility system | |
| | | issues. | |
| | | EC.02.05.02, EP 4 | |
| | | The individual or team responsible for the water | |
| | | management program reviews the program annually and | |
| | | when the following occurs: | |
| | | - Changes have been made to the water system that | |
| | | would add additional risk. | |
| | | - New equipment or an at-risk water system(s) has been | |
| | | added that could generate aerosols or be a potential | |
| | | source for Legionella. This includes the commissioning | |
| | | of a new wing or building. | |
| | | Note 1: The Joint Commission and the Centers for | |
| | | Medicare & mp; Medicaid Services (CMS) do not require | |
| | | culturing for Legionella or other waterborne pathogens. | |
| | | Testing protocols are at the discretion of the hospital | |
| | | unless required by law or regulation. | |
| | | Note 2: Refer to ASHRAE Standard 188-2018 | |
| | | "Legionellosis: Risk Management for Building Water | |
| | | Systems" and the Centers for Disease Control and | |
| | | Prevention Toolkit "Developing a Water Management Program to Roduce Logianalla Growth and Spread in | |
| | | Program to Reduce Legionella Growth and Spread in Buildings" for additional guidance on creating a water | |
| | | management plan. For additional guidance, consult | |
| | <u> </u> | management plant for additional guidance, consult | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | ANSI/ASHRAE Guideline 12-2020 "Managing the Risk of | |
| | | Legionellosis Associated with Building Water Systems." | |
| | | | |
| | | EC.02.05.05, EP 2 | |
| | | For hospitals that do not use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | tests utility system components on the inventory before | |
| | | initial use. The completion dates and test results are | |
| | | documented. | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital tests utility | |
| | | system components on the inventory before initial use | |
| | | and after major repairs or upgrades. The completion date and the results of the tests are documented. | |
| | | date and the results of the tests are documented. | |
| | | EC.02.05.05, EP 4 | |
| | | The hospital inspects, tests, and maintains the | |
| | | following: High-risk utility system components on the | |
| | | inventory. The completion date and the results of the | |
| | | activities are documented. | |
| | | Note 1: A high-risk utility system includes components | |
| | | for which there is a risk of serious injury or even death to | |
| | | a patient or staff member should it fail, which includes | |
| | | life-support equipment. | |
| | | Note 2: Required activities and associated frequencies | |
| | | for maintaining, inspecting, and testing of utility systems | |
| | | components must have a 100% completion rate. | |
| | | 50 00 05 05 5D 5 | |
| | | EC.02.05.05, EP 5 | |
| | | The hospital inspects, tests, and maintains the | |
| | | following: Infection control utility system components | |
| | | on the inventory. The completion date and the results of | |
| | | the activities are documented. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components must have a 100% completion rate. | |
| | | EC.02.05.05, EP 6 The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented. | |
| | | EC.02.05.05, EP 7 Line isolation monitors (LIM), if installed, are tested at least monthly by actuating the LIM test switch per NFPA 99-2012: 6.3.2.6.3.6, which activates both visual and audible alarms. For LIM circuits with automated self-testing, a manual test is performed at least annually. LIM circuits are tested per NFPA 99-2012: 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. (For full text, refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4) | |
| §482.41(d)(3) | (3) The extent and complexity of facilities | FOR FULL EP MAPPING VIEW HAP CROSSWALK LD.04.01.11, EP 3 | PE.01.01.01, EP 2 |
| | must be determined by the services offered. | The interior and exterior space provided for care, treatment, and services meets the needs of patients. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The extent and complexity of facilities must be determined by the services offered. | The hospital has adequate space and facilities for the services it provides, including facilities for the diagnosis and treatment of patients and for any special services offered to meet the needs of the community served. Note: The extent and complexity of facilities is determined by the services offered. |
| §482.41(d)(4) | (4) There must be proper ventilation, light, and temperature controls in pharmaceutical, | EC.02.02.01, EP 9 The hospital minimizes risks associated with selecting, | PE.04.01.01, EP 3 The hospital has proper ventilation, lighting, and temperature |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | food preparation, and other appropriate | handling, storing, transporting, using, and disposing of | control in all pharmaceutical, patient care, and food preparation |
| | areas. | hazardous gases and vapors. | areas. |
| | | Note: Hazardous gases and vapors include, but are not | |
| | | limited to, ethylene oxide and nitrous oxide gases; | |
| | | vapors generated by glutaraldehyde; cauterizing | |
| | | equipment, such as lasers; waste anesthetic gas | |
| | | disposal (WAGD); and laboratory rooftop exhaust. (For | |
| | | full text, refer to NFPA 99-2012: 9.3.8; 9.3.9) | |
| | | EC.02.05.01, EP 16 | |
| | | In non–critical care areas, the ventilation system | |
| | | provides required pressure relationships, temperature, | |
| | | and humidity. | |
| | | Note: Examples of non–critical care areas are general | |
| | | care nursing units; clean and soiled utility rooms in | |
| | | acute care areas; laboratories, pharmacies, diagnostic | |
| | | and treatment areas, food preparation areas, and other | |
| | | support departments. | |
| | | EC.02.06.01, EP 11 | |
| | | Lighting is suitable for care, treatment, and services. | |
| §482.41(e) | (e) The standards incorporated by reference | EC.02.06.05, EP 1 | |
| , , | in this section are approved for incorporation | When planning for new, altered, or renovated space, the | |
| | by reference by the Director of the Office of | hospital uses one of the following design criteria: | |
| | the Federal Register in accordance with 5 | - State rules and regulations | |
| | U.S.C.552(a) and 1 CFR part 51. You may | - The most current edition of the Guidelines for Design | |
| | inspect a copy at the CMS Information | and Construction of Hospitals published by the Facility | |
| | Resource Center, 7500 Security Boulevard, | Guidelines Institute | |
| | Baltimore, MD or at the National Archives | When the above rules, regulations, and guidelines do | |
| | and Records Administration (NARA). For | not meet specific design needs, use other reputable | |
| | information on the availability of this | standards and guidelines that provide equivalent design | |
| | material at NARA, call 202–741–6030, or go | criteria. | |
| | to: | Note: For hospitals that use Joint Commission | |

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| | http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. | accreditation for deemed status purposes: The hospital complies with National Fire Protection Association requirements, including emergency generator location requirements as follows: - Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6) - Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4) - NFPA 110-2010 when a new structure is built or when an existing structure or building is renovated | |
| §482.41(e)(1) | (1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. | | |
| §482.41(e)(1)(i) | (i) NFPA 99, Standards for Health Care Facilities Code of the National Fire Protection Association 99, 2012 edition, issued August 11, 2011. | EC.01.01.01, EP 12 The hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. | PE.04.01.01, EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity. |
| \$482.41(e)(1)(ii) | (ii) TIA 12–2 to NFPA 99, issued August 11, 2011. | EC.01.01.01, EP 12 The hospital complies with the 2012 edition of NFPA 99: | PE.04.01.01, EP 1 The hospital meets the applicable provisions and proceeds in |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Health Care Facilities Code, including Tentative Interim | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | | Chapters 7, 8, 12, and 13 of the Health Care Facilities | and 12-6). |
| | | Code do not apply. | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| 1 | | | Code do not apply. |
| ! | | | Note 2: If application of the Health Care Facilities Code would |
| 1 | | | result in unreasonable hardship for the hospital, the Centers for |
| 1 | | | Medicare & Medicaid Services may waive specific provisions |
| | | | of the Health Care Facilities Code, but only if the waiver does not |
| 1 | | | adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| 1 | | | the activity; date of the activity; inventory of devices, equipment, or |
| 1 | | | other items; required frequency; name and contact information of |
| ! | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.41(e)(1)(iii) | (iii) TIA 12–3 to NFPA 99, issued August 9, | EC.01.01.01, EP 12 | PE.04.01.01, EP 1 |
| 1 | 2012. | The hospital complies with the 2012 edition of NFPA 99: | The hospital meets the applicable provisions and proceeds in |
| 1 | | Health Care Facilities Code, including Tentative Interim | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). |
| 1 | | Code do not apply. | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| ! | | | Code do not apply. |
| 1 | | | Note 2: If application of the Health Care Facilities Code would |
| | | | result in unreasonable hardship for the hospital, the Centers for |
| ! | | | Medicare & mp; Medicaid Services may waive specific provisions |
| | | | of the Health Care Facilities Code, but only if the waiver does not |
| ! | | | adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| 1 | | | the activity; date of the activity; inventory of devices, equipment, or |
| 1 | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |

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| §482.41(e)(1)(iv) | (iv) TIA 12–4 to NFPA 99, issued March 7, | EC.01.01.01, EP 12 | PE.04.01.01, EP 1 |
| | 2013. | The hospital complies with the 2012 edition of NFPA 99: | The hospital meets the applicable provisions and proceeds in |
| | | Health Care Facilities Code, including Tentative Interim | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | | Chapters 7, 8, 12, and 13 of the Health Care Facilities | and 12-6). |
| | | Code do not apply. | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| | | | Code do not apply. |
| | | | Note 2: If application of the Health Care Facilities Code would |
| | | | result in unreasonable hardship for the hospital, the Centers for |
| | | | Medicare & Description Medicare & Descrip |
| | | | of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.41(e)(1)(v) | (v) TIA 12–5 to NFPA 99, issued August 1, | EC.01.01.01, EP 12 | PE.04.01.01, EP 1 |
| | 2013. | The hospital complies with the 2012 edition of NFPA 99: | The hospital meets the applicable provisions and proceeds in |
| | | Health Care Facilities Code, including Tentative Interim | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | | Chapters 7, 8, 12, and 13 of the Health Care Facilities | and 12-6). |
| | | Code do not apply. | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| | | | Code do not apply. |
| | | | Note 2: If application of the Health Care Facilities Code would |
| | | | result in unreasonable hardship for the hospital, the Centers for |
| | | | Medicare & Description of the state of the s |
| | | | of the Health Care Facilities Code, but only if the waiver does not |
| | | | adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.41(e)(1)(vi) | (vi) TIA 12–6 to NFPA 99, issued March 3, | EC.01.01.01, EP 12 | PE.04.01.01, EP 1 |
| | 2014. | The hospital complies with the 2012 edition of NFPA 99: | The hospital meets the applicable provisions and proceeds in |
| | | Health Care Facilities Code, including Tentative Interim | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | | Chapters 7, 8, 12, and 13 of the Health Care Facilities | and 12-6). |
| | | Code do not apply. | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| | | | Code do not apply. |
| | | | Note 2: If application of the Health Care Facilities Code would |
| | | | result in unreasonable hardship for the hospital, the Centers for |
| | | | Medicare & may; Medicaid Services may waive specific provisions |
| | | | of the Health Care Facilities Code, but only if the waiver does not |
| | | | adversely affect the health and safety of patients. |
| | | | Note 3: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| C400 44/-\/4\/:::\ | (;;;) NEDA 404 ;;; 0-;; 0-;; 0-;; 0040 | 10 04 04 04 FD 0 | for the activity; and results of the activity. |
| §482.41(e)(1)(vii) | (vii) NFPA 101, Life Safety Code, 2012 | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | edition, issued August 11, 2011; | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, d1u 12-4). | 1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions |
| | | | applicable to ambulatory health care occupancies, regardless of |
| | | | the number of patients served. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The provisions of the Life Safety Code do |
| | | | not apply in a state where the Centers for Medicare & Damp; |
| | | | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. |
| | | | Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |

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| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Department & Departmen |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.41(e)(1)(viii) | (viii) TIA 12–1 to NFPA 101, issued August 11, | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | 2011. | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, and 12-4). | 1, 12-2, 12-3, and 12-4). |
| | | | Note 1: Outpatient surgical departments meet the provisions |
| | | | applicable to ambulatory health care occupancies, regardless of |
| | | | the number of patients served. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The provisions of the Life Safety Code do |
| | | | not apply in a state where the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for Medicare & Description (OMO) for the state of the Centers for the Centers f |
| | | | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. |
| | | | Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Company and the Secretary for the US Department of Health & Company and the Secretary for the US Department of Health & Company and the Secretary for the US Department of Health & Company and the Secretary for the US Department of Health & Company and the Secretary for the US Department of Health & Company and the Secretary for the US Department of Health & Company and the Secretary for the US Department of Health & Company and the Secretary for the US Department of Health & Company and Health & Company and Health & Company and Health & Company and H |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.41(e)(1)(ix) | (ix) TIA 12–2 to NFPA 101, issued October 30, | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | 2012. | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, and 12-4). | 1, 12-2, 12-3, and 12-4). |
| | | | Note 1: Outpatient surgical departments meet the provisions |
| | | | applicable to ambulatory health care occupancies, regardless of |
| | | | the number of patients served. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The provisions of the Life Safety Code do |
| | | | not apply in a state where the Centers for Medicare & Description and the content of the content |
| | | | Medicaid Services (CMS) finds that a fire and safety code imposed |
| | | | by state law adequately protects patients in hospitals. |
| | | | Note 3: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Department & Departme |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| 8400 447 2/427 2 | (-) TIA 40 0+- NEDA 404 : 10 : 1 00 | 10.04.04.04.ED.0 | for the activity; and results of the activity. |
| §482.41(e)(1)(x) | (x) TIA 12–3 to NFPA 101, issued October 22, | LS.01.01.01, EP 8 | PE.03.01.01, EP 3 |
| | 2013. | The hospital complies with the Life Safety Code (NFPA | The hospital meets the applicable provisions of the Life Safety |
| | | 101-2012 and Tentative Interim Amendments [TIA] 12-1, | Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- |
| | | 12-2, 12-3, and 12-4). | 1, 12-2, 12-3, and 12-4). |
| | | | Note 1: Outpatient surgical departments meet the provisions |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| Cor moquiroment | | | applicable to ambulatory health care occupancies, regardless of the number of patients served. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Samp; Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in hospitals. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & Samp; Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients. Note 4: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced |
| §482.41(e)(1)(xi) | (xi) TIA 12–4 to NFPA 101, issued October 22, 2013. | LS.01.01.01, EP 8 The hospital complies with the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). | PE.03.01.01, EP 3 The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12- 1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Description of the Life Safety Code imposed by state law adequately protects patients in hospitals. Note 3: For hospitals that use Joint Commission accreditation for |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | deemed status purposes: In consideration of a recommendation |
| | | | by the state survey agency or accrediting organization or at the |
| | | | discretion of the Secretary for the US Department of Health & Department & Departmen |
| | | | Human Services, CMS may waive, for periods deemed appropriate, |
| | | | specific provisions of the Life Safety Code, which would result in |
| | | | unreasonable hardship upon a hospital, but only if the waiver will |
| | | | not adversely affect the health and safety of the patients. |
| | | | Note 4: All inspecting activities are documented with the name of |
| | | | the activity; date of the activity; inventory of devices, equipment, or |
| | | | other items; required frequency; name and contact information of |
| | | | person who performed the activity; NFPA standard(s) referenced |
| | | | for the activity; and results of the activity. |
| §482.42 | §482.42 Condition of participation: Infection | EC.02.05.01, EP 15 | IC.04.01.01, EP 2 |
| | prevention and control and antibiotic | In critical care areas designed to control airborne | The infection preventionist(s) or infection control professional(s) is |
| | stewardship programs. The hospital must | contaminants (such as biological agents, gases, fumes, | responsible for the following: |
| | have active hospital-wide programs for the | dust), the ventilation system provides appropriate | - Development and implementation of hospitalwide infection |
| | surveillance, prevention, and control of HAIs | pressure relationships, air-exchange rates, filtration | surveillance, prevention, and control policies and procedures that |
| | and other infectious diseases, and for the | efficiencies, temperature, and humidity. For new and | adhere to law and regulation and nationally recognized guidelines |
| | optimization of antibiotic use through | existing health care facilities, or altered, renovated, or | - Documentation of the infection prevention and control program |
| | stewardship. The programs must | modernized portions of existing systems or individual | and its surveillance, prevention, and control activities |
| | demonstrate adherence to nationally | components (constructed or plans approved on or after | - Competency-based training and education of hospital personnel |
| | recognized infection prevention and control | July 5, 2016), heating, cooling, and ventilation are in | and staff, including medical staff, and, as applicable, personnel |
| | guidelines, as well as to best practices for | accordance with NFPA 99-2012, which includes 2008 | providing contracted services in the hospital, on infection |
| | improving antibiotic use where applicable, and for reducing the development and | ASHRAE 170, or state design requirements if more | prevention and control policies and procedures and their application |
| | transmission of HAIs and antibiotic-resistant | stringent. Note 1: For hospitals that use Joint Commission | - Prevention and control of health care–associated infections and |
| | organisms. Infection prevention and control | accreditation for deemed status purposes: Existing | other infectious diseases, including auditing staff adherence to |
| | problems and antibiotic use issues identified | facilities may elect to implement a Centers for Medicare | infection prevention and control policies and procedures |
| | in the programs must be addressed in | & Redicaid Services (CMS) categorical waiver to | - Communication and collaboration with all components of the |
| | collaboration with the hospital-wide quality | reduce their relative humidity to 20% in operating rooms | hospital involved in infection prevention and control activities, |
| | assessment and performance improvement | and other anesthetizing locations. Should the facility | including but not limited to the antibiotic stewardship program, |
| | (QAPI) program. | elect the waiver, it must be included in its Basic Building | sterile processing department, and water management program |
| | (\(\alpha\) \(\beta\) \(\beta\) \(\beta\) | Information (BBI), and the facility's equipment and | - Communication and collaboration with the hospital's quality |
| | | intormation (DDI), and the facility 3 equipment and | Communication and collaboration with the hospital's quality |

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| | | supplies must be compatible with the humidity | assessment and performance improvement program to address |
| | | reduction. For further information on waiver and | infection prevention and control issues |
| | | equivalency requests, see | Note: The outcome of competency-based training is the staff's |
| | | https://www.jointcommission.org/resources/patient- | ability to demonstrate the skills and tasks specific to their roles |
| | | safety-topics/the-physical-environment/life-safety- | and responsibilities. Examples of competencies may include |
| | | code-information-and-resources/. | donning/doffing of personal protective equipment and the ability to |
| | | Note 2: For hospitals that use Joint Commission | correctly perform the processes for high-level disinfection. (For |
| | | accreditation for deemed status purposes: Existing | more information on competency requirements, refer to |
| | | facilities may comply with the 2012 NFPA 99 ventilation | HR.11.04.01 EP 1). |
| | | requirements or the ventilation requirements in the | |
| | | edition of the NFPA code previously adopted by CMS at | IC.04.01.01, EP 3 |
| | | the time of installation (for example, 1999 NFPA 99). | The hospital's infection prevention and control program has |
| | | | written policies and procedures to guide its activities and methods |
| | | IC.04.01.01, EP 2 | for preventing and controlling the transmission of infections within |
| | | The infection preventionist(s) or infection control | the hospital and between the hospital and other institutions and |
| | | professional(s) is responsible for the following: | settings. The policies and procedures are in accordance with the |
| | | - Development and implementation of hospitalwide | following hierarchy of references: |
| | | infection surveillance, prevention, and control policies | a. Applicable law and regulation. |
| | | and procedures that adhere to law and regulation and | b. Manufacturers' instructions for use. |
| | | nationally recognized guidelines | c. Nationally recognized evidence-based guidelines and standards |
| | | - Documentation of the infection prevention and control | of practice, including the Centers for Disease Control and |
| | | program and its surveillance, prevention, and control | Prevention's (CDC) Core Infection Prevention and Control |
| | | activities | Practices for Safe Healthcare Delivery in All Settings or, in the |
| | | - Competency-based training and education of hospital | absence of such guidelines, expert consensus or best practices. |
| | | staff on infection prevention and control policies and | The guidelines are documented within the policies and |
| | | procedures and their application | procedures. |
| | | - Prevention and control of health care–associated | Note 1: Relevant federal, state, and local law and regulations |
| | | infections and other infectious diseases, including | include but are not limited to the Centers for Medicare & Description (Control of the Centers) |
| | | auditing staff adherence to infection prevention and | Medicaid Services' Conditions of Participation, Food and Drug |
| | | control policies and procedures | Administration's regulations for reprocessing single-use medical |
| | | - Communication and collaboration with all | devices; Occupational Safety and Health Administration's |
| | | components of the hospital involved in infection | Bloodborne Pathogens Standard 29 CFR 1910.1030, Personal |
| | | prevention and control activities, including but not | Protective Equipment Standard 29 CFR 1910.132, and Respiratory |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | limited to the antibiotic stewardship program, sterile | Protection Standard 29 CFR 1910.134; health care worker |
| | | processing department, and water management | vaccination laws; state and local public health authorities' |
| | | program | requirements for reporting of communicable diseases and |
| | | - Communication and collaboration with the hospital's | outbreaks; and state and local regulatory requirements for |
| | | quality assessment and performance improvement | biohazardous or regulated medical waste generators. |
| | | program to address infection prevention and control | Note 2: For full details on the CDC's Core Infection Prevention and |
| | | issues | Control Practices for Safe Healthcare Delivery in All Settings, refer |
| | | Note: The outcome of competency-based training is the | to https://www.cdc.gov/infection-control/hcp/disinfection- |
| | | staff's ability to demonstrate the skills and tasks | sterilization/introduction-methods-definition-of-terms.html. |
| | | specific to their roles and responsibilities. Examples of | Note 3: The hospital determines which evidence-based guidelines, |
| | | competencies may include donning/doffing of personal | expert recommendations, best practices, or a combination thereof |
| | | protective equipment and the ability to correctly | it adopts in its policies and procedures. |
| | | perform the processes for high-level disinfection. (For | |
| | | more information on competency requirements, refer to | IC.04.01.01, EP 5 |
| | | HR.01.06.01 EPs 1, 3, 5, 6). | The infection prevention and control program reflects the scope |
| | | | and complexity of the hospital services provided by addressing all |
| | | IC.04.01.01, EP 3 | locations, patient populations, and staff. |
| | | The hospital's infection prevention and control program | |
| | | has written policies and procedures to guide its | IC.05.01.01, EP 1 |
| | | activities and methods for preventing and controlling the | The hospital's governing body is responsible for the |
| | | transmission of infections within the hospital and | implementation, performance, and sustainability of the infection |
| | | between the hospital and other institutions and settings. | prevention and control program and provides resources to support |
| | | The policies and procedures are in accordance with the | and track the implementation, success, and sustainability of the |
| | | following hierarchy of references: | program's activities. |
| | | a. Applicable law and regulation. | Note: To make certain that systems are in place and operational to |
| | | b. Manufacturers' instructions for use. | support the program, the governing body provides access to |
| | | c. Nationally recognized evidence-based guidelines and | information technology; laboratory services; equipment and |
| | | standards of practice, including the Centers for Disease | supplies; local, state, and federal public health authorities' |
| | | Control and Prevention's (CDC) Core Infection | advisories and alerts, such as the CDC's Health Alert Network |
| | | Prevention and Control Practices for Safe Healthcare | (HAN); FDA alerts; manufacturers' instructions for use; and |
| | | Delivery in All Settings or, in the absence of such | guidelines used to inform policies. |
| | | guidelines, expert consensus or best practices. The | 10.05.04.04.50.0 |
| | | guidelines are documented within the policies and | IC.05.01.01, EP 2 |

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| | | procedures. | The hospital's governing body ensures that the problems identified |
| | | Note 1: Relevant federal, state, and local law and | by the infection prevention and control program are addressed in |
| | | regulations include but are not limited to the Centers for | collaboration with hospital quality assessment and performance |
| | | Medicare & mp; Medicaid Services' Conditions of | improvement leaders and other leaders (for example, the medical |
| | | Participation, Food and Drug Administration's | director, nurse executive, and administrative leaders). |
| | | regulations for reprocessing single-use medical devices; | |
| | | Occupational Safety and Health Administration's | IC.06.01.01, EP 3 |
| | | Bloodborne Pathogens Standard 29 CFR 1910.1030, | The hospital implements activities for the surveillance, prevention, |
| | | Personal Protective Equipment Standard 29 CFR | and control of health care–associated infections and other |
| | | 1910.132, and Respiratory Protection Standard 29 CFR | infectious diseases, including maintaining a clean and sanitary |
| | | 1910.134; health care worker vaccination laws; state | environment to avoid sources and transmission of infection, and |
| | | and local public health authorities' requirements for | addresses any infection control issues identified by public health |
| | | reporting of communicable diseases and outbreaks; and | authorities that could impact the hospital. |
| | | state and local regulatory requirements for | |
| | | biohazardous or regulated medical waste generators. | MM.18.01.01, EP 1 |
| | | Note 2: For full details on the CDC's Core Infection | The antibiotic stewardship program reflects the scope and |
| | | Prevention and Control Practices for Safe Healthcare | complexity of the hospital services provided. |
| | | Delivery in All Settings, refer to | |
| | | https://www.cdc.gov/infection- | MM.18.01.01, EP 3 |
| | | control/hcp/disinfection-sterilization/introduction- | The leader(s) of the antibiotic stewardship program is responsible |
| | | methods-definition-of-terms.html. | for the following: |
| | | Note 3: The hospital determines which evidence-based | - Development and implementation a hospitalwide antibiotic |
| | | guidelines, expert recommendations, best practices, or | stewardship program, based on nationally recognized guidelines, |
| | | a combination thereof it adopts in its policies and | to monitor and improve the use of antibiotics. |
| | | procedures. | - All documentation, written or electronic, of antibiotic |
| | | | stewardship program activities. |
| | | IC.04.01.01, EP 5 | - Communication and collaboration with medical staff, nursing, |
| | | The infection prevention and control program reflects | and pharmacy leadership, as well as with the hospital's infection |
| | | the scope and complexity of the hospital services | prevention and control and QAPI programs, on antibiotic use |
| | | provided by addressing all locations, patient | issues. |
| | | populations, and staff. | - Competency-based training and education of hospital personnel |
| | | 10.05.04.04.50.4 | and staff, including medical staff, and, as applicable, personnel |
| | | IC.05.01.01, EP 1 | providing contracted services in the hospital, on the practical |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | The hospital's governing body is responsible for the | applications of antibiotic stewardship guidelines, policies, and |
| | | implementation, performance, and sustainability of the | procedures. |
| | | infection prevention and control program and provides | |
| | | resources to support and track the implementation, | PE.04.01.01, EP 1 |
| | | success, and sustainability of the program's activities. | The hospital meets the applicable provisions and proceeds in |
| | | Note: To make certain that systems are in place and | accordance with the Health Care Facilities Code (NFPA 99-2012 |
| | | operational to support the program, the governing body | and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, |
| | | provides access to information technology; laboratory | and 12-6). |
| | | services; equipment and supplies; local, state, and | Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities |
| | | federal public health authorities' advisories and alerts, | Code do not apply. |
| | | such as the CDC's Health Alert Network (HAN); FDA | Note 2: If application of the Health Care Facilities Code would |
| | | alerts; manufacturers' instructions for use; and guidelines used to inform policies. | result in unreasonable hardship for the hospital, the Centers for Medicare & Decific provisions |
| | | guidelines used to inform policies. | of the Health Care Facilities Code, but only if the waiver does not |
| | | IC.05.01.01, EP 2 | adversely affect the health and safety of patients. |
| | | The hospital's governing body ensures that the problems | Note 3: All inspecting activities are documented with the name of |
| | | identified by the infection prevention and control | the activity; date of the activity; inventory of devices, equipment, or |
| | | program are addressed in collaboration with hospital | other items; required frequency; name and contact information of |
| | | quality assessment and performance improvement | person who performed the activity; NFPA standard(s) referenced |
| | | leaders and other leaders (for example, the medical | for the activity; and results of the activity. |
| | | director, nurse executive, and administrative leaders). | |
| | | | |
| | | IC.06.01.01, EP 3 | |
| | | The hospital implements activities for the surveillance, | |
| | | prevention, and control of health care–associated | |
| | | infections and other infectious diseases, including | |
| | | maintaining a clean and sanitary environment to avoid | |
| | | sources and transmission of infection, and addresses | |
| | | any infection control issues identified by public health | |
| | | authorities that could impact the hospital. | |
| | | MM.09.01.01, EP 10 | |
| | | The hospital allocates financial resources for staffing | |
| | | The hospital allocates illiancial resources for staffing | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | and information technology to support the antibiotic stewardship program. | |
| | | MM.09.01.01, EP 12 The leader(s) of the antibiotic stewardship program is responsible for the following: - Developing and implementing a hospitalwide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and improve the use of antibiotics - Documenting antibiotic stewardship activities, including any new or sustained improvements - Communicating and collaborating with the medical staff, nursing leaders, and pharmacy leaders, as well as with the hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues - Providing competency-based training and education for staff on the practical applications of antibiotic stewardship guidelines, policies, and procedures | |
| \$482.42(a) | (a) Standard: Infection prevention and control program organization and policies. The hospital must demonstrate that: | | |
| \$482.42(a)(1) | (1) An individual (or individuals), who is qualified through education, training, experience, or certification in infection prevention and control, is appointed by the governing body as the infection preventionist(s)/infection control professional(s) responsible for the infection prevention and control program and that the appointment is based on the | HR.01.01.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: | HR.11.02.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351-\$493.1495. A complete description of the requirement is located |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | recommendations of medical staff | "Personnel for Nonwaived Testing" \$493.1351- | at https://www.ecfr.gov/cgi-bin/text- |
| | leadership and nursing leadership; | §493.1495. A complete description of the requirement is | idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true& |
| | | located at https://www.ecfr.gov/cgi-bin/text- | amp;node=sp42.5.493.m&rgn=div6. |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | Note 3: For hospitals that use Joint Commission accreditation for |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | deemed status purposes: Qualified physical therapists, physical |
| | | Note 3: For hospitals that use Joint Commission | therapist assistants, occupational therapists, occupational |
| | | accreditation for deemed status purposes: Qualified | therapy assistants, speech-language pathologists, or audiologists, |
| | | physical therapists, physical therapist assistants, | as defined in 42 CFR 484, provide physical therapy, occupational |
| | | occupational therapists, occupational therapy | therapy, speech-language pathology, or audiology services, if |
| | | assistants, speech-language pathologists, or | these services are provided by the hospital. See Glossary for |
| | | audiologists (as defined in 42 CFR 484.4) provide | definitions of physical therapist, physical therapist assistant, |
| | | physical therapy, occupational therapy, speech- | occupational therapist, occupational therapy assistant, speech- |
| | | language pathology, or audiology services, if these | language pathologist, and audiologist. |
| | | services are provided by the hospital. The provision of | Note 4: Qualifications for language interpreters and translators |
| | | care and staff qualifications are in accordance with | may be met through language proficiency assessment, education, |
| | | national acceptable standards of practice and also meet | training, and experience. The use of qualified interpreters and |
| | | the requirements of 409.17. See Appendix A for 409.17 | translators is supported by the Americans with Disabilities Act, |
| | | requirements. | Section 504 of the Rehabilitation Act of 1973, and Title VI of the |
| | | Note 4: Qualifications for language interpreters and | Civil Rights Act of 1964. |
| | | translators may be met through language proficiency | Note 5: If respiratory care services are provided, staff qualified to |
| | | assessment, education, training, and experience. The | perform specific respiratory care procedures and the amount of |
| | | use of qualified interpreters and translators is supported | supervision required to carry out the specific procedures is |
| | | by the Americans with Disabilities Act, Section 504 of | designated in writing. |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | NBO 40 04 04 BB 40 |
| | | Rights Act of 1964. | NPG.12.01.01, EP 12 |
| | | Note 5: For hospitals that use Joint Commission | The hospital's governing body, based on the recommendation of |
| | | accreditation for deemed status purposes: Staff | the medical staff and nursing leaders, appoints an infection |
| | | qualified to perform specific respiratory care procedures | preventionist(s) or infection control professional(s) qualified |
| | | and the amount of supervision required to carry out the | through education, training, experience, or certification in |
| | | specific procedures is designated in writing. | infection prevention to be responsible for the infection prevention |
| | | IC 04 04 04 FD 4 | and control program. |
| | | IC.04.01.01, EP 1 | |
| | | The hospital's governing body, based on the | |

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| | | recommendation of the medical staff and nursing | |
| | | leaders, appoints an infection preventionist(s) or | |
| | | infection control professional(s) qualified through | |
| | | education, training, experience, or certification in | |
| | | infection prevention to be responsible for the infection | |
| | | prevention and control program. | |
| §482.42(a)(2) | (2) The hospital infection prevention and | IC.04.01.01, EP 3 | IC.04.01.01, EP 3 |
| | control program, as documented in its | The hospital's infection prevention and control program | The hospital's infection prevention and control program has |
| | policies and procedures, employs methods | has written policies and procedures to guide its | written policies and procedures to guide its activities and methods |
| | for preventing and controlling the | activities and methods for preventing and controlling the | for preventing and controlling the transmission of infections within |
| | transmission of infections within the hospital | transmission of infections within the hospital and | the hospital and between the hospital and other institutions and |
| | and between the hospital and other | between the hospital and other institutions and settings. | settings. The policies and procedures are in accordance with the |
| | institutions and settings; | The policies and procedures are in accordance with the | following hierarchy of references: |
| | | following hierarchy of references: | a. Applicable law and regulation. |
| | | a. Applicable law and regulation. | b. Manufacturers' instructions for use. |
| | | b. Manufacturers' instructions for use. | c. Nationally recognized evidence-based guidelines and standards |
| | | c. Nationally recognized evidence-based guidelines and | of practice, including the Centers for Disease Control and |
| | | standards of practice, including the Centers for Disease | Prevention's (CDC) Core Infection Prevention and Control |
| | | Control and Prevention's (CDC) Core Infection | Practices for Safe Healthcare Delivery in All Settings or, in the |
| | | Prevention and Control Practices for Safe Healthcare | absence of such guidelines, expert consensus or best practices. |
| | | Delivery in All Settings or, in the absence of such | The guidelines are documented within the policies and |
| | | guidelines, expert consensus or best practices. The | procedures. |
| | | guidelines are documented within the policies and | Note 1: Relevant federal, state, and local law and regulations |
| | | procedures. | include but are not limited to the Centers for Medicare & Description in the content of the cont |
| | | Note 1: Relevant federal, state, and local law and | Medicaid Services' Conditions of Participation, Food and Drug |
| | | regulations include but are not limited to the Centers for | Administration's regulations for reprocessing single-use medical |
| | | Medicare & Defication Services' Conditions of | devices; Occupational Safety and Health Administration's |
| | | Participation, Food and Drug Administration's | Bloodborne Pathogens Standard 29 CFR 1910.1030, Personal |
| | | regulations for reprocessing single-use medical devices; | Protective Equipment Standard 29 CFR 1910.132, and Respiratory |
| | | Occupational Safety and Health Administration's | Protection Standard 29 CFR 1910.134; health care worker |
| | | Bloodborne Pathogens Standard 29 CFR 1910.1030, | vaccination laws; state and local public health authorities' |
| | | Personal Protective Equipment Standard 29 CFR | requirements for reporting of communicable diseases and |
| | | 1910.132, and Respiratory Protection Standard 29 CFR | outbreaks; and state and local regulatory requirements for |

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| | | 1910.134; health care worker vaccination laws; state | biohazardous or regulated medical waste generators. |
| | | and local public health authorities' requirements for | Note 2: For full details on the CDC's Core Infection Prevention and |
| | | reporting of communicable diseases and outbreaks; and | Control Practices for Safe Healthcare Delivery in All Settings, refer |
| | | state and local regulatory requirements for | to https://www.cdc.gov/infection-control/hcp/disinfection- |
| | | biohazardous or regulated medical waste generators. | sterilization/introduction-methods-definition-of-terms.html. |
| | | Note 2: For full details on the CDC's Core Infection | Note 3: The hospital determines which evidence-based guidelines, |
| | | Prevention and Control Practices for Safe Healthcare | expert recommendations, best practices, or a combination thereof |
| | | Delivery in All Settings, refer to | it adopts in its policies and procedures. |
| | | https://www.cdc.gov/infection- | |
| | | control/hcp/disinfection-sterilization/introduction- | IC.04.01.01, EP 4 |
| | | methods-definition-of-terms.html. | The hospital's policies and procedures for cleaning, disinfection, |
| | | Note 3: The hospital determines which evidence-based | and sterilization of reusable medical and surgical devices and |
| | | guidelines, expert recommendations, best practices, or | equipment address the following: |
| | | a combination thereof it adopts in its policies and | - Cleaning, disinfection, and sterilization of reusable medical and |
| | | procedures. | surgical devices in accordance with the Spaulding classification |
| | | | system and manufacturers' instructions |
| | | IC.04.01.01, EP 4 | - Use of disinfectants registered by the Environmental Protection |
| | | The hospital's policies and procedures for cleaning, | Agency for noncritical devices and equipment according to the |
| | | disinfection, and sterilization of reusable medical and | directions on the product labeling, including but not limited to |
| | | surgical devices and equipment address the following: | indication, specified use dilution, contact time, and method of |
| | | - Cleaning, disinfection, and sterilization of reusable | application |
| | | medical and surgical devices in accordance with the | - Use of FDA-approved liquid chemical sterilants for the |
| | | Spaulding classification system and manufacturers' | processing of critical devices and high-level disinfectants for the |
| | | instructions | processing of semicritical devices in accordance with FDA-cleared |
| | | - Use of disinfectants registered by the Environmental | label and device manufacturers' instructions |
| | | Protection Agency for noncritical devices and | - Required documentation for device reprocessing cycles, |
| | | equipment according to the directions on the product | including but not limited to sterilizer cycle logs, the frequency of |
| | | labeling, including but not limited to indication, | chemical and biological testing, and the results of testing for |
| | | specified use dilution, contact time, and method of | appropriate concentration for chemicals used in high-level |
| | | application | disinfection |
| | | - Use of FDA-approved liquid chemical sterilants for the | - Resolution of conflicts or discrepancies between a medical |
| | | processing of critical devices and high-level | device manufacturer's instructions and manufacturers' |
| | | disinfectants for the processing of semicritical devices | instructions for automated high-level disinfection or sterilization |

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| | | in accordance with FDA-cleared label and device | equipment |
| | | manufacturers' instructions | - Criteria and process for the use of immediate-use steam |
| | | - Required documentation for device reprocessing | sterilization |
| | | cycles, including but not limited to sterilizer cycle logs, | - Actions to take in the event of a reprocessing error or failure |
| | | the frequency of chemical and biological testing, and | identified either prior to the release of the reprocessed item(s) or |
| | | the results of testing for appropriate concentration for | after the reprocessed item(s) was used or stored for later use |
| | | chemicals used in high-level disinfection | Note 1: The Spaulding classification system classifies medical and |
| | | - Resolution of conflicts or discrepancies between a | surgical devices as critical, semicritical, or noncritical based on |
| | | medical device manufacturer's instructions and | risk to the patient from contamination on a device and establishes |
| | | manufacturers' instructions for automated high-level | the levels of germicidal activity (sterilization, high-level |
| | | disinfection or sterilization equipment | disinfection, intermediate-level disinfection, and low-level |
| | | - Criteria and process for the use of immediate-use | disinfection) to be used for the three classes of devices. |
| | | steam sterilization | Note 2: Depending on the nature of the incident, examples of |
| | | - Actions to take in the event of a reprocessing error or | actions may include quarantine of the sterilizer, recall of item(s), |
| | | failure identified either prior to the release of the | stakeholder notification, patient notification, surveillance, and |
| | | reprocessed item(s) or after the reprocessed item(s) | follow-up. |
| | | was used or stored for later use | |
| | | Note 1: The Spaulding classification system classifies | |
| | | medical and surgical devices as critical, semicritical, or | |
| | | noncritical based on risk to the patient from | |
| | | contamination on a device and establishes the levels of | |
| | | germicidal activity (sterilization, high-level disinfection, | |
| | | intermediate-level disinfection, and low-level | |
| | | disinfection) to be used for the three classes of devices. | |
| | | Note 2: Depending on the nature of the incident, | |
| | | examples of actions may include quarantine of the | |
| | | sterilizer, recall of item(s), stakeholder notification, | |
| | | patient notification, surveillance, and follow-up. | |
| §482.42(a)(3) | (3) The infection prevention and control | EC.02.05.02, EP 1 | IC.06.01.01, EP 3 |
| | program includes surveillance, prevention, | The water management program has an individual or a | The hospital implements activities for the surveillance, prevention, |
| | and control of HAIs, including maintaining a | team responsible for the oversight and implementation | and control of health care–associated infections and other |
| | clean and sanitary environment to avoid | of the program, including but not limited to | infectious diseases, including maintaining a clean and sanitary |
| | sources and transmission of infection, and | development, management, and maintenance | environment to avoid sources and transmission of infection, and |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | addresses any infection control issues | activities. | addresses any infection control issues identified by public health |
| | identified by public health authorities; and | | authorities that could impact the hospital. |
| | | EC.02.05.02, EP 2 | |
| | | The individual or team responsible for the water | IC.06.01.01, EP 4 |
| | | management program develops the following: | The hospital implements its policies and procedures for infectious |
| | | - A basic diagram that maps all water supply sources, | disease outbreaks, including the following: |
| | | treatment systems, processing steps, control measures, | - Implementing infection prevention and control activities when an |
| | | and end-use points | outbreak is first recognized by internal surveillance or public |
| | | Note: An example would be a flow chart with symbols | health authorities |
| | | showing sinks, showers, water fountains, ice machines, | - Reporting an outbreak in accordance with state and local public |
| | | and so forth. | health authorities' requirements |
| | | - A water risk management plan based on the diagram | - Investigating an outbreak |
| | | that includes an evaluation of the physical and chemical | - Communicating information necessary to prevent further |
| | | conditions of each step of the water flow diagram to | transmission of the infection among patients, visitors, and staff, as |
| | | identify any areas where potentially hazardous | appropriate |
| | | conditions may occur (these conditions are most likely | |
| | | to occur in areas with slow or stagnant water) | IC.06.01.01, EP 5 |
| | | Note: Refer to the Centers for Disease Control and | The hospital implements policies and procedures to minimize the |
| | | Prevention's "Water Infection Control Risk Assessment | risk of communicable disease exposure and acquisition among its |
| | | (WICRA) for Healthcare Settings" tool as an example for | staff, in accordance with law and regulation. The policies and |
| | | conducting a water-related risk assessment. | procedures address the following: |
| | | - A plan for addressing the use of water in areas of | - Screening and medical evaluations for infectious diseases |
| | | buildings where water may have been stagnant for a | - Immunizations |
| | | period of time (for example, unoccupied or temporarily | - Staff education and training |
| | | closed areas) | - Management of staff with potentially infectious exposures or |
| | | - An evaluation of the patient populations served to | communicable illnesses |
| | | identify patients who are immunocompromised | |
| | | - Monitoring protocols and acceptable ranges for control | PE.01.01.01, EP 1 |
| | | measures | The hospital's building is constructed, arranged, and maintained to |
| | | Note: Hospitals should consider incorporating basic | allow safe access and to protect the safety and well-being of |
| | | practices for water monitoring within their water | patients. |
| | | management programs that include monitoring of water | Note 1: Diagnostic and therapeutic facilities are located in areas |
| | | temperature, residual disinfectant, and pH. In addition, | appropriate for the services provided. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | protocols should include specificity around the | Note 2: When planning for new, altered, or renovated space, the |
| | | parameters measured, locations where measurements | hospital uses state rules and regulations or the current Guidelines |
| | | are made, and appropriate corrective actions taken | for Design and Construction of Hospitals published by the Facility |
| | | when parameters are out of range. | Guidelines Institute. If the state rules and regulations or the |
| | | | Guidelines do not address the design needs of the hospital, then it |
| | | EC.02.06.05, EP 2 | uses other reputable standards and guidelines that provide |
| | | When planning for demolition, construction, renovation, | equivalent design criteria. |
| | | or general maintenance, the hospital conducts a | |
| | | preconstruction risk assessment for air quality | PE.04.01.05, EP 1 |
| | | requirements, infection control, utility requirements, | The water management program has an individual or a team |
| | | noise, vibration, and other hazards that affect care, | responsible for the oversight and implementation of the program, |
| | | treatment, and services. | including but not limited to development, management, and |
| | | Note: See LS.01.02.01 for information on fire safety | maintenance activities. |
| | | procedures to implement during construction or | |
| | | renovation. | PE.04.01.05, EP 2 |
| | | | The individual or team responsible for the water management |
| | | EC.02.06.05, EP 3 | program develops the following: |
| | | The hospital takes action based on its assessment to | - A basic diagram that maps all water supply sources, treatment |
| | | minimize risks during demolition, construction, | systems, processing steps, control measures, and end-use points |
| | | renovation, or general maintenance. | Note: An example would be a flow chart with symbols showing |
| | | 10 00 04 04 FD 0 | sinks, showers, water fountains, ice machines, and so forth. |
| | | IC.06.01.01, EP 3 | - A water risk management plan based on the diagram that |
| | | The hospital implements activities for the surveillance, | includes an evaluation of the physical and chemical conditions of |
| | | prevention, and control of health care-associated | each step of the water flow diagram to identify any areas where |
| | | infections and other infectious diseases, including | potentially hazardous conditions may occur (these conditions are |
| | | maintaining a clean and sanitary environment to avoid | most likely to occur in areas with slow or stagnant water) Note: Refer to the Centers for Disease Control and Prevention's |
| | | sources and transmission of infection, and addresses any infection control issues identified by public health | "Water Infection Control Risk Assessment (WICRA) for Healthcare |
| | | | ` , |
| | | authorities that could impact the hospital. | Settings" tool as an example for conducting a water-related risk assessment. |
| | | IC.06.01.01, EP 4 | - A plan for addressing the use of water in areas of buildings where |
| | | The hospital implements its policies and procedures for | water may have been stagnant for a period of time (for example, |
| | | infectious disease outbreaks, including the following: | unoccupied or temporarily closed areas) |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| COF Nequilement | COP TEXT | Implementing infection prevention and control activities when an outbreak is first recognized by internal surveillance or public health authorities Reporting an outbreak in accordance with state and local public health authorities' requirements Investigating an outbreak Communicating information necessary to prevent further transmission of the infection among patients, visitors, and staff, as appropriate IC.06.01.01, EP 5 The hospital implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation. The policies and procedures address the following: Screening and medical evaluations for infectious diseases Immunizations Staff education and training Management of staff with potentially infectious exposures or communicable illnesses | - An evaluation of the patient populations served to identify patients who are immunocompromised - Monitoring protocols and acceptable ranges for control measures Note: Hospitals should consider incorporating basic practices for water monitoring within their water management programs that include monitoring of water temperature, residual disinfectant, and pH. In addition, protocols should include specificity around the parameters measured, locations where measurements are made, and appropriate corrective actions taken when parameters are out of range. |
| §482.42(a)(4) | (4) The infection prevention and control program reflects the scope and complexity of the hospital services provided. | IC.04.01.01, EP 5 The infection prevention and control program reflects the scope and complexity of the hospital services provided by addressing all locations, patient populations, and staff. | IC.04.01.01, EP 5 The infection prevention and control program reflects the scope and complexity of the hospital services provided by addressing all locations, patient populations, and staff. |
| §482.42(b) | (b) Standard: Antibiotic stewardship program organization and policies. The hospital must demonstrate that: | | |
| §482.42(b)(1) | (1) An individual (or individuals), who is qualified through education, training, or experience in infectious diseases and/or | MM.09.01.01, EP 11 The governing body appoints a physician and/or pharmacist who is qualified through education, training, | MM.18.01.01, EP 2 The hospital demonstrates that an individual (or individuals), who is qualified through education, training, or experience in infectious |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.42(b)(2) | antibiotic stewardship, is appointed by the governing body as the leader(s) of the antibiotic stewardship program and that the appointment is based on the recommendations of medical staff leadership and pharmacy leadership; (2) The hospital-wide antibiotic stewardship | or experience in infectious diseases and/or antibiotic stewardship as the leader(s) of the antibiotic stewardship program. Note: The appointment(s) is based on recommendations of medical staff leaders and pharmacy leaders. | diseases and/or antibiotic stewardship, is appointed by the governing body as the leader(s) of the antibiotic stewardship program and that the appointment is based on the recommendations of medical staff leadership and pharmacy leadership. |
| 0402.42(8)(2) | program: | | |
| §482.42(b)(2)(i) | (i) Demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services; | MM.09.01.01, EP 14 The antibiotic stewardship program demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the quality assessment and performance improvement program, the medical staff, nursing services, and pharmacy services. | MM.18.01.01, EP 5 The hospitalwide antibiotic stewardship program: - Demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services. - Documents the evidence-based use of antibiotics in all departments and services of the hospital. - Documents any improvements, including sustained improvements, in proper antibiotic use. |
| §482.42(b)(2)(ii) | (ii) Documents the evidence-based use of antibiotics in all departments and services of the hospital; and | MM.09.01.01, EP 15 The antibiotic stewardship program documents the evidence-based use of antibiotics in all departments and services of the hospital. | MM.18.01.01, EP 5 The hospitalwide antibiotic stewardship program: - Demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services. - Documents the evidence-based use of antibiotics in all departments and services of the hospital. - Documents any improvements, including sustained improvements, in proper antibiotic use. |
| §482.42(b)(2)(iii) | (iii) Documents any improvements, including sustained improvements, in proper antibiotic use; | MM.09.01.01, EP 12 The leader(s) of the antibiotic stewardship program is responsible for the following: | MM.18.01.01, EP 5 The hospitalwide antibiotic stewardship program: - Demonstrates coordination among all components of the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Developing and implementing a hospitalwide antibiotic | hospital responsible for antibiotic use and resistance, including, |
| | | stewardship program that is based on nationally | but not limited to, the infection prevention and control program, |
| | | recognized guidelines to monitor and improve the use of | the QAPI program, the medical staff, nursing services, and |
| | | antibiotics | pharmacy services. |
| | | - Documenting antibiotic stewardship activities, | - Documents the evidence-based use of antibiotics in all |
| | | including any new or sustained improvements | departments and services of the hospital. |
| | | - Communicating and collaborating with the medical | - Documents any improvements, including sustained |
| | | staff, nursing leaders, and pharmacy leaders, as well as | improvements, in proper antibiotic use. |
| | | with the hospital's infection prevention and control and | |
| | | quality assessment and performance improvement | |
| | | programs on antibiotic use issues | |
| | | - Providing competency-based training and education | |
| | | for staff on the practical applications of antibiotic | |
| | | stewardship guidelines, policies, and procedures | |
| | | MM.09.01.01, EP 20 | |
| | | The antibiotic stewardship program collects, analyzes, | |
| | | and reports data to hospital leaders and prescribers. | |
| | | Note: Examples of antibiotic stewardship program data | |
| | | include antibiotic resistance patterns, antibiotic | |
| | | prescribing practices, or an evaluation of antibiotic | |
| | | stewardship activities. | |
| | | MM.09.01.01, EP 21 | |
| | | The hospital takes action on improvement opportunities | |
| | | identified by the antibiotic stewardship program. | |
| §482.42(b)(3) | (3) The antibiotic stewardship program | MM.09.01.01, EP 17 | MM.18.01.01, EP 6 |
| | adheres to nationally recognized guidelines, | The antibiotic stewardship program implements one or | The antibiotic stewardship program adheres to nationally |
| | as well as best practices, for improving | both of the following strategies to optimize antibiotic | recognized guidelines, as well as best practices, for improving |
| | antibiotic use; and | prescribing: | antibiotic use. |
| | | - Preauthorization for specific antibiotics that includes | |
| | | an internal review and approval process prior to use | |
| | | - Prospective review and feedback regarding antibiotic | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | prescribing practices, including the treatment of | |
| | | positive blood cultures, by a member of the antibiotic | |
| | | stewardship program | |
| | | | |
| | | MM.09.01.01, EP 18 | |
| | | The antibiotic stewardship program implements at least | |
| | | two evidence-based guidelines to improve antibiotic use | |
| | | for the most common indications. | |
| | | Note 1: Examples include, but are not limited to, the | |
| | | following: | |
| | | - Community-acquired pneumonia | |
| | | - Urinary tract infections | |
| | | - Skin and soft tissue infections | |
| | | - Clostridioides difficile colitis | |
| | | - Asymptomatic bacteriuria | |
| | | - Plan for parenteral to oral antibiotic conversion | |
| | | - Use of surgical prophylactic antibiotics | |
| | | Note 2: Evidence-based guidelines must be based on | |
| | | national guidelines and also reflect local | |
| | | susceptibilities, formulary options, and the patients | |
| | | served, as needed. | |
| | | MM.09.01.01, EP 19 | |
| | | The antibiotic stewardship program evaluates | |
| | | adherence (including antibiotic selection and duration | |
| | | of therapy, where applicable) to at least one of the | |
| | | evidence-based guidelines the hospital implements. | |
| | | Note 1: The hospital may measure adherence at the | |
| | | group level (that is, departmental, unit, clinician | |
| | | subgroup) or at the individual prescriber level. | |
| | | Note 2: The hospital may obtain adherence data for a | |
| | | sample of patients from relevant clinical areas by | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | analyzing electronic health records or by conducting | |
| | | chart reviews. | |
| §482.42(b)(4) | (4) The antibiotic stewardship program | MM.09.01.01, EP 12 | MM.18.01.01, EP 1 |
| | reflects the scope and complexity of the | The leader(s) of the antibiotic stewardship program is | The antibiotic stewardship program reflects the scope and |
| | hospital services provided. | responsible for the following: | complexity of the hospital services provided. |
| | | - Developing and implementing a hospitalwide antibiotic | |
| | | stewardship program that is based on nationally | |
| | | recognized guidelines to monitor and improve the use of | |
| | | antibiotics | |
| | | - Documenting antibiotic stewardship activities, | |
| | | including any new or sustained improvements | |
| | | - Communicating and collaborating with the medical staff, nursing leaders, and pharmacy leaders, as well as | |
| | | with the hospital's infection prevention and control and | |
| | | quality assessment and performance improvement | |
| | | programs on antibiotic use issues | |
| | | - Providing competency-based training and education | |
| | | for staff on the practical applications of antibiotic | |
| | | stewardship guidelines, policies, and procedures | |
| | | | |
| | | MM.09.01.01, EP 15 | |
| | | The antibiotic stewardship program documents the | |
| | | evidence-based use of antibiotics in all departments | |
| | | and services of the hospital. | |
| §482.42(c) | (c) Standard: Leadership responsibilities. | | |
| §482.42(c)(1) | (1) The governing body must ensure all of the | | |
| | following: | | |
| §482.42(c)(1)(i) | (i) Systems are in place and operational for | IC.05.01.01, EP 1 | IC.05.01.01, EP 1 |
| | the tracking of all infection surveillance, | The hospital's governing body is responsible for the | The hospital's governing body is responsible for the |
| | prevention, and control, and antibiotic use | implementation, performance, and sustainability of the | implementation, performance, and sustainability of the infection |
| | activities, in order to demonstrate the | infection prevention and control program and provides | prevention and control program and provides resources to support |
| | implementation, success, and sustainability | resources to support and track the implementation, | and track the implementation, success, and sustainability of the |
| | of such activities. | success, and sustainability of the program's activities. | program's activities. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: To make certain that systems are in place and | Note: To make certain that systems are in place and operational to |
| | | operational to support the program, the governing body | support the program, the governing body provides access to |
| | | provides access to information technology; laboratory | information technology; laboratory services; equipment and |
| | | services; equipment and supplies; local, state, and | supplies; local, state, and federal public health authorities' |
| | | federal public health authorities' advisories and alerts, | advisories and alerts, such as the CDC's Health Alert Network |
| | | such as the CDC's Health Alert Network (HAN); FDA | (HAN); FDA alerts; manufacturers' instructions for use; and |
| | | alerts; manufacturers' instructions for use; and | guidelines used to inform policies. |
| | | guidelines used to inform policies. | |
| | | | MM.18.01.01, EP 7 |
| | | MM.09.01.01, EP 12 | The governing body ensures that systems are in place and |
| | | The leader(s) of the antibiotic stewardship program is | operational for the tracking of all antibiotic use activities in order to |
| | | responsible for the following: | demonstrate the implementation, success, and sustainability of |
| | | - Developing and implementing a hospitalwide antibiotic | such activities. |
| | | stewardship program that is based on nationally | |
| | | recognized guidelines to monitor and improve the use of | |
| | | antibiotics | |
| | | - Documenting antibiotic stewardship activities, | |
| | | including any new or sustained improvements | |
| | | - Communicating and collaborating with the medical | |
| | | staff, nursing leaders, and pharmacy leaders, as well as | |
| | | with the hospital's infection prevention and control and | |
| | | quality assessment and performance improvement | |
| | | programs on antibiotic use issues | |
| | | - Providing competency-based training and education | |
| | | for staff on the practical applications of antibiotic | |
| | | stewardship guidelines, policies, and procedures | |
| | | MM 00 01 01 ED 20 | |
| | | MM.09.01.01, EP 20 The antibiotic stewardship program collects, analyzes, | |
| | | and reports data to hospital leaders and prescribers. | |
| | | Note: Examples of antibiotic stewardship program data | |
| | | include antibiotic resistance patterns, antibiotic | |
| | | • | |
| | | prescribing practices, or an evaluation of antibiotic | |

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| | | stewardship activities. | |
| | | | |
| | | MM.09.01.01, EP 21 | |
| | | The hospital takes action on improvement opportunities | |
| \$400.40(=)(4)(::) | (;;) All IIAIs and otherwisefactions discours | identified by the antibiotic stewardship program. | 10.05.04.04.50.0 |
| §482.42(c)(1)(ii) | (ii) All HAIs and other infectious diseases | IC.05.01.01, EP 2 | IC.05.01.01, EP 2 |
| | identified by the infection prevention and control program as well as antibiotic use | The hospital's governing body ensures that the problems identified by the infection prevention and control | The hospital's governing body ensures that the problems identified by the infection prevention and control program are addressed in |
| | issues identified by the antibiotic | program are addressed in collaboration with hospital | collaboration with hospital quality assessment and performance |
| | stewardship program are addressed in | quality assessment and performance improvement | improvement leaders and other leaders (for example, the medical |
| | collaboration with hospital QAPI leadership. | leaders and other leaders (for example, the medical | director, nurse executive, and administrative leaders). |
| | | director, nurse executive, and administrative leaders). | |
| | | | MM.18.01.01, EP 4 |
| | | MM.09.01.01, EP 12 | The governing body ensures all antibiotic use issues identified by |
| | | The leader(s) of the antibiotic stewardship program is | the antibiotic stewardship program are addressed in collaboration |
| | | responsible for the following: | with the hospital's QAPI leadership. |
| | | - Developing and implementing a hospitalwide antibiotic | |
| | | stewardship program that is based on nationally | |
| | | recognized guidelines to monitor and improve the use of | |
| | | antibiotics | |
| | | - Documenting antibiotic stewardship activities, | |
| | | including any new or sustained improvements | |
| | | - Communicating and collaborating with the medical staff, nursing leaders, and pharmacy leaders, as well as | |
| | | with the hospital's infection prevention and control and | |
| | | quality assessment and performance improvement | |
| | | programs on antibiotic use issues | |
| | | - Providing competency-based training and education | |
| | | for staff on the practical applications of antibiotic | |
| | | stewardship guidelines, policies, and procedures | |
| | | MM.09.01.01, EP 14 | |
| | | The antibiotic stewardship program demonstrates | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the quality assessment and performance improvement program, the medical staff, nursing services, and pharmacy services. | |
| §482.42(c)(2) | (2) The infection preventionist(s)/infection control professional(s) is responsible for: | | |
| §482.42(c)(2)(i) | (i) The development and implementation of hospital-wide infection surveillance, prevention, and control policies and procedures that adhere to nationally recognized guidelines. | IC.04.01.01, EP 2 The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities - Competency-based training and education of hospital staff on infection prevention and control policies and procedures and their application - Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures - Communication and collaboration with all components of the hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program - Communication and collaboration with the hospital's quality assessment and performance improvement | IC.04.01.01, EP 2 The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities - Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on infection prevention and control policies and procedures and their application - Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures - Communication and collaboration with all components of the hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program - Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control issues Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | program to address infection prevention and control issues Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.01.06.01 EPs 1, 3, 5, 6). | and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01 EP 1). |
| §482.42(c)(2)(ii) | (ii) All documentation, written or electronic, | IC.04.01.01, EP 2 | IC.04.01.01, EP 2 |
| | of the infection prevention and control program and its surveillance, prevention, and control activities. | The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities - Competency-based training and education of hospital staff on infection prevention and control policies and procedures and their application - Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures - Communication and collaboration with all components of the hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management | The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities - Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on infection prevention and control policies and procedures and their application - Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures - Communication and collaboration with all components of the hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program - Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control issues |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control | Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include |
| | | issues | donning/doffing of personal protective equipment and the ability to |
| | | Note: The outcome of competency-based training is the | correctly perform the processes for high-level disinfection. (For |
| | | staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of | more information on competency requirements, refer to HR.11.04.01 EP 1). |
| | | competencies may include donning/doffing of personal | III.11.04.01 EF 1). |
| | | protective equipment and the ability to correctly | |
| | | perform the processes for high-level disinfection. (For | |
| | | more information on competency requirements, refer to | |
| \$400,40/5)/(0)/:::) | (iii) Communication and callaboration with | HR.01.06.01 EPs 1, 3, 5, 6). | 10.04.04.04.FD.0 |
| §482.42(c)(2)(iii) | (iii) Communication and collaboration with the hospital's QAPI program on infection | The infection preventionist(s) or infection control | IC.04.01.01, EP 2 The infection preventionist(s) or infection control professional(s) is |
| | prevention and control issues. | professional(s) is responsible for the following: | responsible for the following: |
| | provention and control location | - Development and implementation of hospitalwide | - Development and implementation of hospitalwide infection |
| | | infection surveillance, prevention, and control policies | surveillance, prevention, and control policies and procedures that |
| | | and procedures that adhere to law and regulation and | adhere to law and regulation and nationally recognized guidelines |
| | | nationally recognized guidelines | - Documentation of the infection prevention and control program |
| | | - Documentation of the infection prevention and control | and its surveillance, prevention, and control activities |
| | | program and its surveillance, prevention, and control activities | - Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel |
| | | - Competency-based training and education of hospital | providing contracted services in the hospital, on infection |
| | | staff on infection prevention and control policies and | prevention and control policies and procedures and their |
| | | procedures and their application | application |
| | | - Prevention and control of health care–associated | - Prevention and control of health care–associated infections and |
| | | infections and other infectious diseases, including | other infectious diseases, including auditing staff adherence to |
| | | auditing staff adherence to infection prevention and | infection prevention and control policies and procedures |
| | | control policies and procedures | - Communication and collaboration with all components of the |
| | | - Communication and collaboration with all | hospital involved in infection prevention and control activities, |
| | | components of the hospital involved in infection prevention and control activities, including but not | including but not limited to the antibiotic stewardship program, sterile processing department, and water management program |
| | | limited to the antibiotic stewardship program, sterile | - Communication and collaboration with the hospital's quality |

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| | | processing department, and water management | assessment and performance improvement program to address |
| | | program | infection prevention and control issues |
| | | - Communication and collaboration with the hospital's | Note: The outcome of competency-based training is the staff's |
| | | quality assessment and performance improvement | ability to demonstrate the skills and tasks specific to their roles |
| | | program to address infection prevention and control | and responsibilities. Examples of competencies may include |
| | | issues | donning/doffing of personal protective equipment and the ability to |
| | | Note: The outcome of competency-based training is the | correctly perform the processes for high-level disinfection. (For |
| | | staff's ability to demonstrate the skills and tasks | more information on competency requirements, refer to |
| | | specific to their roles and responsibilities. Examples of | HR.11.04.01 EP 1). |
| | | competencies may include donning/doffing of personal | |
| | | protective equipment and the ability to correctly | |
| | | perform the processes for high-level disinfection. (For | |
| | | more information on competency requirements, refer to | |
| \$400,40(a)(0)(iv) | (iv) Compatancy based training and | HR.01.06.01 EPs 1, 3, 5, 6). HR.01.05.03, EP 1 | HR.11.03.01, EP 1 |
| §482.42(c)(2)(iv) | (iv) Competency-based training and education of hospital personnel and staff, | Staff participate in ongoing education and training to | Staff participate in ongoing education and training to maintain or |
| | including medical staff, and, as applicable, | maintain or increase their competency and, as needed, | increase their competency and, as needed, when staff |
| | personnel providing contracted services in | when staff responsibilities change. Staff participation is | responsibilities change. Staff participation is documented. |
| | the hospital, on the practical applications of | documented. | responsibilities change. Stan participation is documented. |
| | infection prevention and control guidelines, | accumontou. | HR.11.04.01, EP 1 |
| | policies, and procedures. | HR.01.06.01, EP 1 | Staff competence is initially assessed and documented as part of |
| | , , | The hospital defines the competencies it requires of its | orientation and once every three years, or more frequently as |
| | | staff who provide patient care, treatment, or services. | required by hospital policy or in accordance with law and |
| | | | regulation. |
| | | HR.01.06.01, EP 3 | |
| | | An individual with the educational background, | IC.04.01.01, EP 2 |
| | | experience, or knowledge related to the skills being | The infection preventionist(s) or infection control professional(s) is |
| | | reviewed assesses competence. | responsible for the following: |
| | | Note: When a suitable individual cannot be found to | - Development and implementation of hospitalwide infection |
| | | assess staff competence, the hospital can utilize an | surveillance, prevention, and control policies and procedures that |
| | | outside individual for this task. If a suitable individual | adhere to law and regulation and nationally recognized guidelines |
| | | inside or outside the hospital cannot be found, the | - Documentation of the infection prevention and control program |
| | | hospital may consult the competency guidelines from | and its surveillance, prevention, and control activities |

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| | | an appropriate professional organization to make its | - Competency-based training and education of hospital personnel |
| | | assessment. | and staff, including medical staff, and, as applicable, personnel |
| | | | providing contracted services in the hospital, on infection |
| | | HR.01.06.01, EP 5 | prevention and control policies and procedures and their |
| | | Staff competence is initially assessed and documented | application |
| | | as part of orientation. | - Prevention and control of health care–associated infections and |
| | | | other infectious diseases, including auditing staff adherence to |
| | | HR.01.06.01, EP 6 | infection prevention and control policies and procedures |
| | | Staff competence is assessed and documented once | - Communication and collaboration with all components of the |
| | | every three years, or more frequently as required by | hospital involved in infection prevention and control activities, |
| | | hospital policy or in accordance with law and regulation. | including but not limited to the antibiotic stewardship program, |
| | | | sterile processing department, and water management program |
| | | IC.04.01.01, EP 2 | - Communication and collaboration with the hospital's quality |
| | | The infection preventionist(s) or infection control | assessment and performance improvement program to address |
| | | professional(s) is responsible for the following: | infection prevention and control issues |
| | | - Development and implementation of hospitalwide | Note: The outcome of competency-based training is the staff's |
| | | infection surveillance, prevention, and control policies | ability to demonstrate the skills and tasks specific to their roles |
| | | and procedures that adhere to law and regulation and | and responsibilities. Examples of competencies may include |
| | | nationally recognized guidelines | donning/doffing of personal protective equipment and the ability to |
| | | - Documentation of the infection prevention and control | correctly perform the processes for high-level disinfection. (For |
| | | program and its surveillance, prevention, and control | more information on competency requirements, refer to |
| | | activities | HR.11.04.01 EP 1). |
| | | - Competency-based training and education of hospital | |
| | | staff on infection prevention and control policies and | |
| | | procedures and their application | |
| | | - Prevention and control of health care–associated | |
| | | infections and other infectious diseases, including | |
| | | auditing staff adherence to infection prevention and | |
| | | control policies and procedures | |
| | | - Communication and collaboration with all | |
| | | components of the hospital involved in infection | |
| | | prevention and control activities, including but not | |
| | | limited to the antibiotic stewardship program, sterile | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | processing department, and water management program - Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control issues Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to | |
| | | HR.01.06.01 EPs 1, 3, 5, 6). | |
| §482.42(c)(2)(v) | (v) The prevention and control of HAIs, | IC.04.01.01, EP 2 | IC.04.01.01, EP 2 |
| | including auditing of adherence to infection prevention and control policies and procedures by hospital personnel. | The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities - Competency-based training and education of hospital staff on infection prevention and control policies and procedures and their application - Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures - Communication and collaboration with all | The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities - Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on infection prevention and control policies and procedures and their application - Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures - Communication and collaboration with all components of the hospital involved in infection prevention and control activities, |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program - Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control issues Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.01.06.01 EPs 1, 3, 5, 6). | sterile processing department, and water management program - Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control issues Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01 EP 1). |
| §482.42(c)(2)(vi) | (vi) Communication and collaboration with the antibiotic stewardship program. | IC.04.01.01, EP 2 The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities - Competency-based training and education of hospital staff on infection prevention and control policies and procedures and their application - Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures | IC.04.01.01, EP 2 The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities - Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on infection prevention and control policies and procedures and their application - Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures - Communication and collaboration with all components of the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Communication and collaboration with all components of the hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program - Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control issues Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.01.06.01 EPs 1, 3, 5, 6). | hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program - Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control issues Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01 EP 1). |
| §482.42(c)(3) | (3) The leader(s) of the antibiotic stewardship program is responsible for: | | |
| §482.42(c)(3)(i) | (i) The development and implementation of a hospital-wide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics. | MM.09.01.01, EP 12 The leader(s) of the antibiotic stewardship program is responsible for the following: - Developing and implementing a hospitalwide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and improve the use of antibiotics - Documenting antibiotic stewardship activities, including any new or sustained improvements - Communicating and collaborating with the medical staff, nursing leaders, and pharmacy leaders, as well as with the hospital's infection prevention and control and quality assessment and performance improvement | MM.18.01.01, EP 3 The leader(s) of the antibiotic stewardship program is responsible for the following: - Development and implementation a hospitalwide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics. - All documentation, written or electronic, of antibiotic stewardship program activities. - Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as with the hospital's infection prevention and control and QAPI programs, on antibiotic use issues. - Competency-based training and education of hospital personnel |

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| | | programs on antibiotic use issues | and staff, including medical staff, and, as applicable, personnel |
| | | - Providing competency-based training and education | providing contracted services in the hospital, on the practical |
| | | for staff on the practical applications of antibiotic | applications of antibiotic stewardship guidelines, policies, and |
| | | stewardship guidelines, policies, and procedures | procedures. |
| §482.42(c)(3)(ii) | (ii) All documentation, written or electronic, | MM.09.01.01, EP 12 | MM.18.01.01, EP 3 |
| | of antibiotic stewardship program activities. | The leader(s) of the antibiotic stewardship program is | The leader(s) of the antibiotic stewardship program is responsible |
| | | responsible for the following: | for the following: |
| | | - Developing and implementing a hospitalwide antibiotic | - Development and implementation a hospitalwide antibiotic |
| | | stewardship program that is based on nationally | stewardship program, based on nationally recognized guidelines, |
| | | recognized guidelines to monitor and improve the use of | to monitor and improve the use of antibiotics. |
| | | antibiotics | - All documentation, written or electronic, of antibiotic |
| | | - Documenting antibiotic stewardship activities, | stewardship program activities. |
| | | including any new or sustained improvements | - Communication and collaboration with medical staff, nursing, |
| | | - Communicating and collaborating with the medical | and pharmacy leadership, as well as with the hospital's infection |
| | | staff, nursing leaders, and pharmacy leaders, as well as | prevention and control and QAPI programs, on antibiotic use |
| | | with the hospital's infection prevention and control and | issues. |
| | | quality assessment and performance improvement | - Competency-based training and education of hospital personnel |
| | | programs on antibiotic use issues | and staff, including medical staff, and, as applicable, personnel |
| | | - Providing competency-based training and education | providing contracted services in the hospital, on the practical |
| | | for staff on the practical applications of antibiotic | applications of antibiotic stewardship guidelines, policies, and |
| | | stewardship guidelines, policies, and procedures | procedures. |
| §482.42(c)(3)(iii) | (iii) Communication and collaboration with | MM.09.01.01, EP 12 | MM.18.01.01, EP 3 |
| | medical staff, nursing, and pharmacy | The leader(s) of the antibiotic stewardship program is | The leader(s) of the antibiotic stewardship program is responsible |
| | leadership, as well as with the hospital's | responsible for the following: | for the following: |
| | infection prevention and control and QAPI | - Developing and implementing a hospitalwide antibiotic | - Development and implementation a hospitalwide antibiotic |
| | programs, on antibiotic use issues. | stewardship program that is based on nationally | stewardship program, based on nationally recognized guidelines, |
| | | recognized guidelines to monitor and improve the use of | to monitor and improve the use of antibiotics. |
| | | antibiotics | - All documentation, written or electronic, of antibiotic |
| | | - Documenting antibiotic stewardship activities, | stewardship program activities. |
| | | including any new or sustained improvements | - Communication and collaboration with medical staff, nursing, |
| | | - Communicating and collaborating with the medical | and pharmacy leadership, as well as with the hospital's infection |
| | | staff, nursing leaders, and pharmacy leaders, as well as | prevention and control and QAPI programs, on antibiotic use |
| | | with the hospital's infection prevention and control and | issues. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | quality assessment and performance improvement | - Competency-based training and education of hospital personnel |
| | | programs on antibiotic use issues | and staff, including medical staff, and, as applicable, personnel |
| | | - Providing competency-based training and education | providing contracted services in the hospital, on the practical |
| | | for staff on the practical applications of antibiotic | applications of antibiotic stewardship guidelines, policies, and |
| | | stewardship guidelines, policies, and procedures | procedures. |
| §482.42(c)(3)(iv) | (iv) Competency-based training and | MM.09.01.01, EP 12 | MM.18.01.01, EP 3 |
| | education of hospital personnel and staff, | The leader(s) of the antibiotic stewardship program is | The leader(s) of the antibiotic stewardship program is responsible |
| | including medical staff, and, as applicable, | responsible for the following: | for the following: |
| | personnel providing contracted services in | - Developing and implementing a hospitalwide antibiotic | - Development and implementation a hospitalwide antibiotic |
| | the hospital, on the practical applications of | stewardship program that is based on nationally | stewardship program, based on nationally recognized guidelines, |
| | antibiotic stewardship guidelines, policies, | recognized guidelines to monitor and improve the use of | to monitor and improve the use of antibiotics. |
| | and procedures. | antibiotics | - All documentation, written or electronic, of antibiotic |
| | | - Documenting antibiotic stewardship activities, | stewardship program activities. |
| | | including any new or sustained improvements | - Communication and collaboration with medical staff, nursing, |
| | | - Communicating and collaborating with the medical | and pharmacy leadership, as well as with the hospital's infection |
| | | staff, nursing leaders, and pharmacy leaders, as well as | prevention and control and QAPI programs, on antibiotic use |
| | | with the hospital's infection prevention and control and | issues. |
| | | quality assessment and performance improvement | - Competency-based training and education of hospital personnel |
| | | programs on antibiotic use issues | and staff, including medical staff, and, as applicable, personnel |
| | | - Providing competency-based training and education | providing contracted services in the hospital, on the practical |
| | | for staff on the practical applications of antibiotic | applications of antibiotic stewardship guidelines, policies, and |
| | | stewardship guidelines, policies, and procedures | procedures. |
| §482.42(d) | (d) Standard: Unified and integrated | LD.01.03.01, EP 27 | LD.11.01.01, EP 10 |
| | infection prevention and control and | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for |
| | antibiotic stewardship programs for multi- | for deemed status purposes: If a hospital is part of a | deemed status purposes: If a hospital is part of a hospital |
| | hospital systems. If a hospital is multiple | hospital system consisting of separately certified | system consisting of separately certified hospitals using a system |
| | separately certified hospitals using a system | hospitals using a system governing body that is legally | governing body that is legally responsible for the conduct of two or |
| | governing body that is legally responsible for | responsible for the conduct of two or more hospitals, | more hospitals, the system governing body can elect to have |
| | the conduct of two or more hospitals, the | the system governing body can elect to have unified and | unified and integrated infection prevention and control and |
| | system governing body can elect to have | integrated infection prevention and control and | antibiotic stewardship programs for all of its member hospitals |
| | unified and integrated infection prevention | antibiotic stewardship programs for all of its member | after determining that such a decision is in accordance with |
| | and control and antibiotic stewardship | hospitals after determining that such a decision is in | applicable law and regulation. |
| | programs for all of its member hospitals after | accordance with applicable law and regulation. The | Each separately certified hospital subject to the system governing |

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| | determining that such a decision is in | system governing body is responsible and accountable | body demonstrates that the unified and integrated infection |
| | accordance with all applicable State and | for making certain that each of its separately certified | prevention and control program and the antibiotic stewardship |
| | local laws. The system governing body is | hospitals meet all of the requirements at 42 CFR 482.42(d). | program do the following: - Account for each member hospital's unique circumstances and |
| | responsible and accountable for ensuring | Each separately certified hospital subject to the system | any significant differences in patient populations and services |
| | that each of its separately certified hospitals meets all of the requirements of this section. | governing body demonstrates that the unified and | offered |
| | Each separately certified hospital subject to | integrated infection prevention and control program and | - Establish and implement policies and procedures to make |
| | the system governing body must | the antibiotic stewardship program have the following | certain that the needs and concerns of each separately certified |
| | demonstrate that: | characteristics: | hospital, regardless of practice or location, are given due |
| | | - Structured in a manner that accounts for each member | consideration |
| | | hospital's unique circumstances and any significant | - Have mechanisms in place to ensure that issues localized to |
| | | differences in patient populations and services offered | particular hospitals are duly considered and addressed |
| | | at each hospital | - Designate a qualified individual(s) at the hospital with expertise |
| | | - Establish and implement policies and procedures to | in infection prevention and control and in antibiotic stewardship |
| | | make certain that the needs and concerns of each | as responsible for communicating with the unified infection |
| | | separately certified hospital, regardless of practice or | prevention and control and antibiotic stewardship programs, |
| | | location, are given due consideration | implementing and maintaining the policies and procedures |
| | | - Have mechanisms in place to ensure that issues | governing infection prevention and control and antibiotic |
| | | localized to particular hospitals are duly considered and | stewardship (as directed by the unified infection prevention and |
| | | addressed | control and antibiotic stewardship programs), and providing |
| | | - A qualified individual(s) with expertise in infection | education and training on the practical applications of infection |
| | | prevention and control and in antibiotic stewardship has | prevention and control and antibiotic stewardship to hospital staff |
| | | been designated at the hospital as responsible for communicating with the unified infection prevention | Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The system governing body is |
| | | and control and antibiotic stewardship programs, | responsible and accountable for making certain that each of its |
| | | implementing and maintaining the policies and | separately certified hospitals meet all of the requirements at 42 |
| | | procedures governing infection prevention and control | CFR 482.42(d). |
| | | and antibiotic stewardship (as directed by the unified | |
| | | infection prevention and control and antibiotic | |
| | | stewardship programs), and providing education and | |
| | | training on the practical applications of infection | |
| | | prevention and control and antibiotic stewardship to | |
| | | hospital staff | |

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| §482.42(d)(1) | (1) The unified and integrated infection | LD.01.03.01, EP 27 | LD.11.01.01, EP 10 |
| | prevention and control and antibiotic | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for |
| | stewardship programs are established in a | for deemed status purposes: If a hospital is part of a | deemed status purposes: If a hospital is part of a hospital |
| | manner that takes into account each | hospital system consisting of separately certified | system consisting of separately certified hospitals using a system |
| | member hospital's unique circumstances | hospitals using a system governing body that is legally | governing body that is legally responsible for the conduct of two or |
| | and any significant differences in patient | responsible for the conduct of two or more hospitals, | more hospitals, the system governing body can elect to have |
| | populations and services offered in each | the system governing body can elect to have unified and | unified and integrated infection prevention and control and |
| | hospital; | integrated infection prevention and control and | antibiotic stewardship programs for all of its member hospitals |
| | | antibiotic stewardship programs for all of its member | after determining that such a decision is in accordance with |
| | | hospitals after determining that such a decision is in | applicable law and regulation. |
| | | accordance with applicable law and regulation. The | Each separately certified hospital subject to the system governing |
| | | system governing body is responsible and accountable | body demonstrates that the unified and integrated infection |
| | | for making certain that each of its separately certified | prevention and control program and the antibiotic stewardship |
| | | hospitals meet all of the requirements at 42 CFR | program do the following: |
| | | 482.42(d). | - Account for each member hospital's unique circumstances and |
| | | Each separately certified hospital subject to the system | any significant differences in patient populations and services |
| | | governing body demonstrates that the unified and | offered |
| | | integrated infection prevention and control program and | - Establish and implement policies and procedures to make |
| | | the antibiotic stewardship program have the following | certain that the needs and concerns of each separately certified |
| | | characteristics: | hospital, regardless of practice or location, are given due |
| | | - Structured in a manner that accounts for each member | consideration |
| | | hospital's unique circumstances and any significant | - Have mechanisms in place to ensure that issues localized to |
| | | differences in patient populations and services offered | particular hospitals are duly considered and addressed |
| | | at each hospital | - Designate a qualified individual(s) at the hospital with expertise |
| | | - Establish and implement policies and procedures to | in infection prevention and control and in antibiotic stewardship |
| | | make certain that the needs and concerns of each | as responsible for communicating with the unified infection |
| | | separately certified hospital, regardless of practice or | prevention and control and antibiotic stewardship programs, |
| | | location, are given due consideration | implementing and maintaining the policies and procedures |
| | | - Have mechanisms in place to ensure that issues | governing infection prevention and control and antibiotic |
| | | localized to particular hospitals are duly considered and | stewardship (as directed by the unified infection prevention and |
| | | addressed | control and antibiotic stewardship programs), and providing |
| | | - A qualified individual(s) with expertise in infection | education and training on the practical applications of infection |
| | | prevention and control and in antibiotic stewardship has | prevention and control and antibiotic stewardship to hospital staff |

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| | | been designated at the hospital as responsible for | Note: For hospitals that use Joint Commission accreditation for |
| | | communicating with the unified infection prevention | deemed status purposes: The system governing body is |
| | | and control and antibiotic stewardship programs, | responsible and accountable for making certain that each of its |
| | | implementing and maintaining the policies and | separately certified hospitals meet all of the requirements at 42 |
| | | procedures governing infection prevention and control | CFR 482.42(d). |
| | | and antibiotic stewardship (as directed by the unified | |
| | | infection prevention and control and antibiotic | |
| | | stewardship programs), and providing education and | |
| | | training on the practical applications of infection | |
| | | prevention and control and antibiotic stewardship to | |
| | | hospital staff | |
| §482.42(d)(2) | (2) The unified and integrated infection | LD.01.03.01, EP 27 | LD.11.01.01, EP 10 |
| | prevention and control and antibiotic | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for |
| | stewardship programs establish and | for deemed status purposes: If a hospital is part of a | deemed status purposes: If a hospital is part of a hospital |
| | implement policies and procedures to | hospital system consisting of separately certified | system consisting of separately certified hospitals using a system |
| | ensure that the needs and concerns of each | hospitals using a system governing body that is legally | governing body that is legally responsible for the conduct of two or |
| | of its separately certified hospitals, | responsible for the conduct of two or more hospitals, | more hospitals, the system governing body can elect to have |
| | regardless of practice or location, are given | the system governing body can elect to have unified and | unified and integrated infection prevention and control and |
| | due consideration; | integrated infection prevention and control and | antibiotic stewardship programs for all of its member hospitals |
| | | antibiotic stewardship programs for all of its member | after determining that such a decision is in accordance with |
| | | hospitals after determining that such a decision is in | applicable law and regulation. |
| | | accordance with applicable law and regulation. The | Each separately certified hospital subject to the system governing |
| | | system governing body is responsible and accountable | body demonstrates that the unified and integrated infection |
| | | for making certain that each of its separately certified | prevention and control program and the antibiotic stewardship |
| | | hospitals meet all of the requirements at 42 CFR | program do the following: |
| | | 482.42(d). | - Account for each member hospital's unique circumstances and |
| | | Each separately certified hospital subject to the system | any significant differences in patient populations and services |
| | | governing body demonstrates that the unified and | offered |
| | | integrated infection prevention and control program and | - Establish and implement policies and procedures to make |
| | | the antibiotic stewardship program have the following | certain that the needs and concerns of each separately certified |
| | | characteristics: | hospital, regardless of practice or location, are given due |
| | | - Structured in a manner that accounts for each member | consideration |
| | | hospital's unique circumstances and any significant | - Have mechanisms in place to ensure that issues localized to |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | differences in patient populations and services offered | particular hospitals are duly considered and addressed |
| | | at each hospital | - Designate a qualified individual(s) at the hospital with expertise |
| | | - Establish and implement policies and procedures to | in infection prevention and control and in antibiotic stewardship |
| | | make certain that the needs and concerns of each | as responsible for communicating with the unified infection |
| | | separately certified hospital, regardless of practice or | prevention and control and antibiotic stewardship programs, |
| | | location, are given due consideration | implementing and maintaining the policies and procedures |
| | | - Have mechanisms in place to ensure that issues | governing infection prevention and control and antibiotic |
| | | localized to particular hospitals are duly considered and | stewardship (as directed by the unified infection prevention and |
| | | addressed | control and antibiotic stewardship programs), and providing |
| | | - A qualified individual(s) with expertise in infection | education and training on the practical applications of infection |
| | | prevention and control and in antibiotic stewardship has | prevention and control and antibiotic stewardship to hospital staff |
| | | been designated at the hospital as responsible for | Note: For hospitals that use Joint Commission accreditation for |
| | | communicating with the unified infection prevention | deemed status purposes: The system governing body is |
| | | and control and antibiotic stewardship programs, | responsible and accountable for making certain that each of its |
| | | implementing and maintaining the policies and | separately certified hospitals meet all of the requirements at 42 |
| | | procedures governing infection prevention and control | CFR 482.42(d). |
| | | and antibiotic stewardship (as directed by the unified | |
| | | infection prevention and control and antibiotic | |
| | | stewardship programs), and providing education and | |
| | | training on the practical applications of infection | |
| | | prevention and control and antibiotic stewardship to | |
| | | hospital staff | |
| §482.42(d)(3) | (3) The unified and integrated infection | LD.01.03.01, EP 27 | LD.11.01.01, EP 10 |
| | prevention and control and antibiotic | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for |
| | stewardship programs have mechanisms in | for deemed status purposes: If a hospital is part of a | deemed status purposes: If a hospital is part of a hospital |
| | place to ensure that issues localized to | hospital system consisting of separately certified | system consisting of separately certified hospitals using a system |
| | particular hospitals are duly considered and | hospitals using a system governing body that is legally | governing body that is legally responsible for the conduct of two or |
| | addressed; and | responsible for the conduct of two or more hospitals, | more hospitals, the system governing body can elect to have |
| | | the system governing body can elect to have unified and | unified and integrated infection prevention and control and |
| | | integrated infection prevention and control and | antibiotic stewardship programs for all of its member hospitals |
| | | antibiotic stewardship programs for all of its member | after determining that such a decision is in accordance with |
| | | hospitals after determining that such a decision is in | applicable law and regulation. |
| | | accordance with applicable law and regulation. The | Each separately certified hospital subject to the system governing |

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| | | system governing body is responsible and accountable | body demonstrates that the unified and integrated infection |
| | | for making certain that each of its separately certified | prevention and control program and the antibiotic stewardship |
| | | hospitals meet all of the requirements at 42 CFR | program do the following: |
| | | 482.42(d). | - Account for each member hospital's unique circumstances and |
| | | Each separately certified hospital subject to the system | any significant differences in patient populations and services |
| | | governing body demonstrates that the unified and | offered |
| | | integrated infection prevention and control program and | - Establish and implement policies and procedures to make |
| | | the antibiotic stewardship program have the following | certain that the needs and concerns of each separately certified |
| | | characteristics: | hospital, regardless of practice or location, are given due |
| | | - Structured in a manner that accounts for each member | consideration |
| | | hospital's unique circumstances and any significant | - Have mechanisms in place to ensure that issues localized to |
| | | differences in patient populations and services offered | particular hospitals are duly considered and addressed |
| | | at each hospital | - Designate a qualified individual(s) at the hospital with expertise |
| | | - Establish and implement policies and procedures to | in infection prevention and control and in antibiotic stewardship |
| | | make certain that the needs and concerns of each | as responsible for communicating with the unified infection |
| | | separately certified hospital, regardless of practice or | prevention and control and antibiotic stewardship programs, |
| | | location, are given due consideration | implementing and maintaining the policies and procedures |
| | | - Have mechanisms in place to ensure that issues | governing infection prevention and control and antibiotic |
| | | localized to particular hospitals are duly considered and | stewardship (as directed by the unified infection prevention and |
| | | addressed | control and antibiotic stewardship programs), and providing |
| | | - A qualified individual(s) with expertise in infection | education and training on the practical applications of infection |
| | | prevention and control and in antibiotic stewardship has | prevention and control and antibiotic stewardship to hospital staff |
| | | been designated at the hospital as responsible for | Note: For hospitals that use Joint Commission accreditation for |
| | | communicating with the unified infection prevention | deemed status purposes: The system governing body is |
| | | and control and antibiotic stewardship programs, | responsible and accountable for making certain that each of its |
| | | implementing and maintaining the policies and | separately certified hospitals meet all of the requirements at 42 |
| | | procedures governing infection prevention and control | CFR 482.42(d). |
| | | and antibiotic stewardship (as directed by the unified infection prevention and control and antibiotic | |
| | | • | |
| | | stewardship programs), and providing education and | |
| | | training on the practical applications of infection | |
| | | prevention and control and antibiotic stewardship to | |
| | | hospital staff | |

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| §482.42(d)(4) | (4) A qualified individual (or individuals) with | LD.01.03.01, EP 27 | LD.11.01.01, EP 10 |
| | expertise in infection prevention and control | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for |
| | and in antibiotic stewardship has been | for deemed status purposes: If a hospital is part of a | deemed status purposes: If a hospital is part of a hospital |
| | designated at the hospital as responsible for | hospital system consisting of separately certified | system consisting of separately certified hospitals using a system |
| | communicating with the unified infection | hospitals using a system governing body that is legally | governing body that is legally responsible for the conduct of two or |
| | prevention and control and antibiotic | responsible for the conduct of two or more hospitals, | more hospitals, the system governing body can elect to have |
| | stewardship programs, for implementing and | the system governing body can elect to have unified and | unified and integrated infection prevention and control and |
| | maintaining the policies and procedures | integrated infection prevention and control and | antibiotic stewardship programs for all of its member hospitals |
| | governing infection prevention and control | antibiotic stewardship programs for all of its member | after determining that such a decision is in accordance with |
| | and antibiotic stewardship as directed by the | hospitals after determining that such a decision is in | applicable law and regulation. |
| | unified infection prevention and control and | accordance with applicable law and regulation. The | Each separately certified hospital subject to the system governing |
| | antibiotic stewardship programs, and for | system governing body is responsible and accountable | body demonstrates that the unified and integrated infection |
| | providing education and training on the | for making certain that each of its separately certified | prevention and control program and the antibiotic stewardship |
| | practical applications of infection prevention | hospitals meet all of the requirements at 42 CFR | program do the following: |
| | and control and antibiotic stewardship to | 482.42(d). | - Account for each member hospital's unique circumstances and |
| | hospital staff. | Each separately certified hospital subject to the system | any significant differences in patient populations and services |
| | | governing body demonstrates that the unified and | offered |
| | | integrated infection prevention and control program and | - Establish and implement policies and procedures to make |
| | | the antibiotic stewardship program have the following | certain that the needs and concerns of each separately certified |
| | | characteristics: | hospital, regardless of practice or location, are given due |
| | | - Structured in a manner that accounts for each member | consideration |
| | | hospital's unique circumstances and any significant | - Have mechanisms in place to ensure that issues localized to |
| | | differences in patient populations and services offered | particular hospitals are duly considered and addressed |
| | | at each hospital | - Designate a qualified individual(s) at the hospital with expertise |
| | | - Establish and implement policies and procedures to | in infection prevention and control and in antibiotic stewardship |
| | | make certain that the needs and concerns of each | as responsible for communicating with the unified infection |
| | | separately certified hospital, regardless of practice or | prevention and control and antibiotic stewardship programs, |
| | | location, are given due consideration | implementing and maintaining the policies and procedures |
| | | - Have mechanisms in place to ensure that issues | governing infection prevention and control and antibiotic |
| | | localized to particular hospitals are duly considered and | stewardship (as directed by the unified infection prevention and |
| | | addressed | control and antibiotic stewardship programs), and providing |
| | | - A qualified individual(s) with expertise in infection | education and training on the practical applications of infection |
| | | prevention and control and in antibiotic stewardship has | prevention and control and antibiotic stewardship to hospital staff |

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| | | been designated at the hospital as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, implementing and maintaining the policies and procedures governing infection prevention and control and antibiotic stewardship (as directed by the unified infection prevention and control and antibiotic stewardship programs), and providing education and training on the practical applications of infection prevention and control and antibiotic stewardship to hospital staff | Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The system governing body is responsible and accountable for making certain that each of its separately certified hospitals meet all of the requirements at 42 CFR 482.42(d). |
| \$482.43 | §482.43 Condition of Participation: Discharge Planning The hospital must have an effective discharge planning process that focuses on the patient's goals and treatment preferences and includes the patient and his or her caregivers/support person(s) as active partners in the discharge planning for postdischarge care. The discharge planning process and the discharge plan must be consistent with the patient's goals for care and his or her treatment preferences, ensure an effective transition of the patient from hospital to post-discharge care, and reduce the factors leading to preventable hospital readmissions. | PC.04.01.03, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has an effective discharge planning process that focuses on the patient's goals and treatment preferences and includes the patient and the patient's caregiver or support person(s) as active partners in the discharge planning for post-discharge care. The discharge planning process is consistent with the patient's goals for care and their treatment preferences, makes certain that there is an effective transition of the patient from the hospital to post-discharge care, and reduces the factors leading to preventable hospital readmissions. | PC.14.01.01, EP 1 The hospital has an effective discharge planning process that focuses on, and is consistent with, the patient's goals and treatment preferences; makes certain there is an effective transition of the patient from the hospital to postdischarge care; and reduces the factors leading to preventable critical access hospital and hospital readmissions. Note: The hospital's discharge planning process requires regular reevaluation of the patient's condition to identify changes that require modification of the discharge plan. The discharge plan is updated as needed to reflect these changes. PC.14.01.01, EP 4 The patient, the patient's caregiver(s) or support person(s), physicians, other licensed practitioners, clinical psychologists, and staff who are involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. The patient and their caregiver(s) or support person(s) are included as active partners when planning for postdischarge care. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Description of Services (refer to the Glossary). |

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| | | | Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move. The notice is in writing, in a language and manner they understand, and includes the items described in 42 CFR 483.15(c)(5). The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly. The hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman. |
| §482.43(a) | \$482.43(a) Standard: Discharge planning process. The hospital's discharge planning process must identify, at an early stage of hospitalization, those patients who are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning and must provide a discharge planning evaluation for those patients so identified as well as for other patients upon the request of the patient, patient's representative, or patient's physician. | PC.04.01.03, EP 1 The hospital begins the discharge planning process early in the patient's episode of care, treatment, and services. PC.04.01.03, EP 2 The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer. For hospitals that use Joint Commission accreditation for deemed status purposes: The identification of needs also includes hospice care, post-hospital extended care, home health, and non-health care services, as well as the need for community-based care providers. The hospital determines the availability of the post-hospital services as well as the patient's access to those services. | PC.14.01.01, EP 2 The hospital begins the discharge planning process early in the patient's episode of care, treatment, and services. PC.14.01.01, EP 5 The hospital performs a discharge planning evaluation and creates a discharge plan for those patients it identifies at an early stage of hospitalization are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning or at the request of the patient, patient's representative, or the patient's physician. Note 1: The discharge planning evaluation is completed in a timely manner so that appropriate arrangements for post–hospital care are made before discharge and unnecessary delays in discharge are avoided. Note 2: The discharge planning evaluation is performed and subsequent discharge plan is created by, or under the supervision of, a registered nurse, social worker, or other qualified person. |
| §482.43(a)(1) | (1) Any discharge planning evaluation must be made on a timely basis to ensure that appropriate arrangements for post-hospital | PC.04.01.03, EP 1 The hospital begins the discharge planning process early in the patient's episode of care, treatment, and services. | PC.14.01.01, EP 5 The hospital performs a discharge planning evaluation and creates a discharge plan for those patients it identifies at an early stage of hospitalization are likely to suffer adverse health consequences |

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| | care will be made before discharge and to avoid unnecessary delays in discharge. | PC.04.01.03, EP 2 The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer. For hospitals that use Joint Commission accreditation for deemed status purposes: The identification of needs also includes hospice care, post-hospital extended care, home health, and non-health care services, as well as the need for community-based care providers. The hospital determines the availability of the post-hospital services as well as the patient's access to those services. PC.04.01.03, EP 4 Prior to discharge, the hospital arranges or assists in arranging the services required by the patient after discharge in order to meet the patient's ongoing needs | upon discharge in the absence of adequate discharge planning or at the request of the patient, patient's representative, or the patient's physician. Note 1: The discharge planning evaluation is completed in a timely manner so that appropriate arrangements for post–hospital care are made before discharge and unnecessary delays in discharge are avoided. Note 2: The discharge planning evaluation is performed and subsequent discharge plan is created by, or under the supervision of, a registered nurse, social worker, or other qualified person. |
| §482.43(a)(2) | (2) A discharge planning evaluation must include an evaluation of a patient's likely need for appropriate post-hospital services, including, but not limited to, hospice care services, post-hospital extended care services, home health services, and non-health care services and community based care providers, and must also include a determination of the availability of the appropriate services as well as of the patient's access to those services. | for care and services. PC.04.01.03, EP 2 The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer. For hospitals that use Joint Commission accreditation for deemed status purposes: The identification of needs also includes hospice care, post-hospital extended care, home health, and non-health care services, as well as the need for community-based care providers. The hospital determines the availability of the post-hospital services as well as the patient's access to those services. | PC.14.01.01, EP 3 As part of the discharge planning evaluation, the hospital evaluates the patient's need for appropriate posthospital services, including but not limited to hospice care services, extended care services, home health services, and non–health care services and community-based care providers. The hospital also evaluates the availability of the appropriate services and the patient's access to those services as part of the discharge planning evaluation. |

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| | | PC.04.01.03, EP 4 | |
| | | Prior to discharge, the hospital arranges or assists in | |
| | | arranging the services required by the patient after | |
| | | discharge in order to meet the patient's ongoing needs | |
| | | for care and services. | |
| §482.43(a)(3) | (3) The discharge planning evaluation must | PC.04.01.03, EP 3 | PC.14.01.01, EP 6 |
| | be included in the patient's medical record | The patient, the patient's family, physicians, other | The hospital discusses the results of the discharge planning |
| | for use in establishing an appropriate | licensed practitioners, clinical psychologists, and staff | evaluation with the patient or their representative, including any |
| | discharge plan and the results of the | involved in the patient's care, treatment, and services | reevaluations performed and any arrangements made. |
| | evaluation must be discussed with the | participate in planning the patient's discharge or | |
| | patient (or the patient's representative). | transfer. | RC.12.01.01, EP 2 |
| | | Note 1: The definition of "physician" is the same as that | The medical record contains the following clinical information: |
| | | used by the Centers for Medicare & Defication with the Centers for M | - Admitting diagnosis |
| | | Services (CMS) (refer to the Glossary). | - Any emergency care, treatment, and services provided to the |
| | | Note 2: For psychiatric hospitals that use Joint | patient before their arrival |
| | | Commission accreditation for deemed status purposes: | - Any allergies to food and medications |
| | | Social service staff responsibilities include, but are not | - Any findings of assessments and reassessments |
| | | limited to, participating in discharge planning, arranging | - Results of all consultative evaluations of the patient and findings |
| | | for follow-up care, and developing mechanisms for | by clinical and other staff involved in the care of the patient |
| | | exchange of information with sources outside the | - Treatment goals, plan of care, and revisions to the plan of care |
| | | hospital. | - Documentation of complications, health care–acquired |
| | | Note 3: For hospitals that use Joint Commission | infections, and adverse reactions to drugs and anesthesia |
| | | accreditation for deemed status purposes and have | - All practitioners' orders |
| | | swing beds: The hospital notifies the resident and, if | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | known, a family member or legal representative of the | signs, and other information necessary to monitor the patient's |
| | | resident of the transfer or discharge and reasons for the | condition |
| | | move in writing. The hospital also provides sufficient | - Medication records, including the strength, dose, route, date and |
| | | preparation and orientation to residents to make sure | time of administration, access site for medication, administration |
| | | that transfer or discharge from the hospital is safe and | devices used, and rate of administration |
| | | orderly. The hospital sends a copy of the notice to a | Note: When rapid titration of a medication is necessary, the |
| | | representative of the office of the state's long-term care | hospital defines in policy the urgent/emergent situations in which |
| | | ombudsman. | block charting would be an acceptable form of documentation. For |
| | | Note 4: For hospitals that use Joint Commission | the definition and a further explanation of block charting, refer to |

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| | | accreditation for deemed status purposes: Discharge | the Glossary. |
| | | planning is performed by, or under the supervision of, a | - Administration of each self-administered medication, as reported |
| | | registered nurse, social worker, or other qualified | by the patient (or the patient's caregiver or support person where |
| | | person. | appropriate) |
| | | | - Records of radiology and nuclear medicine services, including |
| | | RC.02.01.01, EP 2 | signed interpretation reports |
| | | The medical record contains the following clinical | - All care, treatment, and services provided to the patient |
| | | information: | - Patient's response to care, treatment, and services |
| | | - The reason(s) for admission for care, treatment, and | - Medical history and physical examination, including any |
| | | services | conclusions or impressions drawn from the information |
| | | - The patient's initial diagnosis, diagnostic | - Discharge plan and discharge planning evaluation |
| | | impression(s), or condition(s) | - Discharge summary with outcome of hospitalization, disposition |
| | | - Any findings of assessments and reassessments | of case, and provisions for follow-up care, including any |
| | | - Any allergies to food | medications dispensed or prescribed on discharge |
| | | - Any allergies to medications | - Any diagnoses or conditions established during the patient's |
| | | - Any conclusions or impressions drawn from the | course of care, treatment, and services |
| | | patient's medical history and physical examination | Note: Medical records are completed within 30 days following |
| | | - Any diagnoses or conditions established during the | discharge, including final diagnosis. |
| | | patient's course of care, treatment, and services | |
| | | (including complications and hospital-acquired | |
| | | infections). For psychiatric hospitals using Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | The diagnosis includes intercurrent diseases (diseases | |
| | | that occur during the course of another disease; for | |
| | | example, a patient with AIDS may develop an | |
| | | intercurrent bout of pneumonia) and the psychiatric | |
| | | diagnoses. | |
| | | - Any consultation reports | |
| | | - Any observations relevant to care, treatment, and | |
| | | services | |
| | | - The patient's response to care, treatment, and services | |
| | | - Any emergency care, treatment, and services provided | |
| | | to the patient before their arrival | |

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| • | | Any progress notes All orders Any medications ordered or prescribed Any medications administered, including the strength, dose, route, date and time of administration Note 1: When rapid titration of a medication is necessary, the hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation. Note 2: For the definition and a further explanation of block charting, refer to the Glossary. Any access site for medication, administration devices used, and rate of administration Any adverse drug reactions Treatment goals, plan of care, and revisions to the plan of care Results of diagnostic and therapeutic tests and procedures Any medications dispensed or prescribed on discharge Discharge diagnosis | |
| §482.43(a)(4) | (4) Upon the request of a patient's physician, | - Discharge plan and discharge planning evaluation PC.04.01.03, EP 1 | PC.14.01.01, EP 5 |
| 3402.43(d)(4) | the hospital must arrange for the development and initial implementation of a discharge plan for the patient. | The hospital begins the discharge planning process early in the patient's episode of care, treatment, and services. PC.04.01.03, EP 2 The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer. For hospitals that use Joint Commission accreditation for deemed status purposes: The identification of needs | The hospital performs a discharge planning evaluation and creates a discharge plan for those patients it identifies at an early stage of hospitalization are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning or at the request of the patient, patient's representative, or the patient's physician. Note 1: The discharge planning evaluation is completed in a timely manner so that appropriate arrangements for post–hospital care are made before discharge and unnecessary delays in discharge are avoided. |

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| | | care, home health, and non–health care services, as | subsequent discharge plan is created by, or under the supervision |
| | | well as the need for community-based care providers. | of, a registered nurse, social worker, or other qualified person. |
| | | The hospital determines the availability of the post- | |
| | | hospital services as well as the patient's access to those | |
| | | services. | |
| | | | |
| | | PC.04.01.03, EP 3 | |
| | | The patient, the patient's family, physicians, other | |
| | | licensed practitioners, clinical psychologists, and staff | |
| | | involved in the patient's care, treatment, and services | |
| | | participate in planning the patient's discharge or transfer. | |
| | | Note 1: The definition of "physician" is the same as that | |
| | | used by the Centers for Medicare & Dedicard | |
| | | Services (CMS) (refer to the Glossary). | |
| | | Note 2: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | Social service staff responsibilities include, but are not | |
| | | limited to, participating in discharge planning, arranging | |
| | | for follow-up care, and developing mechanisms for | |
| | | exchange of information with sources outside the | |
| | | hospital. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The hospital notifies the resident and, if | |
| | | known, a family member or legal representative of the | |
| | | resident of the transfer or discharge and reasons for the | |
| | | move in writing. The hospital also provides sufficient | |
| | | preparation and orientation to residents to make sure | |
| | | that transfer or discharge from the hospital is safe and | |
| | | orderly. The hospital sends a copy of the notice to a | |
| | | representative of the office of the state's long-term care | |
| | | ombudsman. | |

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| | | Note 4: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Discharge | |
| | | planning is performed by, or under the supervision of, a | |
| | | registered nurse, social worker, or other qualified | |
| | | person. | |
| | | PC.04.01.03, EP 4 | |
| | | Prior to discharge, the hospital arranges or assists in | |
| | | arranging the services required by the patient after | |
| | | discharge in order to meet the patient's ongoing needs | |
| | | for care and services. | |
| §482.43(a)(5) | (5) Any discharge planning evaluation or | HR.01.01.01, EP 1 | PC.14.01.01, EP 5 |
| | discharge plan required under this paragraph | The hospital defines staff qualifications specific to their | The hospital performs a discharge planning evaluation and creates |
| | must be developed by, or under the | job responsibilities. | a discharge plan for those patients it identifies at an early stage of |
| | supervision of, a registered nurse, social | Note 1: Qualifications for infection control may be met | hospitalization are likely to suffer adverse health consequences |
| | worker, or other appropriately qualified | through ongoing education, training, experience, and/or | upon discharge in the absence of adequate discharge planning or |
| | personnel. | certification (such as that offered by the Certification | at the request of the patient, patient's representative, or the |
| | | Board for Infection Control). | patient's physician. |
| | | Note 2: Qualifications for laboratory personnel are | Note 1: The discharge planning evaluation is completed in a timely |
| | | described in the Clinical Laboratory Improvement | manner so that appropriate arrangements for post–hospital care |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | are made before discharge and unnecessary delays in discharge |
| | | "Personnel for Nonwaived Testing" §493.1351- | are avoided. |
| | | §493.1495. A complete description of the requirement is | Note 2: The discharge planning evaluation is performed and |
| | | located at https://www.ecfr.gov/cgi-bin/text- | subsequent discharge plan is created by, or under the supervision |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | of, a registered nurse, social worker, or other qualified person. |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |

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| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | PC.02.01.05, EP 1 | |
| | | Care, treatment, and services are provided to the patient | |
| | | in an interdisciplinary, collaborative manner. | |
| | | PC.02.02.01, EP 3 | |
| | | The hospital coordinates the patient's care, treatment, | |
| | | and services within a time frame that meets the | |
| | | patient's needs. | |
| | | Note: Coordination involves resolving scheduling | |
| | | conflicts and duplication of care, treatment, and | |
| | | services. | |
| | | PC.04.01.03, EP 3 | |
| | | The patient, the patient's family, physicians, other | |

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| | | licensed practitioners, clinical psychologists, and staff | |
| | | involved in the patient's care, treatment, and services | |
| | | participate in planning the patient's discharge or | |
| | | transfer. | |
| | | Note 1: The definition of "physician" is the same as that | |
| | | used by the Centers for Medicare & Medicaid | |
| | | Services (CMS) (refer to the Glossary). | |
| | | Note 2: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | Social service staff responsibilities include, but are not | |
| | | limited to, participating in discharge planning, arranging | |
| | | for follow-up care, and developing mechanisms for | |
| | | exchange of information with sources outside the | |
| | | hospital. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The hospital notifies the resident and, if | |
| | | known, a family member or legal representative of the | |
| | | resident of the transfer or discharge and reasons for the | |
| | | move in writing. The hospital also provides sufficient | |
| | | preparation and orientation to residents to make sure | |
| | | that transfer or discharge from the hospital is safe and | |
| | | orderly. The hospital sends a copy of the notice to a | |
| | | representative of the office of the state's long-term care | |
| | | ombudsman. | |
| | | Note 4: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Discharge | |
| | | planning is performed by, or under the supervision of, a | |
| | | registered nurse, social worker, or other qualified | |
| | | person. | |
| §482.43(a)(6) | (6) The hospital's discharge planning | PC.01.02.03, EP 3 | PC.14.01.01, EP 1 |
| | process must require regular re-evaluation of | Each patient is reassessed as necessary based on their | The hospital has an effective discharge planning process that |
| | the patient's condition to identify changes | plan for care or changes in their condition. | focuses on, and is consistent with, the patient's goals and |

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| | that require modification of the discharge | Note: Reassessments may also be based on the | treatment preferences; makes certain there is an effective |
| | plan. The discharge plan must be updated, | patient's diagnosis; desire for care, treatment, and | transition of the patient from the hospital to postdischarge care; |
| | as needed, to reflect these changes. | services; response to previous care, treatment, and | and reduces the factors leading to preventable critical access |
| | | services; discharge planning needs; and/or their setting | hospital and hospital readmissions. |
| | | requirements. | Note: The hospital's discharge planning process requires regular |
| | | | reevaluation of the patient's condition to identify changes that |
| | | PC.01.03.01, EP 22 | require modification of the discharge plan. The discharge plan is |
| | | Based on the goals established in the patient's plan of | updated as needed to reflect these changes. |
| | | care, staff evaluate the patient's progress. | |
| | | PC.01.03.01, EP 23 | |
| | | The hospital revises plans and goals for care, treatment, | |
| | | and services based on the patient's needs. | |
| §482.43(a)(7) | (7) The hospital must assess its discharge | PC.04.01.03, EP 10 | PC.14.01.01, EP 14 |
| | planning process on a regular basis. The | For hospitals that use Joint Commission accreditation | The hospital assesses its discharge planning process on a regular |
| | assessment must include ongoing, periodic | for deemed status purposes: The hospital assesses its | basis, as defined by the hospital. The assessment includes an |
| | review of a representative sample of | discharge planning process within its established time | ongoing, periodic review of a representative sample of discharge |
| | discharge plans, including those patients | frames. The assessment includes ongoing, periodic | plans, including plans for patients who were readmitted within 30 |
| | who were readmitted within 30 days of a | review of a representative sample of discharge plans, | days of a previous admission, to make certain that the plans are |
| | previous admission, to ensure that the plans | including those patients who were readmitted within 30 | responsive to patient postdischarge needs. |
| | are responsive to patient post-discharge | days of a previous admission, to make certain that the | |
| | needs. | plans are responsive to patient post-discharge needs. | |
| §482.43(a)(8) | (8) The hospital must assist patients, their | PC.04.01.01, EP 31 | PC.14.01.01, EP 7 |
| | families, or the patient's representative in | For hospitals that use Joint Commission accreditation | The hospital assists the patient, their family, or the patient's |
| | selecting a post-acute care provider by using | for deemed status purposes: The hospital assists | representative in selecting a post-acute care provider by using and |
| | and sharing data that includes, but is not | patients, their families, or the patient's representative in | sharing data that includes but is not limited to home health |
| | limited to, HHA, SNF, IRF, or LTCH data on | selecting a post-acute care provider by using and | agency, skilled nursing facility, inpatient rehabilitation facility, and |
| | quality measures and data on resource use | sharing data that includes, but is not limited to, home | long-term care hospital data on quality measures and resource- |
| | measures. The hospital must ensure that the | health agency, skilled nursing facility, inpatient | use measures. The hospital makes certain that the post–acute |
| | post-acute care data on quality measures | rehabilitation facility, and long term care hospital data | care data on quality measures and resource-use measures is |
| | and data on resource use measures is | on quality measures and resource-use measures. The | relevant and applicable to the patient's goals of care and |
| | relevant and applicable to the patient's goals | hospital makes certain that the post-acute care data on | treatment preferences. |
| | of care and treatment preferences. | quality measures and resource-use measures is | |

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| | | relevant and applicable to the patient's goals of care | |
| | | and treatment preferences. | |
| §482.43(b) | §482.43(b) Standard: Discharge of the | IM.02.01.01, EP 4 | PC.14.02.03, EP 1 |
| | patient and provision and transmission of | The hospital discloses health information only as | The hospital provides or transmits necessary medical information |
| | the patient's necessary medical information. | authorized by the patient or as otherwise consistent with | when discharging, transferring, or referring the patient to post– |
| | The hospital must discharge the patient, and | law and regulation. | acute care service providers and suppliers, facilities, agencies, |
| | also transfer or refer the patient where | | and other outpatient service providers and practitioners who are |
| | applicable, along with all necessary medical | PC.02.02.01, EP 1 | responsible for the patient's follow-up or ancillary care. Necessary |
| | information pertaining to the patient's | The hospital follows a process to receive or share | medical information includes, at a minimum, the following: |
| | current course of illness and treatment, | patient information when the patient is referred to other | - Current course of illness and treatment |
| | postdischarge goals of care, and treatment | internal or external providers of care, treatment, and | - Postdischarge goals of care |
| | preferences, at the time of discharge, to the | services. | - Treatment preferences at the time of discharge |
| | appropriate post-acute care service providers and suppliers, facilities, agencies, | PC.04.02.01, EP 1 | |
| | and other outpatient service providers and | At the time of the patient's discharge or transfer, the | |
| | practitioners responsible for the patient's | hospital informs other service providers who will provide | |
| | follow-up or ancillary care. | care, treatment, and services to the patient about the | |
| | Total ap of anomaly care. | following: | |
| | | - The reason for the patient's discharge or transfer | |
| | | - The patient's physical and psychosocial status | |
| | | - A summary of care, treatment, and services it provided | |
| | | to the patient | |
| | | - The patient's progress toward goals | |
| | | - A list of community resources or referrals made or | |
| | | provided to the patient | |
| | | Note 1: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The hospital | |
| | | also informs other service providers of the patient's | |
| | | treatment preferences. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The information sent to the receiving | |

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| | | provider also includes the following: - Contact information of the physician or other licensed practitioner responsible for the care of the resident - Resident representative information, including contact information - Advance directive information - All special instructions or precautions for ongoing care, | |
| | | when appropriate | |
| §482.43(c) | \$482.43(c) Standard: Requirements related to post-acute care services. For those patients discharged home and referred for HHA services, or for those patients transferred to a SNF for post-hospital extended care services, or transferred to an IRF or LTCH for specialized hospital services, the following requirements apply, in addition to those set out at paragraphs (a) and (b) of this section: | - Comprehensive care plan goals | |
| §482.43(c)(1) | (1) The hospital must include in the discharge plan a list of HHAs, SNFs, IRFs, or LTCHs that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, IRF, or LTCH, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available. | For hospitals that use Joint Commission accreditation for deemed status purposes: The patient's discharge plan includes a list of home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care hospitals that are available to the patient, participating in the Medicare program, and serving the geographic area in which the patient resides (as defined by the home health agency or in the case of a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital, in the geographic area requested by the patient). The hospital documents in the medical record that this list was presented to the patient or the patient's representative. | For hospitals that use Joint Commission accreditation for deemed status purposes: The patient's discharge plan includes a list of home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care hospitals that are available to the patient, participating in the Medicare program, and serving the geographic area in which the patient resides (as defined by the home health agency or, in the case of a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital, in the geographic area requested by the patient). The hospital documents in the medical record that this list was presented to the patient or the patient's representative. Note 1: Home health agencies must request to be listed by the hospital. |

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| | | Note 1: Home health agencies must request to be listed | Note 2: This list is only presented to patients for whom home |
| | | by the hospital. | health care, posthospital extended care services, skilled nursing, |
| | | Note 2: This list is only presented to patients for whom | inpatient rehabilitation, or long-term care hospital services are |
| | | home health care, post-hospital extended care services, | identified as needed. |
| | | skilled nursing, inpatient rehabilitation, or long-term | |
| | | care hospital services are identified as needed. | |
| §482.43(c)(1)(i) | (i) This list must only be presented to | PC.04.01.01, EP 32 | PC.14.01.01, EP 8 |
| | patients for whom home health care post- | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | hospital extended care services, SNF, IRF, or | for deemed status purposes: The patient's discharge | status purposes: The patient's discharge plan includes a list of |
| | LTCH services are indicated and appropriate | plan includes a list of home health agencies, skilled | home health agencies, skilled nursing facilities, inpatient |
| | as determined by the discharge planning | nursing facilities, inpatient rehabilitation facilities, or | rehabilitation facilities, or long-term care hospitals that are |
| | evaluation. | long-term care hospitals that are available to the | available to the patient, participating in the Medicare program, and |
| | | patient, participating in the Medicare program, and | serving the geographic area in which the patient resides (as |
| | | serving the geographic area in which the patient resides | defined by the home health agency or, in the case of a skilled |
| | | (as defined by the home health agency or in the case of a | nursing facility, inpatient rehabilitation facility, or long-term care |
| | | skilled nursing facility, inpatient rehabilitation facility, or | hospital, in the geographic area requested by the patient). The |
| | | long-term care hospital, in the geographic area | hospital documents in the medical record that this list was |
| | | requested by the patient). The hospital documents in the | presented to the patient or the patient's representative. |
| | | medical record that this list was presented to the patient | Note 1: Home health agencies must request to be listed by the |
| | | or the patient's representative. | hospital. |
| | | Note 1: Home health agencies must request to be listed | Note 2: This list is only presented to patients for whom home |
| | | by the hospital. | health care, posthospital extended care services, skilled nursing, |
| | | Note 2: This list is only presented to patients for whom | inpatient rehabilitation, or long-term care hospital services are |
| | | home health care, post-hospital extended care services, | identified as needed. |
| | | skilled nursing, inpatient rehabilitation, or long-term | |
| | | care hospital services are identified as needed. | |
| §482.43(c)(1)(ii) | (ii) For patients enrolled in managed care | PC.04.01.01, EP 33 | PC.14.01.01, EP 9 |
| | organizations, the hospital must make the | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | patient aware of the need to verify with their | for deemed status purposes: For patients enrolled in | status purposes: For patients enrolled in managed care |
| | managed care organization which | managed care organizations, the hospital makes | organizations, the hospital makes patients aware of the need to |
| | practitioners, providers or certified suppliers | patients aware of the need to verify with their managed | verify with their managed care organization which practitioners, |
| | are in the managed care organization's | care organization which practitioners, providers, or | providers, or certified suppliers are in the managed care |
| | network. If the hospital has information on | certified suppliers are in the managed care | organization's network. If the hospital has information on which |

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| | which practitioners, providers or certified | organization's network. If the hospital has information | practitioners, providers, or certified suppliers are in the network of |
| | supplies are in the network of the patient's | on which practitioners, providers, or certified suppliers | the patient's managed care organization, it shares this information |
| | managed care organization, it must share | are in the network of the patient's managed care | with the patient or the patient's representative. |
| | this with the patient or the patient's | organization, it shares this information with the patient | |
| | representative. | or the patient's representative. | |
| §482.43(c)(1)(iii) | (iii) The hospital must document in the | PC.04.01.01, EP 32 | PC.14.01.01, EP 8 |
| | patient's medical record that the list was | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | presented to the patient or to the patient's | for deemed status purposes: The patient's discharge | status purposes: The patient's discharge plan includes a list of |
| | representative. | plan includes a list of home health agencies, skilled | home health agencies, skilled nursing facilities, inpatient |
| | | nursing facilities, inpatient rehabilitation facilities, or | rehabilitation facilities, or long-term care hospitals that are |
| | | long-term care hospitals that are available to the | available to the patient, participating in the Medicare program, and |
| | | patient, participating in the Medicare program, and | serving the geographic area in which the patient resides (as |
| | | serving the geographic area in which the patient resides | defined by the home health agency or, in the case of a skilled |
| | | (as defined by the home health agency or in the case of a | nursing facility, inpatient rehabilitation facility, or long-term care |
| | | skilled nursing facility, inpatient rehabilitation facility, or | hospital, in the geographic area requested by the patient). The |
| | | long-term care hospital, in the geographic area | hospital documents in the medical record that this list was |
| | | requested by the patient). The hospital documents in the | presented to the patient or the patient's representative. |
| | | medical record that this list was presented to the patient | Note 1: Home health agencies must request to be listed by the |
| | | or the patient's representative. | hospital. |
| | | Note 1: Home health agencies must request to be listed | Note 2: This list is only presented to patients for whom home |
| | | by the hospital. | health care, posthospital extended care services, skilled nursing, |
| | | Note 2: This list is only presented to patients for whom | inpatient rehabilitation, or long-term care hospital services are |
| | | home health care, post-hospital extended care services, | identified as needed. |
| | | skilled nursing, inpatient rehabilitation, or long-term | |
| | | care hospital services are identified as needed. | |
| §482.43(c)(2) | (2) The hospital, as part of the discharge | PC.04.01.01, EP 22 | PC.14.01.01, EP 10 |
| | planning process, must inform the patient or | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | the patient's representative of their freedom | for deemed status purposes: The hospital informs the | status purposes: The hospital informs the patient or the patient's |
| | to choose among participating Medicare | patient or the patient's representative of the patient's | representative of their freedom to choose among participating |
| | providers and suppliers of post-discharge | freedom to choose among participating Medicare | Medicare providers and suppliers of postdischarge services and, |
| | services and must, when possible, respect | providers and suppliers of post-discharge services and, | when possible, respects the patient's or their representative's |
| | the patient's or the patient's representative's | when possible, respects the patient's or patient | goals of care and treatment preferences, as well as other |
| | goals of care and treatment preferences, as | representative's goals of care and treatment | preferences when they are expressed. The hospital does not limit |

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| | well as other preferences they express. The | preferences, as well as other preferences when they are | the qualified providers or suppliers that are available to the |
| | hospital must not specify or otherwise limit | expressed. The hospital does not limit the qualified | patient. |
| | the qualified providers or suppliers that are | providers who are available to the patient. | |
| 0.400, 407, 7707 | available to the patient. | D0 04 04 04 FD 05 | DO 44 04 04 ED 44 |
| §482.43(c)(3) | (3) The discharge plan must identify any HHA | PC.04.01.01, EP 25 | PC.14.01.01, EP 11 |
| | or SNF to which the patient is referred in | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | which the hospital has a disclosable financial interest, as specified by the | for deemed status purposes: The discharge plan identifies any home health agency or skilled nursing | status purposes: The discharge plan identifies any home health agency or skilled nursing facility in which the hospital has a |
| | Secretary, and any HHA or SNF that has a | facility in which the hospital has a disclosable financial | disclosable financial interest and any home health agency or |
| | disclosable financial interest in a hospital | interest, and any home health agency or skilled nursing | skilled nursing facility that has a disclosable financial interest in a |
| | under Medicare. Financial interests that are | facility that has a disclosable financial interest in a | hospital. |
| | disclosable under Medicare are determined | hospital. | Note: Disclosure of financial interest is determined in accordance |
| | in accordance with the provisions of part | Note: Disclosure of financial interest is determined in | with the provisions in 42 CFR 420, subpart C, and section 1861 of |
| | 420, subpart C, of this chapter. | accordance with the provisions in 42 CFR 420, subpart | the Social Security Act (42 U.S.C. 1395x). |
| | | C and section 1861 of the Social Security Act. | |
| §482.45 | §482.45 Condition of Participation: Organ, | | |
| | Tissue and Eye Procurement | | |
| §482.45(a) | §482.45(a) Standard: Organ Procurement | | |
| | Responsibilities The hospital must have | | |
| | and implement written protocols that: | | |
| §482.45(a)(1) | (1) Incorporate an agreement with an OPO | TS.01.01.01, EP 1 | TS.11.01.01, EP 1 |
| | designated under part 486 of this chapter, | The hospital has a written agreement with an organ | The hospital develops and implements written policies and |
| | under which it must notify, in a timely | procurement organization (OPO) and follows its rules | procedures that include the following: |
| | manner, the OPO or a third party designated by the OPO of individuals whose death is | and regulations. | - A written agreement with an organ procurement organization (OPO) that requires the hospital to notify, in a timely manner, the |
| | imminent or who have died in the hospital. | TS.01.01.01, EP 9 | OPO or a third party designated by the OPO of individuals whose |
| | The OPO determines medical suitability for | The hospital notifies the organ procurement | death is imminent or who have died in the hospital, and that |
| | organ donation and, in the absence of | organization (OPO) of patients who have died and of | includes the OPO's responsibility to determine medical suitability |
| | alternative arrangements by the hospital, the | mechanically ventilated patients whose death is | for organ donation |
| | OPO determines medical suitability for | imminent, according to the following: | - A written agreement with at least one tissue bank and at least one |
| | tissue and eye donation, using the definition | - Clinical triggers defined jointly with its medical staff | eye bank to cooperate in retrieving, processing, preserving, |
| | of potential tissue and eye donor and the | and the designated OPO | storing, and distributing tissues and eyes to make certain that all |
| | notification protocol developed in | - Within the time frames (ideally, within one hour of | usable tissues and eyes are obtained from potential donors, to the |

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| | consultation with the tissue and eye banks | death for patients who have expired) jointly agreed on by | extent that the agreement does not interfere with organ |
| | identified by the hospital for this purpose; | the hospital and the designated OPO | procurement |
| | | - For mechanically ventilated patients, prior to the | - Designation of an individual, who is an organ procurement |
| | | withdrawal of life-sustaining therapies including | representative, an organizational representative of a tissue or eye |
| | | medical or pharmacological support | bank, or a designated requestor, to notify the family regarding the |
| | | Note: For additional information about criteria for the | option to donate or decline to donate organs, tissues, or eyes. |
| | | determination of brain death, please see the American | - Procedures for informing the family of each potential donor about |
| | | Academy of Neurology guidelines available at | the option to donate or decline to donate organs, tissues, or eyes, |
| | | https://n.neurology.org/content/early/2023/09/13/WNL. | in collaboration with the designated OPO |
| | | 0000000000207740 and the American Academy of | - Education and training of staff in the use of discretion and |
| | | Pediatrics guidelines available at | sensitivity to the circumstances, views, and beliefs of the family |
| | | https://www.aan.com/Guidelines/Home/GuidelineDetai | when discussing potential organ, tissue, or eye donations |
| | | l/1085 and the interactive tool that can be used | Note 1: For hospitals that use Joint Commission accreditation for |
| | | alongside the new guidance to help walk clinicians | deemed status purposes: The hospital has an agreement with an |
| | | through the BD/DNC evaluation process at | OPO designated under 42 CFR part 486. |
| | | https://www.aan.com/Guidelines/BDDNC. | Note 2: The requirements for a written agreement with at least one |
| | | | tissue bank and at least one eye bank may be satisfied through a |
| | | TS.01.01.01, EP 11 | single agreement with an OPO that provides services for organ, |
| | | The organ procurement organization determines | tissue, and eye, or by a separate agreement with another tissue |
| | | medical suitability of organs for organ donation and, in | and/or eye bank outside the OPO, chosen by the hospital. |
| | | the absence of alternative arrangements by the hospital, | Note 3: A designated requestor is an individual who has completed |
| | | it determines the medical suitability of tissue and eyes | a course offered or approved by the organ procurement |
| | | for donation. | organization. This course is designed in conjunction with the tissue |
| | | | and eye bank community to provide a methodology for |
| | | | approaching potential donor families and requesting organ and |
| | | | tissue donation. |
| | | | Note 4: The term "organ" means a human kidney, liver, heart, lung, |
| | | | pancreas, or intestines (or multivisceral organs). |
| | | | Note 5: Note: For additional information about criteria for the |
| | | | determination of brain death, see the American Academy of |
| | | | Neurology guidelines available at |
| | | | https://n.neurology.org/content/early/2023/09/13/WNL.00000000 |
| | | | 00207740, the American Academy of Pediatrics guidelines |

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| | | | available at |
| | | | https://www.aan.com/Guidelines/Home/GuidelineDetail/1085, |
| | | | and the interactive tool that can be used alongside the new |
| | | | guidance to help walk clinicians through the BD/DNC evaluation |
| | | | process at https://www.aan.com/Guidelines/BDDNC. |
| §482.45(a)(2) | (2) Incorporate an agreement with at least | TS.01.01.01, EP 3 | TS.11.01.01, EP 1 |
| | one tissue bank and at least one eye bank to | The hospital has a written agreement with at least one | The hospital develops and implements written policies and |
| | cooperate in the retrieval, processing, | tissue bank and at least one eye bank to cooperate in | procedures that include the following: |
| | preservation, storage and distribution of | retrieving, processing, preserving, storing, and | - A written agreement with an organ procurement organization |
| | tissues and eyes, as may be appropriate to | distributing tissues and eyes. | (OPO) that requires the hospital to notify, in a timely manner, the |
| | assure that all usable tissues and eyes are | Note 1: This process should not interfere with organ | OPO or a third party designated by the OPO of individuals whose |
| | obtained from potential donors, insofar as | procurement. | death is imminent or who have died in the hospital, and that |
| | such an agreement does not interfere with | Note 2: It is not necessary for a hospital to have a | includes the OPO's responsibility to determine medical suitability |
| | organ procurement; | separate agreement with a tissue bank if it has an | for organ donation |
| | | agreement with its organ procurement organization | - A written agreement with at least one tissue bank and at least one |
| | | (OPO) to provide tissue procurement services, nor is it | eye bank to cooperate in retrieving, processing, preserving, |
| | | necessary for a hospital to have a separate agreement | storing, and distributing tissues and eyes to make certain that all |
| | | with an eye bank if its OPO provides eye procurement | usable tissues and eyes are obtained from potential donors, to the |
| | | services. The hospital is not required to use the OPO for | extent that the agreement does not interfere with organ |
| | | tissue or eye procurement, and is free to have an | procurement |
| | | agreement with the tissue bank or eye bank of its choice. | - Designation of an individual, who is an organ procurement |
| | | | representative, an organizational representative of a tissue or eye |
| | | | bank, or a designated requestor, to notify the family regarding the |
| | | | option to donate or decline to donate organs, tissues, or eyes. |
| | | | - Procedures for informing the family of each potential donor about |
| | | | the option to donate or decline to donate organs, tissues, or eyes, |
| | | | in collaboration with the designated OPO |
| | | | - Education and training of staff in the use of discretion and |
| | | | sensitivity to the circumstances, views, and beliefs of the family |
| | | | when discussing potential organ, tissue, or eye donations |
| | | | Note 1: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The hospital has an agreement with an |
| | | | OPO designated under 42 CFR part 486. |

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| | | | Note 2: The requirements for a written agreement with at least one |
| | | | tissue bank and at least one eye bank may be satisfied through a |
| | | | single agreement with an OPO that provides services for organ, |
| | | | tissue, and eye, or by a separate agreement with another tissue |
| | | | and/or eye bank outside the OPO, chosen by the hospital. |
| | | | Note 3: A designated requestor is an individual who has completed |
| | | | a course offered or approved by the organ procurement |
| | | | organization. This course is designed in conjunction with the tissue |
| | | | and eye bank community to provide a methodology for |
| | | | approaching potential donor families and requesting organ and |
| | | | tissue donation. |
| | | | Note 4: The term "organ" means a human kidney, liver, heart, lung, |
| | | | pancreas, or intestines (or multivisceral organs). |
| | | | Note 5: Note: For additional information about criteria for the |
| | | | determination of brain death, see the American Academy of |
| | | | Neurology guidelines available at |
| | | | https://n.neurology.org/content/early/2023/09/13/WNL.00000000 |
| | | | 00207740, the American Academy of Pediatrics guidelines |
| | | | available at |
| | | | https://www.aan.com/Guidelines/Home/GuidelineDetail/1085, |
| | | | and the interactive tool that can be used alongside the new |
| | | | guidance to help walk clinicians through the BD/DNC evaluation |
| | | | process at https://www.aan.com/Guidelines/BDDNC. |
| §482.45(a)(3) | (3) Ensure, in collaboration with the | TS.01.01.01, EP 6 | TS.11.01.01, EP 1 |
| | designated OPO, that the family of each | The hospital develops, in collaboration with the | The hospital develops and implements written policies and |
| | potential donor is informed of its options to | designated organ procurement organization, written | procedures that include the following: |
| | donate organs, tissues, or eyes, or to decline | procedures for notifying the family of each potential | - A written agreement with an organ procurement organization |
| | to donate. The individual designated by the | donor about the option to donate or decline to donate | (OPO) that requires the hospital to notify, in a timely manner, the |
| | hospital to initiate the request to the family | organs, tissues, or eyes. | OPO or a third party designated by the OPO of individuals whose |
| | must be an organ procurement | | death is imminent or who have died in the hospital, and that |
| | representative or a designated requestor. A | | includes the OPO's responsibility to determine medical suitability |
| | designated requestor is an individual who | | for organ donation |
| | has completed a course offered or approved | | - A written agreement with at least one tissue bank and at least one |

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| | by the OPO and designed in conjunction with | | eye bank to cooperate in retrieving, processing, preserving, |
| | the tissue and eye bank community in the | | storing, and distributing tissues and eyes to make certain that all |
| | methodology for approaching potential | | usable tissues and eyes are obtained from potential donors, to the |
| | donor families and requesting organ or | | extent that the agreement does not interfere with organ |
| | tissue donation; | | procurement |
| | | | - Designation of an individual, who is an organ procurement |
| | | | representative, an organizational representative of a tissue or eye |
| | | | bank, or a designated requestor, to notify the family regarding the |
| | | | option to donate or decline to donate organs, tissues, or eyes. |
| | | | - Procedures for informing the family of each potential donor about |
| | | | the option to donate or decline to donate organs, tissues, or eyes, |
| | | | in collaboration with the designated OPO |
| | | | - Education and training of staff in the use of discretion and |
| | | | sensitivity to the circumstances, views, and beliefs of the family |
| | | | when discussing potential organ, tissue, or eye donations |
| | | | Note 1: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The hospital has an agreement with an |
| | | | OPO designated under 42 CFR part 486. |
| | | | Note 2: The requirements for a written agreement with at least one |
| | | | tissue bank and at least one eye bank may be satisfied through a |
| | | | single agreement with an OPO that provides services for organ, |
| | | | tissue, and eye, or by a separate agreement with another tissue |
| | | | and/or eye bank outside the OPO, chosen by the hospital. |
| | | | Note 3: A designated requestor is an individual who has completed |
| | | | a course offered or approved by the organ procurement |
| | | | organization. This course is designed in conjunction with the tissue |
| | | | and eye bank community to provide a methodology for |
| | | | approaching potential donor families and requesting organ and |
| | | | tissue donation. |
| | | | Note 4: The term "organ" means a human kidney, liver, heart, lung, |
| | | | pancreas, or intestines (or multivisceral organs). |
| | | | Note 5: Note: For additional information about criteria for the |
| | | | determination of brain death, see the American Academy of |

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| | | | Neurology guidelines available at https://n.neurology.org/content/early/2023/09/13/WNL.00000000 00207740, the American Academy of Pediatrics guidelines available at https://www.aan.com/Guidelines/Home/GuidelineDetail/1085, and the interactive tool that can be used alongside the new guidance to help walk clinicians through the BD/DNC evaluation process at https://www.aan.com/Guidelines/BDDNC. |
| \$482.45(a)(3) continued | Element Deleted | TS.01.01.01, EP 7 The individual designated by the hospital to notify the family regarding the option to donate or decline to donate organs, tissues, or eyes is an organ procurement representative, an organizational representative of a tissue or eye bank, or a designated requestor. Note: A designated requestor is an individual who has completed a course offered or approved by the organ procurement organization. This course is designed in conjunction with the tissue and eye bank community to provide a methodology for approaching potential donor families and requesting organ and tissue donation. | |
| §482.45(a)(4) | (4) Encourage discretion and sensitivity with respect to the circumstances, views, and beliefs of the families of potential donors; | TS.01.01.01, EP 5 Staff who have been designated to discuss potential organ, tissue, or eye donations with families are educated and trained in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families. | Ts.11.01.01, EP 1 The hospital develops and implements written policies and procedures that include the following: - A written agreement with an organ procurement organization (OPO) that requires the hospital to notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the hospital, and that includes the OPO's responsibility to determine medical suitability for organ donation - A written agreement with at least one tissue bank and at least one eye bank to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes to make certain that all usable tissues and eyes are obtained from potential donors, to the |

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| | | | extent that the agreement does not interfere with organ |
| | | | procurement |
| | | | - Designation of an individual, who is an organ procurement |
| | | | representative, an organizational representative of a tissue or eye |
| | | | bank, or a designated requestor, to notify the family regarding the |
| | | | option to donate or decline to donate organs, tissues, or eyes. |
| | | | - Procedures for informing the family of each potential donor about |
| | | | the option to donate or decline to donate organs, tissues, or eyes, |
| | | | in collaboration with the designated OPO |
| | | | - Education and training of staff in the use of discretion and |
| | | | sensitivity to the circumstances, views, and beliefs of the family |
| | | | when discussing potential organ, tissue, or eye donations |
| | | | Note 1: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The hospital has an agreement with an |
| | | | OPO designated under 42 CFR part 486. |
| | | | Note 2: The requirements for a written agreement with at least one |
| | | | tissue bank and at least one eye bank may be satisfied through a |
| | | | single agreement with an OPO that provides services for organ, |
| | | | tissue, and eye, or by a separate agreement with another tissue |
| | | | and/or eye bank outside the OPO, chosen by the hospital. |
| | | | Note 3: A designated requestor is an individual who has completed |
| | | | a course offered or approved by the organ procurement |
| | | | organization. This course is designed in conjunction with the tissue |
| | | | and eye bank community to provide a methodology for |
| | | | approaching potential donor families and requesting organ and |
| | | | tissue donation. |
| | | | Note 4: The term "organ" means a human kidney, liver, heart, lung, |
| | | | pancreas, or intestines (or multivisceral organs). |
| | | | Note 5: Note: For additional information about criteria for the |
| | | | determination of brain death, see the American Academy of |
| | | | Neurology guidelines available at |
| | | | https://n.neurology.org/content/early/2023/09/13/WNL.00000000 |
| | | | 00207740, the American Academy of Pediatrics guidelines |

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| | | | available at https://www.aan.com/Guidelines/Home/GuidelineDetail/1085, and the interactive tool that can be used alongside the new guidance to help walk clinicians through the BD/DNC evaluation |
| §482.45(a)(5) | (5) Ensure that the hospital works cooperatively with the designated OPO, tissue bank and eye bank in educating staff on donation issues, reviewing death records to improve identification of potential donors, and maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes take place. | TS.01.01.01, EP 4 The hospital works with the organ procurement organization (OPO) and tissue and eye banks to do the following: Review death records in order to improve identification of potential donors. Maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant. Educate staff about issues surrounding donation. Develop a written donation policy that addresses opportunities for asystolic recovery that is mutually agreed upon by the hospital, its medical staff, and the designated OPO. When the hospital and its medical staff agree not to provide for asystolic recovery and cannot achieve agreement with the designated OPO, the hospital documents its efforts to reach an agreement with its OPO, and the donation policy addresses the hospital's justification for not providing for asystolic recovery. | TS.11.01.01, EP 2 The hospital develops and implements policies and procedures for working with the organ procurement organization (OPO) and tissue and eye banks to do the following: - Review death records in order to improve identification of potential donors - Maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant - Educate staff about issues surrounding donation |
| | | TS.01.01.01, EP 5 Staff who have been designated to discuss potential organ, tissue, or eye donations with families are educated and trained in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.45(a)(5) | Element Deleted | TS.01.01.01, EP 4 | |
| continued | | The hospital works with the organ procurement | |
| | | organization (OPO) and tissue and eye banks to do the | |
| | | following: | |
| | | - Review death records in order to improve identification | |
| | | of potential donors. | |
| | | - Maintain potential donors while the necessary testing | |
| | | and placement of potential donated organs, tissues, and | |
| | | eyes takes place in order to maximize the viability of | |
| | | donor organs for transplant. | |
| | | - Educate staff about issues surrounding donation. | |
| | | - Develop a written donation policy that addresses | |
| | | opportunities for asystolic recovery that is mutually | |
| | | agreed upon by the hospital, its medical staff, and the | |
| | | designated OPO. When the hospital and its medical staff | |
| | | agree not to provide for asystolic recovery and cannot | |
| | | achieve agreement with the designated OPO, the | |
| | | hospital documents its efforts to reach an agreement | |
| | | with its OPO, and the donation policy addresses the | |
| | | hospital's justification for not providing for asystolic | |
| §482.45(b) | \$482.45(b) Standard: Organ Transplantation | recovery. | |
| 3402.43(b) | Responsibilities | | |
| §482.45(b)(1) | (1) A hospital in which organ transplants are | TS.02.01.01, EP 1 | TS.12.01.01, EP 1 |
| 3402.40(b)(1) | performed must be a member of the Organ | The hospital performing organ transplants belongs to | The hospital performing organ transplants belongs to and abides |
| | Procurement and Transplantation Network | and abides by the rules of the Organ Procurement and | by the rules of the Organ Procurement and Transplantation |
| | (OPTN) established and operated in | Transplantation Network (OPTN) * established under | Network (OPTN) established under section 372 of the Public |
| | accordance with section 372 of the Public | section 372 of the Public Health Service (PHS) Act. | Health Service (PHS) Act. |
| | Health Service (PHS) Act (42 U.S.C. 274) and | Footnote *: The term "rules of the OPTN" means those | Note: The term "rules of the OPTN" means those rules provided for |
| | abide by its rules. The term "rules of the | rules provided for in regulations issued by the Secretary | in regulations issued by the Secretary of the US Department of |
| | OPTN" means those rules provided for in | in accordance with section 372 of the PHS Act which are | Health & Devices in accordance with section 372 of |
| | regulations issued by the Secretary in | enforceable under 42 CFR 121.10. No hospital is | the PHS Act which are enforceable under 42 CFR 121.10. No |
| | accordance with section 372 of the PHS Act | considered to be out of compliance with section | hospital is considered to be out of compliance with section |

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| | which are enforceable under 42 CFR 121.10. | 1138(a)(1)(B) of the Act, or with the requirements of this | 1138(a)(1)(B) of the Act, or with the requirements of this element |
| | No hospital is considered to be out of | paragraph, unless the Secretary has given the OPTN | of performance, unless the Secretary has given the OPTN formal |
| | compliance with section 1138(a)(1)(B) of the | formal notice that the Secretary approves the decision | notice that the Secretary approves the decision to exclude the |
| | Act, or with the requirements of this | to exclude the hospital from the OPTN and has notified | hospital from the OPTN and has notified the hospital in writing. |
| | paragraph, unless the Secretary has given | the hospital in writing. | |
| | the OPTN formal notice that he or she | | |
| | approves the decision to exclude the | | |
| | hospital from the OPTN and has notified the | | |
| | hospital in writing. | | |
| §482.45(b)(2) | (2) For purposes of these standards, the | | TS.11.01.01, EP 1 |
| | term "organ" means a human kidney, liver, | | The hospital develops and implements written policies and |
| | heart, lung, or pancreas. | | procedures that include the following: |
| | | | - A written agreement with an organ procurement organization |
| | | | (OPO) that requires the hospital to notify, in a timely manner, the |
| | | | OPO or a third party designated by the OPO of individuals whose |
| | | | death is imminent or who have died in the hospital, and that |
| | | | includes the OPO's responsibility to determine medical suitability |
| | | | for organ donation |
| | | | - A written agreement with at least one tissue bank and at least one |
| | | | eye bank to cooperate in retrieving, processing, preserving, |
| | | | storing, and distributing tissues and eyes to make certain that all |
| | | | usable tissues and eyes are obtained from potential donors, to the extent that the agreement does not interfere with organ |
| | | | procurement |
| | | | - Designation of an individual, who is an organ procurement |
| | | | representative, an organizational representative of a tissue or eye |
| | | | bank, or a designated requestor, to notify the family regarding the |
| | | | option to donate or decline to donate organs, tissues, or eyes. |
| | | | - Procedures for informing the family of each potential donor about |
| | | | the option to donate or decline to donate organs, tissues, or eyes, |
| | | | in collaboration with the designated OPO |
| | | | - Education and training of staff in the use of discretion and |
| | | | sensitivity to the circumstances, views, and beliefs of the family |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | when discussing potential organ, tissue, or eye donations |
| | | | Note 1: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: The hospital has an agreement with an |
| | | | OPO designated under 42 CFR part 486. |
| | | | Note 2: The requirements for a written agreement with at least one |
| | | | tissue bank and at least one eye bank may be satisfied through a |
| | | | single agreement with an OPO that provides services for organ, |
| | | | tissue, and eye, or by a separate agreement with another tissue |
| | | | and/or eye bank outside the OPO, chosen by the hospital. |
| | | | Note 3: A designated requestor is an individual who has completed |
| | | | a course offered or approved by the organ procurement |
| | | | organization. This course is designed in conjunction with the tissue |
| | | | and eye bank community to provide a methodology for |
| | | | approaching potential donor families and requesting organ and |
| | | | tissue donation. |
| | | | Note 4: The term "organ" means a human kidney, liver, heart, lung, |
| | | | pancreas, or intestines (or multivisceral organs). |
| | | | Note 5: Note: For additional information about criteria for the |
| | | | determination of brain death, see the American Academy of |
| | | | Neurology guidelines available at |
| | | | https://n.neurology.org/content/early/2023/09/13/WNL.00000000 |
| | | | 00207740, the American Academy of Pediatrics guidelines available at |
| | | | |
| | | | https://www.aan.com/Guidelines/Home/GuidelineDetail/1085, and the interactive tool that can be used alongside the new |
| | | | guidance to help walk clinicians through the BD/DNC evaluation |
| | | | process at https://www.aan.com/Guidelines/BDDNC. |
| §482.45(b)(3) | (3) If a hospital performs any type of | TS.02.01.01, EP 2 | TS.12.01.01, EP 2 |
| | transplants, it must provide organ transplant | If requested, the hospital provides all data related to | If requested, the hospital provides all data related to organ |
| | related data, as requested by the OPTN, the | organ transplant to the Organ Procurement and | transplant to the Organ Procurement and Transplantation Network |
| | Scientific Registry, and the OPOs. The | Transplantation Network (OPTN), the Scientific Registry, | (OPTN), the Scientific Registry of Transplant Recipients (SRTR), the |
| | hospital must also provide such data directly | or the hospital's designated organ procurement | hospital's designated organ procurement organization (OPO), and, |
| | , | organization (OPO), and when requested by the Office of | |

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| | to the Department when requested by the | the Secretary, directly to the US Department of Health | when requested by the Office of the Secretary, directly to the US |
| | Secretary. | & Human Services. | Department of Health & Department & Departm |
| §482.51 | §482.51 Condition of Participation: Surgical | HR.01.05.03, EP 1 | LD.13.03.01, EP 1 |
| | Services If the hospital provides surgical | Staff participate in ongoing education and training to | The hospital provides services directly or through referral, |
| | services, the services must be well organized | maintain or increase their competency and, as needed, | consultation, contractual arrangements, or other agreements that |
| | and provided in accordance with acceptable | when staff responsibilities change. Staff participation is | meet the needs of the population(s) served, are organized |
| | standards of practice. If outpatient surgical | documented. | appropriate to the scope and complexity of services offered, and |
| | services are offered the services must be | | are in accordance with accepted standards of practice. Services |
| | consistent in quality with inpatient care in | HR.01.06.01, EP 1 | may include but are not limited to the following: |
| | accordance with the complexity of services | The hospital defines the competencies it requires of its | - Outpatient |
| | offered. | staff who provide patient care, treatment, or services. | - Emergency |
| | | | - Medical records |
| | | HR.01.06.01, EP 3 | - Diagnostic and therapeutic radiology |
| | | An individual with the educational background, | - Nuclear medicine |
| | | experience, or knowledge related to the skills being | - Surgical |
| | | reviewed assesses competence. | - Anesthesia |
| | | Note: When a suitable individual cannot be found to | - Laboratory |
| | | assess staff competence, the hospital can utilize an | - Respiratory |
| | | outside individual for this task. If a suitable individual | - Dietetic |
| | | inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from | LD 12 02 01 ED 10 |
| | | an appropriate professional organization to make its | LD.13.03.01, EP 10 If the hospital provides outpatient surgical services, the services |
| | | assessment. | are consistent with the quality of inpatient surgical care. |
| | | HR.01.06.01, EP 5 | |
| | | Staff competence is initially assessed and documented | |
| | | as part of orientation. | |
| | | HR.01.06.01, EP 6 | |
| | | Staff competence is assessed and documented once | |
| | | every three years, or more frequently as required by | |
| | | hospital policy or in accordance with law and regulation. | |

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| | | IC.05.01.01, EP 1 | |
| | | The hospital's governing body is responsible for the | |
| | | implementation, performance, and sustainability of the | |
| | | infection prevention and control program and provides | |
| | | resources to support and track the implementation, | |
| | | success, and sustainability of the program's activities. | |
| | | Note: To make certain that systems are in place and | |
| | | operational to support the program, the governing body | |
| | | provides access to information technology; laboratory | |
| | | services; equipment and supplies; local, state, and | |
| | | federal public health authorities' advisories and alerts, | |
| | | such as the CDC's Health Alert Network (HAN); FDA | |
| | | alerts; manufacturers' instructions for use; and | |
| | | guidelines used to inform policies. | |
| | | IC.06.01.01, EP 3 | |
| | | The hospital implements activities for the surveillance, | |
| | | prevention, and control of health care–associated | |
| | | infections and other infectious diseases, including | |
| | | maintaining a clean and sanitary environment to avoid | |
| | | sources and transmission of infection, and addresses | |
| | | any infection control issues identified by public health | |
| | | authorities that could impact the hospital. | |
| | | , , , , , , , , , , , , , , , , , , , | |
| | | LD.03.06.01, EP 3 | |
| | | Those who work in the hospital are competent to | |
| | | complete their assigned responsibilities. | |
| | | | |
| | | LD.03.10.01, EP 3 | |
| | | When clinical practice guidelines will be used in the | |
| | | design or modification of processes, the following | |
| | | occurs: | |
| | | - The hospital follows criteria to manage guideline | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | selection and implementation. - The leaders of the hospital and the organized medical staff review, approve, and modify the clinical practice guidelines as needed. - The leaders of the hospital manage and evaluate the implementation of the guidelines. | |
| | | LD.04.03.01, EP 3 The hospital provides at least one of the following acute care clinical services: - Child, adolescent, or adult psychiatry - Medicine - Obstetrics and gynecology - Pediatrics - Treatment for addictions - Surgery Note: When the hospital provides surgical or obstetric services, anesthesia services are also available. LD.04.03.07, EP 1 Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a | |
| \$482.51(a) | \$482.51(a) Standard: Organization and Staffing The organization of the surgical services must be appropriate to the scope of | negative way. LD.01.03.01, EP 3 The governing body approves the hospital's written scope of services. | LD.13.03.01, EP 1 The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that |
| | the services offered. | LD.03.10.01, EP 3 When clinical practice guidelines will be used in the design or modification of processes, the following occurs: - The hospital follows criteria to manage guideline selection and implementation. | meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: - Outpatient - Emergency - Medical records |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The leaders of the hospital and the organized medical | - Diagnostic and therapeutic radiology |
| | | staff review, approve, and modify the clinical practice | - Nuclear medicine |
| | | guidelines as needed. | - Surgical |
| | | - The leaders of the hospital manage and evaluate the | - Anesthesia |
| | | implementation of the guidelines. | - Laboratory |
| | | | - Respiratory |
| | | LD.04.03.01, EP 3 | - Dietetic |
| | | The hospital provides at least one of the following acute | |
| | | care clinical services: | LD.13.03.01, EP 11 |
| | | - Child, adolescent, or adult psychiatry | The surgical services are consistent with the resources available. |
| | | - Medicine | |
| | | - Obstetrics and gynecology | |
| | | - Pediatrics | |
| | | - Treatment for addictions | |
| | | - Surgery | |
| | | Note: When the hospital provides surgical or obstetric | |
| | | services, anesthesia services are also available. | |
| §482.51(a)(1) | (1) The operating rooms must be supervised | HR.01.01.01, EP 1 | NPG.12.01.01, EP 13 |
| | by an experienced registered nurse or a | The hospital defines staff qualifications specific to their | The surgical services include but are not limited to the following |
| | doctor of medicine or osteopathy. | job responsibilities. | staff: |
| | | Note 1: Qualifications for infection control may be met | - An experienced registered nurse or doctor of medicine or |
| | | through ongoing education, training, experience, and/or | osteopathy who supervises the operating rooms |
| | | certification (such as that offered by the Certification | - Licensed practical nurses (LPNs) and surgical technologists |
| | | Board for Infection Control). | (operating room technicians) who serve as scrub nurses, if under |
| | | Note 2: Qualifications for laboratory personnel are | the supervision of a registered nurse |
| | | described in the Clinical Laboratory Improvement | - Qualified registered nurses who perform circulating duties in the |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | operating room |
| | | "Personnel for Nonwaived Testing" \$493.1351- | Note: In accordance with applicable state laws and approved |
| | | \$493.1495. A complete description of the requirement is | medical staff policies and procedures, LPNs and surgical |
| | | located at https://www.ecfr.gov/cgi-bin/text- | technologists may assist in circulatory duties under the |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | supervision of a qualified registered nurse who is immediately |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | available to respond to emergencies. |
| | | Note 3: For hospitals that use Joint Commission | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | HR.01.01.01, EP 3 | |
| | | The hospital verifies and documents that the applicant | |
| | | has the education and experience required by the job | |
| | | responsibilities. | |
| | | responsibilities. | |
| | | LD.03.06.01, EP 2 | |
| | | Leaders provide for a sufficient number and mix of | |
| | | individuals to support safe, quality care, treatment, and | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | services. | |
| | | Note: The number and mix of individuals is appropriate | |
| | | to the scope and complexity of the services offered. | |
| | | LD 00 00 04 FD 0 | |
| | | LD.03.06.01, EP 3 | |
| | | Those who work in the hospital are competent to | |
| | | complete their assigned responsibilities. | |
| | | LD.04.01.05, EP 2 | |
| | | Programs, services, sites, or departments providing | |
| | | patient care are directed by one or more qualified | |
| | | professionals or by a qualified licensed practitioner with | |
| | | clinical privileges. | |
| | | | |
| | | PC.03.01.01, EP 5 | |
| | | A registered nurse supervises perioperative nursing | |
| | | care. | |
| | | Note: Qualified registered nurses may perform | |
| | | circulating duties in the operating room. In accordance | |
| | | with state law and regulation and hospital policy, | |
| | | licensed practical nurses and surgical technologists | |
| | | may assist the circulating registered nurse in performing | |
| | | circulatory duties as long as the registered nurse | |
| | | supervises these staff and is immediately available to | |
| §482.51(a)(2) | (2) Licensed practical nurses (LPNs) and | respond to emergencies. HR.01.01.01, EP 1 | NPG.12.01.01, EP 13 |
| 3402.31(a)(2) | surgical technologists (operating room | The hospital defines staff qualifications specific to their | The surgical services include but are not limited to the following |
| | technicians) may serve as "scrub nurses" | job responsibilities. | staff: |
| | under the supervision of a registered nurse. | Note 1: Qualifications for infection control may be met | - An experienced registered nurse or doctor of medicine or |
| | and a supervision of a registered flatter | through ongoing education, training, experience, and/or | osteopathy who supervises the operating rooms |
| | | certification (such as that offered by the Certification | - Licensed practical nurses (LPNs) and surgical technologists |
| | | Board for Infection Control). | (operating room technicians) who serve as scrub nurses, if under |
| | | Note 2: Qualifications for laboratory personnel are | the supervision of a registered nurse |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | described in the Clinical Laboratory Improvement | - Qualified registered nurses who perform circulating duties in the |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | operating room |
| | | "Personnel for Nonwaived Testing" §493.1351- | Note: In accordance with applicable state laws and approved |
| | | §493.1495. A complete description of the requirement is | medical staff policies and procedures, LPNs and surgical |
| | | located at https://www.ecfr.gov/cgi-bin/text- | technologists may assist in circulatory duties under the |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | supervision of a qualified registered nurse who is immediately |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | available to respond to emergencies. |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| · | | HR.01.02.07, EP 2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation. PC.03.01.01, EP 5 | |
| | | A registered nurse supervises perioperative nursing care. Note: Qualified registered nurses may perform circulating duties in the operating room. In accordance with state law and regulation and hospital policy, licensed practical nurses and surgical technologists may assist the circulating registered nurse in performing circulatory duties as long as the registered nurse | |
| | | supervises these staff and is immediately available to respond to emergencies. | |
| §482.51(a)(3) | (3) Qualified registered nurses may perform circulating duties in the operating room. In accordance with applicable State laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies. | HR.01.01.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986& mc=true&node=sp42.5.493.m&rgn=div6. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified | NPG.12.01.01, EP 13 The surgical services include but are not limited to the following staff: - An experienced registered nurse or doctor of medicine or osteopathy who supervises the operating rooms - Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) who serve as scrub nurses, if under the supervision of a registered nurse - Qualified registered nurses who perform circulating duties in the operating room Note: In accordance with applicable state laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | | |
| | | HR.01.02.07, EP 2 | |
| | | Staff who provide patient care, treatment, and services | |
| | | practice within the scope of their license, certification, | |
| | | or registration and as required by law and regulation. | |
| | | | |
| | | LD.03.06.01, EP 2 | |
| | | Leaders provide for a sufficient number and mix of | |
| | | individuals to support safe, quality care, treatment, and | |
| | | services. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. | |
| | | LD.03.06.01, EP 3 Those who work in the hospital are competent to complete their assigned responsibilities. | |
| | | LD.04.01.07, EP 1 Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services. | |
| | | PC.03.01.01, EP 5 A registered nurse supervises perioperative nursing care. Note: Qualified registered nurses may perform circulating duties in the operating room. In accordance with state law and regulation and hospital policy, licensed practical nurses and surgical technologists may assist the circulating registered nurse in performing circulatory duties as long as the registered nurse supervises these staff and is immediately available to respond to emergencies. | |
| §482.51(a)(4) | (4) Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner. | MS.03.01.01, EP 2 Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff. MS.06.01.03, EP 4 The credentialing process is outlined in the medical staff bylaws. | MS.17.02.01, EP 6 The hospital designates the practitioners who are allowed to perform surgery, in accordance with appropriate policies and procedures and with scope of practice laws and regulations. Surgery is performed only by the following: - A doctor of medicine or osteopathy, including an osteopathic practitioner recognized under section 1101(a)(7) of the Social Security Act - A doctor of dental surgery or dental medicine - A doctor of podiatric medicine |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | MS.06.01.05, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: The surgical service maintains a current roster listing each practitioner's surgical privileges. Note: The roster may be in paper or electronic format. MS.06.01.07, EP 1 The information review and analysis process is clearly defined. | MS.17.02.01, EP 7 The surgical service maintains a current roster listing each practitioner's surgical privileges. Note: The roster may be in paper or electronic format. MS.17.02.03, EP 1 Decisions on membership and granting of privileges include criteria that are directly related to the quality of health care, treatment, and services. |
| | | MS.06.01.07, EP 2 The hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society. | |
| | | MS.06.01.07, EP 5 The hospital's privilege granting/denial criteria are consistently applied for each requesting physician or other licensed practitioner. | |
| | | MS.06.01.09, EP 3 The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law. | |
| §482.51(b) | §482.51(b) Standard: Delivery of Service | EC.02.03.01, EP 11 | LD.13.01.09, EP 6 |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | needs and resources. Policies governing | made of potential fire hazards that could be | procedures that maintain high standards for medical practice and |
| | surgical care must be designed to assure the | encountered during surgical procedures. Written fire | patient care. |
| | achievement and maintenance of high | prevention and response procedures, including safety | |
| | standards of medical practice and patient | precautions related to the use of flammable germicides | LD.13.03.01, EP 1 |
| | care. | or antiseptics, are established. | The hospital provides services directly or through referral, |
| | | | consultation, contractual arrangements, or other agreements that |
| | | EC.02.03.01, EP 12 | meet the needs of the population(s) served, are organized |
| | | When flammable germicides or antiseptics are used | appropriate to the scope and complexity of services offered, and |
| | | during surgeries utilizing electrosurgery, cautery, or | are in accordance with accepted standards of practice. Services |
| | | lasers, the following are required: | may include but are not limited to the following: |
| | | - Nonflammable packaging | - Outpatient |
| | | - Unit-dose applicators | - Emergency |
| | | - Preoperative "time-out" prior to the initiation of any | - Medical records |
| | | surgical procedure to verify the following: | - Diagnostic and therapeutic radiology |
| | | - Application site is dry prior to draping and use of | - Nuclear medicine |
| | | surgical equipment | - Surgical |
| | | - Pooling of solution has not occurred or has been | - Anesthesia |
| | | corrected | - Laboratory |
| | | - Solution-soaked materials have been removed from | - Respiratory |
| | | the operating room prior to draping and use of surgical | - Dietetic |
| | | devices | |
| | | (For full text, refer to NFPA 99-2012: 15.13) | LD.13.03.01, EP 11 |
| | | | The surgical services are consistent with the resources available. |
| | | IC.04.01.01, EP 3 | |
| | | The hospital's infection prevention and control program | |
| | | has written policies and procedures to guide its | |
| | | activities and methods for preventing and controlling the | |
| | | transmission of infections within the hospital and | |
| | | between the hospital and other institutions and settings. | |
| | | The policies and procedures are in accordance with the | |
| | | following hierarchy of references: | |
| | | a. Applicable law and regulation. | |
| | | b. Manufacturers' instructions for use. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | c. Nationally recognized evidence-based guidelines and | |
| | | standards of practice, including the Centers for Disease | |
| | | Control and Prevention's (CDC) Core Infection | |
| | | Prevention and Control Practices for Safe Healthcare | |
| | | Delivery in All Settings or, in the absence of such | |
| | | guidelines, expert consensus or best practices. The | |
| | | guidelines are documented within the policies and | |
| | | procedures. | |
| | | Note 1: Relevant federal, state, and local law and | |
| | | regulations include but are not limited to the Centers for | |
| | | Medicare & amp; Medicaid Services' Conditions of | |
| | | Participation, Food and Drug Administration's | |
| | | regulations for reprocessing single-use medical devices; | |
| | | Occupational Safety and Health Administration's | |
| | | Bloodborne Pathogens Standard 29 CFR 1910.1030, | |
| | | Personal Protective Equipment Standard 29 CFR | |
| | | 1910.132, and Respiratory Protection Standard 29 CFR | |
| | | 1910.134; health care worker vaccination laws; state | |
| | | and local public health authorities' requirements for | |
| | | reporting of communicable diseases and outbreaks; and | |
| | | state and local regulatory requirements for | |
| | | biohazardous or regulated medical waste generators. | |
| | | Note 2: For full details on the CDC's Core Infection | |
| | | Prevention and Control Practices for Safe Healthcare | |
| | | Delivery in All Settings, refer to | |
| | | https://www.cdc.gov/infection- | |
| | | control/hcp/disinfection-sterilization/introduction- | |
| | | methods-definition-of-terms.html. | |
| | | Note 3: The hospital determines which evidence-based | |
| | | guidelines, expert recommendations, best practices, or | |
| | | a combination thereof it adopts in its policies and | |
| | | procedures. | |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | IC.04.01.01, EP 4 | |
| | | The hospital's policies and procedures for cleaning, | |
| | | disinfection, and sterilization of reusable medical and | |
| | | surgical devices and equipment address the following: | |
| | | - Cleaning, disinfection, and sterilization of reusable | |
| | | medical and surgical devices in accordance with the | |
| | | Spaulding classification system and manufacturers' | |
| | | instructions | |
| | | - Use of disinfectants registered by the Environmental | |
| | | Protection Agency for noncritical devices and | |
| | | equipment according to the directions on the product | |
| | | labeling, including but not limited to indication, | |
| | | specified use dilution, contact time, and method of | |
| | | application | |
| | | - Use of FDA-approved liquid chemical sterilants for the | |
| | | processing of critical devices and high-level | |
| | | disinfectants for the processing of semicritical devices | |
| | | in accordance with FDA-cleared label and device | |
| | | manufacturers' instructions | |
| | | - Required documentation for device reprocessing | |
| | | cycles, including but not limited to sterilizer cycle logs, | |
| | | the frequency of chemical and biological testing, and | |
| | | the results of testing for appropriate concentration for | |
| | | chemicals used in high-level disinfection | |
| | | - Resolution of conflicts or discrepancies between a | |
| | | medical device manufacturer's instructions and | |
| | | manufacturers' instructions for automated high-level | |
| | | disinfection or sterilization equipment | |
| | | - Criteria and process for the use of immediate-use | |
| | | steam sterilization | |
| | | - Actions to take in the event of a reprocessing error or | |
| | | failure identified either prior to the release of the | |
| | | reprocessed item(s) or after the reprocessed item(s) | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | was used or stored for later use | |
| | | Note 1: The Spaulding classification system classifies | |
| | | medical and surgical devices as critical, semicritical, or | |
| | | noncritical based on risk to the patient from | |
| | | contamination on a device and establishes the levels of | |
| | | germicidal activity (sterilization, high-level disinfection, | |
| | | intermediate-level disinfection, and low-level | |
| | | disinfection) to be used for the three classes of devices. | |
| | | Note 2: Depending on the nature of the incident, | |
| | | examples of actions may include quarantine of the | |
| | | sterilizer, recall of item(s), stakeholder notification, | |
| | | patient notification, surveillance, and follow-up. | |
| | | LD.04.01.07, EP 1 | |
| | | Leaders review, approve, and manage the | |
| | | implementation of policies and procedures that guide | |
| | | and support patient care, treatment, and services. | |
| | | LD.04.01.11, EP 5 | |
| | | The leaders provide for equipment, information | |
| | | systems, supplies, and other resources. | |
| | | LD.04.03.01, EP 1 | |
| | | The needs of the population(s) served guide decisions | |
| | | about which services will be provided directly or through | |
| | | referral, consultation, contractual arrangements, or | |
| | | other agreements. | |
| | | Note: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | If medical and surgical diagnostic and treatment | |
| | | services are not available within the hospital, the | |
| | | hospital has an agreement with an outside source for | |
| | | these services to make sure that the services are | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program. | |
| §482.51(b)(1) | (1) Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies: | | |
| \$482.51(b)(1)(i) | (i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration, and except as provided under paragraph (b)(1)(iii) of this section. | PC.01.02.03, EP 4 The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical histories and physical examinations are performed as required in this element of performance, except any specific outpatient surgical or procedural services for which an assessment is performed instead. Note 2: For law and regulation guidance pertaining to the medical history and physical examination, refer to 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text. RC.01.03.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital records the patient's medical history and physical examination, | PC.11.02.01, EP 2 A medical history and physical examination is completed and documented no more than 30 days prior to, or within 24 hours after, registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical histories and physical examinations are performed as required in this element of performance, except prior to any specific outpatient surgical or procedural services for which an assessment is performed instead as provided under 42 CFR 482.24(c)(4)(i)(C). Note 2: For law and regulation guidance pertaining to the medical history and physical examination at 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii), refer to https://www.ecfr.gov/. |
| | | including updates, in the medical record within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services. | |
| §482.51(b)(1)(ii) | (ii) An updated examination of the patient, including any changes in the patient's condition, must be completed and | PC.01.02.03, EP 5 For a medical history and physical examination that was completed within 30 days prior to registration or | PC.11.02.01, EP 3 For a medical history and physical examination that was completed within 30 days prior to registration or inpatient |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | documented within 24 hours after admission | inpatient admission, an update documenting any | admission, an update documenting any changes in the patient's |
| | or registration when the medical history and | changes in the patient's condition is completed within | condition is completed within 24 hours after registration or |
| | physical examination are completed within | 24 hours after registration or inpatient admission, but | inpatient admission, but prior to surgery or a procedure requiring |
| | 30 days before admission or registration, and | prior to surgery or a procedure requiring anesthesia | anesthesia services. |
| | except as provided under paragraph | services. | Note 1: For hospitals that use Joint Commission accreditation for |
| | (b)(1)(iii) of this section. | Note 1: For hospitals that use Joint Commission | deemed status purposes: Medical histories and physical |
| | | accreditation for deemed status purposes: Medical | examinations are performed as required in this element of |
| | | histories and physical examinations are performed as | performance, except prior to any specific outpatient surgical or |
| | | required in this element of performance, except any | procedural services for which an assessment is performed instead |
| | | specific outpatient surgical or procedural services for | as provided under 42 CFR 482.24(c)(4)(i)(C). |
| | | which an assessment is performed instead. | Note 2: For law and regulation guidance pertaining to the medical |
| | | Note 2: For law and regulation guidance pertaining to | history and physical examination at 42 CFR 482.22(c)(5)(iii) and |
| | | the medical history and physical examination, refer to | 482.51(b)(1)(iii), refer to https://www.ecfr.gov/. |
| | | 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to | |
| | | "Appendix A: Medicare Requirements for Hospitals" | |
| | | (AXA) for full text. | |
| | | | |
| | | RC.01.03.01, EP 3 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital records the | |
| | | patient's medical history and physical examination, | |
| | | including updates, in the medical record within 24 hours | |
| | | after registration or inpatient admission but prior to | |
| | | surgery or a procedure requiring anesthesia services. | |
| §482.51(b)(1)(iii) | (iii) An assessment of the patient must be | PC.01.02.03, EP 7 | PC.11.02.01, EP 4 |
| | completed and documented after | For hospitals that use Joint Commission accreditation | When the medical staff allows an assessment (in lieu of a |
| | registration (in lieu of the requirements of | for deemed status purposes: When the medical staff | comprehensive medical history and physical examination) for |
| | paragraphs (b)(1)(i) and (ii) of this section) | has chosen to allow an assessment (in lieu of a | patients receiving specific outpatient surgical or procedural |
| | when the patient is receiving specific | comprehensive medical history and physical | services, the patient assessment is completed and documented |
| | outpatient surgical or procedural services | examination) for patients receiving specific outpatient | after registration but prior to the surgery or procedure requiring |
| | and when the medical staff has chosen to | surgical or procedural services, the assessment of the | anesthesia services. |
| | develop and maintain a policy that identifies, | patient is completed and documented after registration | Note: For further regulatory guidance at 42 CFR 482.24(c)(4)(i)(A) |
| | in accordance with the requirements at § | but prior to surgery or a procedure requiring anesthesia | |

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| | 482.22(c)(5)(v), specific patients as not | services when the patient is receiving specific | and (B), 482.51(b)(1)(i) and (ii), and 482.22(c)(5)(v), refer to |
| | requiring a comprehensive medical history | outpatient surgical or procedural services. (For more | https://www.ecfr.gov/. |
| | and physical examination, or any update to | information, refer to Standard MS.03.01.01) | |
| | it, prior to specific outpatient surgical or | Note: For further regulatory guidance, refer to 42 CFR | |
| | procedural services. | 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and | |
| | | 482.22(c)(5)(v). Refer to "Appendix A: Medicare | |
| | | Requirements for Hospitals" (AXA) for full text. | |
| §482.51(b)(2) | (2) A properly executed informed consent | RC.02.01.01, EP 4 | RC.12.01.01, EP 3 |
| | form for the operation must be in the | As needed to provide care, treatment, and services, the | The medical record contains any informed consent, when required |
| | patient's chart before surgery, except in | medical record contains the following additional | by hospital policy or federal or state law or regulation. |
| | emergencies. | information: | Note: The properly executed informed consent is placed in the |
| | | - Any advance directives | patient's medical record prior to surgery, except in emergencies. A |
| | | - Any informed consent, when required by hospital | properly executed informed consent contains documentation of a |
| | | policy | patient's mutual understanding of and agreement for care, |
| | | Note: The properly executed informed consent is placed | treatment, and services through written signature; electronic |
| | | in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent | signature; or, when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate |
| | | contains documentation of a patient's mutual | decision-maker. |
| | | understanding of and agreement for care, treatment, | decision-maker. |
| | | and services through written signature; electronic | |
| | | signature; or, when a patient is unable to provide a | |
| | | signature, documentation of the verbal agreement by | |
| | | the patient or surrogate decision-maker. | |
| | | - Any records of communication with the patient, such | |
| | | as telephone calls or e-mail | |
| | | - Any patient-generated information | |
| | | | |
| | | RI.01.03.01, EP 1 | |
| | | The hospital follows a written policy on informed | |
| | | consent that describes the following: | |
| | | - The specific care, treatment, and services that require | |
| | | informed consent | |
| | | - Circumstances that would allow for exceptions to | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| OST Hequilottion | | obtaining informed consent - The process used to obtain informed consent - The physician or other licensed practitioner permitted to conduct the informed consent discussion in accordance with law and regulation - How informed consent is documented in the patient record Note: Documentation may be recorded in a form, in progress notes, or elsewhere in the record. - When a surrogate decision-maker may give informed consent | Tatalo Li Flapping |
| §482.51(b)(3) | (3) The following equipment must be available to the operating room suites: call-in system, cardiac monitor, resuscitator, defibrillator, aspirator, and tracheotomy set. | PC.02.01.11, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes: At a minimum, operating room suites have the following equipment available: - Call-in system (process to communicate with or summon staff outside of the operating room when needed) - Cardiac monitor - Resuscitator (hand-held or mechanical device that provides positive airway pressure) - Defibrillator - Aspirator (hand-held or mechanical device used to suction out fluids or secretions) - Tracheotomy set | PC.12.01.05, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: At a minimum, operating room suites have the following equipment available: - Call-in system (process to communicate with or summon staff outside of the operating room when needed) - Cardiac monitor - Resuscitator (hand-held or mechanical device that provides positive airway pressure) - Defibrillator - Aspirator (hand-held or mechanical device used to suction out fluids or secretions) - Tracheotomy set |
| §482.51(b)(4) | (4) There must be adequate provisions for immediate post-operative care. | LD.04.01.11, EP 5 The leaders provide for equipment, information systems, supplies, and other resources. PC.03.01.07, EP 1 The hospital assesses the patient's physiological status immediately after the operative or other high-risk procedure and/or as the patient recovers from moderate | PC.13.01.03, EP 5 The hospital has adequate provisions for immediate postoperative care. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | or deep sedation or anesthesia. | |
| §482.51(b)(5) | (5) The operating room register must be complete and up-to-date. | PC.03.01.07, EP 2 The hospital monitors the patient's physiological status, mental status, and pain level at a frequency and intensity consistent with the potential effect of the operative or other high-risk procedure and/or the sedation or anesthesia administered. RC.02.01.03, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a complete and up-to-date operating room register that includes the following: - Patient's name - Patient's hospital identification number - Date of operation - Inclusive or total time of operation - Name of surgeon and any assistants - Name of nursing personnel - Type of anesthesia used and name of person administering it - Operation performed - Pre- and postoperative diagnosis - Age of patient | RC.12.01.03, EP 1 The hospital has a complete and up-to-date operating room register or equivalent record that includes the following: - Patient's name - Patient's hospital identification number - Date of operation - Inclusive or total time of operation - Name of surgeon and any assistants - Name of nursing staff - Type of anesthesia used and name of person administering it - Operation performed - Pre- and postoperative diagnosis - Age of patient |
| | | Note: A postoperative summary may be considered equivalent if all items listed in this element of performance are included. | |
| §482.51(b)(6) | (6) An operative report describing techniques, findings, and tissues removed or altered must be written or dictated | RC.01.02.01, EP 4 Entries in the medical record are authenticated by the author. Information introduced into the medical record | RC.12.01.03, EP 2 An operative report is written or dictated immediately following surgery and signed by the surgeon. The report includes the |
| | immediately following surgery and signed by the surgeon. | through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through | following: - Name and hospital identification number of the patient - Date and times of the surgery |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | electronic signatures, written signatures or initials, | - Name(s) of the surgeon(s) and assistants or other practitioners |
| | | rubber-stamp signatures, or computer key. | who performed surgical tasks (even when performing those tasks |
| | | Note 2: For paper-based records, signatures entered for | under supervision) and a description of the specific significant |
| | | purposes of authentication after transcription or for | surgical tasks that were conducted by practitioners other than the |
| | | verbal orders are dated when required by law or | primary surgeon/practitioner (significant surgical procedures |
| | | regulation or hospital policy. For electronic records, | include opening and closing, harvesting grafts, dissecting tissue, |
| | | electronic signatures will be date-stamped. | removing tissue, implanting devices, altering tissues) |
| | | Note 3: For hospitals that use Joint Commission | - Preoperative and postoperative diagnosis |
| | | accreditation for deemed status purposes: All orders, | - Name of the specific surgical procedure(s) performed |
| | | including verbal orders, are dated and authenticated by | - Type of anesthesia administered |
| | | the ordering physician or other licensed practitioner who | - Complications, if any |
| | | is responsible for the care of the patient, and who, in | - Description of techniques, findings, and tissues removed or |
| | | accordance with hospital policy; law and regulation; and | altered |
| | | medical staff bylaws, rules, and regulations, is | - Prosthetic devices, grafts, tissues, transplants, or devices |
| | | authorized to write orders. | implanted, if any |
| | | | - Any estimated blood loss |
| | | RC.02.01.03, EP 2 | Note 1: The exception to this requirement occurs when an |
| | | A physician or other licensed practitioner involved in the | operative or other high-risk procedure progress note is written |
| | | patient's care documents the provisional diagnosis in | immediately after the procedure, in which case the full report can |
| | | the medical record before an operative or other high-risk | be written or dictated within a time frame defined by the hospital. |
| | | procedure is performed. | Note 2: If the physician or other licensed practitioner performing |
| | | | the operation or high-risk procedure accompanies the patient from |
| | | RC.02.01.03, EP 5 | the operating room to the next unit or area of care, the report can |
| | | An operative or other high-risk procedure report is | be written or dictated in the new unit or area of care. |
| | | written or dictated upon completion of the operative or | |
| | | other high-risk procedure and before the patient is | |
| | | transferred to the next level of care. | |
| | | Note 1: The exception to this requirement occurs when | |
| | | an operative or other high-risk procedure progress note | |
| | | is written immediately after the procedure, in which | |
| | | case the full report can be written or dictated within a | |
| | | time frame defined by the hospital. | |
| | | Note 2: If the physician or other licensed practitioner | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | performing the operation or high-risk procedure | |
| | | accompanies the patient from the operating room to the | |
| | | next unit or area of care, the report can be written or | |
| | | dictated in the new unit or area of care. | |
| | | RC.02.01.03, EP 6 | |
| | | The operative or other high-risk procedure report | |
| | | includes the following information: | |
| | | - The name(s) of the physician or other licensed | |
| | | practitioner(s) who performed the procedure and their | |
| | | assistant(s) | |
| | | - The name of the procedure performed | |
| | | - A description of the procedure | |
| | | - Findings of the procedure | |
| | | - Any estimated blood loss | |
| | | - Any specimen(s) removed | |
| | | - The postoperative diagnosis | |
| | | RC.02.01.03, EP 7 | |
| | | When a full operative or other high-risk procedure report | |
| | | cannot be entered immediately into the patient's | |
| | | medical record after the operation or procedure, a | |
| | | progress note is entered in the medical record before | |
| | | the patient is transferred to the next level of care. This | |
| | | progress note includes the name(s) of the primary | |
| | | surgeon(s) and their assistant(s), procedure performed | |
| | | and a description of each procedure finding, estimated | |
| | | blood loss, specimens removed, and postoperative | |
| | | diagnosis. | |
| | | RC.02.01.03, EP 8 | |
| | | The medical record contains the following postoperative | |
| | | information: | |
| | | ımomadon. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The patient's vital signs and level of consciousness - Any medications, including intravenous fluids and any administered blood, blood products, and blood components - Any unanticipated events or complications (including blood transfusion reactions) and the management of those events | |
| | | RC.02.01.03, EP 11 The postoperative documentation contains the name of the physician or other licensed practitioner responsible for discharge. | |
| §482.52 | §482.52 Condition of Participation: Anesthesia Services If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital. | LD.01.03.01, EP 3 The governing body approves the hospital's written scope of services. LD.04.01.05, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services: - Anesthesia - Nuclear medicine - Respiratory care LD.04.01.05, EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes: The anesthesia service is responsible for all anesthesia administered in the hospital. | LD.13.01.07, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services, when provided: - Anesthesia - Nuclear medicine - Respiratory care Note 1: The anesthesia service is responsible for all anesthesia administered in the hospital. Note 2: For respiratory care services, the director may serve on either a full-time or part-time basis. LD.13.03.01, EP 1 The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: - Outpatient - Emergency |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | - Medical records |
| | | | - Diagnostic and therapeutic radiology |
| | | | - Nuclear medicine |
| | | | - Surgical |
| | | | - Anesthesia |
| | | | - Laboratory |
| | | | - Respiratory |
| | | | - Dietetic |
| §482.52(a) | §482.52(a) Standard: Organization and | LD.01.03.01, EP 3 | LD.13.03.01, EP 1 |
| | Staffing The organization of anesthesia | The governing body approves the hospital's written | The hospital provides services directly or through referral, |
| | services must be appropriate to the scope of | scope of services. | consultation, contractual arrangements, or other agreements that |
| | the services offered. Anesthesia must be | | meet the needs of the population(s) served, are organized |
| | administered only by | LD.03.06.01, EP 2 | appropriate to the scope and complexity of services offered, and |
| | | Leaders provide for a sufficient number and mix of | are in accordance with accepted standards of practice. Services |
| | | individuals to support safe, quality care, treatment, and | may include but are not limited to the following: |
| | | services. | - Outpatient |
| | | Note: The number and mix of individuals is appropriate | - Emergency |
| | | to the scope and complexity of the services offered. | - Medical records |
| | | | - Diagnostic and therapeutic radiology |
| | | LD.04.01.11, EP 5 | - Nuclear medicine |
| | | The leaders provide for equipment, information | - Surgical |
| | | systems, supplies, and other resources. | - Anesthesia |
| | | | - Laboratory |
| | | | - Respiratory |
| | | | - Dietetic |
| §482.52(a)(1) | (1) A qualified anesthesiologist; | MS.03.01.01, EP 2 | PC.13.01.01, EP 1 |
| | | Physicians and other licensed practitioners practice | For hospitals that use Joint Commission accreditation for deemed |
| | | only within the scope of their privileges as determined | status purposes: General anesthesia, regional anesthesia, and |
| | | through mechanisms defined by the organized medical | monitored anesthesia, including deep sedation/analgesia, is |
| | | staff. | administered only by the following individuals: |
| | | | - A qualified anesthesiologist |
| | | PC.03.01.01, EP 10 | - A doctor of medicine or osteopathy other than an |
| | | For hospitals that use Joint Commission accreditation | anesthesiologist |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | for deemed status purposes: In accordance with the | - A doctor of dental surgery or dental medicine, who is qualified to |
| | | hospital's policy and state scope-of-practice laws, | administer anesthesia under state law |
| | | anesthesia is administered only by the following | - A doctor of podiatric medicine, who is qualified to administer |
| | | individuals: | anesthesia under state law |
| | | - An anesthesiologist | - A certified registered nurse anesthetist (CRNA), as defined in 42 |
| | | - A doctor of medicine or osteopathy other than an | CFR 410.69(b), supervised by the operating practitioner, except as |
| | | anesthesiologist | provided in 42 CFR 482.52(c) regarding the state exemption for |
| | | - A doctor of dental surgery or dental medicine | this supervision |
| | | - A doctor of podiatric medicine | - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b), |
| | | - A certified registered nurse anesthetist (CRNA) | supervised by an anesthesiologist who is immediately available if |
| | | supervised by the operating practitioner except as | needed |
| | | provided in 42 CFR 482.52(c) regarding the state | Note 1: In accordance with 42 CFR 413.85(e), an approved nursing |
| | | exemption for this supervision * | and allied health education program is a planned program of study |
| | | - An anesthesiologist's assistant supervised by an | that is licensed by state law or, if licensing is not required, is |
| | | anesthesiologist who is immediately available if needed | accredited by a recognized national professional organization. |
| | | - A supervised trainee in an approved educational | Such national accrediting bodies include, but are not limited to, |
| | | program | the Commission on Accreditation of Allied Health Education |
| | | Note 1: In accordance with 42 CFR 413.85(e), an | Programs and the National League of Nursing Accrediting |
| | | approved nursing and allied health education program is | Commission. |
| | | a planned program of study that is licensed by state law | Note 2: See Glossary for the definition of certified registered nurse |
| | | or, if licensing is not required, is accredited by a | anesthetist (CRNA) and anesthesiologist assistant. |
| | | recognized national professional organization. Such | Note 3: The CoP at 42 CFR 482.52(c) for state exemption states: A |
| | | national accrediting bodies include, but are not limited | hospital may be exempt from the requirement for doctors of |
| | | to, the Commission on Accreditation of Allied Health | medicine or osteopathy to supervise CRNAs if the state in which |
| | | Education Programs and the National League of Nursing | the hospital is located submits a letter to the Centers for Medicare |
| | | Accrediting Commission. | & mp; Medicaid Services (CMS) signed by the governor, following |
| | | Note 2: "Anesthesiologist assistant" is defined in 42 CFR | consultation with the state's boards of medicine and nursing, |
| | | 410.69(b). | requesting exemption from doctor of medicine or osteopathy |
| | | Footnote *: The CoP at 42 CFR 482.52(c) for state | supervision for CRNAs. The letter from the governor attests that |
| | | exemption states: A hospital may be exempt from the | they have consulted with the state boards of medicine and nursing |
| | | requirement for doctors of medicine or osteopathy to | about issues related to access to and the quality of anesthesia |
| | | supervise CRNAs if the state in which the hospital is | services in the state and has concluded that it is in the best |
| | | located submits a letter to the Centers for Medicare | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | & Medicaid Services (CMS) signed by the governor, | interests of the state's citizens to opt out of the current doctor of |
| | | following consultation with the state's Boards of | medicine or osteopathy supervision requirement and that the opt- |
| | | Medicine and Nursing, requesting exemption from | out is consistent with state law. The request for exemption and |
| | | doctor of medicine or osteopathy supervision for | recognition of state laws and the withdrawal of the request may be |
| | | CRNAs. The letter from the governor attests that they | submitted at any time and are effective upon submission. |
| | | have consulted with the state Boards of Medicine and | |
| | | Nursing about issues related to access to and the | |
| | | quality of anesthesia services in the state and has | |
| | | concluded that it is in the best interests of the state's | |
| | | citizens to opt out of the current doctor of medicine or | |
| | | osteopathy supervision requirement, and that the opt- | |
| | | out is consistent with state law. The request for | |
| | | exemption and recognition of state laws and the | |
| | | withdrawal of the request may be submitted at any time | |
| | | and are effective upon submission. | |
| §482.52(a)(2) | (2) A doctor of medicine or osteopathy (other | MS.03.01.01, EP 2 | PC.13.01.01, EP 1 |
| | than an anesthesiologist); | Physicians and other licensed practitioners practice | For hospitals that use Joint Commission accreditation for deemed |
| | | only within the scope of their privileges as determined | status purposes: General anesthesia, regional anesthesia, and |
| | | through mechanisms defined by the organized medical | monitored anesthesia, including deep sedation/analgesia, is |
| | | staff. | administered only by the following individuals: |
| | | | - A qualified anesthesiologist |
| | | PC.03.01.01, EP 10 | - A doctor of medicine or osteopathy other than an |
| | | For hospitals that use Joint Commission accreditation | anesthesiologist |
| | | for deemed status purposes: In accordance with the | - A doctor of dental surgery or dental medicine, who is qualified to |
| | | hospital's policy and state scope-of-practice laws, | administer anesthesia under state law |
| | | anesthesia is administered only by the following | - A doctor of podiatric medicine, who is qualified to administer |
| | | individuals: | anesthesia under state law |
| | | - An anesthesiologist | - A certified registered nurse anesthetist (CRNA), as defined in 42 |
| | | - A doctor of medicine or osteopathy other than an | CFR 410.69(b), supervised by the operating practitioner, except as |
| | | anesthesiologist | provided in 42 CFR 482.52(c) regarding the state exemption for |
| | | - A doctor of dental surgery or dental medicine | this supervision |
| | | - A doctor of podiatric medicine | - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b), |
| | | - A certified registered nurse anesthetist (CRNA) | supervised by an anesthesiologist who is immediately available if |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | supervised by the operating practitioner except as | needed |
| | | provided in 42 CFR 482.52(c) regarding the state | Note 1: In accordance with 42 CFR 413.85(e), an approved nursing |
| | | exemption for this supervision * | and allied health education program is a planned program of study |
| | | - An anesthesiologist's assistant supervised by an | that is licensed by state law or, if licensing is not required, is |
| | | anesthesiologist who is immediately available if needed | accredited by a recognized national professional organization. |
| | | - A supervised trainee in an approved educational | Such national accrediting bodies include, but are not limited to, |
| | | program | the Commission on Accreditation of Allied Health Education |
| | | Note 1: In accordance with 42 CFR 413.85(e), an | Programs and the National League of Nursing Accrediting |
| | | approved nursing and allied health education program is | Commission. |
| | | a planned program of study that is licensed by state law | Note 2: See Glossary for the definition of certified registered nurse |
| | | or, if licensing is not required, is accredited by a | anesthetist (CRNA) and anesthesiologist assistant. |
| | | recognized national professional organization. Such | Note 3: The CoP at 42 CFR 482.52(c) for state exemption states: A |
| | | national accrediting bodies include, but are not limited | hospital may be exempt from the requirement for doctors of |
| | | to, the Commission on Accreditation of Allied Health | medicine or osteopathy to supervise CRNAs if the state in which |
| | | Education Programs and the National League of Nursing | the hospital is located submits a letter to the Centers for Medicare |
| | | Accrediting Commission. | & mp; Medicaid Services (CMS) signed by the governor, following |
| | | Note 2: "Anesthesiologist assistant" is defined in 42 CFR | consultation with the state's boards of medicine and nursing, |
| | | 410.69(b). | requesting exemption from doctor of medicine or osteopathy |
| | | Footnote *: The CoP at 42 CFR 482.52(c) for state | supervision for CRNAs. The letter from the governor attests that |
| | | exemption states: A hospital may be exempt from the | they have consulted with the state boards of medicine and nursing |
| | | requirement for doctors of medicine or osteopathy to | about issues related to access to and the quality of anesthesia |
| | | supervise CRNAs if the state in which the hospital is | services in the state and has concluded that it is in the best |
| | | located submits a letter to the Centers for Medicare | interests of the state's citizens to opt out of the current doctor of |
| | | & mp; Medicaid Services (CMS) signed by the governor, | medicine or osteopathy supervision requirement and that the opt- |
| | | following consultation with the state's Boards of | out is consistent with state law. The request for exemption and |
| | | Medicine and Nursing, requesting exemption from | recognition of state laws and the withdrawal of the request may be |
| | | doctor of medicine or osteopathy supervision for | submitted at any time and are effective upon submission. |
| | | CRNAs. The letter from the governor attests that they | |
| | | have consulted with the state Boards of Medicine and | |
| | | Nursing about issues related to access to and the | |
| | | quality of anesthesia services in the state and has | |
| | | concluded that it is in the best interests of the state's | |
| | I | citizens to opt out of the current doctor of medicine or | |

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| | | osteopathy supervision requirement, and that the opt- | |
| | | out is consistent with state law. The request for | |
| | | exemption and recognition of state laws and the | |
| | | withdrawal of the request may be submitted at any time | |
| | | and are effective upon submission. | |
| §482.52(a)(3) | (3) A dentist, oral surgeon, or podiatrist who | MS.03.01.01, EP 2 | PC.13.01.01, EP 1 |
| | is qualified to administer anesthesia under | Physicians and other licensed practitioners practice | For hospitals that use Joint Commission accreditation for deemed |
| | State law; | only within the scope of their privileges as determined | status purposes: General anesthesia, regional anesthesia, and |
| | | through mechanisms defined by the organized medical | monitored anesthesia, including deep sedation/analgesia, is |
| | | staff. | administered only by the following individuals: |
| | | | - A qualified anesthesiologist |
| | | PC.03.01.01, EP 10 | - A doctor of medicine or osteopathy other than an |
| | | For hospitals that use Joint Commission accreditation | anesthesiologist |
| | | for deemed status purposes: In accordance with the | - A doctor of dental surgery or dental medicine, who is qualified to |
| | | hospital's policy and state scope-of-practice laws, | administer anesthesia under state law |
| | | anesthesia is administered only by the following | - A doctor of podiatric medicine, who is qualified to administer |
| | | individuals: | anesthesia under state law |
| | | - An anesthesiologist | - A certified registered nurse anesthetist (CRNA), as defined in 42 |
| | | - A doctor of medicine or osteopathy other than an | CFR 410.69(b), supervised by the operating practitioner, except as |
| | | anesthesiologist | provided in 42 CFR 482.52(c) regarding the state exemption for |
| | | - A doctor of dental surgery or dental medicine | this supervision |
| | | - A doctor of podiatric medicine | - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b), |
| | | - A certified registered nurse anesthetist (CRNA) | supervised by an anesthesiologist who is immediately available if |
| | | supervised by the operating practitioner except as | needed |
| | | provided in 42 CFR 482.52(c) regarding the state | Note 1: In accordance with 42 CFR 413.85(e), an approved nursing |
| | | exemption for this supervision * | and allied health education program is a planned program of study |
| | | - An anesthesiologist's assistant supervised by an | that is licensed by state law or, if licensing is not required, is |
| | | anesthesiologist who is immediately available if needed | accredited by a recognized national professional organization. |
| | | - A supervised trainee in an approved educational | Such national accrediting bodies include, but are not limited to, |
| | | program | the Commission on Accreditation of Allied Health Education |
| | | Note 1: In accordance with 42 CFR 413.85(e), an | Programs and the National League of Nursing Accrediting |
| | | approved nursing and allied health education program is | Commission. |
| | | a planned program of study that is licensed by state law | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | or, if licensing is not required, is accredited by a | Note 2: See Glossary for the definition of certified registered nurse |
| | | recognized national professional organization. Such | anesthetist (CRNA) and anesthesiologist assistant. |
| | | national accrediting bodies include, but are not limited | Note 3: The CoP at 42 CFR 482.52(c) for state exemption states: A |
| | | to, the Commission on Accreditation of Allied Health | hospital may be exempt from the requirement for doctors of |
| | | Education Programs and the National League of Nursing | medicine or osteopathy to supervise CRNAs if the state in which |
| | | Accrediting Commission. | the hospital is located submits a letter to the Centers for Medicare |
| | | Note 2: "Anesthesiologist assistant" is defined in 42 CFR | & Medicaid Services (CMS) signed by the governor, following |
| | | 410.69(b). | consultation with the state's boards of medicine and nursing, |
| | | Footnote *: The CoP at 42 CFR 482.52(c) for state | requesting exemption from doctor of medicine or osteopathy |
| | | exemption states: A hospital may be exempt from the | supervision for CRNAs. The letter from the governor attests that |
| | | requirement for doctors of medicine or osteopathy to | they have consulted with the state boards of medicine and nursing |
| | | supervise CRNAs if the state in which the hospital is | about issues related to access to and the quality of anesthesia |
| | | located submits a letter to the Centers for Medicare | services in the state and has concluded that it is in the best |
| | | & amp; Medicaid Services (CMS) signed by the governor, | interests of the state's citizens to opt out of the current doctor of |
| | | following consultation with the state's Boards of | medicine or osteopathy supervision requirement and that the opt- |
| | | Medicine and Nursing, requesting exemption from | out is consistent with state law. The request for exemption and |
| | | doctor of medicine or osteopathy supervision for | recognition of state laws and the withdrawal of the request may be |
| | | CRNAs. The letter from the governor attests that they | submitted at any time and are effective upon submission. |
| | | have consulted with the state Boards of Medicine and | |
| | | Nursing about issues related to access to and the | |
| | | quality of anesthesia services in the state and has | |
| | | concluded that it is in the best interests of the state's | |
| | | citizens to opt out of the current doctor of medicine or | |
| | | osteopathy supervision requirement, and that the opt- | |
| | | out is consistent with state law. The request for | |
| | | exemption and recognition of state laws and the | |
| | | withdrawal of the request may be submitted at any time | |
| | | and are effective upon submission. | |
| §482.52(a)(4) | (4) A certified registered nurse anesthetist | MS.03.01.01, EP 2 | PC.13.01.01, EP 1 |
| | (CRNA), as defined in §410.69(b) of this | Physicians and other licensed practitioners practice | For hospitals that use Joint Commission accreditation for deemed |
| | chapter, who, unless exempted in | only within the scope of their privileges as determined | status purposes: General anesthesia, regional anesthesia, and |
| | accordance with paragraph (c) of this | through mechanisms defined by the organized medical | monitored anesthesia, including deep sedation/analgesia, is |
| | section, is under the supervision of the | staff. | administered only by the following individuals: |

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| | operating practitioner or of an | | - A qualified anesthesiologist |
| | anesthesiologist who is immediately | PC.03.01.01, EP 10 | - A doctor of medicine or osteopathy other than an |
| | available if needed; or | For hospitals that use Joint Commission accreditation | anesthesiologist |
| | | for deemed status purposes: In accordance with the | - A doctor of dental surgery or dental medicine, who is qualified to |
| | | hospital's policy and state scope-of-practice laws, | administer anesthesia under state law |
| | | anesthesia is administered only by the following | - A doctor of podiatric medicine, who is qualified to administer |
| | | individuals: | anesthesia under state law |
| | | - An anesthesiologist | - A certified registered nurse anesthetist (CRNA), as defined in 42 |
| | | - A doctor of medicine or osteopathy other than an | CFR 410.69(b), supervised by the operating practitioner, except as |
| | | anesthesiologist | provided in 42 CFR 482.52(c) regarding the state exemption for |
| | | - A doctor of dental surgery or dental medicine | this supervision |
| | | - A doctor of podiatric medicine | - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b), |
| | | - A certified registered nurse anesthetist (CRNA) | supervised by an anesthesiologist who is immediately available if |
| | | supervised by the operating practitioner except as | needed |
| | | provided in 42 CFR 482.52(c) regarding the state | Note 1: In accordance with 42 CFR 413.85(e), an approved nursing |
| | | exemption for this supervision * | and allied health education program is a planned program of study |
| | | - An anesthesiologist's assistant supervised by an | that is licensed by state law or, if licensing is not required, is |
| | | anesthesiologist who is immediately available if needed | accredited by a recognized national professional organization. |
| | | - A supervised trainee in an approved educational | Such national accrediting bodies include, but are not limited to, |
| | | program | the Commission on Accreditation of Allied Health Education |
| | | Note 1: In accordance with 42 CFR 413.85(e), an | Programs and the National League of Nursing Accrediting |
| | | approved nursing and allied health education program is | Commission. |
| | | a planned program of study that is licensed by state law | Note 2: See Glossary for the definition of certified registered nurse |
| | | or, if licensing is not required, is accredited by a | anesthetist (CRNA) and anesthesiologist assistant. |
| | | recognized national professional organization. Such | Note 3: The CoP at 42 CFR 482.52(c) for state exemption states: A |
| | | national accrediting bodies include, but are not limited | hospital may be exempt from the requirement for doctors of |
| | | to, the Commission on Accreditation of Allied Health | medicine or osteopathy to supervise CRNAs if the state in which |
| | | Education Programs and the National League of Nursing | the hospital is located submits a letter to the Centers for Medicare |
| | | Accrediting Commission. | & Medicaid Services (CMS) signed by the governor, following |
| | | Note 2: "Anesthesiologist assistant" is defined in 42 CFR | consultation with the state's boards of medicine and nursing, |
| | | 410.69(b). | requesting exemption from doctor of medicine or osteopathy |
| | | Footnote *: The CoP at 42 CFR 482.52(c) for state | supervision for CRNAs. The letter from the governor attests that |
| | | exemption states: A hospital may be exempt from the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | requirement for doctors of medicine or osteopathy to | they have consulted with the state boards of medicine and nursing |
| | | supervise CRNAs if the state in which the hospital is | about issues related to access to and the quality of anesthesia |
| | | located submits a letter to the Centers for Medicare | services in the state and has concluded that it is in the best |
| | | & Medicaid Services (CMS) signed by the governor, | interests of the state's citizens to opt out of the current doctor of |
| | | following consultation with the state's Boards of | medicine or osteopathy supervision requirement and that the opt- |
| | | Medicine and Nursing, requesting exemption from | out is consistent with state law. The request for exemption and |
| | | doctor of medicine or osteopathy supervision for | recognition of state laws and the withdrawal of the request may be |
| | | CRNAs. The letter from the governor attests that they | submitted at any time and are effective upon submission. |
| | | have consulted with the state Boards of Medicine and | |
| | | Nursing about issues related to access to and the | |
| | | quality of anesthesia services in the state and has | |
| | | concluded that it is in the best interests of the state's | |
| | | citizens to opt out of the current doctor of medicine or | |
| | | osteopathy supervision requirement, and that the opt- | |
| | | out is consistent with state law. The request for | |
| | | exemption and recognition of state laws and the | |
| | | withdrawal of the request may be submitted at any time | |
| | | and are effective upon submission. | |
| §482.52(a)(5) | (5) An anesthesiologist's assistant, as | HR.01.02.07, EP 2 | PC.13.01.01, EP 1 |
| | defined in Sec. 410.69(b) of this chapter, | Staff who provide patient care, treatment, and services | For hospitals that use Joint Commission accreditation for deemed |
| | who is under the supervision of an | practice within the scope of their license, certification, | status purposes: General anesthesia, regional anesthesia, and |
| | anesthesiologist who is immediately | or registration and as required by law and regulation. | monitored anesthesia, including deep sedation/analgesia, is |
| | available if needed. | | administered only by the following individuals: |
| | | MS.03.01.01, EP 2 | - A qualified anesthesiologist |
| | | Physicians and other licensed practitioners practice | - A doctor of medicine or osteopathy other than an |
| | | only within the scope of their privileges as determined | anesthesiologist |
| | | through mechanisms defined by the organized medical | - A doctor of dental surgery or dental medicine, who is qualified to |
| | | staff. | administer anesthesia under state law |
| | | | - A doctor of podiatric medicine, who is qualified to administer |
| | | PC.03.01.01, EP 10 | anesthesia under state law |
| | | For hospitals that use Joint Commission accreditation | - A certified registered nurse anesthetist (CRNA), as defined in 42 |
| | | for deemed status purposes: In accordance with the | CFR 410.69(b), supervised by the operating practitioner, except as |
| | | hospital's policy and state scope-of-practice laws, | provided in 42 CFR 482.52(c) regarding the state exemption for |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | anesthesia is administered only by the following | this supervision |
| | | individuals: | - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b), |
| | | - An anesthesiologist | supervised by an anesthesiologist who is immediately available if |
| | | - A doctor of medicine or osteopathy other than an | needed |
| | | anesthesiologist | Note 1: In accordance with 42 CFR 413.85(e), an approved nursing |
| | | - A doctor of dental surgery or dental medicine | and allied health education program is a planned program of study |
| | | - A doctor of podiatric medicine | that is licensed by state law or, if licensing is not required, is |
| | | - A certified registered nurse anesthetist (CRNA) | accredited by a recognized national professional organization. |
| | | supervised by the operating practitioner except as | Such national accrediting bodies include, but are not limited to, |
| | | provided in 42 CFR 482.52(c) regarding the state | the Commission on Accreditation of Allied Health Education |
| | | exemption for this supervision * | Programs and the National League of Nursing Accrediting |
| | | - An anesthesiologist's assistant supervised by an | Commission. |
| | | anesthesiologist who is immediately available if needed | Note 2: See Glossary for the definition of certified registered nurse |
| | | - A supervised trainee in an approved educational | anesthetist (CRNA) and anesthesiologist assistant. |
| | | program | Note 3: The CoP at 42 CFR 482.52(c) for state exemption states: A |
| | | Note 1: In accordance with 42 CFR 413.85(e), an | hospital may be exempt from the requirement for doctors of |
| | | approved nursing and allied health education program is | medicine or osteopathy to supervise CRNAs if the state in which |
| | | a planned program of study that is licensed by state law | the hospital is located submits a letter to the Centers for Medicare |
| | | or, if licensing is not required, is accredited by a | & Medicaid Services (CMS) signed by the governor, following |
| | | recognized national professional organization. Such | consultation with the state's boards of medicine and nursing, |
| | | national accrediting bodies include, but are not limited | requesting exemption from doctor of medicine or osteopathy |
| | | to, the Commission on Accreditation of Allied Health | supervision for CRNAs. The letter from the governor attests that |
| | | Education Programs and the National League of Nursing | they have consulted with the state boards of medicine and nursing |
| | | Accrediting Commission. | about issues related to access to and the quality of anesthesia |
| | | Note 2: "Anesthesiologist assistant" is defined in 42 CFR | services in the state and has concluded that it is in the best |
| | | 410.69(b). | interests of the state's citizens to opt out of the current doctor of |
| | | Footnote *: The CoP at 42 CFR 482.52(c) for state | medicine or osteopathy supervision requirement and that the opt- |
| | | exemption states: A hospital may be exempt from the | out is consistent with state law. The request for exemption and |
| | | requirement for doctors of medicine or osteopathy to | recognition of state laws and the withdrawal of the request may be |
| | | supervise CRNAs if the state in which the hospital is | submitted at any time and are effective upon submission. |
| | | located submits a letter to the Centers for Medicare | |
| | | & Samp; Medicaid Services (CMS) signed by the governor, | |
| | | following consultation with the state's Boards of | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Medicine and Nursing, requesting exemption from | |
| | | doctor of medicine or osteopathy supervision for | |
| | | CRNAs. The letter from the governor attests that they | |
| | | have consulted with the state Boards of Medicine and | |
| | | Nursing about issues related to access to and the | |
| | | quality of anesthesia services in the state and has | |
| | | concluded that it is in the best interests of the state's | |
| | | citizens to opt out of the current doctor of medicine or | |
| | | osteopathy supervision requirement, and that the opt- | |
| | | out is consistent with state law. The request for | |
| | | exemption and recognition of state laws and the | |
| | | withdrawal of the request may be submitted at any time | |
| | | and are effective upon submission. | |
| §482.52(b) | §482.52(b) Standard: Delivery of Services | EC.02.04.03, EP 26 | LD.13.03.01, EP 1 |
| | Anesthesia services must be consistent with | The hospital performs equipment maintenance on | The hospital provides services directly or through referral, |
| | needs and resources. Policies on anesthesia | anesthesia apparatus. The apparatus are tested at the | consultation, contractual arrangements, or other agreements that |
| | procedures must include the delineation of | final path to patient after any adjustment, modification, | meet the needs of the population(s) served, are organized |
| | preanesthesia and postanesthesia | or repair. Before the apparatus is returned to service, | appropriate to the scope and complexity of services offered, and |
| | responsibilities. The policies must ensure | each connection is checked to verify proper gas flow and | are in accordance with accepted standards of practice. Services |
| | that the following are provided for each | an oxygen analyzer is used to verify oxygen | may include but are not limited to the following: |
| | patient: | concentration. Areas designated for servicing of oxygen | - Outpatient |
| | | equipment are clean and free of oil, grease, or other | - Emergency |
| | | flammables. (For full text, refer to NFPA 99-2012: | - Medical records |
| | | 11.4.1.3; 11.5.1.3; 11.6.2.5; 11.6.2.6) | - Diagnostic and therapeutic radiology |
| | | | - Nuclear medicine |
| | | LD.01.03.01, EP 3 | - Surgical |
| | | The governing body approves the hospital's written | - Anesthesia |
| | | scope of services. | - Laboratory |
| | | | - Respiratory |
| | | LD.01.03.01, EP 5 | - Dietetic |
| | | The governing body provides for the resources needed to | |
| | | maintain safe, quality care, treatment, and services. | PC.13.01.03, EP 2 |
| | | | For hospitals that use Joint Commission accreditation for deemed |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | LD.04.01.07, EP 1 | status purposes: The hospital develops and implements policies |
| | | Leaders review, approve, and manage the | and procedures for anesthesia that include the delineation of |
| | | implementation of policies and procedures that guide | preanesthesia and postanesthesia responsibilities. The policies |
| | | and support patient care, treatment, and services. | require the following for each patient: |
| | | | -A preanesthesia evaluation completed and documented by an |
| | | PC.03.01.01, EP 6 | individual qualified to administer anesthesia, as specified in 42 |
| | | For operative or other high-risk procedures, including | CFR 482.52(a), within 48 hours prior to surgery or a procedure |
| | | those that require the administration of moderate or | requiring anesthesia services. |
| | | deep sedation or anesthesia, the following is available: | - An intraoperative anesthesia record. |
| | | - Equipment to monitor the patient's physiological | -A postanesthesia evaluation completed and documented by an |
| | | status Equipment to administer intravenous fluids and | individual qualified to administer anesthesia, as specified in 42 |
| | | - Equipment to administer intravenous fluids and medications and, if needed, blood and blood | CFR 482.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia services. The postanesthesia evaluation for |
| | | components | anesthesia recovery is completed in accordance with state law |
| | | Components | and hospital policies and procedures that have been approved by |
| | | PC.03.01.03, EP 1 | the medical staff and reflect current standards of anesthesia care. |
| | | Before operative or other high-risk procedures are | |
| | | initiated, or before moderate or deep sedation or | |
| | | anesthesia is administered: The hospital conducts a | |
| | | presedation or preanesthesia patient assessment. | |
| | | | |
| | | PC.03.01.03, EP 8 | |
| | | The hospital reevaluates the patient immediately before | |
| | | administering moderate or deep sedation or anesthesia. | |
| | | | |
| | | PC.03.01.07, EP 1 | |
| | | The hospital assesses the patient's physiological status | |
| | | immediately after the operative or other high-risk | |
| | | procedure and/or as the patient recovers from moderate | |
| | | or deep sedation or anesthesia. | |
| | | PC.03.01.07, EP 2 | |
| | | The hospital monitors the patient's physiological status, | |
| | | The hospital monitors the patient's physiological status, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | mental status, and pain level at a frequency and | |
| | | intensity consistent with the potential effect of the | |
| | | operative or other high-risk procedure and/or the sedation or anesthesia administered. | |
| | | sedation of allestriesia administered. | |
| | | PC.03.01.07, EP 4 | |
| | | A qualified physician or other licensed practitioner | |
| | | discharges the patient from the recovery area or from | |
| | | the hospital. In the absence of a qualified individual, | |
| | | patients are discharged according to criteria approved | |
| | | by clinical leaders. | |
| §482.52(b)(1) | (1) A pre-anesthesia evaluation completed | PC.03.01.03, EP 18 | PC.13.01.03, EP 2 |
| | and documented by an individual qualified to | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | administer anesthesia, as specified in | for deemed status purposes: A preanesthesia evaluation | status purposes: The hospital develops and implements policies |
| | paragraph (a) of this section, performed | is completed and documented by an individual qualified | and procedures for anesthesia that include the delineation of |
| | within 48 hours prior to surgery or a | to administer anesthesia within 48 hours prior to surgery | preanesthesia and postanesthesia responsibilities. The policies |
| | procedure requiring anesthesia services. | or a procedure requiring anesthesia services. | require the following for each patient: |
| | | | -A preanesthesia evaluation completed and documented by an |
| | | | individual qualified to administer anesthesia, as specified in 42 |
| | | | CFR 482.52(a), within 48 hours prior to surgery or a procedure |
| | | | requiring anesthesia services An intraoperative anesthesia record. |
| | | | -An intraoperative ariestriesia record. -A postanesthesia evaluation completed and documented by an |
| | | | individual qualified to administer anesthesia, as specified in 42 |
| | | | CFR 482.52(a), no later than 48 hours after surgery or a procedure |
| | | | requiring anesthesia services. The postanesthesia evaluation for |
| | | | anesthesia recovery is completed in accordance with state law |
| | | | and hospital policies and procedures that have been approved by |
| | | | the medical staff and reflect current standards of anesthesia care. |
| §482.52(b)(2) | (2) An intraoperative anesthesia record. | PC.03.01.05, EP 1 | PC.13.01.03, EP 2 |
| | | During operative or other high-risk procedures, including | For hospitals that use Joint Commission accreditation for deemed |
| | | those that require the administration of moderate or | status purposes: The hospital develops and implements policies |
| | | deep sedation or anesthesia, the patient's oxygenation, | and procedures for anesthesia that include the delineation of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | ventilation, and circulation are monitored continuously. | preanesthesia and postanesthesia responsibilities. The policies |
| | | | require the following for each patient: |
| | | RC.02.01.03, EP 1 | -A preanesthesia evaluation completed and documented by an |
| | | The hospital documents in the patient's medical record | individual qualified to administer anesthesia, as specified in 42 |
| | | any operative or other high-risk procedure and/or the | CFR 482.52(a), within 48 hours prior to surgery or a procedure |
| | | administration of moderate or deep sedation or | requiring anesthesia services. |
| | | anesthesia. | - An intraoperative anesthesia record. |
| | | | -A postanesthesia evaluation completed and documented by an |
| | | | individual qualified to administer anesthesia, as specified in 42 |
| | | | CFR 482.52(a), no later than 48 hours after surgery or a procedure |
| | | | requiring anesthesia services. The postanesthesia evaluation for |
| | | | anesthesia recovery is completed in accordance with state law |
| | | | and hospital policies and procedures that have been approved by |
| | | | the medical staff and reflect current standards of anesthesia care. |
| §482.52(b)(3) | (3) A postanesthesia evaluation completed | PC.03.01.07, EP 7 | PC.13.01.03, EP 2 |
| | and documented by an individual qualified to | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | administer anesthesia, as specified in | for deemed status purposes: A postanesthesia | status purposes: The hospital develops and implements policies |
| | paragraph (a) of this section, no later than 48 | evaluation is completed and documented by an | and procedures for anesthesia that include the delineation of |
| | hours after surgery or a procedure requiring | individual qualified to administer anesthesia no later | preanesthesia and postanesthesia responsibilities. The policies |
| | anesthesia services. The postanesthesia | than 48 hours after surgery or a procedure requiring | require the following for each patient: |
| | evaluation for anesthesia recovery must be | anesthesia services. | -A preanesthesia evaluation completed and documented by an |
| | completed in accordance with State law and | | individual qualified to administer anesthesia, as specified in 42 |
| | with hospital policies and procedures that | PC.03.01.07, EP 8 | CFR 482.52(a), within 48 hours prior to surgery or a procedure |
| | have been approved by the medical staff and | For hospitals that use Joint Commission accreditation | requiring anesthesia services. |
| | that reflect current standards of anesthesia | for deemed status purposes: The postanesthesia | - An intraoperative anesthesia record. |
| | care. | evaluation for anesthesia recovery is completed in | -A postanesthesia evaluation completed and documented by an |
| | | accordance with law and regulation and policies and | individual qualified to administer anesthesia, as specified in 42 |
| | | procedures that have been approved by the medical | CFR 482.52(a), no later than 48 hours after surgery or a procedure |
| | | staff. | requiring anesthesia services. The postanesthesia evaluation for |
| | | | anesthesia recovery is completed in accordance with state law |
| | | | and hospital policies and procedures that have been approved by |
| 0.400.507. | 0.400 50() 0: - - - - | | the medical staff and reflect current standards of anesthesia care. |
| §482.52(c) | §482.52(c) Standard: State Exemption | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.52(c)(1) | (1) A hospital may be exempted from the | MS.03.01.01, EP 2 | PC.13.01.01, EP 1 |
| | requirement for physician supervision of | Physicians and other licensed practitioners practice | For hospitals that use Joint Commission accreditation for deemed |
| | CRNAs as described in paragraph (a)(4) of | only within the scope of their privileges as determined | status purposes: General anesthesia, regional anesthesia, and |
| | this section, if the State in which the hospital | through mechanisms defined by the organized medical | monitored anesthesia, including deep sedation/analgesia, is |
| | is located submits a letter to CMS signed by | staff. | administered only by the following individuals: |
| | the Governor, following consultation with the | | - A qualified anesthesiologist |
| | State's Boards of Medicine and Nursing, | PC.03.01.01, EP 10 | - A doctor of medicine or osteopathy other than an |
| | requesting exemption from physician | For hospitals that use Joint Commission accreditation | anesthesiologist |
| | supervision of CRNAs. The letter from the | for deemed status purposes: In accordance with the | - A doctor of dental surgery or dental medicine, who is qualified to |
| | Governor must attest that he or she has | hospital's policy and state scope-of-practice laws, | administer anesthesia under state law |
| | consulted with State Boards of Medicine and | anesthesia is administered only by the following | - A doctor of podiatric medicine, who is qualified to administer |
| | Nursing about issues related to access to | individuals: | anesthesia under state law |
| | and the quality of anesthesia services in the | - An anesthesiologist | - A certified registered nurse anesthetist (CRNA), as defined in 42 |
| | State and has concluded that it is in the best | - A doctor of medicine or osteopathy other than an | CFR 410.69(b), supervised by the operating practitioner, except as |
| | interests of the State's citizens to opt-out of | anesthesiologist | provided in 42 CFR 482.52(c) regarding the state exemption for |
| | the current physician supervision | - A doctor of dental surgery or dental medicine | this supervision |
| | requirement, and that the opt-out is | - A doctor of podiatric medicine | - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b), |
| | consistent with State law. | - A certified registered nurse anesthetist (CRNA) | supervised by an anesthesiologist who is immediately available if |
| | | supervised by the operating practitioner except as | needed |
| | | provided in 42 CFR 482.52(c) regarding the state | Note 1: In accordance with 42 CFR 413.85(e), an approved nursing |
| | | exemption for this supervision * | and allied health education program is a planned program of study |
| | | - An anesthesiologist's assistant supervised by an | that is licensed by state law or, if licensing is not required, is |
| | | anesthesiologist who is immediately available if needed | accredited by a recognized national professional organization. |
| | | - A supervised trainee in an approved educational | Such national accrediting bodies include, but are not limited to, |
| | | program | the Commission on Accreditation of Allied Health Education |
| | | Note 1: In accordance with 42 CFR 413.85(e), an | Programs and the National League of Nursing Accrediting |
| | | approved nursing and allied health education program is | Commission. |
| | | a planned program of study that is licensed by state law | Note 2: See Glossary for the definition of certified registered nurse |
| | | or, if licensing is not required, is accredited by a | anesthetist (CRNA) and anesthesiologist assistant. |
| | | recognized national professional organization. Such | Note 3: The CoP at 42 CFR 482.52(c) for state exemption states: A |
| | | national accrediting bodies include, but are not limited | hospital may be exempt from the requirement for doctors of |
| | | to, the Commission on Accreditation of Allied Health | medicine or osteopathy to supervise CRNAs if the state in which |
| | | Education Programs and the National League of Nursing | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Accrediting Commission. | the hospital is located submits a letter to the Centers for Medicare |
| | | Note 2: "Anesthesiologist assistant" is defined in 42 CFR | & Medicaid Services (CMS) signed by the governor, following |
| | | 410.69(b). | consultation with the state's boards of medicine and nursing, |
| | | Footnote *: The CoP at 42 CFR 482.52(c) for state | requesting exemption from doctor of medicine or osteopathy |
| | | exemption states: A hospital may be exempt from the | supervision for CRNAs. The letter from the governor attests that |
| | | requirement for doctors of medicine or osteopathy to | they have consulted with the state boards of medicine and nursing |
| | | supervise CRNAs if the state in which the hospital is | about issues related to access to and the quality of anesthesia |
| | | located submits a letter to the Centers for Medicare | services in the state and has concluded that it is in the best |
| | | & Medicaid Services (CMS) signed by the governor, | interests of the state's citizens to opt out of the current doctor of |
| | | following consultation with the state's Boards of | medicine or osteopathy supervision requirement and that the opt- |
| | | Medicine and Nursing, requesting exemption from | out is consistent with state law. The request for exemption and |
| | | doctor of medicine or osteopathy supervision for | recognition of state laws and the withdrawal of the request may be |
| | | CRNAs. The letter from the governor attests that they | submitted at any time and are effective upon submission. |
| | | have consulted with the state Boards of Medicine and | |
| | | Nursing about issues related to access to and the | |
| | | quality of anesthesia services in the state and has | |
| | | concluded that it is in the best interests of the state's | |
| | | citizens to opt out of the current doctor of medicine or | |
| | | osteopathy supervision requirement, and that the opt- | |
| | | out is consistent with state law. The request for | |
| | | exemption and recognition of state laws and the | |
| | | withdrawal of the request may be submitted at any time | |
| C400 50(-)(0) | (0) The area was at few areas times and | and are effective upon submission. | DO 40 04 04 ED 4 |
| §482.52(c)(2) | (2) The request for exemption and | PC.03.01.01, EP 10 | PC.13.01.01, EP 1 |
| | recognition of State laws, and the withdrawal | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | of the request may be submitted at any time, | for deemed status purposes: In accordance with the | status purposes: General anesthesia, regional anesthesia, and |
| | and are effective upon submission. | hospital's policy and state scope-of-practice laws, | monitored anesthesia, including deep sedation/analgesia, is |
| | | anesthesia is administered only by the following | administered only by the following individuals: |
| | | individuals: | - A qualified anesthesiologist |
| | | - An anesthesiologist | - A doctor of medicine or osteopathy other than an |
| | | - A doctor of medicine or osteopathy other than an | anesthesiologist A doctor of dontal surgery or dontal modicing, who is qualified to |
| | | anesthesiologist - A doctor of dental surgery or dental medicine | - A doctor of dental surgery or dental medicine, who is qualified to administer anesthesia under state law |
| | | - A doctor or dental surgery or dental medicine | auminister anesthesia under state taw |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|---|
| | | - A doctor of podiatric medicine | - A doctor of podiatric medicine, who is qualified to administer |
| | | - A certified registered nurse anesthetist (CRNA) | anesthesia under state law |
| | | supervised by the operating practitioner except as | - A certified registered nurse anesthetist (CRNA), as defined in 42 |
| | | provided in 42 CFR 482.52(c) regarding the state | CFR 410.69(b), supervised by the operating practitioner, except as |
| | | exemption for this supervision * | provided in 42 CFR 482.52(c) regarding the state exemption for |
| | | - An anesthesiologist's assistant supervised by an | this supervision |
| | | anesthesiologist who is immediately available if needed | - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b), |
| | | - A supervised trainee in an approved educational | supervised by an anesthesiologist who is immediately available if |
| | | program | needed |
| | | Note 1: In accordance with 42 CFR 413.85(e), an | Note 1: In accordance with 42 CFR 413.85(e), an approved nursing |
| | | approved nursing and allied health education program is | and allied health education program is a planned program of study |
| | | a planned program of study that is licensed by state law | that is licensed by state law or, if licensing is not required, is |
| | | or, if licensing is not required, is accredited by a | accredited by a recognized national professional organization. |
| | | recognized national professional organization. Such | Such national accrediting bodies include, but are not limited to, |
| | | national accrediting bodies include, but are not limited | the Commission on Accreditation of Allied Health Education |
| | | to, the Commission on Accreditation of Allied Health | Programs and the National League of Nursing Accrediting |
| | | Education Programs and the National League of Nursing | Commission. |
| | | Accrediting Commission. | Note 2: See Glossary for the definition of certified registered nurse |
| | | Note 2: "Anesthesiologist assistant" is defined in 42 CFR | anesthetist (CRNA) and anesthesiologist assistant. |
| | | 410.69(b). | Note 3: The CoP at 42 CFR 482.52(c) for state exemption states: A |
| | | Footnote *: The CoP at 42 CFR 482.52(c) for state | hospital may be exempt from the requirement for doctors of |
| | | exemption states: A hospital may be exempt from the | medicine or osteopathy to supervise CRNAs if the state in which |
| | | requirement for doctors of medicine or osteopathy to | the hospital is located submits a letter to the Centers for Medicare |
| | | supervise CRNAs if the state in which the hospital is | & mp; Medicaid Services (CMS) signed by the governor, following |
| | | located submits a letter to the Centers for Medicare | consultation with the state's boards of medicine and nursing, |
| | | & Medicaid Services (CMS) signed by the governor, | requesting exemption from doctor of medicine or osteopathy |
| | | following consultation with the state's Boards of | supervision for CRNAs. The letter from the governor attests that |
| | | Medicine and Nursing, requesting exemption from | they have consulted with the state boards of medicine and nursing |
| | | doctor of medicine or osteopathy supervision for | about issues related to access to and the quality of anesthesia |
| | | CRNAs. The letter from the governor attests that they | services in the state and has concluded that it is in the best |
| | | have consulted with the state Boards of Medicine and | interests of the state's citizens to opt out of the current doctor of |
| | | Nursing about issues related to access to and the | medicine or osteopathy supervision requirement and that the opt- |
| | | quality of anesthesia services in the state and has | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | concluded that it is in the best interests of the state's | out is consistent with state law. The request for exemption and |
| | | citizens to opt out of the current doctor of medicine or | recognition of state laws and the withdrawal of the request may be |
| | | osteopathy supervision requirement, and that the opt- | submitted at any time and are effective upon submission. |
| | | out is consistent with state law. The request for | |
| | | exemption and recognition of state laws and the | |
| | | withdrawal of the request may be submitted at any time | |
| | | and are effective upon submission. | |
| §482.53 | §482.53 Condition of Participation: Nuclear | LD.01.03.01, EP 3 | LD.13.03.01, EP 1 |
| | Medicine Services If the hospital provides | The governing body approves the hospital's written | The hospital provides services directly or through referral, |
| | nuclear medicine services, those services | scope of services. | consultation, contractual arrangements, or other agreements that |
| | must meet the needs of the patients in | | meet the needs of the population(s) served, are organized |
| | accordance with acceptable standards of | LD.01.03.01, EP 5 | appropriate to the scope and complexity of services offered, and |
| | practice. | The governing body provides for the resources needed to | are in accordance with accepted standards of practice. Services |
| | | maintain safe, quality care, treatment, and services. | may include but are not limited to the following: |
| | | | - Outpatient |
| | | LD.03.10.01, EP 3 | - Emergency |
| | | When clinical practice guidelines will be used in the | - Medical records |
| | | design or modification of processes, the following | - Diagnostic and therapeutic radiology |
| | | OCCURS: | - Nuclear medicine |
| | | - The hospital follows criteria to manage guideline | - Surgical - Anesthesia |
| | | selection and implementation The leaders of the hospital and the organized medical | - Laboratory |
| | | staff review, approve, and modify the clinical practice | - Respiratory |
| | | guidelines as needed. | - Dietetic |
| | | - The leaders of the hospital manage and evaluate the | - Dietetic |
| | | implementation of the guidelines. | |
| | | implementation of the galdetines. | |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | |
| | | following: | |
| | | - Diagnostic radiology | |
| | | - Dietary | |
| | | - Emergency | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|-----------------|---|-------------------|
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |
| | | as well as staff qualifications, meet professionally | |
| §482.53 | Element Deleted | approved standards. | |
| 9482.53 | Element Deteted | LD.01.03.01, EP 3 | |
| | | The governing body approves the hospital's written scope of services. | |
| | | scope of services. | |
| | | LD.01.03.01, EP 5 | |
| | | The governing body provides for the resources needed to | |
| | | maintain safe, quality care, treatment, and services. | |
| | | | |
| | | LD.03.10.01, EP 3 | |
| | | When clinical practice guidelines will be used in the | |

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| | | design or modification of processes, the following | |
| | | occurs: | |
| | | - The hospital follows criteria to manage guideline | |
| | | selection and implementation. | |
| | | - The leaders of the hospital and the organized medical | |
| | | staff review, approve, and modify the clinical practice | |
| | | guidelines as needed. | |
| | | - The leaders of the hospital manage and evaluate the | |
| | | implementation of the guidelines. | |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | |
| | | following: | |
| | | - Diagnostic radiology | |
| | | - Dietary | |
| | | - Emergency | |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | A: Medicare Requirements for Hospitals" (AXA). Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The diagnostic radiology services provided by the hospital, as well as staff qualifications, meet professionally approved standards. | |
| §482.53(a) | \$482.53(a) Standard: Organization and Staffing The organization of the nuclear medicine service must be appropriate to the scope and complexity of the services offered. | LD.01.03.01, EP 3 The governing body approves the hospital's written scope of services. LD.01.03.01, EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. LD.04.01.11, EP 5 The leaders provide for equipment, information systems, supplies, and other resources. | LD.13.03.01, EP 1 The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: - Outpatient - Emergency - Medical records - Diagnostic and therapeutic radiology - Nuclear medicine - Surgical - Anesthesia - Laboratory - Respiratory - Dietetic |
| §482.53(a)(1) | (1) There must be a director who is a doctor of medicine or osteopathy qualified in nuclear medicine. | LD.04.01.05, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services: - Anesthesia - Nuclear medicine - Respiratory care | LD.13.01.07, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes: A qualified doctor of medicine or osteopathy directs the following services, when provided: - Anesthesia - Nuclear medicine - Respiratory care Note 1: The anesthesia service is responsible for all anesthesia administered in the hospital. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | Note 2: For respiratory care services, the director may serve on |
| | | | either a full-time or part-time basis. |
| §482.53(a)(2) | (2) The qualifications, training, functions and | HR.01.01.01, EP 1 | MS.16.01.01, EP 12 |
| | responsibilities of the nuclear medicine | The hospital defines staff qualifications specific to their | For hospitals that use Joint Commission accreditation for deemed |
| | personnel must be specified by the service | job responsibilities. | status purposes: The medical staff approves the nuclear services |
| | director and approved by the medical staff. | Note 1: Qualifications for infection control may be met | director's specifications for the qualifications, training, functions, |
| | | through ongoing education, training, experience, and/or | and responsibilities of the nuclear medicine staff. |
| | | certification (such as that offered by the Certification | |
| | | Board for Infection Control). | |
| | | Note 2: Qualifications for laboratory personnel are | |
| | | described in the Clinical Laboratory Improvement | |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | |
| | | "Personnel for Nonwaived Testing" \$493.1351- | |
| | | §493.1495. A complete description of the requirement is | |
| | | located at https://www.ecfr.gov/cgi-bin/text- | |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |

| use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. Note 5: For hospitals that use Joint Commission accreditation for deemed status purposes: Staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing. HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to complete their assigned responsibilities. | CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. Note 5: For hospitals that use Joint Commission accreditation for deemed status purposes: Staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing. HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
| Rights Act of 1964. Note 5: For hospitals that use Joint Commission accreditation for deemed status purposes: Staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing. HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
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| accreditation for deemed status purposes: Staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing. HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
| qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing. HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | · | |
| and the amount of supervision required to carry out the specific procedures is designated in writing. HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | ··· | |
| specific procedures is designated in writing. HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
| HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
| The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | specific procedures is designated in writing. | |
| The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | HR.01.06.01, EP 1 | |
| staff who provide patient care, treatment, or services. LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | <u> </u> | |
| Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | staff who provide patient care, treatment, or services. | |
| Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
| individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
| services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | · | |
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| to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
| LD.03.06.01, EP 3 Those who work in the hospital are competent to | | | | |
| Those who work in the hospital are competent to | | | to the scope and complexity of the services offered. | |
| Those who work in the hospital are competent to | | | LD.03.06.01. EP 3 | |
| | | | | |
| | | | complete their assigned responsibilities. | |
| | | | | |
| MS.03.01.01, EP 17 | | | | |
| For hospitals that use Joint Commission accreditation | | | | |
| for deemed status purposes: The medical staff approves | | | | |
| the nuclear services director's specifications for the | | | • | |
| qualifications, training, functions, and responsibilities of the nuclear medicine staff. | | | | |
| | §482.53(b) | 8/82 53(h) Standard: Delivery of Service | | DE 02 01 01 ED 4 |
| | 3 7 02.33(b) | · · | | The hospital develops and implements policies and procedures to |

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| | labeled, used, transported, stored, and | identifies as security sensitive. | protect patients and staff from exposure to hazardous materials. |
| | disposed of in accordance with acceptable | | The policies and procedures address the following: |
| | standards of practice. | EC.02.02.01, EP 3 | - Minimizing risk when selecting, handling, storing, transporting, |
| | | The hospital has written procedures, including the use | using, and disposing of radioactive materials, hazardous |
| | | of precautions and personal protective equipment, to | chemicals, and hazardous gases and vapors |
| | | follow in response to hazardous material and waste | - Disposal of hazardous medications |
| | | spills or exposures. | - Minimizing risk when selecting and using hazardous energy |
| | | F0 00 00 04 FD 4 | sources, including the use of proper shielding |
| | | EC.02.02.01, EP 4 | - Periodic inspection of radiology equipment and prompt |
| | | The hospital implements its procedures in response to | correction of hazards found during inspection |
| | | hazardous material and waste spills or exposures. | - Precautions to follow and personal protective equipment to wear in response to hazardous material and waste spills or exposure |
| | | EC.02.02.01, EP 6 | Note 1: Hazardous energy is produced by both ionizing equipment |
| | | The hospital minimizes risks associated with selecting, | (for example, radiation and x-ray equipment) and nonionizing |
| | | handling, storing, transporting, using, and disposing of | equipment (for example, lasers and MRIs). |
| | | radioactive materials. | Note 2: Hazardous gases and vapors include but are not limited to |
| | | Tadioustive materials. | ethylene oxide and nitrous oxide gases; vapors generated by |
| | | | glutaraldehyde; cauterizing equipment, such as lasers; waste |
| 1 | | EC.02.02.01, EP 7 | anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. |
| | | The hospital minimizes risks associated with selecting | (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9) |
| | | and using hazardous energy sources. | |
| | | Note 1: Hazardous energy is produced by both ionizing | |
| | | equipment (for example, radiation and x-ray equipment) | |
| | | and nonionizing equipment (for example, lasers and | |
| | | MRIs). | |
| | | Note 2: This includes the use of proper shielding during | |
| | | fluoroscopic procedures. | |
| | | | |
| | | EC.02.02.01, EP 8 | |
| | | The hospital minimizes risks associated with disposing | |
| | | of hazardous medications. | |
| 1 | | EC.02.02.01, EP 11 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | For managing hazardous materials and waste, the | |
| | | hospital has the permits, licenses, manifests, and safety | |
| | | data sheets required by law and regulation. | |
| | | | |
| | | EC.02.02.01, EP 12 | |
| | | The hospital labels hazardous materials and waste. | |
| | | Labels identify the contents and hazard warnings. * | |
| | | Footnote *: The Occupational Safety and Health | |
| | | Administration's (OSHA) Bloodborne Pathogens and | |
| | | Hazard Communications Standards and the National | |
| | | Fire Protection Association (NFPA) provide details on | |
| | | labeling requirements. | |
| | | MM 04 04 02 FD 4 | |
| | | MM.01.01.03, EP 1 The hospital identifies, in writing, its high-alert and | |
| | | hazardous medications. * | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| | | Footnote *: For a list of high-alert medications, see | |
| | | https://www.ismp.org/recommendations. For a list of | |
| | | hazardous drugs, see | |
| | | https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016- | |
| | | 161.pdf. | |
| | | | |
| | | MM.01.01.03, EP 2 | |
| | | The hospital follows a process for managing high-alert | |
| | | and hazardous medications. | |
| | | Note: This element of performance is also applicable to | |
| | | sample medications. | |
| §482.53(b)(1) | (1) In-house preparation of | | MM.15.01.01, EP 7 |
| | radiopharmaceuticals is by, or under the | | For hospitals that use Joint Commission accreditation for deemed |
| | supervision of, an appropriately trained | | status purposes: An appropriately trained registered pharmacist or |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | registered pharmacist or a doctor of | | doctor of medicine or osteopathy performs or supervises in-house |
| | medicine or osteopathy. | | preparation of radiopharmaceuticals. |
| §482.53(b)(2) | (2) There is proper storage and disposal of | EC.02.02.01, EP 6 | PE.02.01.01, EP 4 |
| | radioactive material. | The hospital minimizes risks associated with selecting, | The hospital develops and implements policies and procedures to |
| | | handling, storing, transporting, using, and disposing of | protect patients and staff from exposure to hazardous materials. |
| | | radioactive materials. | The policies and procedures address the following: |
| | | | - Minimizing risk when selecting, handling, storing, transporting, |
| | | | using, and disposing of radioactive materials, hazardous |
| | | EC.02.02.01, EP 8 | chemicals, and hazardous gases and vapors |
| | | The hospital minimizes risks associated with disposing | - Disposal of hazardous medications |
| | | of hazardous medications. | - Minimizing risk when selecting and using hazardous energy |
| | | | sources, including the use of proper shielding |
| | | EC.02.02.01, EP 11 | - Periodic inspection of radiology equipment and prompt |
| | | For managing hazardous materials and waste, the | correction of hazards found during inspection |
| | | hospital has the permits, licenses, manifests, and safety | - Precautions to follow and personal protective equipment to wear |
| | | data sheets required by law and regulation. | in response to hazardous material and waste spills or exposure |
| | | | Note 1: Hazardous energy is produced by both ionizing equipment |
| | | EC.02.02.01, EP 12 | (for example, radiation and x-ray equipment) and nonionizing |
| | | The hospital labels hazardous materials and waste. | equipment (for example, lasers and MRIs). |
| | | Labels identify the contents and hazard warnings. * | Note 2: Hazardous gases and vapors include but are not limited to |
| | | Footnote *: The Occupational Safety and Health | ethylene oxide and nitrous oxide gases; vapors generated by |
| | | Administration's (OSHA) Bloodborne Pathogens and | glutaraldehyde; cauterizing equipment, such as lasers; waste |
| | | Hazard Communications Standards and the National | anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. |
| | | Fire Protection Association (NFPA) provide details on | (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9) |
| 0.400.50(1.)(0) | (2) (4) | labeling requirements. | |
| §482.53(b)(3) | (3) If laboratory tests are performed in the | LD.04.01.01, EP 1 | LD.13.03.01, EP 9 |
| | nuclear medicine service, the service must | The hospital is licensed, is certified, or has a permit, in | For hospitals that use Joint Commission accreditation for deemed |
| | meet the applicable requirement for | accordance with law and regulation, to provide the care, | status purposes: If the hospital provides nuclear medicine |
| | laboratory services specified in §482.27. | treatment, or services for which the hospital is seeking | services, and nuclear medicine staff perform laboratory tests, the |
| | | accreditation from The Joint Commission. | services meet the applicable requirements for laboratory services |
| | | Note 1: Each service location that performs laboratory | specified in 42 CFR 482.27. |
| | | testing (waived or nonwaived) must have a Clinical | |
| | | Laboratory Improvement Amendments of 1988 (CLIA | |

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| S482.53(c) | \$482.53(c) Standard: Facilities Equipment and supplies must be appropriate for the types of nuclear medicine services offered and must be maintained for safe and efficient performance. The equipment must be | '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law. Laboratory services meet the applicable requirements at 42 CFR 482.27. Note 2: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html. EC.02.04.03, EP 2 The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment. Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate. EC.02.04.03, EP 3 The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented. LD.01.03.01, EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. | PE.04.01.01, EP 4 The hospital maintains equipment and supplies appropriate for the types of nuclear medicine services offered. The equipment is maintained for safe operation and efficient performance. |
| | | LD.04.01.11, EP 5 The leaders provide for equipment, information systems, supplies, and other resources. | |
| §482.53(c)(1) | (1) Maintained in safe operating condition; | EC.02.04.01, EP 4 | PE.04.01.01, EP 4 |
| | and | The hospital identifies the activities and associated | The hospital maintains equipment and supplies appropriate for the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. Note: Activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate. | types of nuclear medicine services offered. The equipment is maintained for safe operation and efficient performance. |
| | | EC.02.04.03, EP 1 For hospitals that do not use Joint Commission accreditation for deemed status purposes: Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. | |
| | | For hospitals that use Joint Commission accreditation for deemed status purposes: Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks. | |
| | | EC.02.04.03, EP 3 The hospital inspects, tests, and maintains non-highrisk equipment identified on the medical equipment inventory. These activities are documented. | |
| §482.53(c)(2) | (2) Inspected, tested and calibrated at least annually by qualified personnel. | EC.02.04.03, EP 16 For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The results and completion dates are documented. | PE.05.01.01, EP 1 At least annually, a diagnostic medical physicist or nuclear medicine physicist inspects, tests, and calibrates all nuclear medicine (NM) imaging equipment. The results, along with recommendations for correcting any problems identified, are documented. These activities are conducted for all of the image types produced clinically by each NM scanner (for example, planar and/or tomographic) and include the use of phantoms to assess the following imaging metrics: - Image uniformity/system uniformity |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | - High-contrast resolution/system spatial resolution |
| | | | - Sensitivity |
| | | | - Energy resolution |
| | | | - Count-rate performance |
| | | | - Artifact evaluation |
| | | | Note 1: The following test is recommended but not required: Low- |
| | | | contrast resolution or detectability for non-planar acquisitions. |
| | | | Note 2: The medical physicist or nuclear medicine physicist is |
| | | | accountable for these activities. They may be assisted with the |
| | | | testing and evaluation of equipment performance by individuals |
| | | | who have the required training and skills, as determined by the |
| | | | medical physicist or nuclear medicine physicist. (For more |
| 0.400.50(1) | 0.400 507 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | information, refer to HR.11.01.03, EPs 1 and 2; HR.11.02.01, EP 2) |
| §482.53(d) | §482.53(d) Standard: Records The hospital | RC.01.01.01, EP 7 | RC.11.01.01, EP 4 |
| | must maintain signed and dated reports of | All entries in the medical record are dated. | The hospital develops and implements policies and procedures for |
| | nuclear medicine interpretations, | DO 04 00 04 ED 0 | accurate, legible, complete, signed, dated, and timed medical |
| | consultations, and procedures. | RC.01.02.01, EP 3 | record entries that are authenticated by the person responsible for |
| | | The author of each medical record entry is identified in | providing or evaluating the service provided. The medical records |
| | | the medical record. | are promptly completed, properly filed and retained, and readily accessible. |
| | | RC.01.02.01, EP 4 | accessible. |
| | | Entries in the medical record are authenticated by the | RC.12.01.01, EP 2 |
| | | author. Information introduced into the medical record | The medical record contains the following clinical information: |
| | | through transcription or dictation is authenticated by the | - Admitting diagnosis |
| | | author. | - Any emergency care, treatment, and services provided to the |
| | | Note 1: Authentication can be verified through | patient before their arrival |
| | | electronic signatures, written signatures or initials, | - Any allergies to food and medications |
| | | rubber-stamp signatures, or computer key. | - Any findings of assessments and reassessments |
| | | Note 2: For paper-based records, signatures entered for | - Results of all consultative evaluations of the patient and findings |
| | | purposes of authentication after transcription or for | by clinical and other staff involved in the care of the patient |
| | | verbal orders are dated when required by law or | - Treatment goals, plan of care, and revisions to the plan of care |
| | | regulation or hospital policy. For electronic records, | - Documentation of complications, health care–acquired |
| | | electronic signatures will be date-stamped. | infections, and adverse reactions to drugs and anesthesia |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 3: For hospitals that use Joint Commission | - All practitioners' orders |
| | | accreditation for deemed status purposes: All orders, | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | including verbal orders, are dated and authenticated by | signs, and other information necessary to monitor the patient's |
| | | the ordering physician or other licensed practitioner who | condition |
| | | is responsible for the care of the patient, and who, in | - Medication records, including the strength, dose, route, date and |
| | | accordance with hospital policy; law and regulation; and | time of administration, access site for medication, administration |
| | | medical staff bylaws, rules, and regulations, is | devices used, and rate of administration |
| | | authorized to write orders. | Note: When rapid titration of a medication is necessary, the |
| | | | hospital defines in policy the urgent/emergent situations in which |
| | | RC.01.02.01, EP 5 | block charting would be an acceptable form of documentation. For |
| | | The individual identified by the signature stamp or | the definition and a further explanation of block charting, refer to |
| | | method of electronic authentication is the only | the Glossary. |
| | | individual who uses it. | - Administration of each self-administered medication, as reported |
| | | | by the patient (or the patient's caregiver or support person where |
| | | RC.02.01.01, EP 2 | appropriate) |
| | | The medical record contains the following clinical | - Records of radiology and nuclear medicine services, including |
| | | information: | signed interpretation reports |
| | | - The reason(s) for admission for care, treatment, and | - All care, treatment, and services provided to the patient |
| | | services | - Patient's response to care, treatment, and services |
| | | - The patient's initial diagnosis, diagnostic | - Medical history and physical examination, including any |
| | | impression(s), or condition(s) | conclusions or impressions drawn from the information |
| | | - Any findings of assessments and reassessments | - Discharge plan and discharge planning evaluation |
| | | - Any allergies to food | - Discharge summary with outcome of hospitalization, disposition |
| | | - Any allergies to medications | of case, and provisions for follow-up care, including any |
| | | - Any conclusions or impressions drawn from the | medications dispensed or prescribed on discharge |
| | | patient's medical history and physical examination | - Any diagnoses or conditions established during the patient's |
| | | - Any diagnoses or conditions established during the | course of care, treatment, and services |
| | | patient's course of care, treatment, and services | Note: Medical records are completed within 30 days following |
| | | (including complications and hospital-acquired | discharge, including final diagnosis. |
| | | infections). For psychiatric hospitals using Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | The diagnosis includes intercurrent diseases (diseases | |
| | | that occur during the course of another disease; for | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | example, a patient with AIDS may develop an | |
| | | intercurrent bout of pneumonia) and the psychiatric | |
| | | diagnoses. | |
| | | - Any consultation reports | |
| | | - Any observations relevant to care, treatment, and | |
| | | services | |
| | | - The patient's response to care, treatment, and services | |
| | | - Any emergency care, treatment, and services provided | |
| | | to the patient before their arrival | |
| | | - Any progress notes | |
| | | - All orders | |
| | | - Any medications ordered or prescribed | |
| | | - Any medications administered, including the strength, | |
| | | dose, route, date and time of administration | |
| | | Note 1: When rapid titration of a medication is | |
| | | necessary, the hospital defines in policy the | |
| | | urgent/emergent situations in which block charting | |
| | | would be an acceptable form of documentation. | |
| | | Note 2: For the definition and a further explanation of | |
| | | block charting, refer to the Glossary. | |
| | | - Any access site for medication, administration devices | |
| | | used, and rate of administration | |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| | | - Discharge plan and discharge planning evaluation | |
| §482.53(d)(1) | (1) The hospital must maintain copies of | RC.01.05.01, EP 1 | RC.11.03.01, EP 1 |
| | nuclear medicine reports for at least 5 years. | The retention time of the original or legally reproduced | The retention time of the original or legally reproduced medical |
| | | medical record is determined by its use and hospital | record is determined by its use and hospital policy, in accordance |

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| | | policy, in accordance with law and regulation. | with law and regulation. |
| | | Note: For hospitals that use Joint Commission | Note: For hospitals that use Joint Commission accreditation for |
| | | accreditation for deemed status purposes: Medical | deemed status purposes: Medical records are retained in their |
| | | records are retained in their original or legally | original or legally reproduced form for at least five years. This |
| | | reproduced form for at least five years. This includes | includes nuclear medicine reports; radiological reports, printouts, |
| | | nuclear medicine reports; radiological reports, | films, and scans; and other applicable image records. |
| | | printouts, films, scans; and other applicable image | |
| | | records. | |
| §482.53(d)(2) | (2) The practitioner approved by the medical | MS.03.01.01, EP 2 | RC.11.01.01, EP 4 |
| | staff to interpret diagnostic procedures must | Physicians and other licensed practitioners practice | The hospital develops and implements policies and procedures for |
| | sign and date the interpretation of these | only within the scope of their privileges as determined | accurate, legible, complete, signed, dated, and timed medical |
| | tests. | through mechanisms defined by the organized medical | record entries that are authenticated by the person responsible for |
| | | staff. | providing or evaluating the service provided. The medical records |
| | | DC 04 04 04 FD 7 | are promptly completed, properly filed and retained, and readily accessible. |
| | | RC.01.01.01, EP 7 All entries in the medical record are dated. | accessible. |
| | | All entires in the medical record are dated. | |
| | | RC.01.02.01, EP 3 | |
| | | The author of each medical record entry is identified in | |
| | | the medical record. | |
| | | | |
| | | RC.01.02.01, EP 4 | |
| | | Entries in the medical record are authenticated by the | |
| | | author. Information introduced into the medical record | |
| | | through transcription or dictation is authenticated by the | |
| | | author. | |
| | | Note 1: Authentication can be verified through | |
| | | electronic signatures, written signatures or initials, | |
| | | rubber-stamp signatures, or computer key. | |
| | | Note 2: For paper-based records, signatures entered for | |
| | | purposes of authentication after transcription or for | |
| | | verbal orders are dated when required by law or | |
| | | regulation or hospital policy. For electronic records, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | electronic signatures will be date-stamped. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering physician or other licensed practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders. | |
| | | RC.01.02.01, EP 5 The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it. | |
| §482.53(d)(3) | (3) The hospital must maintain records of the receipt and distribution of radio pharmaceuticals. | MM.03.01.01, EP 4 The hospital follows a written policy addressing the control of medication between receipt by a staff member and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage. Note: This element of performance is also applicable to sample medications. | MM.13.01.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains records of the receipt and distribution of radiopharmaceuticals. |
| | | MM.03.01.01, EP 8 The hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration. Note: This element of performance is also applicable to sample medications. | |
| | | MM.03.01.01, EP 24 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains | |

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| | | records of the receipt and disposition of | |
| | | radiopharmaceuticals. | |
| §482.53(d)(4) | (4) Nuclear medicine services must be | MS.03.01.01, EP 2 | PC.12.01.01, EP 1 |
| | ordered only by practitioners whose scope of | Physicians and other licensed practitioners practice | Prior to providing care, treatment, and services, the hospital |
| | Federal or State licensure and whose defined | only within the scope of their privileges as determined | obtains or renews orders (verbal or written) from a physician or |
| | staff privileges allow such referrals. | through mechanisms defined by the organized medical | other licensed practitioner in accordance with professional |
| | | staff. | standards of practice; law and regulation; hospital policies; and |
| | | | medical staff bylaws, rules, and regulations. |
| | | | Note 1: This includes but is not limited to respiratory services, |
| | | | radiology services, rehabilitation services, nuclear medicine |
| | | | services, and dietetic services, if provided. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: Patient diets, including therapeutic |
| | | | diets, are ordered by the physician or other licensed practitioner |
| | | | responsible for the patient's care or by a qualified dietitian or |
| | | | qualified nutrition professional who is authorized by the medical |
| | | | staff and acting in accordance with state law governing dietitians |
| | | | and nutrition professionals. |
| §482.54 | §482.54 Condition of Participation: | LD.01.03.01, EP 3 | LD.13.03.01, EP 1 |
| | Outpatient Services If the hospital provides | The governing body approves the hospital's written | The hospital provides services directly or through referral, |
| | outpatient services, the services must meet | scope of services. | consultation, contractual arrangements, or other agreements that |
| | the needs of the patients in accordance with | | meet the needs of the population(s) served, are organized |
| | acceptable standards of practice. | LD.01.03.01, EP 5 | appropriate to the scope and complexity of services offered, and |
| | | The governing body provides for the resources needed to | are in accordance with accepted standards of practice. Services |
| | | maintain safe, quality care, treatment, and services. | may include but are not limited to the following: |
| | | | - Outpatient |
| | | LD.03.10.01, EP 3 | - Emergency |
| | | When clinical practice guidelines will be used in the | - Medical records |
| | | design or modification of processes, the following | - Diagnostic and therapeutic radiology |
| | | occurs: | - Nuclear medicine |
| | | - The hospital follows criteria to manage guideline | - Surgical |
| | | selection and implementation. | - Anesthesia |
| | | - The leaders of the hospital and the organized medical | - Laboratory |

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| | | design or modification of processes, the following occurs: - The hospital follows criteria to manage guideline selection and implementation. - The leaders of the hospital and the organized medical staff review, approve, and modify the clinical practice guidelines as needed. - The leaders of the hospital manage and evaluate the implementation of the guidelines. | |
| | | LD.04.01.11, EP 5 The leaders provide for equipment, information systems, supplies, and other resources. | |
| | | LD.04.03.01, EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program. | |
| §482.54(a) | §482.54(a) Standard: Organization Outpatient services must be appropriately organized and integrated with inpatient services. | LD.04.01.05, EP 5 Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments. | LD.13.03.01, EP 5 If the hospital provides outpatient services, the services are integrated with inpatient services. |

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| | | PC.02.02.01, EP 1 The hospital follows a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, and services. | |
| | | PC.02.02.01, EP 3 The hospital coordinates the patient's care, treatment, and services within a time frame that meets the patient's needs. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services. | |
| §482.54(b) | \$482.54(b) Standard: Personnel The hospital must - | | |
| §482.54(b)(1) | (1) Assign one or more individuals to be responsible for outpatient services. | LD.04.01.05, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital assigns one or more individuals who are responsible for outpatient services. | LD.13.01.07, EP 2 The hospital assigns one or more individuals who are responsible for outpatient services. |
| §482.54(b)(2) | (2) Have appropriate professional and nonprofessional personnel available at each location where outpatient services are offered, based on the scope and complexity of outpatient services. | HR.01.01.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text- | NPG.12.01.01, EP 1 Leaders provide for an adequate number and mix of qualified individuals to support safe, quality care, treatment, and services. Note 1: The number and mix of individuals is appropriate to the scope and complexity of the services offered. Services may include but are not limited to the following: - Rehabilitation services - Emergency services - Outpatient services - Respiratory services - Pharmaceutical services, including emergency pharmaceutical services |

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| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | - Diagnostic and therapeutic radiology services |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | Note 2: Emergency services staff are qualified in emergency care. |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | HR.01.01.01, EP 3 | |
| | | The hospital verifies and documents that the applicant | |
| | | has the education and experience required by the job | |
| | | responsibilities. | |
| | | responsibilities. | |
| | | | |

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| | | HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. | |
| | | LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. | |
| §482.54(c) | (c) Standard: Orders for outpatient services. Outpatient services must be ordered by a practitioner who meets the following conditions: | | |
| §482.54(c)(1) | (1) Is responsible for the care of the patient. | PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following: - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under | PC.12.01.01, EP 2 Any physician or other licensed practitioner who orders outpatient services meets the following conditions: - Responsible for the care of the patient - Licensed in the state where they provide care to the patient - Acting within their scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note: This applies to physicians or other licensed practitioners who are appointed to the hospital's medical staff or have been granted privileges, as well as practitioners not appointed to the medical staff who satisfy the above criteria. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitions and putrition professionals. | |
| §482.54(c)(2) | (2) Is licensed in the State where he or she provides care to the patient. | dietitians and nutrition professionals. PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following: - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under state law | PC.12.01.01, EP 2 Any physician or other licensed practitioner who orders outpatient services meets the following conditions: Responsible for the care of the patient Licensed in the state where they provide care to the patient Acting within their scope of practice under state law Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note: This applies to physicians or other licensed practitioners who are appointed to the hospital's medical staff or have been granted privileges, as well as practitioners not appointed to the medical staff who satisfy the above criteria. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. | |
| §482.54(c)(3) | (3) Is acting within his or her scope of practice under State law. | PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following: Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under state law - Authorized in accordance with state law and policies | PC.12.01.01, EP 2 Any physician or other licensed practitioner who orders outpatient services meets the following conditions: - Responsible for the care of the patient - Licensed in the state where they provide care to the patient - Acting within their scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note: This applies to physicians or other licensed practitioners who are appointed to the hospital's medical staff or have been granted privileges, as well as practitioners not appointed to the medical staff who satisfy the above criteria. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing | |
| §482.54(c)(4) | (4) Is authorized in accordance with State law and policies adopted by the medical staff, and approved by the governing body, to order the applicable outpatient services. This applies to the following: | PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following: - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the | PC.12.01.01, EP 2 Any physician or other licensed practitioner who orders outpatient services meets the following conditions: - Responsible for the care of the patient - Licensed in the state where they provide care to the patient - Acting within their scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note: This applies to physicians or other licensed practitioners who are appointed to the hospital's medical staff or have been granted privileges, as well as practitioners not appointed to the medical staff who satisfy the above criteria. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.54(c)(4)(i) | (i) All practitioners who are appointed to the hospital's medical staff and who have been granted privileges to order the applicable outpatient services. | governing body to order the applicable outpatient services Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. MS.06.01.05, EP 2 The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a physician's or other licensed practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria: - Current licensure and/or certification, as appropriate, verified with the primary source - The applicant's specific relevant training, verified with the primary source - Evidence of physical ability to perform the requested privilege - Data from professional practice review by an organization(s) that currently privileges the applicant (if available) - Peer and/or faculty recommendation - When renewing privileges, review of the physician's or other licensed practitioner's performance within the hospital | PC.12.01.01, EP 2 Any physician or other licensed practitioner who orders outpatient services meets the following conditions: - Responsible for the care of the patient - Licensed in the state where they provide care to the patient - Acting within their scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note: This applies to physicians or other licensed practitioners who are appointed to the hospital's medical staff or have been granted privileges, as well as practitioners not appointed to the medical staff who satisfy the above criteria. |
| | | MS.06.01.05, EP 3 | |

| All of the criteria used are consistently evaluated for all physicians and other licensed practitioners holding that privilege. PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, | |
|---|--|
| privilege. PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation | |
| PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation | |
| For hospitals that use Joint Commission accreditation | |
| For hospitals that use Joint Commission accreditation | |
| | |
| I for deemed status purposes: Prior to providing care. | |
| | |
| treatment, and services, the hospital obtains or renews | |
| orders (verbal or written) from a physician or other licensed practitioner in accordance with professional | |
| standards of practice; law and regulation; hospital | |
| policies; and medical staff bylaws, rules, and | |
| regulations. | |
| Note 1: Outpatient services may be ordered by a | |
| physician or other licensed practitioner not appointed to | |
| the medical staff as long as the practitioner meets the | |
| following: | |
| - Responsible for the care of the patient | |
| - Licensed to practice in the state where the practitioner | |
| provides care to the patient or in accordance with | |
| Veterans Administration and Department of Defense | |
| licensure requirements | |
| - Acting within the practitioner's scope of practice under | |
| state law | |
| - Authorized in accordance with state law and policies | |
| adopted by the medical staff and approved by the | |
| governing body to order the applicable outpatient | |
| Services Note 2: For beginted that was laint Commission | |
| Note 2: For hospitals that use Joint Commission | |
| accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician | |
| or other licensed practitioner responsible for the | |
| patient's care, or by a qualified dietitian or qualified | |

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| | | nutrition professional who is authorized by the medical | |
| | | staff and acting in accordance with state law governing | |
| | | dietitians and nutrition professionals. | |
| §482.54(c)(4)(ii) | (ii) All practitioners not appointed to the | PC.02.01.03, EP 1 | PC.12.01.01, EP 2 |
| | medical staff, but who satisfy the above | For hospitals that use Joint Commission accreditation | Any physician or other licensed practitioner who orders outpatient |
| | criteria for authorization by the medical staff | for deemed status purposes: Prior to providing care, | services meets the following conditions: |
| | and the hospital for ordering the applicable | treatment, and services, the hospital obtains or renews | - Responsible for the care of the patient |
| | outpatient services for their patients. | orders (verbal or written) from a physician or other | - Licensed in the state where they provide care to the patient |
| | | licensed practitioner in accordance with professional | - Acting within their scope of practice under state law |
| | | standards of practice; law and regulation; hospital | - Authorized in accordance with state law and policies adopted by |
| | | policies; and medical staff bylaws, rules, and | the medical staff and approved by the governing body to order the |
| | | regulations. | applicable outpatient services |
| | | Note 1: Outpatient services may be ordered by a | Note: This applies to physicians or other licensed practitioners |
| | | physician or other licensed practitioner not appointed to | who are appointed to the hospital's medical staff or have been |
| | | the medical staff as long as the practitioner meets the | granted privileges, as well as practitioners not appointed to the |
| | | following: | medical staff who satisfy the above criteria. |
| | | - Responsible for the care of the patient | |
| | | - Licensed to practice in the state where the practitioner | |
| | | provides care to the patient or in accordance with | |
| | | Veterans Administration and Department of Defense | |
| | | licensure requirements | |
| | | - Acting within the practitioner's scope of practice under | |
| | | state law | |
| | | - Authorized in accordance with state law and policies | |
| | | adopted by the medical staff and approved by the | |
| | | governing body to order the applicable outpatient | |
| | | services | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Patient diets, | |
| | | including therapeutic diets, are ordered by the physician | |
| | | or other licensed practitioner responsible for the | |
| | | patient's care, or by a qualified dietitian or qualified | |
| | | nutrition professional who is authorized by the medical | |

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| | | staff and acting in accordance with state law governing | |
| | | dietitians and nutrition professionals. | |
| §482.55 | §482.55 Condition of Participation: | LD.01.03.01, EP 3 | LD.13.03.01, EP 1 |
| | Emergency Services The hospital must meet | The governing body approves the hospital's written | The hospital provides services directly or through referral, |
| | the emergency needs of patients in | scope of services. | consultation, contractual arrangements, or other agreements that |
| | accordance with acceptable standards of | | meet the needs of the population(s) served, are organized |
| | practice. | LD.01.03.01, EP 5 | appropriate to the scope and complexity of services offered, and |
| | | The governing body provides for the resources needed to | are in accordance with accepted standards of practice. Services |
| | | maintain safe, quality care, treatment, and services. | may include but are not limited to the following: |
| | | | - Outpatient |
| | | LD.04.03.01, EP 2 | - Emergency |
| | | The hospital provides essential services, including the | - Medical records |
| | | following: | - Diagnostic and therapeutic radiology |
| | | - Diagnostic radiology | - Nuclear medicine |
| | | - Dietary | - Surgical |
| | | - Emergency | - Anesthesia |
| | | - Medical records | - Laboratory |
| | | - Nuclear medicine | - Respiratory |
| | | - Nursing care | - Dietetic |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | LD.13.03.01, EP 7 |
| | | - Physical rehabilitation | If the hospital provides emergency services, the services are |
| | | - Respiratory care | organized under the direction of a qualified member of the medical |
| | | - Social work | staff, and are integrated with other departments of the hospital. |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |

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| | | A: Medicare Requirements for Hospitals" (AXA). Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The diagnostic radiology services provided by the hospital, as well as staff qualifications, meet professionally approved standards. | |
| §482.55(a) | §482.55(a) Standard: Organization and Direction. If emergency services are provided at the hospital | | |
| §482.55(a)(1) | (1) The services must be organized under the direction of a qualified member of the medical staff; | LD.04.01.05, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's emergency services are directed and supervised by a qualified member of the medical staff. | LD.13.03.01, EP 1 The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: - Outpatient - Emergency - Medical records - Diagnostic and therapeutic radiology - Nuclear medicine - Surgical - Anesthesia - Laboratory - Respiratory - Dietetic LD.13.03.01, EP 7 If the hospital provides emergency services, the services are organized under the direction of a qualified member of the medical staff, and are integrated with other departments of the hospital. |
| §482.55(a)(2) | (2) The services must be integrated with other departments of the hospital; | LD.04.01.05, EP 5 Leaders provide for the coordination of care, treatment, | LD.13.03.01, EP 1 The hospital provides services directly or through referral, |
| | other acpartments of the hospital, | Leaders provide for the coordination of care, treatment, | The hospital provides services an ectly of through referral, |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | and services among the hospital's different programs, | consultation, contractual arrangements, or other agreements that |
| | | services, sites, or departments. | meet the needs of the population(s) served, are organized |
| | | | appropriate to the scope and complexity of services offered, and |
| | | LD.04.03.11, EP 1 | are in accordance with accepted standards of practice. Services |
| | | The hospital has processes that support the flow of | may include but are not limited to the following: |
| | | patients throughout the hospital that address the | - Outpatient |
| | | following: | - Emergency |
| | | - Plans for the care of admitted patients who are in | - Medical records |
| | | overflow locations or temporary bed locations, such as | - Diagnostic and therapeutic radiology |
| | | the postanesthesia care unit or the emergency | - Nuclear medicine |
| | | department | - Surgical |
| | | - Criteria to guide decisions to initiate ambulance | - Anesthesia |
| | | diversion | - Laboratory |
| | | | - Respiratory |
| | | MS.03.01.03, EP 6 | - Dietetic |
| | | There is coordination of the care, treatment, and | |
| | | services among the staff involved in a patient's care, | LD.13.03.01, EP 7 |
| | | treatment, and services. | If the hospital provides emergency services, the services are |
| | | | organized under the direction of a qualified member of the medical |
| | | PC.02.01.05, EP 1 | staff, and are integrated with other departments of the hospital. |
| | | Care, treatment, and services are provided to the patient | |
| | | in an interdisciplinary, collaborative manner. | |
| | | PC.02.02.01, EP 3 | |
| | | The hospital coordinates the patient's care, treatment, | |
| | | and services within a time frame that meets the | |
| | | patient's needs. | |
| | | Note: Coordination involves resolving scheduling | |
| | | conflicts and duplication of care, treatment, and | |
| | | services. | |
| §482.55(a)(3) | (3) The policies and procedures governing | LD.04.01.07, EP 1 | MS.16.01.01, EP 9 |
| | medical care provided in the emergency | Leaders review, approve, and manage the | If the hospital provides emergency services, the medical staff |
| | service or department are established by and | implementation of policies and procedures that guide | |

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| | are a continuing responsibility of the medical | and support patient care, treatment, and services. | establishes and is continually responsible for the policies and |
| | staff. | | procedures governing emergency medical care. |
| | | MS.01.01.01, EP 36 | |
| | | The medical staff bylaws include the following | |
| | | requirements: If departments of the medical staff exist, | |
| | | the qualifications and roles and responsibilities of the | |
| | | department chair, which are defined by the organized | |
| | | medical staff, include the following: | |
| | | Qualifications: | |
| | | - Certification by an appropriate specialty board or | |
| | | comparable competence affirmatively established | |
| | | through the credentialing process | |
| | | , | |
| | | Roles and responsibilities: | |
| | | - Clinically related activities of the department | |
| | | - Administratively related activities of the department, | |
| | | unless otherwise provided by the hospital | |
| | | - Continuing surveillance of the professional | |
| | | performance of all individuals in the department who | |
| | | have delineated clinical privileges | |
| | | - Recommending to the medical staff the criteria for | |
| | | clinical privileges that are relevant to the care provided | |
| | | in the department | |
| | | - Recommending clinical privileges for each member of | |
| | | the department | |
| | | - Assessing and recommending to the relevant hospital | |
| | | authority off-site sources for needed patient care, | |
| | | treatment, and services not provided by the department | |
| | | or the organization | |
| | | - Integration of the department or service into the | |
| | | primary functions of the organization | |
| | | - Coordination and integration of interdepartmental and | |

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| | | intradepartmental services | |
| | | - Development and implementation of policies and | |
| | | procedures that guide and support the provision of care, | |
| | | treatment, and services | |
| | | - Recommendations for a sufficient number of qualified | |
| | | and competent persons to provide care, treatment, and | |
| | | services | |
| | | - Determination of the qualifications and competence of | |
| | | department or service staff who provide patient care, | |
| | | treatment, and services but are not licensed to practice | |
| | | independently | |
| | | - Continuous assessment and improvement of the | |
| | | quality of care, treatment, and services | |
| | | - Maintenance of quality control programs, as | |
| | | appropriate | |
| | | - Orientation and continuing education of all persons in | |
| | | the department or service | |
| | | - Recommending space and other resources needed by | |
| | | the department or service | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: When | |
| | | departments of the medical staff do not exist, the | |
| | | medical staff is responsible for the development of | |
| | | policies and procedures that minimize medication | |
| | | errors. The medical staff may delegate this responsibility | |
| | | to the organized pharmaceutical service. | |
| §482.55(b) | §482.55(b) Standard: Personnel | | |
| §482.55(b)(1) | (1) The emergency services must be | LD.04.01.05, EP 6 | LD.13.01.07, EP 1 |
| | supervised by a qualified member of the | For hospitals that use Joint Commission accreditation | The hospital's emergency services are supervised by a qualified |
| | medical staff. | for deemed status purposes: The hospital's emergency | member of the medical staff. |
| | | services are directed and supervised by a qualified | |
| | | member of the medical staff. | |

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| §482.55(b)(2) | (2) There must be adequate medical and | HR.01.01.01, EP 1 | NPG.12.01.01, EP 1 |
| | nursing personnel qualified in emergency | The hospital defines staff qualifications specific to their | Leaders provide for an adequate number and mix of qualified |
| | care to meet the written emergency | job responsibilities. | individuals to support safe, quality care, treatment, and services. |
| | procedures and needs anticipated by the | Note 1: Qualifications for infection control may be met | Note 1: The number and mix of individuals is appropriate to the |
| | facility. | through ongoing education, training, experience, and/or | scope and complexity of the services offered. Services may |
| | | certification (such as that offered by the Certification | include but are not limited to the following: |
| | | Board for Infection Control). | - Rehabilitation services |
| | | Note 2: Qualifications for laboratory personnel are | - Emergency services |
| | | described in the Clinical Laboratory Improvement | - Outpatient services |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | - Respiratory services |
| | | "Personnel for Nonwaived Testing" §493.1351- | - Pharmaceutical services, including emergency pharmaceutical |
| | | §493.1495. A complete description of the requirement is | services |
| | | located at https://www.ecfr.gov/cgi-bin/text- | - Diagnostic and therapeutic radiology services |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | Note 2: Emergency services staff are qualified in emergency care. |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |

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| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | HR.01.01.01, EP 3 | |
| | | The hospital verifies and documents that the applicant | |
| | | has the education and experience required by the job | |
| | | responsibilities. | |
| | | HR.01.06.01, EP 1 | |
| | | The hospital defines the competencies it requires of its | |
| | | staff who provide patient care, treatment, or services. | |
| | | | |
| | | LD.03.06.01, EP 2 | |
| | | Leaders provide for a sufficient number and mix of | |
| | | individuals to support safe, quality care, treatment, and | |
| | | Services. | |
| | | Note: The number and mix of individuals is appropriate | |
| | | to the scope and complexity of the services offered. | |
| | | LD.03.06.01, EP 3 | |
| | | Those who work in the hospital are competent to | |
| | | complete their assigned responsibilities. | |
| §482.56 | §482.56 Condition of Participation: | LD.01.03.01, EP 3 | PC.12.01.01, EP 4 |
| | Rehabilitation Services If the hospital | The governing body approves the hospital's written | If the hospital provides rehabilitation, physical therapy, |
| | provides rehabilitation, physical therapy, | scope of services. | occupational therapy, speech-language pathology, or audiology |
| | occupational therapy, audiology, or speech | | services, the services are organized and provided in accordance |
| | pathology services, the services must be | LD.03.06.01, EP 2 | with national accepted standards of practice. |
| | | Leaders provide for a sufficient number and mix of | Note: For hospitals that use Joint Commission accreditation for |

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| | organized and staffed to ensure the health | individuals to support safe, quality care, treatment, and | deemed status purposes: The provision of rehabilitation services is |
| | and safety of patients. | services. | in accordance with 42 CFR 409.17. |
| | | Note: The number and mix of individuals is appropriate | |
| | | to the scope and complexity of the services offered. | |
| | | LD.04.01.11, EP 5 | |
| | | The leaders provide for equipment, information | |
| | | systems, supplies, and other resources. | |
| | | systems, supplies, and other resources. | |
| | | LD.04.03.01, EP 1 | |
| | | The needs of the population(s) served guide decisions | |
| | | about which services will be provided directly or through | |
| | | referral, consultation, contractual arrangements, or | |
| | | other agreements. | |
| | | Note: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | If medical and surgical diagnostic and treatment | |
| | | services are not available within the hospital, the | |
| | | hospital has an agreement with an outside source for | |
| | | these services to make sure that the services are | |
| | | immediately available or an agreement needs to be | |
| | | established for transferring patients to a general | |
| | | hospital that participates in the Medicare program. | |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | |
| | | following: | |
| | | - Diagnostic radiology | |
| | | - Dietary | |
| | | - Emergency | |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| • | | - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note 1: Hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: If emergency services are provided at the hospital, the hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to "Appendix A: Medicare Requirements for Hospitals" (AXA). Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The diagnostic radiology services provided by the hospital, as well as staff qualifications, meet professionally approved standards. | |
| §482.56(a) | \$482.56(a) Standard: Organization and Staffing The organization of the service must be appropriate to the scope of the services offered. | LD.01.03.01, EP 3 The governing body approves the hospital's written scope of services. LD.01.03.01, EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. LD.04.01.11, EP 5 The leaders provide for equipment, information systems, supplies, and other resources. | PC.12.01.01, EP 4 If the hospital provides rehabilitation, physical therapy, occupational therapy, speech-language pathology, or audiology services, the services are organized and provided in accordance with national accepted standards of practice. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The provision of rehabilitation services is in accordance with 42 CFR 409.17. |
| §482.56(a)(1) | (1) The director of the services must have the necessary knowledge, experience, and | HR.01.01.01, EP 3 The hospital verifies and documents that the applicant | HR.11.02.01, EP 3 The director of rehabilitation services has the knowledge, |

| therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. because of the certification (such as that offered by the Certification part 484 of this chapter. because of the certification (such as that offered by the Certification part 484 of this described in the Clinical Laboratory personnel are described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this p | CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| HR.01.06.01, EP1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.04.01.05, EP2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes. This includes the full-time employee who directs and manages dietary services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes. This includes the full-time employee who directs and manages dietary services. Note: If no deemed status purposes. This includes the full-time employee who directs and manages dietary services. Note: If no specific to their job responsibilities. Note 1: Qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing' 8493.1551- HR.11.02.01, EP1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing' 8493.1551- *## Complete Subpart M: "Personnel for Nonwaived Testing' 8493.1551- | | 1 | | |
| The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.04.01.05, EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services, if provided, must be provided by qualified physical therapist, socupational therapy assistants, speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. BRA0.0.0.10, EP 1 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, if provided, must be provided by the certification for deemed status purposes: This includes the full-time employee who directs and manages dietary services. HR.0.1.0.1, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Soraine, experience, and/or certification (such as that offered by the Certification For laboratory presonnel are described in the Clinical Laboratory Improveme | | administer the services. | responsibilities. | services. |
| The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. LD.04.01.05, EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services, if provided, must be provided by qualified physical therapist, socupational therapy assistants, speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. BRA0.0.0.10, EP 1 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, if provided, must be provided by the certification for deemed status purposes: This includes the full-time employee who directs and manages dietary services. HR.0.1.0.1, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Soraine, experience, and/or certification (such as that offered by the Certification For laboratory presonnel are described in the Clinical Laboratory Improveme | | | UD 04 00 04 ED 4 | |
| staff who provide patient care, treatment, or services. LD.04.01.05, EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Join Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. 4882.56(a)(2) (2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. 4882.56(a)(2) (2) Physical therapy, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. 5882.56(a)(2) (2) Physical therapy, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. 6882.56(a)(2) (2) Physical therapy, occupational therapy assistants, speech-language pathologist, or audiologist as defined in part 484 of this chapter. 7882.56(a)(2) (2) Physical therapy, occupational therapy assistants, speech-language pathologist, or audiology endical therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. 8882.56(a)(2) (2) Physical therapy, occupational therapy assistants, speech-language pathology or audiology audiology and audiol | | | · | |
| LD.04.01.05, EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified dicensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. ##R.01.01.01.EP 1 ##R.01.01.EP 1 ##R.01.01.01.EP 1 ##R.01.01.EP 1 ##R.01.01.01.EP 1 ##R.01.01.EP 1 ##R.01.01. | | | · | |
| Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. ##R.01.01.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note: 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification so audiologists as defined in part 484 of this chapter. Presonnel for Nonwaived Testing* 493.1351- Presonnel for Nonwaived Testing* 493.1351- Presonnel for Nonwaived Testing* 493.1351- Programs, services, sites, or departments provided by clicked by one or more qualified incensed practitioner with clinical taboratory personnel are described in the Clinical Laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Suppart M: "Personnel for Nonwaived Testing* 493.1351- Programs, services, sites, or departments in the reapiting and clinical clines of the programs with administrative and clinical direction of its programs, services, in the responsibility of those with administrative and clinical defines in the clinical cl | | | stan who provide patient care, treatment, or services. | |
| patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. RR.01.01.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note: If provided, must be provided by qualified physical therapist, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. RR.01.02.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note: If Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA*8), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- Amendments of 1988 (CLIA*8), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- | | | LD.04.01.05, EP 2 | |
| professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. #8482.56(a)(2) (2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided by qualified physical therapists, occupational therapists, occupational therapists, occupational therapists, occupational therapists, occupational therapists, or audiologists as defined in part 484 of this chapter. ##R.11.02.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Sorgia duaction, training, experience, and/or certification (such as that offered by the Certification Sorgia duaction, training, experience, and/or certification Sord of Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA' 88), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- ### Personnel for Nonwaived Testing" \$493.1351- ### Personnel for Nonwaived Testing" \$493.1351- | | | Programs, services, sites, or departments providing | |
| clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. 8482.56(a)(2) (2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapists, occupational therapists, occupational therapists, speech-language pathologists, or audiologists, or audiologists, or audiologists, or audiologists, or audiologists as defined in part 484 of this chapter. HR.01.01.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification as that offered by the Certification so the 1: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- When the complete described on the requirement is located at https://www.ecfr.gov/cgi-bin/text- | | | | |
| LD.04.01.05, F9 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. #R.01.01.01, FP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or thrajpists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. #R.01.01.01, FP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- ##R.11.02.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- ### HR.11.02.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Imp | | | · · · · · · · · · · · · · · · · · · · | |
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| The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. The hospital defines staff qualifications specific to their job responsibilities. Note: 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note: 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- The hospital defines staff qualifications specific to their job responsibilities. Note: 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note: 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- at https://www.ecfr.gov/cgi-bin/text- | | | ID 04 01 05 FP 3 | |
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| \$482.56(a)(2) (2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapist assistants, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. Services. | | | | |
| S482.56(a)(2) (2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. (2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapists, physical therapists, physical therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. (2) Physical therapy, occupational therapy, or speech-language pathology or audiology services, if provided, must be provided by provided by the cartification specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- Amendments of 1988 (CLIA '88), under Subpart M: "Personnel description of the requirement is located at https://www.ecfr.gov/cgi-bin/text- | | | | |
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| services, if provided, must be provided by qualified physical therapists, physical therapists, physical therapist assistants, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. Services, if provided, must be provided by qualified physical therapists, physical therapists, physical therapists, physical therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. Solution (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: \$493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text- | 3402.30(a)(2) | 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | · | · |
| qualified physical therapists, physical therapists, occupational therapist assistants, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification source). Board for Infection Control). Note 2: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- Amendments of 1988 (CLIA '88), under Subpart M: "Personnel describition control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification for laboratory personnel are described in the Clinical Laboratory Improvement Subpart M: "Personnel for Nonwaived Testing" \$493.1351- Subpart M: "Personnel description of the requirement is located at https://www.ecfr.gov/cgi-bin/text- | | | · · · · · · · · · · · · · · · · · · · | · |
| therapists, occupational therapy assistants, speech-language pathologists, or audiologists as defined in part 484 of this chapter. because of the certification (such as that offered by the Certification part 484 of this chapter. because of the certification (such as that offered by the Certification part 484 of this described in the Clinical Laboratory personnel are described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this described in the Clinical Laboratory Improvement part 484 of this p | | 1 | 1 - | • |
| speech-language pathologists, or audiologists as defined in part 484 of this chapter. Board for Infection Control). Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- Amendments of 1988 (CLIA '88), under Subpart M: "Personnel description of the requirement is located at https://www.ecfr.gov/cgi-bin/text- | | therapist assistants, occupational | through ongoing education, training, experience, and/or | ongoing education, training, experience, and/or certification (such |
| audiologists as defined in part 484 of this chapter. Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" \$493.1351- Amendments of 1988 (CLIA '88), under Subpart M: \$493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text- | | | | • |
| chapter. described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351- "Personnel for Nonwaived Testing" §493.1351- at https://www.ecfr.gov/cgi-bin/text- | | 1 | , | |
| Amendments of 1988 (CLIA '88), under Subpart M: \$493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text- | | | • • | • |
| "Personnel for Nonwaived Testing" §493.1351- at https://www.ecfr.gov/cgi-bin/text- | | cnapter. | _ · | • |
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| 1 S430, 1430, A COMDIETE DESCRIPTION OF THE TEMPLEMENTS OF THOSE ACCUSANCE AND A COMPLEX TEMPLEMENT OF THE SECOND | | | \$493.1495. A complete description of the requirement is | idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true& |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|---|
| | | located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986& | amp;node=sp42.5.493.m&rgn=div6. Note 3: For hospitals that use Joint Commission accreditation for |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | deemed status purposes: Qualified physical therapists, physical |
| | | Note 3: For hospitals that use Joint Commission | therapist assistants, occupational therapists, occupational |
| | | accreditation for deemed status purposes: Qualified | therapy assistants, speech-language pathologists, or audiologists, |
| | | physical therapists, physical therapist assistants, | as defined in 42 CFR 484, provide physical therapy, occupational |
| | | occupational therapists, occupational therapy | therapy, speech-language pathology, or audiology services, if |
| | | assistants, speech-language pathologists, or | these services are provided by the hospital. See Glossary for |
| | | audiologists (as defined in 42 CFR 484.4) provide | definitions of physical therapist, physical therapist assistant, |
| | | physical therapy, occupational therapy, speech- | occupational therapist, occupational therapy assistant, speech- |
| | | language pathology, or audiology services, if these | language pathologist, and audiologist. |
| | | services are provided by the hospital. The provision of care and staff qualifications are in accordance with | Note 4: Qualifications for language interpreters and translators may be met through language proficiency assessment, education, |
| | | national acceptable standards of practice and also meet | training, and experience. The use of qualified interpreters and |
| | | the requirements of 409.17. See Appendix A for 409.17 | translators is supported by the Americans with Disabilities Act, |
| | | requirements. | Section 504 of the Rehabilitation Act of 1973, and Title VI of the |
| | | Note 4: Qualifications for language interpreters and | Civil Rights Act of 1964. |
| | | translators may be met through language proficiency | Note 5: If respiratory care services are provided, staff qualified to |
| | | assessment, education, training, and experience. The | perform specific respiratory care procedures and the amount of |
| | | use of qualified interpreters and translators is supported | supervision required to carry out the specific procedures is |
| | | by the Americans with Disabilities Act, Section 504 of | designated in writing. |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | | |
| | | HR.01.01.01, EP 3 | |
| | | The hospital verifies and documents that the applicant | |
| | | has the education and experience required by the job | |
| | | responsibilities. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. | |
| | | LD.03.06.01, EP 3 | |
| | | Those who work in the hospital are competent to | |
| 8400 EC(b) | \$400 EG/b) Standard: Daliyan, of Candaga | complete their assigned responsibilities. | DC 10 01 01 ED 1 |
| §482.56(b) | \$482.56(b) Standard: Delivery of Services Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws. | PC.02.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following: - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note 2: For hospitals that use Joint Commission | PC.12.01.01, EP 1 Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear medicine services, and dietetic services, if provided. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | accreditation for deemed status purposes: Patient diets, | |
| | | including therapeutic diets, are ordered by the physician | |
| | | or other licensed practitioner responsible for the | |
| | | patient's care, or by a qualified dietitian or qualified | |
| | | nutrition professional who is authorized by the medical | |
| | | staff and acting in accordance with state law governing | |
| | | dietitians and nutrition professionals. | |
| | | PC.02.01.03, EP 7 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital provides care, | |
| | | treatment, and services using the most recent patient | |
| | | order(s). | |
| §482.56(b)(1) | (1) All rehabilitation services orders must be | RC.02.01.01, EP 2 | RC.12.01.01, EP 2 |
| | documented in the patient's medical record | The medical record contains the following clinical | The medical record contains the following clinical information: |
| | in accordance with the requirements at | information: | - Admitting diagnosis |
| | §482.24. | - The reason(s) for admission for care, treatment, and | - Any emergency care, treatment, and services provided to the |
| | | services | patient before their arrival |
| | | - The patient's initial diagnosis, diagnostic | - Any allergies to food and medications |
| | | impression(s), or condition(s) | - Any findings of assessments and reassessments |
| | | - Any findings of assessments and reassessments | - Results of all consultative evaluations of the patient and findings |
| | | - Any allergies to food | by clinical and other staff involved in the care of the patient |
| | | - Any allergies to medications | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - Any conclusions or impressions drawn from the | - Documentation of complications, health care–acquired |
| | | patient's medical history and physical examination | infections, and adverse reactions to drugs and anesthesia |
| | | - Any diagnoses or conditions established during the | - All practitioners' orders |
| | | patient's course of care, treatment, and services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | (including complications and hospital-acquired | signs, and other information necessary to monitor the patient's |
| | | infections). For psychiatric hospitals using Joint | condition |
| | | Commission accreditation for deemed status purposes: | - Medication records, including the strength, dose, route, date and |
| | | The diagnosis includes intercurrent diseases (diseases | time of administration, access site for medication, administration |
| | | that occur during the course of another disease; for | devices used, and rate of administration |
| | | example, a patient with AIDS may develop an | Note: When rapid titration of a medication is necessary, the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | intercurrent bout of pneumonia) and the psychiatric | hospital defines in policy the urgent/emergent situations in which |
| | | diagnoses. | block charting would be an acceptable form of documentation. For |
| | | - Any consultation reports | the definition and a further explanation of block charting, refer to |
| | | - Any observations relevant to care, treatment, and | the Glossary. |
| | | services | - Administration of each self-administered medication, as reported |
| | | - The patient's response to care, treatment, and services | by the patient (or the patient's caregiver or support person where |
| | | - Any emergency care, treatment, and services provided | appropriate) |
| | | to the patient before their arrival | - Records of radiology and nuclear medicine services, including |
| | | - Any progress notes | signed interpretation reports |
| | | - All orders | - All care, treatment, and services provided to the patient |
| | | - Any medications ordered or prescribed | - Patient's response to care, treatment, and services |
| | | - Any medications administered, including the strength, | - Medical history and physical examination, including any |
| | | dose, route, date and time of administration | conclusions or impressions drawn from the information |
| | | Note 1: When rapid titration of a medication is | - Discharge plan and discharge planning evaluation |
| | | necessary, the hospital defines in policy the | - Discharge summary with outcome of hospitalization, disposition |
| | | urgent/emergent situations in which block charting | of case, and provisions for follow-up care, including any |
| | | would be an acceptable form of documentation. | medications dispensed or prescribed on discharge |
| | | Note 2: For the definition and a further explanation of | - Any diagnoses or conditions established during the patient's |
| | | block charting, refer to the Glossary. | course of care, treatment, and services |
| | | - Any access site for medication, administration devices | Note: Medical records are completed within 30 days following |
| | | used, and rate of administration | discharge, including final diagnosis. |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| 0.422.72(1.1/2) | | - Discharge plan and discharge planning evaluation | |
| §482.56(b)(2) | (2)The provision of care and the personnel | HR.01.01.01, EP 1 | PC.12.01.01, EP 4 |
| | qualifications must be in accordance with | The hospital defines staff qualifications specific to their | If the hospital provides rehabilitation, physical therapy, |
| | national acceptable standards of practice | job responsibilities. | occupational therapy, speech-language pathology, or audiology |
| | | Note 1: Qualifications for infection control may be met | services, the services are organized and provided in accordance |

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| | and must also meet the requirements of | through ongoing education, training, experience, and/or | with national accepted standards of practice. |
| | §409.17 of this chapter. | certification (such as that offered by the Certification | Note: For hospitals that use Joint Commission accreditation for |
| | | Board for Infection Control). | deemed status purposes: The provision of rehabilitation services is |
| | | Note 2: Qualifications for laboratory personnel are | in accordance with 42 CFR 409.17. |
| | | described in the Clinical Laboratory Improvement | |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | |
| | | "Personnel for Nonwaived Testing" §493.1351- | |
| | | §493.1495. A complete description of the requirement is | |
| | | located at https://www.ecfr.gov/cgi-bin/text- | |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | qualified to perform specific respiratory care procedures | |
| | l l | and the amount of supervision required to carry out the | |
| | l l | specific procedures is designated in writing. | |
| | l l | | |
| | l l | HR.01.01.01, EP 3 | |
| | | The hospital verifies and documents that the applicant | |
| | | has the education and experience required by the job | |
| | | responsibilities. | |
| | | HR.01.02.07, EP 2 | |
| | l l | Staff who provide patient care, treatment, and services | |
| | l l | practice within the scope of their license, certification, | |
| | l l | or registration and as required by law and regulation. | |
| | | of registration and as required by taw and regulation. | |
| | | HR.01.06.01, EP 1 | |
| | | The hospital defines the competencies it requires of its | |
| | | staff who provide patient care, treatment, or services. | |
| | | LD.03.06.01, EP 3 | |
| | l l | Those who work in the hospital are competent to | |
| | | complete their assigned responsibilities. | |
| | | 3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | |
| | | LD.03.10.01, EP 3 | |
| | l l | When clinical practice guidelines will be used in the | |
| | l l | design or modification of processes, the following | |
| | l l | occurs: | |
| | | - The hospital follows criteria to manage guideline | |
| | | selection and implementation. | |
| | | - The leaders of the hospital and the organized medical | |
| | | staff review, approve, and modify the clinical practice | |
| | | guidelines as needed. | |
| | | - The leaders of the hospital manage and evaluate the | |
| | | implementation of the guidelines. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | LD.04.01.01, EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Description of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (See Appendix A [AXA] for the language of this CMS requirement.) | |
| \$482.57 | 8482.57 Condition of Participation: Respiratory Care Services The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care services. | LD.03.10.01, EP 3 When clinical practice guidelines will be used in the design or modification of processes, the following occurs: - The hospital follows criteria to manage guideline selection and implementation The leaders of the hospital and the organized medical staff review, approve, and modify the clinical practice guidelines as needed The leaders of the hospital manage and evaluate the implementation of the guidelines. LD.04.03.01, EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for | LD.13.03.01, EP 1 The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following: - Outpatient - Emergency - Medical records - Diagnostic and therapeutic radiology - Nuclear medicine - Surgical - Anesthesia - Laboratory - Respiratory - Dietetic |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | these services to make sure that the services are | |
| | | immediately available or an agreement needs to be | |
| | | established for transferring patients to a general | |
| | | hospital that participates in the Medicare program. | |
| | | | |
| | | LD.04.03.01, EP 2 | |
| | | The hospital provides essential services, including the | |
| | | following: | |
| | | - Diagnostic radiology | |
| | | - Dietary | |
| | | - Emergency | |
| | | - Medical records | |
| | | - Nuclear medicine | |
| | | - Nursing care | |
| | | - Pathology and clinical laboratory | |
| | | - Pharmaceutical | |
| | | - Physical rehabilitation | |
| | | - Respiratory care | |
| | | - Social work | |
| | | Note 1: Hospitals that provide only psychiatric and | |
| | | addiction treatment services are not required to provide | |
| | | nuclear medicine, physical rehabilitation, and | |
| | | respiratory care services. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: If emergency | |
| | | services are provided at the hospital, the hospital | |
| | | complies with the requirements of 42 CFR 482.55. For | |
| | | more information on 42 CFR 482.55, refer to "Appendix | |
| | | A: Medicare Requirements for Hospitals" (AXA). | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: The | |
| | | diagnostic radiology services provided by the hospital, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | as well as staff qualifications, meet professionally | |
| | | approved standards. | |
| §482.57(a) | §482.57(a) Standard: Organization and | LD.01.03.01, EP 3 | LD.13.03.01, EP 1 |
| | Staffing The organization of the respiratory | The governing body approves the hospital's written | The hospital provides services directly or through referral, |
| | care services must be appropriate to the | scope of services. | consultation, contractual arrangements, or other agreements that |
| | scope and complexity of the services | | meet the needs of the population(s) served, are organized |
| | offered. | LD.01.03.01, EP 5 | appropriate to the scope and complexity of services offered, and |
| | | The governing body provides for the resources needed to | are in accordance with accepted standards of practice. Services |
| | | maintain safe, quality care, treatment, and services. | may include but are not limited to the following: |
| | | | - Outpatient |
| | | LD.03.06.01, EP 3 | - Emergency |
| | | Those who work in the hospital are competent to | - Medical records |
| | | complete their assigned responsibilities. | - Diagnostic and therapeutic radiology |
| | | | - Nuclear medicine |
| | | LD.04.01.11, EP 5 | - Surgical |
| | | The leaders provide for equipment, information | - Anesthesia |
| | | systems, supplies, and other resources. | - Laboratory |
| | | | - Respiratory |
| | | | - Dietetic |
| §482.57(a)(1) | (1) There must be a director of respiratory | LD.04.01.05, EP 7 | LD.13.01.07, EP 3 |
| | care services who is a doctor of medicine or | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | osteopathy with the knowledge, experience | for deemed status purposes: A qualified doctor of | status purposes: A qualified doctor of medicine or osteopathy |
| | and capabilities to supervise and administer | medicine or osteopathy directs the following services: | directs the following services, when provided: |
| | the service properly. The director may serve | - Anesthesia | - Anesthesia |
| | on either a full-time or part-time basis. | - Nuclear medicine | - Nuclear medicine |
| | | - Respiratory care | - Respiratory care |
| | | | Note 1: The anesthesia service is responsible for all anesthesia |
| | | | administered in the hospital. |
| | | | Note 2: For respiratory care services, the director may serve on |
| | | | either a full-time or part-time basis. |
| §482.57(a)(2) | (2) There must be adequate numbers of | HR.01.01.01, EP 1 | NPG.12.01.01, EP 1 |
| | respiratory therapists, respiratory therapy | The hospital defines staff qualifications specific to their | Leaders provide for an adequate number and mix of qualified |
| | technicians, and other personnel who meet | job responsibilities. | individuals to support safe, quality care, treatment, and services. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | the qualifications specified by the medical | Note 1: Qualifications for infection control may be met | Note 1: The number and mix of individuals is appropriate to the |
| | staff, consistent with State law. | through ongoing education, training, experience, and/or | scope and complexity of the services offered. Services may |
| | | certification (such as that offered by the Certification | include but are not limited to the following: |
| | | Board for Infection Control). | - Rehabilitation services |
| | | Note 2: Qualifications for laboratory personnel are | - Emergency services |
| | | described in the Clinical Laboratory Improvement | - Outpatient services |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | - Respiratory services |
| | | "Personnel for Nonwaived Testing" §493.1351- | - Pharmaceutical services, including emergency pharmaceutical |
| | | §493.1495. A complete description of the requirement is | services |
| | | located at https://www.ecfr.gov/cgi-bin/text- | - Diagnostic and therapeutic radiology services |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | Note 2: Emergency services staff are qualified in emergency care. |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |
| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported | |
| | | by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | accreditation for deemed status purposes: Staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing. | |
| | | HR.01.01.01, EP 3 The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities. | |
| | | HR.01.06.01, EP 1 The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services. | |
| | | LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. | |
| | | Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. | |
| §482.57(b) | §482.57(b) Standard: Delivery of Services Services must be delivered in accordance with medical staff directives. | LD.04.01.07, EP 1 Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services. | LD.13.01.09, EP 7 If respiratory care services are provided, services are delivered in accordance with policies and procedures approved by the medical staff. |
| | | MS.01.01.01, EP 36 The medical staff bylaws include the following requirements: If departments of the medical staff exist, the qualifications and roles and responsibilities of the department chair, which are defined by the organized medical staff, include the following: | |
| | | Qualifications: | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Certification by an appropriate specialty board or | |
| | | comparable competence affirmatively established | |
| | | through the credentialing process | |
| | | | |
| | | Roles and responsibilities: | |
| | | - Clinically related activities of the department | |
| | | - Administratively related activities of the department, | |
| | | unless otherwise provided by the hospital | |
| | | - Continuing surveillance of the professional | |
| | | performance of all individuals in the department who | |
| | | have delineated clinical privileges | |
| | | - Recommending to the medical staff the criteria for | |
| | | clinical privileges that are relevant to the care provided | |
| | | in the department | |
| | | - Recommending clinical privileges for each member of | |
| | | the department | |
| | | - Assessing and recommending to the relevant hospital | |
| | | authority off-site sources for needed patient care, | |
| | | treatment, and services not provided by the department | |
| | | or the organization | |
| | | - Integration of the department or service into the | |
| | | primary functions of the organization | |
| | | - Coordination and integration of interdepartmental and | |
| | | intradepartmental services | |
| | | - Development and implementation of policies and | |
| | | procedures that guide and support the provision of care, | |
| | | treatment, and services | |
| | | - Recommendations for a sufficient number of qualified | |
| | | and competent persons to provide care, treatment, and | |
| | | services | |
| | | - Determination of the qualifications and competence of | |
| | | department or service staff who provide patient care, | |
| | | treatment, and services but are not licensed to practice | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | independently | |
| | | - Continuous assessment and improvement of the | |
| | | quality of care, treatment, and services | |
| | | - Maintenance of quality control programs, as | |
| | | appropriate | |
| | | - Orientation and continuing education of all persons in | |
| | | the department or service | |
| | | - Recommending space and other resources needed by | |
| | | the department or service | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: When | |
| | | departments of the medical staff do not exist, the | |
| | | medical staff is responsible for the development of | |
| | | policies and procedures that minimize medication | |
| | | errors. The medical staff may delegate this responsibility | |
| | | to the organized pharmaceutical service. | |
| §482.57(b)(1) | (1) Personnel qualified to perform specific | HR.01.01.01, EP 1 | HR.11.02.01, EP 1 |
| | procedures and the amount of supervision | The hospital defines staff qualifications specific to their | The hospital defines staff qualifications specific to their job |
| | required for personnel to carry out specific | job responsibilities. | responsibilities. |
| | procedures must be designated in writing. | Note 1: Qualifications for infection control may be met | Note 1: Qualifications for infection control may be met through |
| | | through ongoing education, training, experience, and/or | ongoing education, training, experience, and/or certification (such |
| | | certification (such as that offered by the Certification | as that offered by the Certification Board for Infection Control). |
| | | Board for Infection Control). | Note 2: Qualifications for laboratory personnel are described in the |
| | | Note 2: Qualifications for laboratory personnel are | Clinical Laboratory Improvement Amendments (CLIA), under |
| | | described in the Clinical Laboratory Improvement | Subpart M: "Personnel for Nonwaived Testing" §493.1351- |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | §493.1495. A complete description of the requirement is located |
| | | "Personnel for Nonwaived Testing" §493.1351- | at https://www.ecfr.gov/cgi-bin/text- |
| | | §493.1495. A complete description of the requirement is | idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true& |
| | | located at https://www.ecfr.gov/cgi-bin/text- | amp;node=sp42.5.493.m&rgn=div6. |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | Note 3: For hospitals that use Joint Commission accreditation for |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | deemed status purposes: Qualified physical therapists, physical |
| | | Note 3: For hospitals that use Joint Commission | therapist assistants, occupational therapists, occupational |
| | | accreditation for deemed status purposes: Qualified | therapy assistants, speech-language pathologists, or audiologists, |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | physical therapists, physical therapist assistants, | as defined in 42 CFR 484, provide physical therapy, occupational |
| | | occupational therapists, occupational therapy | therapy, speech-language pathology, or audiology services, if |
| | | assistants, speech-language pathologists, or | these services are provided by the hospital. See Glossary for |
| | | audiologists (as defined in 42 CFR 484.4) provide | definitions of physical therapist, physical therapist assistant, |
| | | physical therapy, occupational therapy, speech- | occupational therapist, occupational therapy assistant, speech- |
| | | language pathology, or audiology services, if these | language pathologist, and audiologist. |
| | | services are provided by the hospital. The provision of | Note 4: Qualifications for language interpreters and translators |
| | | care and staff qualifications are in accordance with | may be met through language proficiency assessment, education, |
| | | national acceptable standards of practice and also meet | training, and experience. The use of qualified interpreters and |
| | | the requirements of 409.17. See Appendix A for 409.17 | translators is supported by the Americans with Disabilities Act, |
| | | requirements. | Section 504 of the Rehabilitation Act of 1973, and Title VI of the |
| | | Note 4: Qualifications for language interpreters and | Civil Rights Act of 1964. |
| | | translators may be met through language proficiency | Note 5: If respiratory care services are provided, staff qualified to |
| | | assessment, education, training, and experience. The | perform specific respiratory care procedures and the amount of |
| | | use of qualified interpreters and translators is supported | supervision required to carry out the specific procedures is |
| | | by the Americans with Disabilities Act, Section 504 of | designated in writing. |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | specific procedures is designated in writing. | |
| | | HR.01.06.01, EP 1 | |
| | | The hospital defines the competencies it requires of its | |
| | | staff who provide patient care, treatment, or services. | |
| | | | |
| | | LD.04.01.07, EP 1 | |
| | | Leaders review, approve, and manage the | |
| | | implementation of policies and procedures that guide | |
| | | and support patient care, treatment, and services. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.57(b)(2) | (2) If blood gases or other clinical laboratory | LD.04.01.01, EP 1 | LD.13.03.01, EP 15 |
| | tests are performed in the respiratory care | The hospital is licensed, is certified, or has a permit, in | For hospitals that use Joint Commission accreditation for deemed |
| | unit, the unit must meet the applicable | accordance with law and regulation, to provide the care, | status purposes: If the hospital provides respiratory care services, |
| | requirements for laboratory services | treatment, or services for which the hospital is seeking | and respiratory care staff perform blood gasses or other clinical |
| | specified in §482.27. | accreditation from The Joint Commission. | laboratory tests, the applicable requirements for laboratory |
| | | Note 1: Each service location that performs laboratory | services specified in 42 CFR 482.27 are met. |
| | | testing (waived or nonwaived) must have a Clinical | |
| | | Laboratory Improvement Amendments of 1988 (CLIA | |
| | | '88) certificate as specified by the federal CLIA | |
| | | regulations (42 CFR 493.55 and 493.3) and applicable | |
| | | state law. Laboratory services meet the applicable | |
| | | requirements at 42 CFR 482.27. | |
| | | Note 2: For more information on how to obtain a CLIA | |
| | | certificate, see http://www.cms.gov/Regulations-and- | |
| | | Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_ | |
| \$400 F7/h\/0\ | (O) Comisso a moved and who may side of an element | Certificate_International_Laboratories.html. | DO 40 04 04 FD4 |
| §482.57(b)(3) | (3) Services must only be provided under the | PC.02.01.03, EP 1 | PC.12.01.01, EP 1 |
| | orders of a qualified and licensed | For hospitals that use Joint Commission accreditation | Prior to providing care, treatment, and services, the hospital |
| | practitioner who is responsible for the care | for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews | obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional |
| | of the patient, acting within his or her scope of practice under State law, and who is | orders (verbal or written) from a physician or other | standards of practice; law and regulation; hospital policies; and |
| | authorized by the hospital's medical staff to | licensed practitioner in accordance with professional | medical staff bylaws, rules, and regulations. |
| | order the services in accordance with | standards of practice; law and regulation; hospital | Note 1: This includes but is not limited to respiratory services, |
| | hospital policies and procedures and State | policies; and medical staff bylaws, rules, and | radiology services, rehabilitation services, nuclear medicine |
| | laws. | regulations. | services, and dietetic services, if provided. |
| | tuws. | Note 1: Outpatient services may be ordered by a | Note 2: For hospitals that use Joint Commission accreditation for |
| | | physician or other licensed practitioner not appointed to | deemed status purposes: Patient diets, including therapeutic |
| | | the medical staff as long as the practitioner meets the | diets, are ordered by the physician or other licensed practitioner |
| | | following: | responsible for the patient's care or by a qualified dietitian or |
| | | - Responsible for the care of the patient | qualified nutrition professional who is authorized by the medical |
| | | - Licensed to practice in the state where the practitioner | staff and acting in accordance with state law governing dietitians |
| | | provides care to the patient or in accordance with | and nutrition professionals. |
| | | Veterans Administration and Department of Defense | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | licensure requirements | |
| | | - Acting within the practitioner's scope of practice under | |
| | | state law | |
| | | - Authorized in accordance with state law and policies | |
| | | adopted by the medical staff and approved by the | |
| | | governing body to order the applicable outpatient | |
| | | services | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Patient diets, | |
| | | including therapeutic diets, are ordered by the physician | |
| | | or other licensed practitioner responsible for the | |
| | | patient's care, or by a qualified dietitian or qualified | |
| | | nutrition professional who is authorized by the medical | |
| | | staff and acting in accordance with state law governing | |
| | | dietitians and nutrition professionals. | |
| | | PC.02.01.03, EP 7 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes: The hospital provides care, | |
| | | treatment, and services using the most recent patient | |
| | | order(s). | |
| §482.57(b)(4) | (4) All respiratory care services orders must | RC.02.01.01, EP 2 | RC.12.01.01, EP 2 |
| | be documented in the patient's medical | The medical record contains the following clinical | The medical record contains the following clinical information: |
| | record in accordance with the requirements | information: | - Admitting diagnosis |
| | at §482.24. | - The reason(s) for admission for care, treatment, and | - Any emergency care, treatment, and services provided to the |
| | | services | patient before their arrival |
| | | - The patient's initial diagnosis, diagnostic | - Any allergies to food and medications |
| | | impression(s), or condition(s) | - Any findings of assessments and reassessments |
| | | - Any findings of assessments and reassessments | - Results of all consultative evaluations of the patient and findings |
| | | - Any allergies to food | by clinical and other staff involved in the care of the patient |
| | | - Any allergies to medications | - Treatment goals, plan of care, and revisions to the plan of care |
| | | - Any conclusions or impressions drawn from the | - Documentation of complications, health care–acquired |
| | | patient's medical history and physical examination | infections, and adverse reactions to drugs and anesthesia |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Any diagnoses or conditions established during the | - All practitioners' orders |
| | | patient's course of care, treatment, and services | - Nursing notes, reports of treatment, laboratory reports, vital |
| | | (including complications and hospital-acquired | signs, and other information necessary to monitor the patient's |
| | | infections). For psychiatric hospitals using Joint | condition |
| | | Commission accreditation for deemed status purposes: | - Medication records, including the strength, dose, route, date and |
| | | The diagnosis includes intercurrent diseases (diseases | time of administration, access site for medication, administration |
| | | that occur during the course of another disease; for | devices used, and rate of administration |
| | | example, a patient with AIDS may develop an | Note: When rapid titration of a medication is necessary, the |
| | | intercurrent bout of pneumonia) and the psychiatric | hospital defines in policy the urgent/emergent situations in which |
| | | diagnoses. | block charting would be an acceptable form of documentation. For |
| | | - Any consultation reports | the definition and a further explanation of block charting, refer to |
| | | - Any observations relevant to care, treatment, and | the Glossary. |
| | | services | - Administration of each self-administered medication, as reported |
| | | - The patient's response to care, treatment, and services | by the patient (or the patient's caregiver or support person where |
| | | - Any emergency care, treatment, and services provided | appropriate) |
| | | to the patient before their arrival | - Records of radiology and nuclear medicine services, including |
| | | - Any progress notes | signed interpretation reports |
| | | - All orders | - All care, treatment, and services provided to the patient |
| | | - Any medications ordered or prescribed | - Patient's response to care, treatment, and services |
| | | - Any medications administered, including the strength, | - Medical history and physical examination, including any |
| | | dose, route, date and time of administration | conclusions or impressions drawn from the information |
| | | Note 1: When rapid titration of a medication is | - Discharge plan and discharge planning evaluation |
| | | necessary, the hospital defines in policy the | - Discharge summary with outcome of hospitalization, disposition |
| | | urgent/emergent situations in which block charting | of case, and provisions for follow-up care, including any |
| | | would be an acceptable form of documentation. | medications dispensed or prescribed on discharge |
| | | Note 2: For the definition and a further explanation of | - Any diagnoses or conditions established during the patient's |
| | | block charting, refer to the Glossary. | course of care, treatment, and services |
| | | - Any access site for medication, administration devices | Note: Medical records are completed within 30 days following |
| | | used, and rate of administration | discharge, including final diagnosis. |
| | | - Any adverse drug reactions | |
| | | - Treatment goals, plan of care, and revisions to the plan | |
| | | of care | |
| | | - Results of diagnostic and therapeutic tests and | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|--|--|-------------------|
| | | procedures | |
| | | - Any medications dispensed or prescribed on discharge | |
| | | - Discharge diagnosis | |
| | | - Discharge plan and discharge planning evaluation | |
| §482.58 | §482.58 Special requirements for hospital | | |
| | providers of long-term care services ("swing- | | |
| | beds"). A hospital that has a Medicare | | |
| | provider agreement must meet the following | | |
| | requirements in order to be granted an | | |
| | approval from CMS to provide post-hospital | | |
| | extended care services, as specified in | | |
| | §409.30 of this chapter, and be reimbursed | | |
| | as a swing-bed hospital, as specified in | | |
| | §413.114 of this chapter: This CoP is not | | |
| | applicable to psychiatric hospitals since they | | |
| | are not permitted to have swing beds. | | |
| §482.58(a) | (a) Eligibility. A hospital must meet the | | |
| | following eligibility requirements: | | |
| §482.58(a)(1) | (1) The facility has fewer than 100 hospital | | |
| | beds, excluding beds for newborns and beds | | |
| | in intensive care type inpatient units (for | | |
| | eligibility of hospitals with distinct parts | | |
| | electing the optional reimbursement | | |
| | method, see §413.24(d)(5) of this chapter). | | |
| §482.58(a)(2) | (2) The hospital is located in a rural area. | | |
| | This includes all areas not delineated as | | |
| | "urbanized" areas by the Census Bureau, | | |
| | based on the most recent census. | | |
| §482.58(a)(3) | (3) The hospital does not have in effect a 24- | | |
| | hour nursing waiver granted under | | |
| | §488.54(c) of this chapter. | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.58(a)(4) | (4) The hospital has not had a swing-bed | | |
| | approval terminated within the two years | | |
| | previous to application. | | |
| §482.58(b) | (b) Skilled nursing facility services. The | | |
| | facility is substantially in compliance with | | |
| | the following skilled nursing facility | | |
| | requirements contained in subpart B of part | | |
| | 483 of this chapter. | | |
| §482.58(b)(1) | (1) Resident rights (§483.10(b)(7), (c)(1), | IM.02.01.01, EP 1 | IM.12.01.01, EP 1 |
| | (c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(ii) | The hospital follows a written policy addressing the | The hospital develops and implements policies and procedures |
| | and (iii), (h), (g)(8) and (17), and (g)(18) | privacy and confidentiality of health information. | addressing the privacy and confidentiality of health information. |
| | introductory text of this chapter. | | Note: For hospitals that use Joint Commission accreditation for |
| | | IM.02.01.01, EP 3 | deemed status purposes and have swing beds: Policies and |
| | | The hospital uses health information only for purposes | procedures also address the resident's personal records. |
| | | permitted by law and regulation or as further limited by | W 40 04 04 FD 0 |
| | | its policy on privacy. | IM.12.01.01, EP 2 |
| | | IM.02.01.01, EP 4 | The hospital discloses health information only as authorized by the patient with the patient's written consent or as otherwise required |
| | | The hospital discloses health information only as | by law and regulation. |
| | | authorized by the patient or as otherwise consistent with | Note: For hospitals that use Joint Commission accreditation for |
| | | law and regulation. | deemed status purposes and have swing beds: The hospital allows |
| | | taw and regulation. | representatives of the Office of the State Long-Term Care |
| | | LD.04.02.03, EP 13 | Ombudsman to examine a resident's medical, social, and |
| | | For hospitals that use Joint Commission accreditation | administrative records in accordance with state law. |
| | | for deemed status purposes and have swing beds: Each | |
| | | resident who is entitled to Medicaid benefits is informed | LD.13.02.01, EP 2 |
| | | in writing, either at the time of admission or when the | For hospitals that use Joint Commission accreditation for deemed |
| | | resident becomes eligible for Medicaid, of the following: | status purposes and have swing beds: Each Medicaid-eligible |
| | | - The items and services included in the state plan for | resident is informed in writing, either at the time of admission or |
| | | which the resident may not be charged | when the resident becomes eligible for Medicaid, of the following: |
| | | - Those items and services that the facility offers and for | - Items and services included in the state plan for which the |
| | | which the resident may be charged, and the amount of | resident may not be charged |
| | | charges for those services | - Items and services that the hospital offers, those for which the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|---|
| | | | resident may be charged, and the amount of charges for those |
| | | LD.04.02.03, EP 14 | services |
| | | For hospitals that use Joint Commission accreditation | Note: The hospital informs residents when changes are made to |
| | | for deemed status purposes and have swing beds: | the items and services. |
| | | Residents are informed when changes are made to the | |
| | | services that are specified in LD.04.02.03, EP 13. | LD.13.02.01, EP 3 |
| | | | For hospitals that use Joint Commission accreditation for deemed |
| | | LD.04.02.03, EP 16 | status purposes and have swing beds: The hospital informs |
| | | For hospitals that use Joint Commission accreditation | residents before or at the time of admission, and periodically |
| | | for deemed status purposes and have swing beds: | during the resident's stay, of services available in the hospital and |
| | | Residents are informed before or at the time of | of charges for those services not covered under Medicare, |
| | | admission, and periodically during the resident's stay, of | Medicaid, or by the hospital's per diem rate. |
| | | services available in the facility and of charges for those | |
| | | services not covered under Medicare or by the facility's | PC.11.03.01, EP 2 |
| | | per diem rate. | The hospital involves the patient in the development and |
| | | | implementation of their plan of care. |
| | | MS.06.01.03, EP 6 | Note: For hospitals that use Joint Commission accreditation for |
| | | The credentialing process requires that the hospital | deemed status purposes and have swing beds: The resident has |
| | | verifies in writing and from the primary source whenever | the right to be informed, in advance, of changes to their plan of |
| | | feasible, or from a credentials verification organization | care. |
| | | (CVO), the following information: | |
| | | - The applicant's current licensure at the time of initial | RI.11.01.01, EP 1 |
| | | granting, renewal, and revision of privileges, and at the | The hospital develops and implements written policies to protect |
| | | time of license expiration | and promote patient rights. |
| | | - The applicant's relevant training | |
| | | - The applicant's current competence | RI.11.01.01, EP 5 |
| | | | The hospital respects the patient's right to personal privacy. |
| | | RI.01.01.01, EP 1 | Note 1: This element of performance (EP) addresses a patient's |
| | | The hospital has written policies on patient rights. | personal privacy. For EPs addressing the privacy of a patient's |
| | | Note: For hospitals that use Joint Commission | health information, refer to Standard IM.12.01.01. |
| | | accreditation for deemed status purposes: The | Note 2: For hospitals that use Joint Commission accreditation for |
| | | hospital's written policies address procedures regarding | deemed status purposes and have swing beds: Personal privacy |
| | | patient visitation rights, including any clinically | includes accommodations, medical treatment, written and |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|---|
| | | necessary or reasonable restrictions or limitations. | telephone communications, personal care, visits, and meetings of |
| | | DI 04 04 04 ED 2 | family and resident groups, but this does not require the facility to |
| | | RI.01.01.01, EP 2 The hospital informs the patient of the patient's rights. | provide a private room for each resident. |
| | | Note 1: For hospitals that use Joint Commission | RI.11.01.01, EP 8 |
| | | accreditation for deemed status purposes: The hospital | For hospitals that use Joint Commission accreditation for deemed |
| | | informs the patient (or support person, where | status purposes and have swing beds: The hospital provides |
| | | appropriate) of the patient's visitation rights. Visitation | immediate family and other relatives immediate access to the |
| | | rights include the right to receive the visitors designated | resident, except when the resident denies or withdraws consent. |
| | | by the patient, including, but not limited to, a spouse, a | The hospital provides others who are visiting immediate access to |
| | | domestic partner (including a same-sex domestic | the resident, except when reasonable clinical or safety restrictions |
| | | partner), another family member, or a friend. Also | apply or when the resident denies or withdraws consent. |
| | | included is the right to withdraw or deny such consent at | |
| | | any time. | RI.11.02.01, EP 1 |
| | | Note 2: For hospitals that use Joint Commission | The hospital provides information, including but not limited to the |
| | | accreditation for deemed status purposes: The hospital | patient's total health status, in a manner tailored to the patient's |
| | | informs each patient (or support person, where | age, language, and ability to understand. |
| | | appropriate) of the patient's rights in advance of | Note: The hospital communicates with the patient during the |
| | | furnishing or discontinuing patient care whenever | provision of care, treatment, and services in a manner that meets |
| | | possible. | the patient's oral and written communication needs. |
| | | RI.01.01.01, EP 5 | RI.12.01.01, EP 1 |
| | | The hospital respects the patient's right to and need for | The patient or their representative (as allowed, in accordance with |
| | | effective communication. | state law) has the right to make informed decisions regarding their |
| | | | care. The patient's rights include being informed of their health |
| | | RI.01.01.01, EP 6 | status, being involved in care planning and treatment, and being |
| | | The hospital respects the patient's cultural and personal | able to request or refuse treatment. This does not mean the patient |
| | | values, beliefs, and preferences. | has the right to demand the provision of treatment or services |
| | | | deemed medically unnecessary or inappropriate. |
| | | RI.01.01.01, EP 7 | |
| | | The hospital respects the patient's right to privacy. | RI.12.01.01, EP 3 |
| | | Note 1: This element of performance (EP) addresses a | For hospitals that use Joint Commission accreditation for deemed |
| | | patient's personal privacy. | status purposes and have swing beds: If a resident is adjudged |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 2: For hospitals that use Joint Commission | incompetent under state law by a court of proper jurisdiction, the |
| | | accreditation for deemed status purposes and have | rights of the resident automatically transfer to and are exercised by |
| | | swing beds: The resident's right to privacy includes | a resident representative appointed by the court under state law to |
| | | privacy and confidentiality of their personal records and | act on the resident's behalf. The resident representative exercises |
| | | written communications, including the right to send and | the resident's rights to the extent allowed by the court in |
| | | receive mail promptly. | accordance with state law. |
| | | | Note 1: If a resident representative's decision-making authority is |
| | | RI.01.01.03, EP 1 | limited by state law or court appointment, the resident retains the |
| | | The hospital provides information in a manner tailored | right to make those decisions outside the representative's |
| | | to the patient's age, language, and ability to understand. | authority. |
| | | | Note 2: The resident's wishes and preferences are considered by |
| | | RI.01.01.03, EP 3 | the representative when exercising the patient's rights. |
| | | The hospital provides information to the patient who has | Note 3: To the extent practicable, the resident is provided with |
| | | vision, speech, hearing, or cognitive impairments in a | opportunities to participate in the care planning process. |
| | | manner that meets the patient's needs. | |
| | | | RI.12.01.01, EP 4 |
| | | RI.01.02.01, EP 1 | For hospitals that use Joint Commission accreditation for deemed |
| | | The hospital involves the patient in making decisions | status purposes and have swing beds: The resident has the right to |
| | | about their care, treatment, and services, including the | request, refuse, and/or discontinue treatment; to participate in or |
| | | right to have the patient's family and physician or other | refuse to participate in experimental research; and to formulate an |
| | | licensed practitioner promptly notified of their | advance directive. |
| | | admission to or discharge or transfer from the hospital. | |
| | | Note 1: For hospitals that use Joint Commission | RI.12.01.01, EP 6 |
| | | accreditation for deemed status purposes: The patient is | For hospitals that use Joint Commission accreditation for deemed |
| | | informed, prior to the notification occurring, of any | status purposes and have swing beds: The hospital supports the |
| | | process to automatically notify the patient's established | resident's right to choose a licensed attending physician. |
| | | primary care practitioner, primary care practice | Note: If the physician chosen by the resident refuses to or does not |
| | | group/entity, or other practitioner group/entity, as well | meet the requirements for attending physicians at 42 CFR 483, the |
| | | as all applicable post–acute care services providers and | hospital may seek alternative physician participation to assure |
| | | suppliers. The hospital has a process for documenting a | provision of appropriate and adequate care and treatment. The |
| | | patient's refusal to permit notification of registration to | hospital informs the resident if it determines that the physician |
| | | the emergency department, admission to an inpatient | chosen by the resident is unlicensed or unable to serve as the |
| | | unit, or discharge or transfer from the emergency | attending physician. The hospital also discusses alternative |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | department or inpatient unit. Notifications with primary | physician participation with the resident and honors the resident's |
| | | care practitioners and entities are in accordance with all | preferences, if any, among the options. |
| | | applicable federal and state laws and regulations. | |
| | | Note 2: For hospitals that use Joint Commission | RI.13.01.03, EP 1 |
| | | accreditation for deemed status purposes and have | For hospitals that use Joint Commission accreditation for deemed |
| | | swing beds: The resident has the right to be informed in | status purposes and have swing beds: The hospital allows the |
| | | advance of changes to their plan of care. | patient to keep and use personal clothing and possessions, unless |
| | | DI 04 00 04 FD 0 | this infringes on others' rights or is medically or therapeutically |
| | | RI.01.02.01, EP 2 | contraindicated, based on the setting or service. |
| | | When a patient is unable to make decisions about their care, treatment, and services, the hospital involves a | RI.13.01.03, EP 2 |
| | | surrogate decision-maker in making these decisions. | For hospitals that use Joint Commission accreditation for deemed |
| | | Note: For hospitals that use Joint Commission | status purposes and have swing beds: The hospital allows the |
| | | accreditation for deemed status purposes and have | resident to share a room with their spouse when married residents |
| | | swing beds: The selection of the surrogate decision- | are living in the same hospital and when both individuals consent |
| | | maker is in accordance with state law. | to the arrangement. |
| | | | |
| | | RI.01.02.01, EP 3 | RI.13.01.03, EP 3 |
| | | The hospital provides the patient or surrogate decision- | For hospitals that use Joint Commission accreditation for deemed |
| | | maker with written information about the right to refuse | status purposes and have swing beds: The hospital supports the |
| | | care, treatment, and services. | resident's right to send and promptly receive unopened mail |
| | | | through the postal service and to receive letters, packages, and |
| | | RI.01.02.01, EP 4 | other materials delivered to the hospital for the resident through a |
| | | The hospital respects the right of the patient or | means other than a postal service. The hospital respects the |
| | | surrogate decision-maker to refuse care, treatment, and | resident's right to privacy of such communications and allows |
| | | services in accordance with law and regulation. | access to stationery, postage, and writing implements at the |
| | | DI 04 00 05 FD 0 | resident's expense. |
| | | RI.01.03.05, EP 3 | |
| | | The hospital informs the patient that refusing to participate in research, investigation, or clinical trials or | |
| | | discontinuing participation at any time will not | |
| | | jeopardize the patient's access to care, treatment, and | |
| | | services unrelated to the research. | |
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| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | RI.01.05.01, EP 1 The hospital follows written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services that address the following: - Providing patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services. - Providing the patient upon admission with information on the extent to which the hospital is able, unable, or unwilling to honor advance directives. - For outpatient hospital settings: Communicating its policy on advance directives upon request or when warranted by the care, treatment, and services provided. - Whether the hospital will honor advance directives in its outpatient settings. - That the hospital will honor the patient's right to formulate or review and revise the patient's advance directives. - Informing staff who are involved in the patient has an advance directive. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient's right to formulate advance directives and have staff and licensed practitioners comply with these directives is in accordance with 42 CFR 489.100, 489.102, and 489.104. | |
| | | RI.01.06.05, EP 4 | 1 |

| For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital allows the patient to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service. RI.01.06.05, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides accommodations for residents with significant others living in the same facility when both individuals consent to the arrangement. RI.01.06.05, EP 14 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to have access to stationery, postage, and writing implements at the resident's own expense. RI.01.06.05, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population. RI.01.06.09, EP 1 | CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|--|-----------------|----------|--|-------------------|
| hospital allows the patient to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service. RI.01.06.05, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides accommondations for residents with significant others living in the same facility when both individuals consent to the arrangement. RI.01.06.05, EP 14 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to have access to stationery, postage, and writing implements at the resident's own expense. RI.01.06.05, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospitals offers patients telephone and mail service, based on the setting and population. | | | For hospitals that use Joint Commission accreditation | |
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| resident has the right to have access to stationery, postage, and writing implements at the resident's own expense. RI.01.06.05, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population. | | ı | · | |
| postage, and writing implements at the resident's own expense. RI.01.06.05, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population. | | ı | | |
| RI.01.06.05, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population. | | ı | | |
| For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population. | | | | |
| For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population. | | | RL01.06.05 FP 15 | |
| for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population. | | ı | | |
| hospital offers patients telephone and mail service, based on the setting and population. | | ı | | |
| based on the setting and population. | | ı | | |
| RI 01 06 09 EP 1 | | | | |
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| | | | , and the second | |
| For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The | | | · | |
| hospital supports the resident's right to choose an | | | | |
| attending physician, dentist, and other care providers. | | | | |
| Note: The hospital informs the resident if it determines | | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. | |
| | | RI.01.06.11, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides the resident and the resident's family with the name, specialty, and telephone number of the physician or other licensed practitioner primarily responsible for the resident's care. | |
| | | RI.01.07.05, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital establishes liberal visiting hours that are limited only by the resident's personal preferences. | |
| | | RI.01.07.05, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides space for the resident to receive visitors in comfort and privacy. | |
| | | RI.01.07.05, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose with whom the resident communicates. | |
| | | RI.01.07.05, EP 6 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The | |
| | | hospital complies with law and regulation regarding | |
| | | individuals who are exempted from visiting hour | |
| | | restrictions in order to gain immediate access to the | |
| | | resident. | |
| §482.58(b)(2) | (2) Admission, transfer, and discharge rights | PC.04.01.03, EP 3 | PC.14.01.01, EP 4 |
| | (§483.5 definition of transfer and discharge, | The patient, the patient's family, physicians, other | The patient, the patient's caregiver(s) or support person(s), |
| | \$483.15(c)(1), (c)(2)(i), (c)(2)(ii), (c)(3), | licensed practitioners, clinical psychologists, and staff | physicians, other licensed practitioners, clinical psychologists, |
| | (c)(4), (c)(5), and (c)(7)). | involved in the patient's care, treatment, and services | and staff who are involved in the patient's care, treatment, and |
| | | participate in planning the patient's discharge or | services participate in planning the patient's discharge or transfer. |
| | | transfer. | The patient and their caregiver(s) or support person(s) are |
| | | Note 1: The definition of "physician" is the same as that | included as active partners when planning for postdischarge care. |
| | | used by the Centers for Medicare & Dedicard | Note 1: The definition of "physician" is the same as that used by |
| | | Services (CMS) (refer to the Glossary). | the Centers for Medicare & Dedicard Services (refer to the |
| | | Note 2: For psychiatric hospitals that use Joint | Glossary). |
| | | Commission accreditation for deemed status purposes: | Note 2: For hospitals that use Joint Commission accreditation for |
| | | Social service staff responsibilities include, but are not | deemed status purposes and have swing beds: The hospital |
| | | limited to, participating in discharge planning, arranging | notifies the resident and, if known, a family member or legal |
| | | for follow-up care, and developing mechanisms for | representative of the resident of the transfer or discharge and |
| | | exchange of information with sources outside the | reasons for the move. The notice is in writing, in a language and |
| | | hospital. | manner they understand, and includes the items described in 42 |
| | | Note 3: For hospitals that use Joint Commission | CFR 483.15(c)(5). The hospital also provides sufficient preparation |
| | | accreditation for deemed status purposes and have | and orientation to residents to make sure that transfer or discharge |
| | | swing beds: The hospital notifies the resident and, if | from the hospital is safe and orderly. The hospital sends a copy of |
| | | known, a family member or legal representative of the | the notice to a representative of the office of the state's long-term |
| | | resident of the transfer or discharge and reasons for the | care ombudsman. |
| | | move in writing. The hospital also provides sufficient | |
| | | preparation and orientation to residents to make sure | PC.14.01.01, EP 12 |
| | | that transfer or discharge from the hospital is safe and | For hospitals that use Joint Commission accreditation for deemed |
| | | orderly. The hospital sends a copy of the notice to a | status purposes and have swing beds: The hospital provides the |
| | | representative of the office of the state's long-term care | written notice of transfer or discharge at least 30 days before the |
| | | ombudsman. | resident is transferred or discharged. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note 4: For hospitals that use Joint Commission | Note: Notice may be made as soon as is practical before transfer |
| | | accreditation for deemed status purposes: Discharge | or discharge when the safety of the individuals in the facility would |
| | | planning is performed by, or under the supervision of, a | be endangered, the health of the individuals in the facility would be |
| | | registered nurse, social worker, or other qualified | endangered, the resident's health improves sufficiently to allow a |
| | | person. | more immediate transfer or discharge, immediate transfer or |
| | | | discharge is required by the resident's urgent medical needs, or a |
| | | PC.04.01.03, EP 5 | resident has not resided in the facility for 30 days. |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: | PC.14.01.01, EP 13 |
| | | Except when specified in the CoP from 42 CFR | For hospitals that use Joint Commission accreditation for deemed |
| | | 483.12(a)(5)(ii), the written notice of transfer or | status purposes and have swing beds: The written notice before |
| | | discharge required under paragraph 42 CFR | transfer or discharge specified in 42 CFR 483.15(c)(3) includes the |
| | | 483.12(a)(4) must be made by the hospital at least 30 | following: |
| | | days before the resident is transferred or discharged. | - Reason for transfer or discharge |
| | | Note: Notice may be made as soon as is practical before | - Effective date of transfer or discharge |
| | | transfer or discharge when the safety of the individuals | - Location to which the resident is transferred or discharged |
| | | in the facility would be endangered; the health of the | - Statement of the resident's appeal rights, including the name, |
| | | individuals in the facility would be endangered; the | address (mailing and e-mail), and telephone number of the entity |
| | | resident's health improves sufficiently to allow a more | which receives appeal requests; information on how to obtain an |
| | | immediate transfer or discharge, and immediate | appeal form; where to find assistance in completing the form; and |
| | | transfer or discharge is required by the resident's urgent | how to submit the appeal hearing request |
| | | medical needs; or a resident has not resided in the | - Name, address (mailing and e-mail), and telephone number of |
| | | facility for 30 days. | the office of the state's long-term care ombudsman |
| | | | - For a resident with intellectual and developmental disabilities, |
| | | PC.04.01.03, EP 6 | the mailing and e-mail address and telephone number of the |
| | | For hospitals that use Joint Commission accreditation | agency responsible for the protection and advocacy of these |
| | | for deemed status purposes and have swing beds: The | individuals, established under Part C of the Developmental |
| | | written notice before transfer or discharge specified in | Disabilities Assistance and Bill of Rights Act of 2000 |
| | | the CoP from 42 CFR 483.12(a)(4) includes the | - For a resident with a mental disorder or related disabilities, the |
| | | following: | mailing and e-mail address and telephone number of the agency |
| | | - The reason for transfer or discharge | responsible for the protection and advocacy of these individuals, |
| | | - The effective date of transfer or discharge | established under the Protection and Advocacy for Mentally Ill |
| | | - The location to which the resident is transferred or | Individuals Act |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | discharged | |
| | | - A statement of the resident's appeal rights, including | PC.14.01.03, EP 1 |
| | | the name, address (mailing and e-mail), and telephone | For hospitals that use Joint Commission accreditation for deemed |
| | | number of the entity which receives such requests; | status purposes and have swing beds: The hospital transfers or |
| | | information on how to obtain an appeal form; where to | discharges residents only under at least one of the following |
| | | find assistance in completing the form; and how to | conditions: |
| | | submit the appeal hearing request | - The resident's health has improved to the point where they no |
| | | - The name, address (mailing and e-mail), and telephone | longer need the hospital's services. |
| | | number of the office of the state's long-term care | - The transfer or discharge is necessary for the resident's welfare, |
| | | ombudsman | and the hospital cannot meet the resident's needs. |
| | | - For a resident with intellectual and developmental | - The safety of the individuals in the hospital is endangered due to |
| | | disabilities, the mailing and e-mail address and | the resident's clinical or behavioral status. |
| | | telephone number of the agency responsible for the | - The health of individuals in the hospital would otherwise be |
| | | protection and advocacy of these individuals, | endangered. |
| | | established under Part C of the Developmental | - The resident has failed, after reasonable and appropriate notice, |
| | | Disabilities Assistance and Bill of Rights Act of 2000 | to pay for (or to have paid under Medicare or Medicaid) a stay at |
| | | - For a resident with a mental disorder or related | the hospital. Nonpayment applies if the resident does not submit |
| | | disabilities, the mailing and e-mail address and | the necessary paperwork for third party payment or after the third |
| | | telephone number of the agency responsible for the | party, including Medicare or Medicaid, denies the claim and the |
| | | protection and advocacy of these individuals, | resident refuses to pay for their stay. For a resident who becomes |
| | | established under the Protection and Advocacy for | eligible for Medicaid after admission to a hospital, the hospital |
| | | Mentally III Individuals Act | may charge a resident only the allowable charges under Medicaid. |
| | | | - The hospital ceases operation. |
| | | PC.04.01.05, EP 1 | Note: The hospital cannot transfer or discharge a resident while an |
| | | When the hospital determines the patient's discharge or | appeal is pending pursuant to 42 CFR 431.230, unless the failure |
| | | transfer needs, it promptly shares this information with | to discharge or transfer would endanger the health or safety of the |
| | | the patient, and also with the patient's family when it is | resident or other individuals in the hospital. The hospital |
| | | involved in decision making or ongoing care. | documents the danger that failure to transfer or discharge would |
| | | | pose. |
| | | PC.04.01.05, EP 2 | |
| | | Before the patient is discharged, the hospital informs | RC.12.03.01, EP 1 |
| | | the patient, and also the patient's family when it is | For hospitals that use Joint Commission accreditation for deemed |
| | | involved in decision making or ongoing care, of the kinds | status purposes and have swing beds: Documentation in the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|---|
| | | of continuing care, treatment, and services the patient | medical record includes discharge information provided to the |
| | | will need. | resident and/or to the receiving organization. A physician |
| | | | documents in the resident's medical record when the resident is |
| | | | being transferred or discharged because the safety of other |
| | | PC.04.01.07, EP 1 | residents would otherwise be endangered. The resident's |
| | | For hospitals that use Joint Commission accreditation | physician documents in the medical record when the transfer is |
| | | for deemed status purposes and have swing beds: The | due to the resident improving and no longer needing long term care |
| | | hospital transfers or discharges residents only when at | services or when the transfer is due to the resident's welfare and |
| | | least one of the following conditions is met: | resident's needs cannot be met in the hospital's swing bed. |
| | | - The resident's health has improved to the point where | |
| | | they no longer need the hospital's services. | RC.12.03.01, EP 2 |
| | | - The transfer or discharge is necessary for the resident's | For hospitals that use Joint Commission accreditation for deemed |
| | | welfare and the hospital cannot meet the resident's | status purposes and have swing beds: The resident's discharge |
| | | needs. | information includes the following: |
| | | - The safety of the individuals in the hospital is | - Reason for transfer, discharge, or referral |
| | | endangered due to the clinical or behavioral status of | - Treatment provided, diet, medication orders, and orders for the |
| | | the resident. | resident's immediate care |
| | | - The health of individuals in the hospital would | - Referrals provided to the resident, the referring physician's or |
| | | otherwise be endangered. | other licensed practitioner's name, and the name of the physician |
| | | - The resident has failed, after reasonable and | or other licensed practitioner who has agreed to be responsible for |
| | | appropriate notice, to pay for (or to have paid under | the resident's medical care and treatment, if this person is |
| | | Medicare or Medicaid) a stay at the hospital. | someone other than the referring physician or other licensed |
| | | Nonpayment applies if the resident does not submit the | practitioner |
| | | necessary paperwork for third party payment or after the | - Medical findings and diagnoses; a summary of the care, |
| | | third party, including Medicare or Medicaid, denies the | treatment, and services provided; and progress reached toward |
| | | claim and the resident refuses to pay for their stay. For a | goals |
| | | resident who becomes eligible for Medicaid after | - Information about the resident's behavior, ambulation, nutrition, |
| | | admission to a hospital, the hospital may charge a | physical status, psychosocial status, and potential for |
| | | resident only the allowable charges under Medicaid. | rehabilitation |
| | | - The hospital ceases operation. | - Nursing information that is useful in the resident's care |
| | | Note: The hospital cannot transfer or discharge a | - Any advance directives |
| | | resident while an appeal is pending pursuant to 42 CFR | - Instructions given to the resident before discharge |
| | | 431.230, unless the failure to discharge or transfer | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | would endanger the health or safety of the resident or | RC.12.03.01, EP 3 |
| | | other individuals in the hospital. The hospital | For hospitals that use Joint Commission accreditation for deemed |
| | | documents the danger that failure to transfer or | status purposes and have swing beds: When the resident is |
| | | discharge would pose. | transferred or discharged because the hospital cannot meet their |
| | | | needs, the hospital documents which needs could not be met, the |
| | | RC.01.01, EP 5 | hospital's attempts to meet the resident's needs, and the services |
| | | The medical record includes the following: | available at the receiving organization that will meet the resident's |
| | | - Information needed to support the patient's diagnosis and condition | needs. |
| | | - Information needed to justify the patient's care, | RC.12.03.01, EP 4 |
| | | treatment, and services | For hospitals that use Joint Commission accreditation for deemed |
| | | - Information that documents the course and result of | status purposes and have swing beds: The hospital records the |
| | | the patient's care, treatment, and services | reasons for the transfer or discharge in the resident's medical |
| | | - Information about the patient's care, treatment, and | record in accordance with 42 CFR 483.15(c)(2). |
| | | services that promotes continuity of care among staff | |
| | | and providers | |
| | | Note: For hospitals that elect The Joint Commission | |
| | | Primary Care Medical Home option: This requirement | |
| | | refers to care provided by both internal and external | |
| | | providers. | |
| | | RC.02.04.01, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: | |
| | | Documentation in the medical record includes | |
| | | discharge information provided to the resident and/or to | |
| | | the receiving organization. There is documentation in | |
| | | the resident's medical record by the resident's | |
| | | physician when the resident is transferred or | |
| | | discharged, either when the transfer is due to the | |
| | | resident improving and no longer needing long term care | |
| | | services or when the resident's needs cannot be met in | |
| | | the hospital's swing bed. There is documentation in the | |

| resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered. RC.02.04.01, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's discharge information incudes the following: - The reason for transfer, discharge, or referral - Treatment provided, diet, medication orders, and orders for the resident's immediate care - Referrals provided to the resident, the referring physician's or other ilcensed practitioner's name, and the name of the physician or other licensed practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring physician or other ilcensed practitioner - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals - Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation - Nursing information that is useful in the resident's care - Any advance directives - Instructions given to the resident's right to and need for effective communication. | CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|---|-----------------|----------|---|-------------------|
| For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's discharge information includes the following: - The reason for transfer, discharge, or referral - Treatment provided, diet, medication orders, and orders for the resident's indeade care - Referrals provided to the resident, the referring physician's or other licensed practitioner's name, and the name of the physician or their licensed practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring physician or other licensed practitioner - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals - Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation - Nursing information that is useful in the resident's care - Any advance directives - Instructions given to the resident before discharge | | | resident is being transferred or discharged because the safety of other residents would otherwise be | |
| | | | RC.02.04.01, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's discharge information includes the following: - The reason for transfer, discharge, or referral - Treatment provided, diet, medication orders, and orders for the resident's immediate care - Referrals provided to the resident, the referring physician's or other licensed practitioner's name, and the name of the physician or other licensed practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring physician or other licensed practitioner - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals - Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation - Nursing information that is useful in the resident's care - Any advance directives - Instructions given to the resident before discharge RI.01.01.01, EP 5 The hospital respects the patient's right to and need for | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|---|--|---|
| | | RI.01.01.03, EP 1 | |
| | | The hospital provides information in a manner tailored | |
| | | to the patient's age, language, and ability to understand. | |
| §482.58(b)(3) | (3) Freedom from abuse, neglect, and | HR.01.01.01, EP 18 | HR.11.02.01, EP 4 |
| | exploitation (§483.12(a)(1), (a)(2), (a)(3)(i), | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | (a)(3)(ii), (a)(4), (b)(1), (b)(2), (c)). | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital does not |
| | | facility does not employ individuals who have been | employ individuals who have been found guilty by a court of law of |
| | | found guilty by a court of law of abusing, neglecting, | abusing, neglecting, exploiting, misappropriating property, or |
| | | exploiting, misappropriating property, or mistreating | mistreating residents or who have had a finding entered into the |
| | | residents or who have had a finding entered into the | state nurse aide registry concerning abuse, neglect, exploitation, |
| | | state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents, or | mistreatment of residents, or misappropriation of residents' |
| | | misappropriation of residents' property. | property. |
| | | misappropriation of residents property. | PC.13.02.01, EP 1 |
| | | PC.01.02.09, EP 7 | The hospital does not use restraint or seclusion of any form as a |
| | | The hospital reports cases of possible abuse and | means of coercion, discipline, convenience, or staff retaliation. |
| | | neglect to external agencies, in accordance with law and | Restraint or seclusion is only used to protect the immediate |
| | | regulation. | physical safety of the patient, staff, or others when less restrictive |
| | | | interventions have been ineffective and is discontinued at the |
| | | PC.01.02.09, EP 8 | earliest possible time, regardless of the length of time specified in |
| | | For hospitals that use Joint Commission accreditation | the order. |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital reports to the state nurse aide registry or | PC.13.02.01, EP 2 |
| | | licensing authorities any knowledge it has of any actions | The hospital uses the least restrictive form of restraint or seclusion |
| | | taken by a court of law against an employee that would | that will be effective to protect the patient, a staff member, or |
| | | indicate unfitness for service as a nurse aide or other | others from harm. |
| | | facility staff. | |
| | | | RI.13.01.01, EP 1 |
| | | PC.03.05.01, EP 1 | The hospital protects the patient from harassment, neglect, |
| | | The hospital uses restraint or seclusion only to protect | exploitation, corporal punishment, involuntary seclusion, and |
| | | the immediate physical safety of the patient, staff, or | verbal, mental, sexual, or physical abuse that could occur while |
| | | others. | the patient is receiving care, treatment, and services. For hospitals that use Joint Commission accreditation for deemed |
| | | | roi nospitats that use John Commission accreditation for deemed |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|--|--|
| | | PC.03.05.01, EP 2 | status purposes and have swing beds: The hospital also protects |
| | | The hospital does not use restraint or seclusion as a | the resident from misappropriation of property. |
| | | means of corporal punishment, coercion, discipline, | |
| | | convenience, or staff retaliation. | RI.13.01.01, EP 2 |
| | | | For hospitals that use Joint Commission accreditation for deemed |
| | | PC.03.05.01, EP 3 | status purposes and have swing beds: The hospital reports to the |
| | | The hospital uses restraint or seclusion only when less | state nurse aide registry or licensing authorities any knowledge it |
| | | restrictive interventions are ineffective. | has of any actions taken by a court of law against an employee that |
| | | | would indicate unfitness for service as a nurse aide or other facility |
| | | PC.03.05.01, EP 4 | staff. |
| | | The hospital uses the least restrictive form of restraint or | |
| | | seclusion that protects the physical safety of the | RI.13.01.01, EP 3 |
| | | patient, staff, or others. | For hospitals that use Joint Commission accreditation for deemed |
| | | | status purposes and have swing beds: The hospital develops and |
| | | PC.03.05.01, EP 5 | implements written policies and procedures that prohibit and |
| | | The hospital discontinues restraint or seclusion at the | prevent mistreatment, neglect, and abuse of residents and |
| | | earliest possible time, regardless of the scheduled | misappropriation of resident property. The policies and |
| | | expiration of the order. | procedures also address investigation of allegations related to |
| | | | these issues. |
| | | RI.01.06.01, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | RI.13.01.01, EP 4 |
| | | for deemed status purposes and have swing beds: The | The hospital reports allegations, observations, and suspected |
| | | hospital has policies and procedures that support the | cases of neglect, exploitation, and abuse to appropriate |
| | | resident's right to be free from chemical and physical | authorities based on its evaluation of the suspected events or as |
| | | restraint. | required by law. |
| | | Note: The hospital's use of restraint is consistent with | Note: For hospitals that use Joint Commission accreditation for |
| | | the requirements in the "Provision of Care, Treatment, | deemed status purposes and have swing beds: Alleged violations |
| | | and Services" (PC) chapter. | involving abuse, neglect, exploitation, or mistreatment, including |
| | | | injuries of unknown source and misappropriation of resident |
| | | RI.01.06.03, EP 1 | property, are reported to the administrator of the facility and to |
| | | The hospital protects the patient from harassment, | other officials (including the state survey agency and adult |
| | | neglect, exploitation, and abuse that could occur while | protective services where state law provides for jurisdiction in |
| | | the patient is receiving care, treatment, and services. | long-term care facilities) in accordance with state law and |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Note: For hospitals that use Joint Commission | established procedures. The alleged violations are reported in the |
| | | accreditation for deemed status purposes and have | following time frames: |
| | | swing beds: The hospital also determines how it will | - No later than 2 hours after the allegation is made if the allegation |
| | | protect residents from corporal punishment and | involves abuse or serious bodily injury |
| | | involuntary seclusion. | - No later than 24 hours after the allegation is made if the |
| | | | allegation does not involve abuse or serious bodily injury |
| | | RI.01.06.03, EP 3 | |
| | | The hospital reports allegations, observations, and | RI.13.01.01, EP 5 |
| | | suspected cases of neglect, exploitation, and abuse to | For hospitals that use Joint Commission accreditation for deemed |
| | | appropriate authorities based on its evaluation of the | status purposes and have swing beds: The hospital has evidence |
| | | suspected events, or as required by law. | that all alleged violations of abuse, neglect, exploitation, or |
| | | Note: For hospitals that use Joint Commission | mistreatment are thoroughly investigated and that it prevents |
| | | accreditation for deemed status purposes and have swing beds: Alleged violations involving abuse, neglect, | further abuse, neglect, exploitation, or mistreatment while the investigation is in progress. The results of all investigations are |
| | | exploitation, or mistreatment, including injuries of | reported to the administrator or their designated representative |
| | | unknown source and misappropriation of resident | and to other officials in accordance with state law, including the |
| | | property, are reported to the administrator of the facility | state survey agency, within five working days of the incident. If the |
| | | and to other officials (including the state survey agency | alleged violation is verified, appropriate corrective action is taken. |
| | | and adult protective services where state law provides | anogou nota non rominou, appropriato con contra dello no tantoni |
| | | for jurisdiction in long-term care facilities) in | |
| | | accordance with state law and established procedures. | |
| | | The alleged violations are reported in the following time | |
| | | frames: | |
| | | - No later than 2 hours after the allegation is made if the | |
| | | allegation involves abuse or serious bodily injury | |
| | | - No later than 24 hours after the allegation is made if | |
| | | the allegation does not involve abuse or serious bodily | |
| | | injury | |
| | | | |
| | | RI.01.06.03, EP 4 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital develops and implements written policies and | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|---|---|---|
| | | procedures that prohibit mistreatment, neglect, and | |
| | | abuse of residents and misappropriation of resident | |
| | | property. | |
| | | | |
| | | RI.01.06.03, EP 5 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital has evidence that all alleged violations are | |
| | | thoroughly investigated and that it prevents further | |
| | | abuse while the investigation is in progress. The results | |
| | | of all investigations are reported to the administrator or | |
| | | their designated representative and to other officials in | |
| | | accordance with state law, within five working days of | |
| | | the incident. If the alleged violation is verified, | |
| | | appropriate corrective action is taken. | |
| §482.58(b)(4) | (4) Social services (§483.40(d) of this | HR.01.01.01, EP 1 | PC.14.02.01, EP 2 |
| | chapter). | The hospital defines staff qualifications specific to their | For hospitals that use Joint Commission accreditation for deemed |
| | | job responsibilities. | status purposes and have swing beds: The hospital provides |
| | | Note 1: Qualifications for infection control may be met | medically related social services to attain or maintain the optimal |
| | | through ongoing education, training, experience, and/or | physical, mental, and psychosocial well-being of each resident. |
| | | certification (such as that offered by the Certification | |
| | | Board for Infection Control). | |
| | | Note 2: Qualifications for laboratory personnel are | |
| | | described in the Clinical Laboratory Improvement | |
| | | Amendments of 1988 (CLIA '88), under Subpart M: | |
| | | "Personnel for Nonwaived Testing" §493.1351- | |
| | | §493.1495. A complete description of the requirement is | |
| | | located at https://www.ecfr.gov/cgi-bin/text- | |
| | | idx?SID=0854acca5427c69e771e5beb52b0b986& | |
| | | mc=true&node=sp42.5.493.m&rgn=div6. | |
| | | Note 3: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Qualified | |
| | | physical therapists, physical therapist assistants, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | occupational therapists, occupational therapy | |
| | | assistants, speech-language pathologists, or | |
| | | audiologists (as defined in 42 CFR 484.4) provide | |
| | | physical therapy, occupational therapy, speech- | |
| | | language pathology, or audiology services, if these | |
| | | services are provided by the hospital. The provision of | |
| | | care and staff qualifications are in accordance with | |
| | | national acceptable standards of practice and also meet | |
| | | the requirements of 409.17. See Appendix A for 409.17 | |
| | | requirements. | |
| | | Note 4: Qualifications for language interpreters and | |
| | | translators may be met through language proficiency | |
| | | assessment, education, training, and experience. The | |
| | | use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of | |
| | | the Rehabilitation Act of 1973, and Title VI of the Civil | |
| | | Rights Act of 1964. | |
| | | Note 5: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Staff | |
| | | qualified to perform specific respiratory care procedures | |
| | | and the amount of supervision required to carry out the | |
| | | specific procedures is designated in writing. | |
| | | | |
| | | LD.03.06.01, EP 2 | |
| | | Leaders provide for a sufficient number and mix of | |
| | | individuals to support safe, quality care, treatment, and | |
| | | services. | |
| | | Note: The number and mix of individuals is appropriate | |
| | | to the scope and complexity of the services offered. | |
| | | LD.03.06.01, EP 3 | |
| | | Those who work in the hospital are competent to | |
| | | complete their assigned responsibilities. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.58(b)(5) | (5) Discharge summary (§483.20(l)). [Note: The regulations at §483.20(l) setting forth the requirements for a nursing home resident discharge summary was revised and redesignated as §483.21(c)(2) in 2016 (81 FR 68858, Oct. 4, 2016)] | PC.02.02.01, EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist. PC.01.02.01, EP 53 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes the following: - Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into the resident's assessment, care planning, and transitions of care - Referring all level II residents and all residents with newly evident or possibly serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment | RC.12.03.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: When the hospital anticipates the discharge of a resident, the discharge summary includes but is not limited to the following: - A summary of the resident's stay that includes at a minimum the resident's diagnosis, course of illness/treatment or therapy, and pertinent laboratory, radiology, and consultation results - A final summary of the resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. - Reconciliation of all predischarge medications with the resident's postdischarge medications (both prescribed and over-the-counter). - A postdischarge plan of care, which will assist the resident to adjust to his or her new living environment, that is developed with the participation of the resident and, with the resident's consent, the resident representative(s). The postdischarge plan of care indicates where the individual plans to reside, any arrangements |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | that have been made for the resident's follow up care, and any |
| | | | postdischarge medical and nonmedical services |
| §482.58(b)(6) | (6) Specialized rehabilitative services | LD.03.06.01, EP 2 | HR.11.02.01, EP 1 |
| | (§483.65). | Leaders provide for a sufficient number and mix of | The hospital defines staff qualifications specific to their job |
| | | individuals to support safe, quality care, treatment, and | responsibilities. |
| | | services. | Note 1: Qualifications for infection control may be met through |
| | | Note: The number and mix of individuals is appropriate | ongoing education, training, experience, and/or certification (such |
| | | to the scope and complexity of the services offered. | as that offered by the Certification Board for Infection Control). |
| | | | Note 2: Qualifications for laboratory personnel are described in the |
| | | LD.03.06.01, EP 3 | Clinical Laboratory Improvement Amendments (CLIA), under |
| | | Those who work in the hospital are competent to | Subpart M: "Personnel for Nonwaived Testing" §493.1351- |
| | | complete their assigned responsibilities. | §493.1495. A complete description of the requirement is located |
| | | | at https://www.ecfr.gov/cgi-bin/text- |
| | | PC.01.03.01, EP 1 | idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true& |
| | | The hospital plans the patient's care, treatment, and | amp;node=sp42.5.493.m&rgn=div6. |
| | | services based on needs identified by the patient's | Note 3: For hospitals that use Joint Commission accreditation for |
| | | assessment, reassessment, and results of diagnostic | deemed status purposes: Qualified physical therapists, physical |
| | | testing. | therapist assistants, occupational therapists, occupational |
| | | | therapy assistants, speech-language pathologists, or audiologists, |
| | | PC.02.01.01, EP 1 | as defined in 42 CFR 484, provide physical therapy, occupational |
| | | The hospital provides the patient with care, treatment, | therapy, speech-language pathology, or audiology services, if |
| | | and services according to the patient's individualized | these services are provided by the hospital. See Glossary for |
| | | plan of care. | definitions of physical therapist, physical therapist assistant, |
| | | | occupational therapist, occupational therapy assistant, speech- |
| | | PC.02.01.05, EP 1 | language pathologist, and audiologist. |
| | | Care, treatment, and services are provided to the patient | Note 4: Qualifications for language interpreters and translators |
| | | in an interdisciplinary, collaborative manner. | may be met through language proficiency assessment, education, |
| | | | training, and experience. The use of qualified interpreters and |
| | | PC.02.02.01, EP 3 | translators is supported by the Americans with Disabilities Act, |
| | | The hospital coordinates the patient's care, treatment, | Section 504 of the Rehabilitation Act of 1973, and Title VI of the |
| | | and services within a time frame that meets the | Civil Rights Act of 1964. |
| | | patient's needs. | Note 5: If respiratory care services are provided, staff qualified to |
| | | Note: Coordination involves resolving scheduling | perform specific respiratory care procedures and the amount of |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | conflicts and duplication of care, treatment, and | supervision required to carry out the specific procedures is |
| | | services. | designated in writing. |
| | | | |
| | | PC.02.02.01, EP 9 | PC.12.01.01, EP 1 |
| | | For hospitals that use Joint Commission accreditation | Prior to providing care, treatment, and services, the hospital |
| | | for deemed status purposes and have swing beds: The | obtains or renews orders (verbal or written) from a physician or |
| | | hospital provides services (directly or through referral) | other licensed practitioner in accordance with professional |
| | | to facilitate family support, social work, nursing care, | standards of practice; law and regulation; hospital policies; and |
| | | dental care, rehabilitation, primary physician care, or | medical staff bylaws, rules, and regulations. |
| | | discharge. | Note 1: This includes but is not limited to respiratory services, |
| | | Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have | radiology services, rehabilitation services, nuclear medicine services, and dietetic services, if provided. |
| | | swing beds: The hospital promptly refers residents with | Note 2: For hospitals that use Joint Commission accreditation for |
| | | lost or damaged dentures to a dentist. | deemed status purposes: Patient diets, including therapeutic |
| | | tost of duffidged defitures to a defitist. | diets, are ordered by the physician or other licensed practitioner |
| | | PC.02.02.01, EP 10 | responsible for the patient's care or by a qualified dietitian or |
| | | When the hospital uses external resources to meet the | qualified nutrition professional who is authorized by the medical |
| | | patient's needs, it coordinates the patient's care, | staff and acting in accordance with state law governing dietitians |
| | | treatment, and services. | and nutrition professionals. |
| | | | · |
| | | | PC.14.02.01, EP 8 |
| | | | For hospitals that use Joint Commission accreditation for deemed |
| | | | status purposes and have swing beds: If a resident's |
| | | | comprehensive plan of care requires specialized rehabilitative |
| | | | services, including but not limited to physical therapy, speech- |
| | | | language pathology, occupational therapy, respiratory therapy, |
| | | | and rehabilitative services for a mental disorder and intellectual |
| | | | disability or services of a lesser intensity, the hospital provides or |
| | | | obtains the required services from a provider of specialized |
| | | | rehabilitative services and is not excluded from participating in any |
| | | | federal or state health care programs pursuant to section 1128 |
| | | | and 1156 of the Social Security Act. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §482.58(b)(7) | (7) Dental services (§483.55(a)(2), (3), (4), | PC.02.02.01, EP 9 | PC.14.02.01, EP 3 |
| | and (5) and (b) of this chapter). | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital assists |
| | | hospital provides services (directly or through referral) | residents who are eligible and wish to apply for reimbursement of |
| | | to facilitate family support, social work, nursing care, | dental services as an incurred medical expense under the state |
| | | dental care, rehabilitation, primary physician care, or | plan. The hospital may charge a Medicare resident an additional |
| | | discharge. | amount for routine and emergency dental services. |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | PC.14.02.01, EP 4 |
| | | swing beds: The hospital promptly refers residents with | For hospitals that use Joint Commission accreditation for deemed |
| | | lost or damaged dentures to a dentist. | status purposes and have swing beds: The hospital develops and |
| | | | implements a policy identifying circumstances when loss of or |
| | | PC.02.02.01, EP 10 | damage to a resident's dentures is the hospital's responsibility, |
| | | When the hospital uses external resources to meet the | and it may not charge a resident for the loss or damage of |
| | | patient's needs, it coordinates the patient's care, | dentures. |
| | | treatment, and services. | |
| | | | PC.14.02.01, EP 5 |
| | | PC.02.02.01, EP 12 | For hospitals that use Joint Commission accreditation for deemed |
| | | For hospitals that use Joint Commission accreditation | status purposes and have swing beds: If necessary or requested, |
| | | for deemed status purposes and have swing beds: The | the hospital assists residents in making dental appointments and |
| | | hospital assists residents who are eligible and wish to | arranging for transportation to and from the dental services |
| | | apply for reimbursement of dental services as an | location. |
| | | incurred medical expense under the state plan. The | DO 44 00 04 ED 0 |
| | | hospital may charge a Medicare resident an additional | PC.14.02.01, EP 6 |
| | | amount for routine and emergency dental services. | For hospitals that use Joint Commission accreditation for deemed |
| | | DO 00 00 01 FD 00 | status purposes and have swing beds: The hospital refers |
| | | PC.02.02.01, EP 29 | residents with lost or damaged dentures for dental services within |
| | | For hospitals that use Joint Commission accreditation | three days. If referral does not occur within three days, the hospital |
| | | for deemed status purposes and have swing beds: The | documents what was done to make sure that the resident could |
| | | hospital follows its policy identifying circumstances | adequately eat and drink and any extenuating circumstances that |
| | | when loss of or damage to a resident's dentures is the | led to the delay. |
| | | hospital's responsibility and it may not charge a resident | DC 44 00 04 FD 7 |
| | | for the loss or damage of dentures. | PC.14.02.01, EP 7 |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | | For hospitals that use Joint Commission accreditation for deemed |
| | | PC.02.02.01, EP 30 | status purposes and have swing beds: The hospital provides or |
| | | For hospitals that use Joint Commission accreditation | obtains from an outside resource routine (to the extent covered |
| | | for deemed status purposes and have swing beds: The | under the state plan) and emergency dental services. |
| | | hospital refers residents with lost or damaged dentures | |
| | | for dental services within three days. If referral does not | |
| | | occur within three days, the hospital documents what | |
| | | was done to make sure that the resident could | |
| | | adequately eat and drink and any extenuating | |
| | | circumstances that led to the delay. | |
| | | RI.01.06.11, EP 3 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital helps the resident make and keep | |
| | | appointments with medical, dental, and other care | |
| | | providers. | |
| | | RI.01.07.13, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital arranges transportation for the resident to and | |
| | | from medical or dental appointments and other | |
| | | activities identified in the resident's care or service plan. | |
| §483.5 | §483.5 Definitions. Transfer and discharge | | |
| | includes movement of a resident to a bed | | |
| | outside of the certified facility whether that | | |
| | bed is in the same physical plant or not. | | |
| | Transfer and discharge does not refer to | | |
| | movement of a resident to a bed within the | | |
| | same certified facility. | | |
| §483.10 | §483.10 Resident rights. | | |

| CoP Requirement C | CoP Text | Current EP Mapping | Future EP Mapping |
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| \$483.10(b)(7) (in the second of the second o | (7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law | RI.01.01.01, EP 1 The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations. RI.01.02.01, EP 1 The hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the hospital. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post—acute care services providers and suppliers. The hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed in advance of changes to their plan of care. | RI.12.01.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: If a resident is adjudged incompetent under state law by a court of proper jurisdiction, the rights of the resident automatically transfer to and are exercised by a resident representative appointed by the court under state law to act on the resident's behalf. The resident representative exercises the resident's rights to the extent allowed by the court in accordance with state law. Note 1: If a resident representative's decision-making authority is limited by state law or court appointment, the resident retains the right to make those decisions outside the representative's authority. Note 2: The resident's wishes and preferences are considered by the representative when exercising the patient's rights. Note 3: To the extent practicable, the resident is provided with opportunities to participate in the care planning process. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | RI.01.02.01, EP 2 | |
| | | When a patient is unable to make decisions about their | |
| | | care, treatment, and services, the hospital involves a | |
| | | surrogate decision-maker in making these decisions. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The selection of the surrogate decision- | |
| | | maker is in accordance with state law. | |
| §483.10(b)(7)(i) | (i) In the case of a resident representative | RI.01.01.01, EP 1 | RI.12.01.01, EP 3 |
| | whose decision-making authority is limited | The hospital has written policies on patient rights. | For hospitals that use Joint Commission accreditation for deemed |
| | by State law or court appointment, the | Note: For hospitals that use Joint Commission | status purposes and have swing beds: If a resident is adjudged |
| | resident retains the right to make those | accreditation for deemed status purposes: The | incompetent under state law by a court of proper jurisdiction, the |
| | decision outside the representative's | hospital's written policies address procedures regarding | rights of the resident automatically transfer to and are exercised by |
| | authority. | patient visitation rights, including any clinically | a resident representative appointed by the court under state law to |
| | | necessary or reasonable restrictions or limitations. | act on the resident's behalf. The resident representative exercises |
| | | | the resident's rights to the extent allowed by the court in |
| | | RI.01.02.01, EP 1 | accordance with state law. |
| | | The hospital involves the patient in making decisions | Note 1: If a resident representative's decision-making authority is |
| | | about their care, treatment, and services, including the | limited by state law or court appointment, the resident retains the |
| | | right to have the patient's family and physician or other | right to make those decisions outside the representative's |
| | | licensed practitioner promptly notified of their | authority. |
| | | admission to or discharge or transfer from the hospital. | Note 2: The resident's wishes and preferences are considered by |
| | | Note 1: For hospitals that use Joint Commission | the representative when exercising the patient's rights. |
| | | accreditation for deemed status purposes: The patient is | Note 3: To the extent practicable, the resident is provided with |
| | | informed, prior to the notification occurring, of any | opportunities to participate in the care planning process. |
| | | process to automatically notify the patient's established | |
| | | primary care practitioner, primary care practice | |
| | | group/entity, or other practitioner group/entity, as well | |
| | | as all applicable post–acute care services providers and | |
| | | suppliers. The hospital has a process for documenting a | |
| | | patient's refusal to permit notification of registration to | |
| | | the emergency department, admission to an inpatient | |
| | | unit, or discharge or transfer from the emergency | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | department or inpatient unit. Notifications with primary | |
| | | care practitioners and entities are in accordance with all | |
| | | applicable federal and state laws and regulations. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The resident has the right to be informed in | |
| | | advance of changes to their plan of care. | |
| | | RI.01.02.01, EP 2 | |
| | | When a patient is unable to make decisions about their | |
| | | care, treatment, and services, the hospital involves a | |
| | | surrogate decision-maker in making these decisions. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The selection of the surrogate decision- | |
| | | maker is in accordance with state law. | |
| §483.10(b)(7)(ii) | (ii) The resident's wishes and preferences | RI.01.01.01, EP 1 | RI.12.01.01, EP 3 |
| | must be considered in the exercise of rights | The hospital has written policies on patient rights. | For hospitals that use Joint Commission accreditation for deemed |
| | by the representative. | Note: For hospitals that use Joint Commission | status purposes and have swing beds: If a resident is adjudged |
| | | accreditation for deemed status purposes: The | incompetent under state law by a court of proper jurisdiction, the |
| | | hospital's written policies address procedures regarding | rights of the resident automatically transfer to and are exercised by |
| | | patient visitation rights, including any clinically | a resident representative appointed by the court under state law to |
| | | necessary or reasonable restrictions or limitations. | act on the resident's behalf. The resident representative exercises |
| | | | the resident's rights to the extent allowed by the court in |
| | | RI.01.01.01, EP 6 | accordance with state law. |
| | | The hospital respects the patient's cultural and personal | Note 1: If a resident representative's decision-making authority is |
| | | values, beliefs, and preferences. | limited by state law or court appointment, the resident retains the |
| | | | right to make those decisions outside the representative's |
| | | RI.01.02.01, EP 1 | authority. |
| | | The hospital involves the patient in making decisions | Note 2: The resident's wishes and preferences are considered by |
| | | about their care, treatment, and services, including the | the representative when exercising the patient's rights. |
| | | right to have the patient's family and physician or other | Note 3: To the extent practicable, the resident is provided with |
| | | licensed practitioner promptly notified of their | opportunities to participate in the care planning process. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| COP Requirement | COP Text | admission to or discharge or transfer from the hospital. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post–acute care services providers and suppliers. The hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed in | Future Er Mapping |
| §483.10(b)(7)(iii) | (iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process. | advance of changes to their plan of care. RI.01.02.01, EP 2 When a patient is unable to make decisions about their care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The selection of the surrogate decision-maker is in accordance with state law. RI.01.02.01, EP 1 The hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other | RI.12.01.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: If a resident is adjudged incompetent under state law by a court of proper jurisdiction, the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| · | | admission to or discharge or transfer from the hospital. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post–acute care services providers and suppliers. The hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed in advance of changes to their plan of care. | a resident representative appointed by the court under state law to act on the resident's behalf. The resident representative exercises the resident's rights to the extent allowed by the court in accordance with state law. Note 1: If a resident representative's decision-making authority is limited by state law or court appointment, the resident retains the right to make those decisions outside the representative's authority. Note 2: The resident's wishes and preferences are considered by the representative when exercising the patient's rights. Note 3: To the extent practicable, the resident is provided with opportunities to participate in the care planning process. |
| §483.10(c) | (c) Planning and implementing care. The resident has the right to be informed of, and participate in, his or her treatment, including: | | RI.12.01.01, EP 1 The patient or their representative (as allowed, in accordance with state law) has the right to make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. This does not mean the patient has the right to demand the provision of treatment or services deemed medically unnecessary or inappropriate. |
| §483.10(c)(1) | (1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. | RI.01.01.01, EP 2 The hospital informs the patient of the patient's rights. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of the patient's visitation rights. Visitation | RI.11.02.01, EP 1 The hospital provides information, including but not limited to the patient's total health status, in a manner tailored to the patient's age, language, and ability to understand. Note: The hospital communicates with the patient during the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| Cor Requirement | COP TEXT | rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs each patient (or support person, where appropriate) of the patient's rights in advance of furnishing or discontinuing patient care whenever | provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. |
| | | RI.01.01.01, EP 5 The hospital respects the patient's right to and need for effective communication. RI.01.01.03, EP 1 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. | |
| | | RI.01.01.03, EP 3 The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. | |
| | | RI.01.02.01, EP 1 The hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the hospital. Note 1: For hospitals that use Joint Commission | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| · | | accreditation for deemed status purposes: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post–acute care services providers and suppliers. The hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed in advance of changes to their plan of care. | |
| §483.10(c)(2) | (2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: | | |
| §483.10(c)(2)(iii) | (iii) The right to be informed, in advance, of changes to the plan of care. | RI.01.02.01, EP 1 The hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the hospital. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well | PC.11.03.01, EP 2 The hospital involves the patient in the development and implementation of their plan of care. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed, in advance, of changes to their plan of care. |

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| | | as all applicable post–acute care services providers and suppliers. The hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to be informed in | |
| §483.10(c)(6) | (6) The right to request, refuse, and/ or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. | RI.01.02.01, EP 1 The hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the hospital. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post–acute care services providers and suppliers. The hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations. Note 2: For hospitals that use Joint Commission | RI.12.01.01, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to request, refuse, and/or discontinue treatment; to participate in or refuse to participate in experimental research; and to formulate an advance directive. |

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| | | accreditation for deemed status purposes and have | |
| | | swing beds: The resident has the right to be informed in | |
| | | advance of changes to their plan of care. | |
| | | | |
| | | RI.01.02.01, EP 3 | |
| | | The hospital provides the patient or surrogate decision- | |
| | | maker with written information about the right to refuse | |
| | | care, treatment, and services. | |
| | | RI.01.02.01, EP 4 | |
| | | The hospital respects the right of the patient or | |
| | | surrogate decision-maker to refuse care, treatment, and | |
| | | services in accordance with law and regulation. | |
| | | | |
| | | RI.01.03.05, EP 3 | |
| | | The hospital informs the patient that refusing to | |
| | | participate in research, investigation, or clinical trials or | |
| | | discontinuing participation at any time will not | |
| | | jeopardize the patient's access to care, treatment, and | |
| | | services unrelated to the research. | |
| | | RI.01.05.01, EP 1 | |
| | | The hospital follows written policies on advance | |
| | | directives, forgoing or withdrawing life-sustaining | |
| | | treatment, and withholding resuscitative services that | |
| | | address the following: | |
| | | - Providing patients with written information about | |
| | | advance directives, forgoing or withdrawing life- | |
| | | sustaining treatment, and withholding resuscitative | |
| | | services. | |
| | | - Providing the patient upon admission with information | |
| | | on the extent to which the hospital is able, unable, or | |
| | | unwilling to honor advance directives. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| Cor risquironnent | | - For outpatient hospital settings: Communicating its policy on advance directives upon request or when warranted by the care, treatment, and services provided. - Whether the hospital will honor advance directives in its outpatient settings. - That the hospital will honor the patient's right to formulate or review and revise the patient's advance directives. - Informing staff who are involved in the patient's care, treatment, and services whether or not the patient has an advance directive. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The patient's right to formulate advance directives and have staff and licensed practitioners comply with these directives is in accordance with 42 CFR 489.100, 489.102, and 489.104. | |
| §483.10(d) | (d) Choice of attending physician. The resident has the right to choose his or her attending physician. | RI.01.06.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose an attending physician, dentist, and other care providers. Note: The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. | RI.12.01.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose a licensed attending physician. Note: If the physician chosen by the resident refuses to or does not meet the requirements for attending physicians at 42 CFR 483, the hospital may seek alternative physician participation to assure provision of appropriate and adequate care and treatment. The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. |
| §483.10(d)(1) | (1) The physician must be licensed to practice, and | MS.06.01.03, EP 6 The credentialing process requires that the hospital | RI.12.01.01, EP 6 For hospitals that use Joint Commission accreditation for deemed |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: - The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration - The applicant's relevant training - The applicant's current competence | status purposes and have swing beds: The hospital supports the resident's right to choose a licensed attending physician. Note: If the physician chosen by the resident refuses to or does not meet the requirements for attending physicians at 42 CFR 483, the hospital may seek alternative physician participation to assure provision of appropriate and adequate care and treatment. The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. |
| §483.10(d)(2) | (2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment. | RI.01.06.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose an attending physician, dentist, and other care providers. Note: The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. | RI.12.01.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose a licensed attending physician. Note: If the physician chosen by the resident refuses to or does not meet the requirements for attending physicians at 42 CFR 483, the hospital may seek alternative physician participation to assure provision of appropriate and adequate care and treatment. The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. |
| §483.10(d)(3) | (3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. | RI.01.06.11, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides the resident and the resident's family with the name, specialty, and telephone number of the physician or other licensed practitioner primarily responsible for the resident's care. | RI.12.02.01, EP 1 The hospital informs the patient of the following: - Name of the physician, clinical psychologist, or other licensed practitioner who has primary responsibility for the patient's care, treatment, and services - Name of the physician(s), clinical psychologist(s), or other licensed practitioner(s) who will provide the patient's care, treatment, and services Note 1: The definition of "physician" is the same as that used by |

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| | | | the Centers for Medicare & Definition of the Glossary). Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also provides the resident and the resident's family with the specialty of the physician or other licensed practitioner primarily responsible for the resident's care and a method to contact them. |
| §483.10(d)(4) | (4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options. | RI.01.06.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose an attending physician, dentist, and other care providers. Note: The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. | RI.12.01.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose a licensed attending physician. Note: If the physician chosen by the resident refuses to or does not meet the requirements for attending physicians at 42 CFR 483, the hospital may seek alternative physician participation to assure provision of appropriate and adequate care and treatment. The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. |
| \$483.10(d)(5) | (5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice. | RI.01.06.09, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose an attending physician, dentist, and other care providers. Note: The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. | RI.12.01.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose a licensed attending physician. Note: If the physician chosen by the resident refuses to or does not meet the requirements for attending physicians at 42 CFR 483, the hospital may seek alternative physician participation to assure provision of appropriate and adequate care and treatment. The hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options. |

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| §483.10(e) | (e) Respect and dignity. The resident has a right to be treated with respect and dignity, including: | | |
| §483.10(e)(2) | (2) The right to retain and use personal possession, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. | RI.01.06.05, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital allows the patient to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service. | RI.13.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital allows the patient to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service. |
| §483.10(e)(4) | (4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement. | RI.01.06.05, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides accommodations for residents with significant others living in the same facility when both individuals consent to the arrangement. | RI.13.01.03, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital allows the resident to share a room with their spouse when married residents are living in the same hospital and when both individuals consent to the arrangement. |
| §483.10(f)(4)(ii) | (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; | RI.01.07.05, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital establishes liberal visiting hours that are limited only by the resident's personal preferences. RI.01.07.05, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to choose with whom the resident communicates. | RI.11.01.01, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides immediate family and other relatives immediate access to the resident, except when the resident denies or withdraws consent. The hospital provides others who are visiting immediate access to the resident, except when reasonable clinical or safety restrictions apply or when the resident denies or withdraws consent. |
| | | RI.01.07.05, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital complies with law and regulation regarding individuals who are exempted from visiting hour | |

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| | | restrictions in order to gain immediate access to the | |
| | | resident. | |
| §483.10(f)(4)(iii) | (iii) The facility must provide immediate | RI.01.07.05, EP 1 | RI.11.01.01, EP 8 |
| | access to a resident by others who are | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | visiting with the consent of the resident, subject to reasonable clinical and safety | for deemed status purposes and have swing beds: The hospital establishes liberal visiting hours that are limited | status purposes and have swing beds: The hospital provides immediate family and other relatives immediate access to the |
| | restrictions and the resident's right to deny | only by the resident's personal preferences. | resident, except when the resident denies or withdraws consent. |
| | or withdraw consent at any time; | , and the restaurance personner protection and the restaurance personner | The hospital provides others who are visiting immediate access to |
| | , | RI.01.07.05, EP 5 | the resident, except when reasonable clinical or safety restrictions |
| | | For hospitals that use Joint Commission accreditation | apply or when the resident denies or withdraws consent. |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital supports the resident's right to choose with | |
| | | whom the resident communicates. | |
| | | RI.01.07.05, EP 6 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital complies with law and regulation regarding | |
| | | individuals who are exempted from visiting hour | |
| | | restrictions in order to gain immediate access to the | |
| \$402.10(a)(0) | (0) The regident has the right to good and | resident. RI.01.06.05, EP 15 | DI 42 04 02 ED 2 |
| §483.10(g)(8) | (8) The resident has the right to send and receive mail, and to receive letters, packages | For hospitals that use Joint Commission accreditation | RI.13.01.03, EP 3 For hospitals that use Joint Commission accreditation for deemed |
| | and other materials delivered to the facility | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital supports the |
| | for the resident through a means other than a | hospital offers patients telephone and mail service, | resident's right to send and promptly receive unopened mail |
| | postal service, including the right to: | based on the setting and population. | through the postal service and to receive letters, packages, and |
| | | | other materials delivered to the hospital for the resident through a |
| | | | means other than a postal service. The hospital respects the |
| | | | resident's right to privacy of such communications and allows |
| | | | access to stationery, postage, and writing implements at the resident's expense. |
| | | | resident s expense. |
| §483.10(g)(8)(i) | (i) Privacy of such communications | RI.01.01.01, EP 7 | RI.13.01.03, EP 3 |

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| | | Note 1: This element of performance (EP) addresses a patient's personal privacy. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of their personal records and written communications, including the right to send and receive mail promptly. | status purposes and have swing beds: The hospital supports the resident's right to send and promptly receive unopened mail through the postal service and to receive letters, packages, and other materials delivered to the hospital for the resident through a means other than a postal service. The hospital respects the resident's right to privacy of such communications and allows access to stationery, postage, and writing implements at the resident's expense. |
| §483.10(g)(8)(ii) | (ii) Access to stationery, postage, and writing implements at the resident's own expense. | RI.01.06.05, EP 14 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident has the right to have access to stationery, postage, and writing implements at the resident's own expense. | RI.13.01.03, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to send and promptly receive unopened mail through the postal service and to receive letters, packages, and other materials delivered to the hospital for the resident through a means other than a postal service. The hospital respects the resident's right to privacy of such communications and allows access to stationery, postage, and writing implements at the resident's expense. |
| §483.10(g)(17) | (17) The facility must— | | · |
| \$483.10(g)(17)(i) | (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of— | | |
| §483.10(g)(17)(i)(A) | (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; | LD.04.02.03, EP 13 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Each resident who is entitled to Medicaid benefits is informed in writing, either at the time of admission or when the resident becomes eligible for Medicaid, of the following: - The items and services included in the state plan for which the resident may not be charged - Those items and services that the facility offers and for | ED.13.02.01, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Each Medicaid-eligible resident is informed in writing, either at the time of admission or when the resident becomes eligible for Medicaid, of the following: - Items and services included in the state plan for which the resident may not be charged - Items and services that the hospital offers, those for which the resident may be charged, and the amount of charges for those services |

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| | | which the resident may be charged, and the amount of | Note: The hospital informs residents when changes are made to |
| | | charges for those services | the items and services. |
| §483.10(g)(17)(i)(B) | (B) Those other items and services that the | LD.04.02.03, EP 13 | LD.13.02.01, EP 2 |
| | facility offers and for which the resident may | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | be charged, and the amount of charges for | for deemed status purposes and have swing beds: Each | status purposes and have swing beds: Each Medicaid-eligible |
| | those services; and | resident who is entitled to Medicaid benefits is informed | resident is informed in writing, either at the time of admission or |
| | | in writing, either at the time of admission or when the | when the resident becomes eligible for Medicaid, of the following: |
| | | resident becomes eligible for Medicaid, of the following: | - Items and services included in the state plan for which the |
| | | - The items and services included in the state plan for | resident may not be charged |
| | | which the resident may not be charged | - Items and services that the hospital offers, those for which the |
| | | - Those items and services that the facility offers and for | resident may be charged, and the amount of charges for those |
| | | which the resident may be charged, and the amount of | services |
| | | charges for those services | Note: The hospital informs residents when changes are made to |
| | | | the items and services. |
| §483.10(g)(17)(ii) | (ii) Inform each Medicaid-eligible resident | LD.04.02.03, EP 14 | LD.13.02.01, EP 2 |
| | when changes are made to the items and | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | services specified in § 483.10(g)(17)(i)(A) | for deemed status purposes and have swing beds: | status purposes and have swing beds: Each Medicaid-eligible |
| | and (B) of this section. | Residents are informed when changes are made to the | resident is informed in writing, either at the time of admission or |
| | | services that are specified in LD.04.02.03, EP 13. | when the resident becomes eligible for Medicaid, of the following: |
| | | | - Items and services included in the state plan for which the |
| | | | resident may not be charged |
| | | | - Items and services that the hospital offers, those for which the |
| | | | resident may be charged, and the amount of charges for those |
| | | | services |
| | | | Note: The hospital informs residents when changes are made to |
| \$400.40/=//40/ | (40) The feedble constitution and the side of | LD 04 00 00 FD 40 | the items and services. |
| §483.10(g)(18) | (18) The facility must inform each resident | LD.04.02.03, EP 16 | LD.13.02.01, EP 3 |
| | before, or at the time of admission, and | For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: | For hospitals that use Joint Commission accreditation for deemed |
| | periodically during the resident's stay, of | Residents are informed before or at the time of | status purposes and have swing beds: The hospital informs |
| | services available in the facility and of | | residents before or at the time of admission, and periodically |
| | charges for those services, including any | admission, and periodically during the resident's stay, of | during the resident's stay, of services available in the hospital and |
| | charges for services not covered under | services available in the facility and of charges for those | of charges for those services not covered under Medicare, |
| | | | Medicaid, or by the hospital's per diem rate. |

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| | Medicare/ Medicaid or by the facility's per | services not covered under Medicare or by the facility's | |
| | diem rate. | per diem rate. | |
| §483.10(h) | (h) Privacy and confidentiality. The resident | IM.02.01.01, EP 1 | IM.12.01.01, EP 1 |
| | has a right to personal privacy and | The hospital follows a written policy addressing the | The hospital develops and implements policies and procedures |
| | confidentiality of his or her personal and | privacy and confidentiality of health information. | addressing the privacy and confidentiality of health information. |
| | medical records. | | Note: For hospitals that use Joint Commission accreditation for |
| | | IM.02.01.01, EP 3 | deemed status purposes and have swing beds: Policies and |
| | | The hospital uses health information only for purposes | procedures also address the resident's personal records. |
| | | permitted by law and regulation or as further limited by | |
| | | its policy on privacy. | |
| | | IM.02.01.01, EP 4 | |
| | | The hospital discloses health information only as | |
| | | authorized by the patient or as otherwise consistent with | |
| | | law and regulation. | |
| | | | |
| | | RI.01.01.01, EP 7 | |
| | | The hospital respects the patient's right to privacy. | |
| | | Note 1: This element of performance (EP) addresses a | |
| | | patient's personal privacy. | |
| | | Note 2: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The resident's right to privacy includes | |
| | | privacy and confidentiality of their personal records and | |
| | | written communications, including the right to send and | |
| \$402.10(h)(1) | (1) Paragnal privacy includes | receive mail promptly. | DI 11 01 01 ED E |
| §483.10(h)(1) | (1) Personal privacy includes accommodations, medical treatment, | IM.02.01.01, EP 1 The hospital follows a written policy addressing the | RI.11.01.01, EP 5 The hospital respects the patient's right to personal privacy. |
| | written and telephone communications, | privacy and confidentiality of health information. | Note 1: This element of performance (EP) addresses a patient's |
| | personal care, visits, and meetings of family | privacy and confidentiality of fleath finormation. | personal privacy. For EPs addressing the privacy of a patient's |
| | and resident groups, but this does not | IM.02.01.01, EP 3 | health information, refer to Standard IM.12.01.01. |
| | require the facility to provide a private room | The hospital uses health information only for purposes | Note 2: For hospitals that use Joint Commission accreditation for |
| | for each resident. | permitted by law and regulation or as further limited by | deemed status purposes and have swing beds: Personal privacy |

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| | | its policy on privacy. IM.02.01.01, EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. | includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. |
| | | RI.01.01.01, EP 7 The hospital respects the patient's right to privacy. Note 1: This element of performance (EP) addresses a patient's personal privacy. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of their personal records and written communications, including the right to send and receive mail promptly. | |
| | | RI.01.07.05, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides space for the resident to receive visitors in comfort and privacy. | |
| §483.10(h)(2) | (2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. | RI.01.01.01, EP 7 The hospital respects the patient's right to privacy. Note 1: This element of performance (EP) addresses a patient's personal privacy. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The resident's right to privacy includes privacy and confidentiality of their personal records and written communications, including the right to send and receive mail promptly. | RI.11.01.01, EP 5 The hospital respects the patient's right to personal privacy. Note 1: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, refer to Standard IM.12.01.01. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | RI.01.06.05, EP 15 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital offers patients telephone and mail service, based on the setting and population. | RI.13.01.03, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital supports the resident's right to send and promptly receive unopened mail through the postal service and to receive letters, packages, and other materials delivered to the hospital for the resident through a means other than a postal service. The hospital respects the resident's right to privacy of such communications and allows access to stationery, postage, and writing implements at the resident's expense. |
| §483.10(h)(3) | (3) The resident has a right to secure and confidential personal and medical records. | IM.02.01.01, EP 1 The hospital follows a written policy addressing the privacy and confidentiality of health information. IM.02.01.01, EP 3 The hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. RI.01.01.01, EP 1 The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations. | IM.12.01.01, EP 1 The hospital develops and implements policies and procedures addressing the privacy and confidentiality of health information. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Policies and procedures also address the resident's personal records. |
| §483.10(h)(3)(i) | (i) The resident has the right to refuse the release of personal and medical records except as provided at § 483.70(i)(2) or other applicable federal or state laws. | IM.02.01.01, EP 4 The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. | IM.12.01.01, EP 2 The hospital discloses health information only as authorized by the patient with the patient's written consent or as otherwise required by law and regulation. Note: For hospitals that use Joint Commission accreditation for |

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| | | RI.01.01.01, EP 1 | deemed status purposes and have swing beds: The hospital allows |
| | | The hospital has written policies on patient rights. | representatives of the Office of the State Long-Term Care |
| | | Note: For hospitals that use Joint Commission | Ombudsman to examine a resident's medical, social, and |
| | | accreditation for deemed status purposes: The | administrative records in accordance with state law. |
| | | hospital's written policies address procedures regarding | |
| | | patient visitation rights, including any clinically | |
| | | necessary or reasonable restrictions or limitations. | |
| §483.10(h)(3)(ii) | (ii) The facility must allow representatives of | IM.02.01.01, EP 4 | IM.12.01.01, EP 2 |
| | the Office of the State Long-Term Care | The hospital discloses health information only as | The hospital discloses health information only as authorized by the |
| | Ombudsman to examine a resident's | authorized by the patient or as otherwise consistent with | patient with the patient's written consent or as otherwise required |
| | medical, social, and administrative records | law and regulation. | by law and regulation. |
| | in accordance with State law. | | Note: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes and have swing beds: The hospital allows |
| | | | representatives of the Office of the State Long-Term Care |
| | | | Ombudsman to examine a resident's medical, social, and |
| | | | administrative records in accordance with state law. |
| §483.12 | §483.12 Freedom from abuse, neglect, and | | RI.13.01.01, EP 1 |
| | exploitation. The resident has the right to be | | The hospital protects the patient from harassment, neglect, |
| | free from abuse, neglect, misappropriation | | exploitation, corporal punishment, involuntary seclusion, and |
| | of resident property, and exploitation as | | verbal, mental, sexual, or physical abuse that could occur while |
| | defined in this subpart. This includes but is | | the patient is receiving care, treatment, and services. |
| | not limited to freedom from corporal | | For hospitals that use Joint Commission accreditation for deemed |
| | punishment, involuntary seclusion and any | | status purposes and have swing beds: The hospital also protects |
| | physical or chemical restraint not required to | | the resident from misappropriation of property. |
| 0.400.40/.) | treat the resident's medical symptoms. | | |
| §483.12(a) | (a) The facility must— | | D. 40 04 04 ED 4 |
| §483.12(a)(1) | (1) Not use verbal, mental, sexual, or | RI.01.06.03, EP 1 | RI.13.01.01, EP 1 |
| | physical abuse, corporal punishment, or | The hospital protects the patient from harassment, | The hospital protects the patient from harassment, neglect, |
| | involuntary seclusion; | neglect, exploitation, and abuse that could occur while | exploitation, corporal punishment, involuntary seclusion, and |
| | | the patient is receiving care, treatment, and services. | verbal, mental, sexual, or physical abuse that could occur while |
| | | Note: For hospitals that use Joint Commission | the patient is receiving care, treatment, and services. |
| | | accreditation for deemed status purposes and have | For hospitals that use Joint Commission accreditation for deemed |
| | | swing beds: The hospital also determines how it will | |

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| | | protect residents from corporal punishment and | status purposes and have swing beds: The hospital also protects |
| | | involuntary seclusion. | the resident from misappropriation of property. |
| §483.12(a)(2) | (2) Ensure that the resident is free from | PC.03.05.01, EP 1 | PC.13.02.01, EP 3 |
| | physical or chemical restraints imposed for | The hospital uses restraint or seclusion only to protect | For hospitals that use Joint Commission accreditation for deemed |
| | purposes of discipline or convenience and | the immediate physical safety of the patient, staff, or | status purposes and have swing beds: The hospital does not use |
| | that are not required to treat the resident's | others. | physical or chemical restraints that are imposed for purposes of |
| | medical symptoms. When the use of | | discipline or convenience and are not required to treat the |
| | restraints is indicated, the facility must use | PC.03.05.01, EP 2 | resident's medical symptoms. When the use of restraints is |
| | the least restrictive alternative for the least | The hospital does not use restraint or seclusion as a | indicated, the hospital uses the least restrictive alternative for the |
| | amount of time and document ongoing re- | means of corporal punishment, coercion, discipline, | least amount of time and documents ongoing reevaluation of the |
| | evaluation of the need for restraints. | convenience, or staff retaliation. | need for restraints. |
| | | PC.03.05.01, EP 3 | |
| | | The hospital uses restraint or seclusion only when less | |
| | | restrictive interventions are ineffective. | |
| | | restrictive interventions are incrective. | |
| | | PC.03.05.01, EP 4 | |
| | | The hospital uses the least restrictive form of restraint or | |
| | | seclusion that protects the physical safety of the | |
| | | patient, staff, or others. | |
| | | | |
| | | PC.03.05.01, EP 5 | |
| | | The hospital discontinues restraint or seclusion at the | |
| | | earliest possible time, regardless of the scheduled | |
| | | expiration of the order. | |
| | | | |
| | | RI.01.06.01, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital has policies and procedures that support the | |
| | | resident's right to be free from chemical and physical restraint. | |
| | | Note: The hospital's use of restraint is consistent with | |
| | | inote. The hospital's use of restraint is consistent with | |

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| | | the requirements in the "Provision of Care, Treatment, | |
| | | and Services" (PC) chapter. | |
| §483.12(a)(3) | (3) Not employ or otherwise engage | | |
| | individuals who— | | |
| §483.12(a)(3)(i) | (i) Have been found guilty of abuse, neglect, | HR.01.01.01, EP 18 | HR.11.02.01, EP 4 |
| | exploitation, misappropriation of property, or | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | mistreatment by a court of law; | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital does not |
| | | facility does not employ individuals who have been | employ individuals who have been found guilty by a court of law of |
| | | found guilty by a court of law of abusing, neglecting, | abusing, neglecting, exploiting, misappropriating property, or |
| | | exploiting, misappropriating property, or mistreating | mistreating residents or who have had a finding entered into the |
| | | residents or who have had a finding entered into the | state nurse aide registry concerning abuse, neglect, exploitation, |
| | | state nurse aide registry concerning abuse, neglect, | mistreatment of residents, or misappropriation of residents' |
| | | exploitation, mistreatment of residents, or | property. |
| \$400.40/-\/0\/::\ | (ii) Here had a finding and and interthal Obsta | misappropriation of residents' property. | UD 44 00 04 ED 4 |
| §483.12(a)(3)(ii) | (ii) Have had a finding entered into the State | HR.01.01.01, EP 18 | HR.11.02.01, EP 4 |
| | nurse aide registry concerning abuse, | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | neglect, exploitation, mistreatment of residents or misappropriation of their | for deemed status purposes and have swing beds: The facility does not employ individuals who have been | status purposes and have swing beds: The hospital does not employ individuals who have been found guilty by a court of law of |
| | 1 | found guilty by a court of law of abusing, neglecting, | |
| | property; or | exploiting, misappropriating property, or mistreating | abusing, neglecting, exploiting, misappropriating property, or mistreating residents or who have had a finding entered into the |
| | | residents or who have had a finding entered into the | state nurse aide registry concerning abuse, neglect, exploitation, |
| | | state nurse aide registry concerning abuse, neglect, | mistreatment of residents, or misappropriation of residents' |
| | | exploitation, mistreatment of residents, or | property. |
| | | misappropriation of residents' property. | property. |
| §483.12(a)(4) | (4) Report to the State nurse aide registry or | PC.01.02.09, EP 8 | RI.13.01.01, EP 2 |
| 0.000=(0.)(0.) | licensing authorities any knowledge it has of | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | actions by a court of law against an | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital reports to the |
| | employee, which would indicate unfitness | hospital reports to the state nurse aide registry or | state nurse aide registry or licensing authorities any knowledge it |
| | for service as a nurse aide or other facility | licensing authorities any knowledge it has of any actions | has of any actions taken by a court of law against an employee that |
| | staff. | taken by a court of law against an employee that would | would indicate unfitness for service as a nurse aide or other facility |
| | | indicate unfitness for service as a nurse aide or other | staff. |
| | | facility staff. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §483.12(b) | (b) The facility must develop and implement | | |
| | written policies and procedures that: | | |
| §483.12(b)(1) | (1) Prohibit and prevent abuse, neglect, and | RI.01.06.03, EP 1 | RI.13.01.01, EP 3 |
| | exploitation of residents and | The hospital protects the patient from harassment, | For hospitals that use Joint Commission accreditation for deemed |
| | misappropriation of resident property, | neglect, exploitation, and abuse that could occur while | status purposes and have swing beds: The hospital develops and |
| | | the patient is receiving care, treatment, and services. | implements written policies and procedures that prohibit and |
| | | Note: For hospitals that use Joint Commission | prevent mistreatment, neglect, and abuse of residents and |
| | | accreditation for deemed status purposes and have | misappropriation of resident property. The policies and |
| | | swing beds: The hospital also determines how it will protect residents from corporal punishment and | procedures also address investigation of allegations related to these issues. |
| | | involuntary seclusion. | tilese issues. |
| | | involuntary sectasion. | |
| | | RI.01.06.03, EP 4 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital develops and implements written policies and | |
| | | procedures that prohibit mistreatment, neglect, and | |
| | | abuse of residents and misappropriation of resident | |
| | | property. | |
| §483.12(b)(2) | (2) Establish policies and procedures to | RI.01.06.03, EP 5 | RI.13.01.01, EP 3 |
| | investigate any such allegations, and | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital develops and |
| | | hospital has evidence that all alleged violations are | implements written policies and procedures that prohibit and |
| | | thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results | prevent mistreatment, neglect, and abuse of residents and misappropriation of resident property. The policies and |
| | | of all investigations are reported to the administrator or | procedures also address investigation of allegations related to |
| | | their designated representative and to other officials in | these issues. |
| | | accordance with state law, within five working days of | 11000 1000000 |
| | | the incident. If the alleged violation is verified, | |
| | | appropriate corrective action is taken. | |
| §483.12(c) | (c) In response to allegations of abuse, | | |
| | neglect, exploitation, or mistreatment, the | | |
| | facility must: | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §483.12(c)(1) | (1) Ensure that all alleged violations involving | PC.01.02.09, EP 7 | RI.13.01.01, EP 4 |
| | abuse, neglect, exploitation or mistreatment, | The hospital reports cases of possible abuse and | The hospital reports allegations, observations, and suspected |
| | including injuries of unknown source and | neglect to external agencies, in accordance with law and | cases of neglect, exploitation, and abuse to appropriate |
| | misappropriation of resident property, are | regulation. | authorities based on its evaluation of the suspected events or as |
| | reported immediately, but not later than 2 | | required by law. |
| | hours after the allegation is made, if the | PC.01.02.09, EP 8 | Note: For hospitals that use Joint Commission accreditation for |
| | events that cause the allegation involve | For hospitals that use Joint Commission accreditation | deemed status purposes and have swing beds: Alleged violations |
| | abuse or result in serious bodily injury, or not | for deemed status purposes and have swing beds: The | involving abuse, neglect, exploitation, or mistreatment, including |
| | later than 24 hours if the events that cause | hospital reports to the state nurse aide registry or | injuries of unknown source and misappropriation of resident |
| | the allegation do not involve abuse and do | licensing authorities any knowledge it has of any actions | property, are reported to the administrator of the facility and to |
| | not result in serious bodily injury, to the | taken by a court of law against an employee that would | other officials (including the state survey agency and adult |
| | administrator of the facility and to other | indicate unfitness for service as a nurse aide or other | protective services where state law provides for jurisdiction in |
| | officials (including to the State Survey | facility staff. | long-term care facilities) in accordance with state law and |
| | Agency and adult protective services where | | established procedures. The alleged violations are reported in the |
| | state law provides for jurisdiction in long- | RI.01.06.03, EP 1 | following time frames: |
| | term care facilities) in accordance with State | The hospital protects the patient from harassment, | - No later than 2 hours after the allegation is made if the allegation |
| | law through established procedures. | neglect, exploitation, and abuse that could occur while | involves abuse or serious bodily injury |
| | | the patient is receiving care, treatment, and services. | - No later than 24 hours after the allegation is made if the |
| | | Note: For hospitals that use Joint Commission | allegation does not involve abuse or serious bodily injury |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The hospital also determines how it will | |
| | | protect residents from corporal punishment and | |
| | | involuntary seclusion. | |
| | | RI.01.06.03, EP 3 | |
| | | The hospital reports allegations, observations, and | |
| | | suspected cases of neglect, exploitation, and abuse to | |
| | | appropriate authorities based on its evaluation of the | |
| | | suspected events, or as required by law. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: Alleged violations involving abuse, neglect, | |
| | | exploitation, or mistreatment, including injuries of | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | unknown source and misappropriation of resident property, are reported to the administrator of the facility and to other officials (including the state survey agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with state law and established procedures. The alleged violations are reported in the following time frames: - No later than 2 hours after the allegation is made if the allegation involves abuse or serious bodily injury - No later than 24 hours after the allegation is made if the allegation does not involve abuse or serious bodily | |
| \$483.12(c)(2) | (2) Have evidence that all alleged violations are thoroughly investigated. | RI.01.06.03, EP 1 The hospital protects the patient from harassment, neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital also determines how it will protect residents from corporal punishment and involuntary seclusion. RI.01.06.03, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to the administrator or their designated representative and to other officials in accordance with state law, within five working days of | RI.13.01.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has evidence that all alleged violations of abuse, neglect, exploitation, or mistreatment are thoroughly investigated and that it prevents further abuse, neglect, exploitation, or mistreatment while the investigation is in progress. The results of all investigations are reported to the administrator or their designated representative and to other officials in accordance with state law, including the state survey agency, within five working days of the incident. If the alleged violation is verified, appropriate corrective action is taken. |

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| | | the incident. If the alleged violation is verified, | |
| | | appropriate corrective action is taken. | |
| §483.12(c)(3) | (3) Prevent further potential abuse, neglect, | RI.01.06.03, EP 1 | RI.13.01.01, EP 5 |
| | exploitation, or mistreatment while the | The hospital protects the patient from harassment, | For hospitals that use Joint Commission accreditation for deemed |
| | investigation is in progress. | neglect, exploitation, and abuse that could occur while | status purposes and have swing beds: The hospital has evidence |
| | | the patient is receiving care, treatment, and services. | that all alleged violations of abuse, neglect, exploitation, or |
| | | Note: For hospitals that use Joint Commission | mistreatment are thoroughly investigated and that it prevents |
| | | accreditation for deemed status purposes and have swing beds: The hospital also determines how it will | further abuse, neglect, exploitation, or mistreatment while the investigation is in progress. The results of all investigations are |
| | | protect residents from corporal punishment and | reported to the administrator or their designated representative |
| | | involuntary seclusion. | and to other officials in accordance with state law, including the |
| | | involuntary sectasion. | state survey agency, within five working days of the incident. If the |
| | | RI.01.06.03, EP 5 | alleged violation is verified, appropriate corrective action is taken. |
| | | For hospitals that use Joint Commission accreditation | , |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital has evidence that all alleged violations are | |
| | | thoroughly investigated and that it prevents further | |
| | | abuse while the investigation is in progress. The results | |
| | | of all investigations are reported to the administrator or | |
| | | their designated representative and to other officials in | |
| | | accordance with state law, within five working days of | |
| | | the incident. If the alleged violation is verified, | |
| S400 40/->//4> | (4) Dan antitle annual to a fall invasibility of the | appropriate corrective action is taken. | DI 40 04 04 ED 5 |
| §483.12(c)(4) | (4) Report the results of all investigations to | RI.01.06.03, EP 1 The beginted protects the nations from become at | RI.13.01.01, EP 5 |
| | the administrator or his or her designated representative and to other officials in | The hospital protects the patient from harassment, | For hospitals that use Joint Commission accreditation for deemed |
| | accordance with State law, including to the | neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services. | status purposes and have swing beds: The hospital has evidence that all alleged violations of abuse, neglect, exploitation, or |
| | State Survey Agency, within 5 working days | Note: For hospitals that use Joint Commission | mistreatment are thoroughly investigated and that it prevents |
| | of the incident, and if the alleged violation is | accreditation for deemed status purposes and have | further abuse, neglect, exploitation, or mistreatment while the |
| | verified appropriate corrective action must | swing beds: The hospital also determines how it will | investigation is in progress. The results of all investigations are |
| | be taken. | protect residents from corporal punishment and | reported to the administrator or their designated representative |
| | | involuntary seclusion. | and to other officials in accordance with state law, including the |
| | | | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | RI.01.06.03, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to the administrator or their designated representative and to other officials in accordance with state law, within five working days of the incident. If the alleged violation is verified, appropriate corrective action is taken. | state survey agency, within five working days of the incident. If the alleged violation is verified, appropriate corrective action is taken. |
| §483.15 | §483.15 Admission, transfer, and discharge rights. | appropriate corrective action is taken. | |
| §483.15(c) | (c) Transfer and discharge— | | |
| §483.15(c)(1) | (1) Facility requirements— | | |
| §483.15(c)(1)(i) | (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless— | PC.04.01.07, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met: - The resident's health has improved to the point where they no longer need the hospital's services. - The transfer or discharge is necessary for the resident's welfare and the hospital cannot meet the resident's needs. - The safety of the individuals in the hospital is endangered due to the clinical or behavioral status of the resident. - The health of individuals in the hospital would otherwise be endangered. - The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the hospital. | |

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| | | Nonpayment applies if the resident does not submit the | |
| | | necessary paperwork for third party payment or after the | |
| | | third party, including Medicare or Medicaid, denies the | |
| | | claim and the resident refuses to pay for their stay. For a | |
| | | resident who becomes eligible for Medicaid after | |
| | | admission to a hospital, the hospital may charge a | |
| | | resident only the allowable charges under Medicaid. | |
| | | - The hospital ceases operation. | |
| | | Note: The hospital cannot transfer or discharge a | |
| | | resident while an appeal is pending pursuant to 42 CFR | |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(1)(i)(A) | (A) The transfer or discharge is necessary for | PC.04.01.07, EP 1 | PC.14.01.03, EP 1 |
| | the resident's welfare and the resident's | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | needs cannot be met in the facility; | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital transfers or |
| | | hospital transfers or discharges residents only when at | discharges residents only under at least one of the following |
| | | least one of the following conditions is met: | conditions: |
| | | - The resident's health has improved to the point where | - The resident's health has improved to the point where they no |
| | | they no longer need the hospital's services. | longer need the hospital's services. |
| | | - The transfer or discharge is necessary for the resident's | - The transfer or discharge is necessary for the resident's welfare, |
| | | welfare and the hospital cannot meet the resident's | and the hospital cannot meet the resident's needs. |
| | | needs. | - The safety of the individuals in the hospital is endangered due to |
| | | - The safety of the individuals in the hospital is | the resident's clinical or behavioral status. |
| | | endangered due to the clinical or behavioral status of | - The health of individuals in the hospital would otherwise be |
| | | the resident. | endangered. |
| | | - The health of individuals in the hospital would | - The resident has failed, after reasonable and appropriate notice, |
| | | otherwise be endangered. | to pay for (or to have paid under Medicare or Medicaid) a stay at |
| | | - The resident has failed, after reasonable and | the hospital. Nonpayment applies if the resident does not submit |
| | | appropriate notice, to pay for (or to have paid under | the necessary paperwork for third party payment or after the third |
| | | Medicare or Medicaid) a stay at the hospital. | party, including Medicare or Medicaid, denies the claim and the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Nonpayment applies if the resident does not submit the | resident refuses to pay for their stay. For a resident who becomes |
| 1 | | necessary paperwork for third party payment or after the | eligible for Medicaid after admission to a hospital, the hospital |
| | | third party, including Medicare or Medicaid, denies the | may charge a resident only the allowable charges under Medicaid. |
| l | | claim and the resident refuses to pay for their stay. For a | - The hospital ceases operation. |
| ĺ | | resident who becomes eligible for Medicaid after | Note: The hospital cannot transfer or discharge a resident while an |
| ĺ | | admission to a hospital, the hospital may charge a | appeal is pending pursuant to 42 CFR 431.230, unless the failure |
| ĺ | | resident only the allowable charges under Medicaid. | to discharge or transfer would endanger the health or safety of the |
| | | - The hospital ceases operation. | resident or other individuals in the hospital. The hospital |
| | | Note: The hospital cannot transfer or discharge a | documents the danger that failure to transfer or discharge would |
| | | resident while an appeal is pending pursuant to 42 CFR | pose. |
| 1 | | 431.230, unless the failure to discharge or transfer | |
| ĺ | | would endanger the health or safety of the resident or | |
| 1 | | other individuals in the hospital. The hospital | |
| i | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(1)(i)(B) | (B) The transfer or discharge is appropriate | PC.04.01.07, EP 1 | PC.14.01.03, EP 1 |
| ĺ | because the resident's health has improved | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| ĺ | sufficiently so the resident no longer needs | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital transfers or |
| | the services provided by the facility; | hospital transfers or discharges residents only when at | discharges residents only under at least one of the following |
| 1 | | least one of the following conditions is met: | conditions: |
| | | - The resident's health has improved to the point where they no longer need the hospital's services. | - The resident's health has improved to the point where they no longer need the hospital's services. |
| | | - The transfer or discharge is necessary for the resident's | - The transfer or discharge is necessary for the resident's welfare, |
| | | welfare and the hospital cannot meet the resident's | and the hospital cannot meet the resident's needs. |
| | | needs. | - The safety of the individuals in the hospital is endangered due to |
| | | - The safety of the individuals in the hospital is | the resident's clinical or behavioral status. |
| | | endangered due to the clinical or behavioral status of | - The health of individuals in the hospital would otherwise be |
| | | the resident. | endangered. |
| | | - The health of individuals in the hospital would | - The resident has failed, after reasonable and appropriate notice, |
| | | otherwise be endangered. | to pay for (or to have paid under Medicare or Medicaid) a stay at |
| | | - The resident has failed, after reasonable and | the hospital. Nonpayment applies if the resident does not submit |
| | | appropriate notice, to pay for (or to have paid under | the necessary paperwork for third party payment or after the third |
| | | Medicare or Medicaid) a stay at the hospital. | party, including Medicare or Medicaid, denies the claim and the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after admission to a hospital, the hospital may charge a resident only the allowable charges under Medicaid. - The hospital ceases operation. Note: The hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the hospital. The hospital documents the danger that failure to transfer or | resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after admission to a hospital, the hospital may charge a resident only the allowable charges under Medicaid. - The hospital ceases operation. Note: The hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the hospital. The hospital documents the danger that failure to transfer or discharge would pose. |
| \$483.15(c)(1)(i)(C) | (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; | PC.04.01.07, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at least one of the following conditions is met: - The resident's health has improved to the point where they no longer need the hospital's services. - The transfer or discharge is necessary for the resident's welfare and the hospital cannot meet the resident's needs. - The safety of the individuals in the hospital is endangered due to the clinical or behavioral status of the resident. - The health of individuals in the hospital would otherwise be endangered. - The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the hospital. | PC.14.01.03, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only under at least one of the following conditions: - The resident's health has improved to the point where they no longer need the hospital's services. - The transfer or discharge is necessary for the resident's welfare, and the hospital cannot meet the resident's needs. - The safety of the individuals in the hospital is endangered due to the resident's clinical or behavioral status. - The health of individuals in the hospital would otherwise be endangered. - The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the hospital. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Nonpayment applies if the resident does not submit the | resident refuses to pay for their stay. For a resident who becomes |
| | | necessary paperwork for third party payment or after the | eligible for Medicaid after admission to a hospital, the hospital |
| | | third party, including Medicare or Medicaid, denies the | may charge a resident only the allowable charges under Medicaid. |
| | | claim and the resident refuses to pay for their stay. For a | - The hospital ceases operation. |
| | | resident who becomes eligible for Medicaid after | Note: The hospital cannot transfer or discharge a resident while an |
| | | admission to a hospital, the hospital may charge a | appeal is pending pursuant to 42 CFR 431.230, unless the failure |
| | | resident only the allowable charges under Medicaid. | to discharge or transfer would endanger the health or safety of the |
| | | - The hospital ceases operation. | resident or other individuals in the hospital. The hospital |
| | | Note: The hospital cannot transfer or discharge a | documents the danger that failure to transfer or discharge would |
| | | resident while an appeal is pending pursuant to 42 CFR | pose. |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(1)(i)(D) | (D) The health of individuals in the facility | PC.04.01.07, EP 1 | PC.14.01.03, EP 1 |
| | would otherwise be endangered; | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital transfers or |
| | | hospital transfers or discharges residents only when at | discharges residents only under at least one of the following |
| | | least one of the following conditions is met: | conditions: |
| | | - The resident's health has improved to the point where | - The resident's health has improved to the point where they no |
| | | they no longer need the hospital's services. | longer need the hospital's services. |
| | | - The transfer or discharge is necessary for the resident's | - The transfer or discharge is necessary for the resident's welfare, |
| | | welfare and the hospital cannot meet the resident's | and the hospital cannot meet the resident's needs. |
| | | needs. | - The safety of the individuals in the hospital is endangered due to |
| | | - The safety of the individuals in the hospital is | the resident's clinical or behavioral status. |
| | | endangered due to the clinical or behavioral status of | - The health of individuals in the hospital would otherwise be |
| | | the resident. | endangered. |
| | | - The health of individuals in the hospital would | - The resident has failed, after reasonable and appropriate notice, |
| | | otherwise be endangered. | to pay for (or to have paid under Medicare or Medicaid) a stay at |
| | | - The resident has failed, after reasonable and | the hospital. Nonpayment applies if the resident does not submit |
| | | appropriate notice, to pay for (or to have paid under | the necessary paperwork for third party payment or after the third |
| | | Medicare or Medicaid) a stay at the hospital. | party, including Medicare or Medicaid, denies the claim and the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Nonpayment applies if the resident does not submit the | resident refuses to pay for their stay. For a resident who becomes |
| | | necessary paperwork for third party payment or after the | eligible for Medicaid after admission to a hospital, the hospital |
| | | third party, including Medicare or Medicaid, denies the | may charge a resident only the allowable charges under Medicaid. |
| | | claim and the resident refuses to pay for their stay. For a | - The hospital ceases operation. |
| | | resident who becomes eligible for Medicaid after | Note: The hospital cannot transfer or discharge a resident while an |
| | | admission to a hospital, the hospital may charge a | appeal is pending pursuant to 42 CFR 431.230, unless the failure |
| | | resident only the allowable charges under Medicaid. | to discharge or transfer would endanger the health or safety of the |
| | | - The hospital ceases operation. | resident or other individuals in the hospital. The hospital |
| | | Note: The hospital cannot transfer or discharge a | documents the danger that failure to transfer or discharge would |
| | | resident while an appeal is pending pursuant to 42 CFR | pose. |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(1)(i)(E) | (E) The resident has failed, after reasonable | PC.04.01.07, EP 1 | PC.14.01.03, EP 1 |
| | and appropriate notice, to pay for (or to have | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | paid under Medicare or Medicaid) a stay at | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital transfers or |
| | the facility. Nonpayment applies if the | hospital transfers or discharges residents only when at | discharges residents only under at least one of the following |
| | resident does not submit the necessary | least one of the following conditions is met: | conditions: |
| | paperwork for third party payment or after | - The resident's health has improved to the point where | - The resident's health has improved to the point where they no |
| | the third party, including Medicare or | they no longer need the hospital's services. | longer need the hospital's services. |
| | Medicaid, denies the claim and the resident | - The transfer or discharge is necessary for the resident's | - The transfer or discharge is necessary for the resident's welfare, |
| | refuses to pay for his or her stay. For a | welfare and the hospital cannot meet the resident's | and the hospital cannot meet the resident's needs. |
| | resident who becomes eligible for Medicaid | needs The safety of the individuals in the hospital is | - The safety of the individuals in the hospital is endangered due to the resident's clinical or behavioral status. |
| | after admission to a facility, the facility may | · | |
| | charge a resident only allowable charges under Medicaid; or | endangered due to the clinical or behavioral status of the resident. | - The health of individuals in the hospital would otherwise be |
| | under Medicaid, or | | endangered The resident has failed, after reasonable and appropriate notice, |
| | | - The health of individuals in the hospital would otherwise be endangered. | to pay for (or to have paid under Medicare or Medicaid) a stay at |
| | | - The resident has failed, after reasonable and | the hospital. Nonpayment applies if the resident does not submit |
| | | appropriate notice, to pay for (or to have paid under | the necessary paperwork for third party payment or after the third |
| | | Medicare or Medicaid) a stay at the hospital. | party, including Medicare or Medicaid, denies the claim and the |
| | | Piedicale of Piedicald) a stay at the hospital. | party, motualing medicale of medicala, deflies the claim and the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Nonpayment applies if the resident does not submit the | resident refuses to pay for their stay. For a resident who becomes |
| | | necessary paperwork for third party payment or after the | eligible for Medicaid after admission to a hospital, the hospital |
| | | third party, including Medicare or Medicaid, denies the | may charge a resident only the allowable charges under Medicaid. |
| | | claim and the resident refuses to pay for their stay. For a | - The hospital ceases operation. |
| | | resident who becomes eligible for Medicaid after | Note: The hospital cannot transfer or discharge a resident while an |
| | | admission to a hospital, the hospital may charge a | appeal is pending pursuant to 42 CFR 431.230, unless the failure |
| | | resident only the allowable charges under Medicaid. | to discharge or transfer would endanger the health or safety of the |
| | | - The hospital ceases operation. | resident or other individuals in the hospital. The hospital |
| | | Note: The hospital cannot transfer or discharge a | documents the danger that failure to transfer or discharge would |
| | | resident while an appeal is pending pursuant to 42 CFR | pose. |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(1)(i)(F) | (F) The facility ceases to operate. | PC.04.01.07, EP 1 | PC.14.01.03, EP 1 |
| | | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital transfers or |
| | | hospital transfers or discharges residents only when at | discharges residents only under at least one of the following |
| | | least one of the following conditions is met: | conditions: |
| | | - The resident's health has improved to the point where | - The resident's health has improved to the point where they no |
| | | they no longer need the hospital's services. | longer need the hospital's services. |
| | | - The transfer or discharge is necessary for the resident's | - The transfer or discharge is necessary for the resident's welfare, |
| | | welfare and the hospital cannot meet the resident's | and the hospital cannot meet the resident's needs. |
| | | needs. | - The safety of the individuals in the hospital is endangered due to |
| | | - The safety of the individuals in the hospital is | the resident's clinical or behavioral status. |
| | | endangered due to the clinical or behavioral status of | - The health of individuals in the hospital would otherwise be |
| | | the resident. | endangered. |
| | | - The health of individuals in the hospital would | - The resident has failed, after reasonable and appropriate notice, |
| | | otherwise be endangered. | to pay for (or to have paid under Medicare or Medicaid) a stay at |
| | | - The resident has failed, after reasonable and | the hospital. Nonpayment applies if the resident does not submit |
| | | appropriate notice, to pay for (or to have paid under | the necessary paperwork for third party payment or after the third |
| | | Medicare or Medicaid) a stay at the hospital. | party, including Medicare or Medicaid, denies the claim and the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Nonpayment applies if the resident does not submit the | resident refuses to pay for their stay. For a resident who becomes |
| | | necessary paperwork for third party payment or after the | eligible for Medicaid after admission to a hospital, the hospital |
| | | third party, including Medicare or Medicaid, denies the | may charge a resident only the allowable charges under Medicaid. |
| | | claim and the resident refuses to pay for their stay. For a | - The hospital ceases operation. |
| | | resident who becomes eligible for Medicaid after | Note: The hospital cannot transfer or discharge a resident while an |
| | | admission to a hospital, the hospital may charge a | appeal is pending pursuant to 42 CFR 431.230, unless the failure |
| | | resident only the allowable charges under Medicaid. | to discharge or transfer would endanger the health or safety of the |
| | | - The hospital ceases operation. | resident or other individuals in the hospital. The hospital |
| | | Note: The hospital cannot transfer or discharge a | documents the danger that failure to transfer or discharge would |
| | | resident while an appeal is pending pursuant to 42 CFR | pose. |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(1)(ii) | (ii) The facility may not transfer or discharge | PC.04.01.07, EP 1 | PC.14.01.03, EP 1 |
| | the resident while the appeal is pending, | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | pursuant to § 431.230 of this chapter, when | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital transfers or |
| | a resident exercises his or her right to appeal | hospital transfers or discharges residents only when at | discharges residents only under at least one of the following |
| | a transfer or discharge notice from the | least one of the following conditions is met: | conditions: |
| | facility pursuant to § 431.220(a)(3) of this | - The resident's health has improved to the point where | - The resident's health has improved to the point where they no |
| | chapter, unless the failure to discharge or | they no longer need the hospital's services. | longer need the hospital's services. |
| | transfer would endanger the health or safety | - The transfer or discharge is necessary for the resident's | - The transfer or discharge is necessary for the resident's welfare, |
| | of the resident or other individuals in the | welfare and the hospital cannot meet the resident's | and the hospital cannot meet the resident's needs. |
| | facility. The facility must document the | needs. | - The safety of the individuals in the hospital is endangered due to |
| | danger that failure to transfer or discharge | - The safety of the individuals in the hospital is | the resident's clinical or behavioral status. |
| | would pose. | endangered due to the clinical or behavioral status of | - The health of individuals in the hospital would otherwise be |
| | | the resident. | endangered. |
| | | - The health of individuals in the hospital would | - The resident has failed, after reasonable and appropriate notice, |
| | | otherwise be endangered The resident has failed, after reasonable and | to pay for (or to have paid under Medicare or Medicaid) a stay at the hospital. Nonpayment applies if the resident does not submit |
| | | appropriate notice, to pay for (or to have paid under | |
| | | 1 | the necessary paperwork for third party payment or after the third |
| | | Medicare or Medicaid) a stay at the hospital. | party, including Medicare or Medicaid, denies the claim and the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Nonpayment applies if the resident does not submit the | resident refuses to pay for their stay. For a resident who becomes |
| | | necessary paperwork for third party payment or after the | eligible for Medicaid after admission to a hospital, the hospital |
| | | third party, including Medicare or Medicaid, denies the | may charge a resident only the allowable charges under Medicaid. |
| | | claim and the resident refuses to pay for their stay. For a | - The hospital ceases operation. |
| | | resident who becomes eligible for Medicaid after | Note: The hospital cannot transfer or discharge a resident while an |
| | | admission to a hospital, the hospital may charge a | appeal is pending pursuant to 42 CFR 431.230, unless the failure |
| | | resident only the allowable charges under Medicaid. | to discharge or transfer would endanger the health or safety of the |
| | | - The hospital ceases operation. | resident or other individuals in the hospital. The hospital |
| | | Note: The hospital cannot transfer or discharge a | documents the danger that failure to transfer or discharge would |
| | | resident while an appeal is pending pursuant to 42 CFR | pose. |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(2) | (2) Documentation. When the facility | RC.02.04.01, EP 1 | RC.12.03.01, EP 1 |
| | transfers or discharges a resident under any | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | of the circumstances specified in paragraphs | for deemed status purposes and have swing beds: | status purposes and have swing beds: Documentation in the |
| | (c)(1)(i)(A) through (F) of this section, the | Documentation in the medical record includes | medical record includes discharge information provided to the |
| | facility must ensure that the transfer or | discharge information provided to the resident and/or to | resident and/or to the receiving organization. A physician |
| | discharge is documented in the resident's | the receiving organization. There is documentation in | documents in the resident's medical record when the resident is |
| | medical record and appropriate information | the resident's medical record by the resident's | being transferred or discharged because the safety of other |
| | is communicated to the receiving health care | physician when the resident is transferred or | residents would otherwise be endangered. The resident's |
| | institution or provider. | discharged, either when the transfer is due to the | physician documents in the medical record when the transfer is |
| | | resident improving and no longer needing long term care | due to the resident improving and no longer needing long term care |
| | | services or when the resident's needs cannot be met in | services or when the transfer is due to the resident's welfare and |
| | | the hospital's swing bed. There is documentation in the | resident's needs cannot be met in the hospital's swing bed. |
| | | resident's medical record by a physician when the | |
| | | resident is being transferred or discharged because the | |
| | | safety of other residents would otherwise be | |
| | | endangered. | |
| | | DC 00 04 04 FD 0 | |
| | | RC.02.04.01, EP 2 | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | resident's discharge information includes the following: | |
| | | - The reason for transfer, discharge, or referral | |
| | | - Treatment provided, diet, medication orders, and | |
| | | orders for the resident's immediate care | |
| | | - Referrals provided to the resident, the referring | |
| | | physician's or other licensed practitioner's name, and | |
| | | the name of the physician or other licensed practitioner | |
| | | who has agreed to be responsible for the resident's | |
| | | medical care and treatment, if this person is someone | |
| | | other than the referring physician or other licensed | |
| | | practitioner | |
| | | - Medical findings and diagnoses; a summary of the | |
| | | care, treatment, and services provided; and progress | |
| | | reached toward goals | |
| | | - Information about the resident's behavior, ambulation, | |
| | | nutrition, physical status, psychosocial status, and | |
| | | potential for rehabilitation | |
| | | - Nursing information that is useful in the resident's care | |
| | | - Any advance directives | |
| 0.400.45(.)(0)(") | (1) 5 | - Instructions given to the resident before discharge | |
| §483.15(c)(2)(i) | (i) Documentation in the resident's medical | | |
| C400 45(-)(0)(:)(A) | record must include: | DO 00 04 04 ED 0 | PO 40 00 04 FP 0 |
| §483.15(c)(2)(i)(A) | (A) The basis for the transfer per paragraph | RC.02.04.01, EP 2 | RC.12.03.01, EP 2 |
| | (c)(1)(i) of this section. | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The resident's discharge |
| | | resident's discharge information includes the following: | information includes the following: |
| | | - The reason for transfer, discharge, or referral | - Reason for transfer, discharge, or referral |
| | | - Treatment provided, diet, medication orders, and orders for the resident's immediate care | - Treatment provided, diet, medication orders, and orders for the resident's immediate care |
| | | | |
| | | - Referrals provided to the resident, the referring | - Referrals provided to the resident, the referring physician's or |
| | | physician's or other licensed practitioner's name, and | other licensed practitioner's name, and the name of the physician |

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| | | the name of the physician or other licensed practitioner | or other licensed practitioner who has agreed to be responsible for |
| | | who has agreed to be responsible for the resident's | the resident's medical care and treatment, if this person is |
| | | medical care and treatment, if this person is someone | someone other than the referring physician or other licensed |
| | | other than the referring physician or other licensed | practitioner |
| | | practitioner | - Medical findings and diagnoses; a summary of the care, |
| | | - Medical findings and diagnoses; a summary of the | treatment, and services provided; and progress reached toward |
| | | care, treatment, and services provided; and progress | goals |
| | | reached toward goals | - Information about the resident's behavior, ambulation, nutrition, |
| | | - Information about the resident's behavior, ambulation, | physical status, psychosocial status, and potential for |
| | | nutrition, physical status, psychosocial status, and | rehabilitation |
| | | potential for rehabilitation | - Nursing information that is useful in the resident's care |
| | | - Nursing information that is useful in the resident's care | - Any advance directives |
| | | - Any advance directives | - Instructions given to the resident before discharge |
| | | - Instructions given to the resident before discharge | |
| §483.15(c)(2)(i)(B) | (B) In the case of paragraph (c)(1)(i)(A) of | RC.02.04.01, EP 2 | RC.12.03.01, EP 3 |
| | this section, the specific resident need(s) | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | that cannot be met, facility attempts to meet | for deemed status purposes and have swing beds: The | status purposes and have swing beds: When the resident is |
| | the resident needs, and the service available | resident's discharge information includes the following: | transferred or discharged because the hospital cannot meet their |
| | at the receiving facility to meet the need(s). | - The reason for transfer, discharge, or referral | needs, the hospital documents which needs could not be met, the |
| | | - Treatment provided, diet, medication orders, and | hospital's attempts to meet the resident's needs, and the services |
| | | orders for the resident's immediate care | available at the receiving organization that will meet the resident's |
| | | - Referrals provided to the resident, the referring | needs. |
| | | physician's or other licensed practitioner's name, and | |
| | | the name of the physician or other licensed practitioner | |
| | | who has agreed to be responsible for the resident's | |
| | | medical care and treatment, if this person is someone | |
| | | other than the referring physician or other licensed | |
| | | practitioner | |
| | | - Medical findings and diagnoses; a summary of the | |
| | | care, treatment, and services provided; and progress | |
| | | reached toward goals | |
| | | - Information about the resident's behavior, ambulation, | |
| | | nutrition, physical status, psychosocial status, and | |

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| | | potential for rehabilitation - Nursing information that is useful in the resident's care - Any advance directives - Instructions given to the resident before discharge | |
| §483.15(c)(2)(ii) | (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by— | | |
| §483.15(c)(2)(ii)(A) | (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and | RC.02.04.01, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered. | RC.12.03.01, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. A physician documents in the resident's medical record when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered. The resident's physician documents in the medical record when the transfer is due to the resident improving and no longer needing long term care services or when the transfer is due to the resident's welfare and resident's needs cannot be met in the hospital's swing bed. |
| §483.15(c)(2)(ii)(B) | (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. | RC.02.04.01, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care | RC.12.03.01, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. A physician documents in the resident's medical record when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered. The resident's physician documents in the medical record when the transfer is due to the resident improving and no longer needing long term care |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered. | services or when the transfer is due to the resident's welfare and resident's needs cannot be met in the hospital's swing bed. |
| §483.15(c)(3) | (3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must— | | |
| §483.15(c)(3)(i) | (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. | PC.04.01.03, EP 3 The patient, the patient's family, physicians, other licensed practitioners, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Description of the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital. Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and | PC.14.01.01, EP 4 The patient, the patient's caregiver(s) or support person(s), physicians, other licensed practitioners, clinical psychologists, and staff who are involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. The patient and their caregiver(s) or support person(s) are included as active partners when planning for postdischarge care. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (refer to the Glossary). Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move. The notice is in writing, in a language and manner they understand, and includes the items described in 42 CFR 483.15(c)(5). The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly. The hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman. |

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| §483.15(c)(3)(ii) | (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and | orderly. The hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman. Note 4: For hospitals that use Joint Commission accreditation for deemed status purposes: Discharge planning is performed by, or under the supervision of, a registered nurse, social worker, or other qualified person. RI.01.01.01, EP 5 The hospital respects the patient's right to and need for effective communication. RI.01.01.03, EP 1 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. RC.01.01.01, EP 5 The medical record includes the following: - Information needed to support the patient's diagnosis and condition - Information needed to justify the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information about the patient's care, treatment, and services that promotes continuity of care among staff and providers Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement | RC.12.03.01, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital records the reasons for the transfer or discharge in the resident's medical record in accordance with 42 CFR 483.15(c)(2). |
| | | refers to care provided by both internal and external providers. | |
| §483.15(c)(3)(iii) | (iii) Include in the notice the items described | PC.04.01.03, EP 3 | PC.14.01.01, EP 4 |
| | in paragraph (c)(5) of this section. | The patient, the patient's family, physicians, other | The patient, the patient's caregiver(s) or support person(s), |

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| | | licensed practitioners, clinical psychologists, and staff | physicians, other licensed practitioners, clinical psychologists, |
| | | involved in the patient's care, treatment, and services | and staff who are involved in the patient's care, treatment, and |
| | | participate in planning the patient's discharge or | services participate in planning the patient's discharge or transfer. |
| | | transfer. | The patient and their caregiver(s) or support person(s) are |
| | | Note 1: The definition of "physician" is the same as that | included as active partners when planning for postdischarge care. |
| | | used by the Centers for Medicare & Dedicard | Note 1: The definition of "physician" is the same as that used by |
| | | Services (CMS) (refer to the Glossary). | the Centers for Medicare & Medicaid Services (refer to the |
| | | Note 2: For psychiatric hospitals that use Joint | Glossary). |
| | | Commission accreditation for deemed status purposes: | Note 2: For hospitals that use Joint Commission accreditation for |
| | | Social service staff responsibilities include, but are not | deemed status purposes and have swing beds: The hospital |
| | | limited to, participating in discharge planning, arranging | notifies the resident and, if known, a family member or legal |
| | | for follow-up care, and developing mechanisms for | representative of the resident of the transfer or discharge and |
| | | exchange of information with sources outside the | reasons for the move. The notice is in writing, in a language and manner they understand, and includes the items described in 42 |
| | | hospital. Note 3: For hospitals that use Joint Commission | CFR 483.15(c)(5). The hospital also provides sufficient preparation |
| | | accreditation for deemed status purposes and have | and orientation to residents to make sure that transfer or discharge |
| | | swing beds: The hospital notifies the resident and, if | from the hospital is safe and orderly. The hospital sends a copy of |
| | | known, a family member or legal representative of the | the notice to a representative of the office of the state's long-term |
| | | resident of the transfer or discharge and reasons for the | care ombudsman. |
| | | move in writing. The hospital also provides sufficient | |
| | | preparation and orientation to residents to make sure | |
| | | that transfer or discharge from the hospital is safe and | |
| | | orderly. The hospital sends a copy of the notice to a | |
| | | representative of the office of the state's long-term care | |
| | | ombudsman. | |
| | | Note 4: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Discharge | |
| | | planning is performed by, or under the supervision of, a | |
| | | registered nurse, social worker, or other qualified | |
| | | person. | |
| | | RC.01.01.01, EP 5 | |
| | | The medical record includes the following: | |
| <u>.</u> | | The medical record includes the following. | |

| - Information needed to support the patient's care, treatment, and services - Information needed to justify the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services star promotes continuity of care among staff and providers Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers. RI.01.01.01,EP5 The hospital respects the patient's right to and need for effective communication. RI.01.01.03,EP1 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. REA3.15(c)(4)(i) (4) Timing of the notice. 8433.15(c)(4)(ii) (i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the made by the facility at least 30 days before the resident is transferred or discharged. REA3.12(a)(5)(ii), the written notice of transfer or discharged testing the made by the hospital at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged when the select of the individuals in the facility at least 30 of discharged wh | CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| - Information needed to justify the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and resulted in the patient's care, treatment, and services - Information that documents the course and resulted in the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the requirement refers to care providers. RI.O.1.0.1.01, EP 5 The hospital respects the patient's right to and need for effective communication. RI.O.1.0.1.03, EP 1 The hospital respects the patient's right to and need for effective communication. RI.O.1.0.1.03, EP 1 The hospital respects the patient's right to and need for effective communication. RI.O.1.0.1.03, EP 1 The hospital respects the patient's right to and need for effective care and external providers to the patient's age, language, and ability to understand. PC.1.0.1.0.1, EP 5 The bospital provides | | | - Information needed to support the patient's diagnosis | |
| treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information about the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information the decreatment, and services - Information the decreatment, and services have read and external providers - RI.01.01.01, EP 5 - The hospital provides information in a manner tailored to the patient's right to and need for effective communication. RI.01.01.03, EP 5 - The hospital provides information in a manner tailored to the patient's right to and need for effective communication. RI.01.01.03, EP 5 - The hospital provides information in a manner tailored to the patient's right to and need for effective communication. RI.01.01.03, EP 5 - The hospital provides information in a manner tailored to the patient's right to and need for effective communication. RI.01.01. | | | and condition | |
| - Information that documents the course and result of the patient's care, treatment, and services - Information about the patient's care, treatment, and services that promotes continuity of care among staff and providers Note: For hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers. RI.01.01.01, EP 5 The hospital respects the patient's right to and need for effective communication. RI.01.01.03, EP 1 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. 8483.15(c)(4)(i) (i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. PC.04.01.03, EP5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR written notice of transfer or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharged. | | | 1 | |
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| The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. §483.15(c)(4)(i) §483.15(c)(4)(i) (i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. PC.14.01.01, EP 12 For hospitals that use Joint Commission accreditation for deem status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharged. Note: Notice may be made as soon as is practical before transfer. | | | | |
| to the patient's age, language, and ability to understand. §483.15(c)(4)(i) (i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. Timing of the notice. | | | 1 | |
| \$483.15(c)(4)(i) (i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR written notice of transfer or discharge at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer. | | | | |
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| and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. For hospitals that use Joint Commission accreditation for deem status purposes and have swing beds: Except when specified in the CoP from 42 CFR written notice of transfer or discharge at least 30 days before the resident is transferred or discharge required under paragraph 42 CFR Tor hospitals that use Joint Commission accreditation for deem status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharged. Note: Notice may be made as soon as is practical before transfer. | , ,, , | , , - | | |
| or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharged. for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharged. discharge required under this section written notice of transfer or discharge at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer. | §483.15(c)(4)(i) | | | , and the second |
| must be made by the facility at least 30 days before the resident is transferred or discharge at least 30 days before the resident is transferred or discharge required under paragraph 42 CFR Mote: Notice may be made as soon as is practical before transfer. | | , , | · · | · |
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| discharged. discharge required under paragraph 42 CFR Notice may be made as soon as is practical before transf | | | 1 | |
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| 465.12(a)(4) must be made by the hospital at least 50 of discharge when the safety of the individuals in the facility with | | uischargeu. | | |
| days before the resident is transferred or discharged. be endangered, the health of the individuals in the facility woul | | | | be endangered, the health of the individuals in the facility would be |
| | | | 1 | endangered, the resident's health improves sufficiently to allow a |
| transfer or discharge when the safety of the individuals more immediate transfer or discharge, immediate transfer or | | | · · · · · · · · · · · · · · · · · · · | |
| in the facility would be endangered; the health of the | | | , | more infinediate transfer of discharge, infinediate transfer of |

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| | | individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days. | discharge is required by the resident's urgent medical needs, or a resident has not resided in the facility for 30 days. |
| §483.15(c)(4)(ii) | (ii) Notice must be made as soon as practicable before transfer or discharge when— | | |
| §483.15(c)(4)(ii)(A) | (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; | PC.04.01.03, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered; the health of the individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days. PC.04.01.07, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital transfers or discharges residents only when at | For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides the written notice of transfer or discharge at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered, the health of the individuals in the facility would be endangered, the resident's health improves sufficiently to allow a more immediate transfer or discharge, immediate transfer or discharge is required by the resident's urgent medical needs, or a resident has not resided in the facility for 30 days. |
| | | least one of the following conditions is met: - The resident's health has improved to the point where | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | they no longer need the hospital's services. | |
| | | - The transfer or discharge is necessary for the resident's | |
| | | welfare and the hospital cannot meet the resident's | |
| | | needs. | |
| | | - The safety of the individuals in the hospital is | |
| | | endangered due to the clinical or behavioral status of | |
| | | the resident. | |
| | | - The health of individuals in the hospital would | |
| | | otherwise be endangered. | |
| | | - The resident has failed, after reasonable and | |
| | | appropriate notice, to pay for (or to have paid under | |
| | | Medicare or Medicaid) a stay at the hospital. | |
| | | Nonpayment applies if the resident does not submit the | |
| | | necessary paperwork for third party payment or after the | |
| | | third party, including Medicare or Medicaid, denies the | |
| | | claim and the resident refuses to pay for their stay. For a | |
| | | resident who becomes eligible for Medicaid after | |
| | | admission to a hospital, the hospital may charge a | |
| | | resident only the allowable charges under Medicaid. | |
| | | - The hospital ceases operation. | |
| | | Note: The hospital cannot transfer or discharge a | |
| | | resident while an appeal is pending pursuant to 42 CFR | |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(4)(ii)(B) | (B) The health of individuals in the facility | PC.04.01.03, EP 5 | PC.14.01.01, EP 12 |
| | would be endangered, under paragraph | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | (c)(1)(i)(D) of this section; | for deemed status purposes and have swing beds: | status purposes and have swing beds: The hospital provides the |
| | | Except when specified in the CoP from 42 CFR | written notice of transfer or discharge at least 30 days before the |
| | | 483.12(a)(5)(ii), the written notice of transfer or | resident is transferred or discharged. |
| | | discharge required under paragraph 42 CFR | Note: Notice may be made as soon as is practical before transfer |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|---|
| | | 483.12(a)(4) must be made by the hospital at least 30 | or discharge when the safety of the individuals in the facility would |
| | | days before the resident is transferred or discharged. | be endangered, the health of the individuals in the facility would be |
| | | Note: Notice may be made as soon as is practical before | endangered, the resident's health improves sufficiently to allow a |
| | | transfer or discharge when the safety of the individuals | more immediate transfer or discharge, immediate transfer or |
| | | in the facility would be endangered; the health of the | discharge is required by the resident's urgent medical needs, or a |
| | | individuals in the facility would be endangered; the | resident has not resided in the facility for 30 days. |
| | | resident's health improves sufficiently to allow a more | |
| | | immediate transfer or discharge, and immediate | |
| | | transfer or discharge is required by the resident's urgent | |
| | | medical needs; or a resident has not resided in the | |
| | | facility for 30 days. | |
| | | PC.04.01.07, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital transfers or discharges residents only when at | |
| | | least one of the following conditions is met: | |
| | | - The resident's health has improved to the point where | |
| | | they no longer need the hospital's services. | |
| | | - The transfer or discharge is necessary for the resident's | |
| | | welfare and the hospital cannot meet the resident's | |
| | | needs. | |
| | | - The safety of the individuals in the hospital is | |
| | | endangered due to the clinical or behavioral status of | |
| | | the resident. | |
| | | - The health of individuals in the hospital would | |
| | | otherwise be endangered. | |
| | | - The resident has failed, after reasonable and | |
| | | appropriate notice, to pay for (or to have paid under | |
| | | Medicare or Medicaid) a stay at the hospital. | |
| | | Nonpayment applies if the resident does not submit the | |
| | | necessary paperwork for third party payment or after the | |
| | | third party, including Medicare or Medicaid, denies the | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|--|--|--|
| | | claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after admission to a hospital, the hospital may charge a resident only the allowable charges under Medicaid. - The hospital ceases operation. Note: The hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the hospital. The hospital documents the danger that failure to transfer or discharge would pose. | |
| . , , , , , | (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; | PC.04.01.03, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered; the health of the individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days. PC.04.01.07, EP 1 For hospitals that use Joint Commission accreditation | PC.14.01.01, EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides the written notice of transfer or discharge at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered, the health of the individuals in the facility would be endangered, the resident's health improves sufficiently to allow a more immediate transfer or discharge, immediate transfer or discharge is required by the resident's urgent medical needs, or a resident has not resided in the facility for 30 days. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | hospital transfers or discharges residents only when at | |
| | | least one of the following conditions is met: | |
| | | - The resident's health has improved to the point where | |
| | | they no longer need the hospital's services. | |
| | | - The transfer or discharge is necessary for the resident's | |
| | | welfare and the hospital cannot meet the resident's | |
| | | needs. | |
| | | - The safety of the individuals in the hospital is | |
| | | endangered due to the clinical or behavioral status of | |
| | | the resident. | |
| | | - The health of individuals in the hospital would | |
| | | otherwise be endangered. | |
| | | - The resident has failed, after reasonable and | |
| | | appropriate notice, to pay for (or to have paid under | |
| | | Medicare or Medicaid) a stay at the hospital. | |
| | | Nonpayment applies if the resident does not submit the | |
| | | necessary paperwork for third party payment or after the | |
| | | third party, including Medicare or Medicaid, denies the | |
| | | claim and the resident refuses to pay for their stay. For a | |
| | | resident who becomes eligible for Medicaid after | |
| | | admission to a hospital, the hospital may charge a | |
| | | resident only the allowable charges under Medicaid. | |
| | | - The hospital ceases operation. | |
| | | Note: The hospital cannot transfer or discharge a | |
| | | resident while an appeal is pending pursuant to 42 CFR | |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |
| §483.15(c)(4)(ii)(D) | (D) An immediate transfer or discharge is | PC.04.01.03, EP 5 | PC.14.01.01, EP 12 |
| | required by the resident's urgent medical | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: | status purposes and have swing beds: The hospital provides the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | needs, under paragraph (c)(1)(i)(A) of this | Except when specified in the CoP from 42 CFR | written notice of transfer or discharge at least 30 days before the |
| | section; or | 483.12(a)(5)(ii), the written notice of transfer or | resident is transferred or discharged. |
| | | discharge required under paragraph 42 CFR | Note: Notice may be made as soon as is practical before transfer |
| | | 483.12(a)(4) must be made by the hospital at least 30 | or discharge when the safety of the individuals in the facility would |
| | | days before the resident is transferred or discharged. | be endangered, the health of the individuals in the facility would be |
| | | Note: Notice may be made as soon as is practical before | endangered, the resident's health improves sufficiently to allow a |
| | | transfer or discharge when the safety of the individuals | more immediate transfer or discharge, immediate transfer or |
| | | in the facility would be endangered; the health of the | discharge is required by the resident's urgent medical needs, or a |
| | | individuals in the facility would be endangered; the | resident has not resided in the facility for 30 days. |
| | | resident's health improves sufficiently to allow a more | |
| | | immediate transfer or discharge, and immediate | |
| | | transfer or discharge is required by the resident's urgent | |
| | | medical needs; or a resident has not resided in the facility for 30 days. | |
| | | lacility for 50 days. | |
| | | PC.04.01.07, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital transfers or discharges residents only when at | |
| | | least one of the following conditions is met: | |
| | | - The resident's health has improved to the point where | |
| | | they no longer need the hospital's services. | |
| | | - The transfer or discharge is necessary for the resident's | |
| | | welfare and the hospital cannot meet the resident's | |
| | | needs. | |
| | | - The safety of the individuals in the hospital is | |
| | | endangered due to the clinical or behavioral status of | |
| | | the resident. | |
| | | - The health of individuals in the hospital would | |
| | | otherwise be endangered. | |
| | | - The resident has failed, after reasonable and | |
| | | appropriate notice, to pay for (or to have paid under | |
| | | Medicare or Medicaid) a stay at the hospital. | |

| | CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|---|-----------------|--|---|---|
| Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the resident is transferred or discharge when the safety of the individuals in the facility wo days before the resident is transferred or discharge when the safety of the individuals in the facility would be endangered, the health of the individuals in the facility would endangered, the resident's health improves sufficiently to allow more immediate transfer or discharge, immediate transfer or | | (E) A resident has not resided in the facility | Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after admission to a hospital, the hospital may charge a resident only the allowable charges under Medicaid. - The hospital ceases operation. Note: The hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the hospital. The hospital documents the danger that failure to transfer or discharge would pose. PC.04.01.03, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Except when specified in the CoP from 42 CFR 483.12(a)(5)(ii), the written notice of transfer or discharge required under paragraph 42 CFR 483.12(a)(4) must be made by the hospital at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered; the health of the individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the | PC.14.01.01, EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides the written notice of transfer or discharge at least 30 days before the resident is transferred or discharged. Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered, the health of the individuals in the facility would be endangered, the resident's health improves sufficiently to allow a more immediate transfer or discharge, immediate transfer or discharge is required by the resident's urgent medical needs, or a |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|-------------------|
| | | PC.04.01.07, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital transfers or discharges residents only when at | |
| | | least one of the following conditions is met: | |
| | | - The resident's health has improved to the point where | |
| | | they no longer need the hospital's services. | |
| | | - The transfer or discharge is necessary for the resident's | |
| | | welfare and the hospital cannot meet the resident's | |
| | | needs. | |
| | | - The safety of the individuals in the hospital is | |
| | | endangered due to the clinical or behavioral status of | |
| | | the resident. | |
| | | - The health of individuals in the hospital would | |
| | | otherwise be endangered. | |
| | | - The resident has failed, after reasonable and | |
| | | appropriate notice, to pay for (or to have paid under | |
| | | Medicare or Medicaid) a stay at the hospital. | |
| | | Nonpayment applies if the resident does not submit the | |
| | | necessary paperwork for third party payment or after the | |
| | | third party, including Medicare or Medicaid, denies the | |
| | | claim and the resident refuses to pay for their stay. For a | |
| | | resident who becomes eligible for Medicaid after | |
| | | admission to a hospital, the hospital may charge a | |
| | | resident only the allowable charges under Medicaid. | |
| | | - The hospital ceases operation. | |
| | | Note: The hospital cannot transfer or discharge a | |
| | | resident while an appeal is pending pursuant to 42 CFR | |
| | | 431.230, unless the failure to discharge or transfer | |
| | | would endanger the health or safety of the resident or | |
| | | other individuals in the hospital. The hospital | |
| | | documents the danger that failure to transfer or | |
| | | discharge would pose. | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §483.15(c)(5) | (5) Contents of the notice. The written notice | | |
| | specified in paragraph (c)(3) of this section | | |
| | must include the following: | | |
| §483.15(c)(5)(i) | (i) The reason for transfer or discharge; | PC.04.01.03, EP 6 | PC.14.01.01, EP 13 |
| | | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The written notice before |
| | | written notice before transfer or discharge specified in | transfer or discharge specified in 42 CFR 483.15(c)(3) includes the |
| | | the CoP from 42 CFR 483.12(a)(4) includes the | following: |
| | | following: | - Reason for transfer or discharge |
| | | - The reason for transfer or discharge | - Effective date of transfer or discharge |
| | | - The effective date of transfer or discharge | - Location to which the resident is transferred or discharged |
| | | - The location to which the resident is transferred or | - Statement of the resident's appeal rights, including the name, |
| | | discharged | address (mailing and e-mail), and telephone number of the entity |
| | | - A statement of the resident's appeal rights, including | which receives appeal requests; information on how to obtain an |
| | | the name, address (mailing and e-mail), and telephone | appeal form; where to find assistance in completing the form; and |
| | | number of the entity which receives such requests; | how to submit the appeal hearing request |
| | | information on how to obtain an appeal form; where to | - Name, address (mailing and e-mail), and telephone number of |
| | | find assistance in completing the form; and how to | the office of the state's long-term care ombudsman |
| | | submit the appeal hearing request | - For a resident with intellectual and developmental disabilities, |
| | | - The name, address (mailing and e-mail), and telephone | the mailing and e-mail address and telephone number of the |
| | | number of the office of the state's long-term care | agency responsible for the protection and advocacy of these |
| | | ombudsman | individuals, established under Part C of the Developmental |
| | | - For a resident with intellectual and developmental | Disabilities Assistance and Bill of Rights Act of 2000 |
| | | disabilities, the mailing and e-mail address and | - For a resident with a mental disorder or related disabilities, the |
| | | telephone number of the agency responsible for the | mailing and e-mail address and telephone number of the agency |
| | | protection and advocacy of these individuals, | responsible for the protection and advocacy of these individuals, |
| | | established under Part C of the Developmental | established under the Protection and Advocacy for Mentally Ill |
| | | Disabilities Assistance and Bill of Rights Act of 2000 | Individuals Act |
| | | - For a resident with a mental disorder or related | |
| | | disabilities, the mailing and e-mail address and | |
| | | telephone number of the agency responsible for the | |
| | | protection and advocacy of these individuals, | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | established under the Protection and Advocacy for | |
| | | Mentally Ill Individuals Act | |
| §483.15(c)(5)(ii) | (ii) The effective date of transfer or | PC.04.01.03, EP 6 | PC.14.01.01, EP 13 |
| | discharge; | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The written notice before |
| | | written notice before transfer or discharge specified in | transfer or discharge specified in 42 CFR 483.15(c)(3) includes the |
| | | the CoP from 42 CFR 483.12(a)(4) includes the | following: |
| | | following: | - Reason for transfer or discharge |
| | | - The reason for transfer or discharge | - Effective date of transfer or discharge |
| | | - The effective date of transfer or discharge | - Location to which the resident is transferred or discharged |
| | | - The location to which the resident is transferred or | - Statement of the resident's appeal rights, including the name, |
| | | discharged | address (mailing and e-mail), and telephone number of the entity |
| | | - A statement of the resident's appeal rights, including | which receives appeal requests; information on how to obtain an |
| | | the name, address (mailing and e-mail), and telephone | appeal form; where to find assistance in completing the form; and |
| | | number of the entity which receives such requests; | how to submit the appeal hearing request |
| | | information on how to obtain an appeal form; where to | - Name, address (mailing and e-mail), and telephone number of |
| | | find assistance in completing the form; and how to | the office of the state's long-term care ombudsman |
| | | submit the appeal hearing request | - For a resident with intellectual and developmental disabilities, |
| | | - The name, address (mailing and e-mail), and telephone | the mailing and e-mail address and telephone number of the |
| | | number of the office of the state's long-term care | agency responsible for the protection and advocacy of these |
| | | ombudsman | individuals, established under Part C of the Developmental |
| | | - For a resident with intellectual and developmental | Disabilities Assistance and Bill of Rights Act of 2000 |
| | | disabilities, the mailing and e-mail address and | - For a resident with a mental disorder or related disabilities, the |
| | | telephone number of the agency responsible for the | mailing and e-mail address and telephone number of the agency |
| | | protection and advocacy of these individuals, | responsible for the protection and advocacy of these individuals, |
| | | established under Part C of the Developmental | established under the Protection and Advocacy for Mentally Ill |
| | | Disabilities Assistance and Bill of Rights Act of 2000 | Individuals Act |
| | | - For a resident with a mental disorder or related | |
| | | disabilities, the mailing and e-mail address and | |
| | | telephone number of the agency responsible for the | |
| | | protection and advocacy of these individuals, | |
| | | established under the Protection and Advocacy for | |
| | | Mentally Ill Individuals Act | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| §483.15(c)(5)(iii) | (iii) The location to which the resident is | PC.04.01.03, EP 6 | PC.14.01.01, EP 13 |
| | transferred or discharged; | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The written notice before |
| | | written notice before transfer or discharge specified in | transfer or discharge specified in 42 CFR 483.15(c)(3) includes the |
| | | the CoP from 42 CFR 483.12(a)(4) includes the | following: |
| | | following: | - Reason for transfer or discharge |
| | | - The reason for transfer or discharge | - Effective date of transfer or discharge |
| | | - The effective date of transfer or discharge | - Location to which the resident is transferred or discharged |
| | | - The location to which the resident is transferred or | - Statement of the resident's appeal rights, including the name, |
| | | discharged | address (mailing and e-mail), and telephone number of the entity |
| | | - A statement of the resident's appeal rights, including | which receives appeal requests; information on how to obtain an |
| | | the name, address (mailing and e-mail), and telephone | appeal form; where to find assistance in completing the form; and |
| | | number of the entity which receives such requests; | how to submit the appeal hearing request |
| | | information on how to obtain an appeal form; where to | - Name, address (mailing and e-mail), and telephone number of |
| | | find assistance in completing the form; and how to | the office of the state's long-term care ombudsman |
| | | submit the appeal hearing request | - For a resident with intellectual and developmental disabilities, |
| | | - The name, address (mailing and e-mail), and telephone | the mailing and e-mail address and telephone number of the |
| | | number of the office of the state's long-term care | agency responsible for the protection and advocacy of these |
| | | ombudsman | individuals, established under Part C of the Developmental |
| | | - For a resident with intellectual and developmental | Disabilities Assistance and Bill of Rights Act of 2000 |
| | | disabilities, the mailing and e-mail address and | - For a resident with a mental disorder or related disabilities, the |
| | | telephone number of the agency responsible for the | mailing and e-mail address and telephone number of the agency |
| | | protection and advocacy of these individuals, | responsible for the protection and advocacy of these individuals, |
| | | established under Part C of the Developmental | established under the Protection and Advocacy for Mentally Ill |
| | | Disabilities Assistance and Bill of Rights Act of 2000 | Individuals Act |
| | | - For a resident with a mental disorder or related | |
| | | disabilities, the mailing and e-mail address and | |
| | | telephone number of the agency responsible for the | |
| | | protection and advocacy of these individuals, | |
| | | established under the Protection and Advocacy for | |
| | | Mentally III Individuals Act | |
| §483.15(c)(5)(iv) | (iv) A statement of the resident's appeal | PC.04.01.03, EP 6 | PC.14.01.01, EP 13 |
| | rights, including the name, address (mailing | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | and email), and telephone number of the | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The written notice before |
| | entity which receives such requests; and | written notice before transfer or discharge specified in | transfer or discharge specified in 42 CFR 483.15(c)(3) includes the |
| | information on how to obtain an appeal form | the CoP from 42 CFR 483.12(a)(4) includes the | following: |
| | and assistance in completing the form and | following: | - Reason for transfer or discharge |
| | submitting the appeal hearing request; | - The reason for transfer or discharge | - Effective date of transfer or discharge |
| | | - The effective date of transfer or discharge | - Location to which the resident is transferred or discharged |
| | | - The location to which the resident is transferred or | - Statement of the resident's appeal rights, including the name, |
| | | discharged | address (mailing and e-mail), and telephone number of the entity |
| | | - A statement of the resident's appeal rights, including | which receives appeal requests; information on how to obtain an |
| | | the name, address (mailing and e-mail), and telephone | appeal form; where to find assistance in completing the form; and |
| | | number of the entity which receives such requests; | how to submit the appeal hearing request |
| | | information on how to obtain an appeal form; where to | - Name, address (mailing and e-mail), and telephone number of |
| | | find assistance in completing the form; and how to | the office of the state's long-term care ombudsman |
| | | submit the appeal hearing request | - For a resident with intellectual and developmental disabilities, |
| | | - The name, address (mailing and e-mail), and telephone | the mailing and e-mail address and telephone number of the |
| | | number of the office of the state's long-term care | agency responsible for the protection and advocacy of these |
| | | ombudsman | individuals, established under Part C of the Developmental |
| | | - For a resident with intellectual and developmental | Disabilities Assistance and Bill of Rights Act of 2000 |
| | | disabilities, the mailing and e-mail address and | - For a resident with a mental disorder or related disabilities, the |
| | | telephone number of the agency responsible for the | mailing and e-mail address and telephone number of the agency |
| | | protection and advocacy of these individuals, | responsible for the protection and advocacy of these individuals, |
| | | established under Part C of the Developmental | established under the Protection and Advocacy for Mentally Ill |
| | | Disabilities Assistance and Bill of Rights Act of 2000 | Individuals Act |
| | | - For a resident with a mental disorder or related | |
| | | disabilities, the mailing and e-mail address and | |
| | | telephone number of the agency responsible for the | |
| | | protection and advocacy of these individuals, | |
| | | established under the Protection and Advocacy for | |
| \$400 45(-\\5\\c) | (A) The second address (mariling and 1990) | Mentally Ill Individuals Act | DO 44 04 04 ED 40 |
| §483.15(c)(5)(v) | (v) The name, address (mailing and email) | PC.04.01.03, EP 6 | PC.14.01.01, EP 13 |
| | and telephone number of the Office of the | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | State Long-Term Care Ombudsman; | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The written notice before |
| | | written notice before transfer or discharge specified in | transfer or discharge specified in 42 CFR 483.15(c)(3) includes the |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | the CoP from 42 CFR 483.12(a)(4) includes the | following: |
| | | following: | - Reason for transfer or discharge |
| | | - The reason for transfer or discharge | - Effective date of transfer or discharge |
| | | - The effective date of transfer or discharge | - Location to which the resident is transferred or discharged |
| | | - The location to which the resident is transferred or | - Statement of the resident's appeal rights, including the name, |
| | | discharged | address (mailing and e-mail), and telephone number of the entity |
| | | - A statement of the resident's appeal rights, including | which receives appeal requests; information on how to obtain an |
| | | the name, address (mailing and e-mail), and telephone | appeal form; where to find assistance in completing the form; and |
| | | number of the entity which receives such requests; | how to submit the appeal hearing request |
| | | information on how to obtain an appeal form; where to | - Name, address (mailing and e-mail), and telephone number of |
| | | find assistance in completing the form; and how to | the office of the state's long-term care ombudsman |
| | | submit the appeal hearing request | - For a resident with intellectual and developmental disabilities, |
| | | - The name, address (mailing and e-mail), and telephone | the mailing and e-mail address and telephone number of the |
| | | number of the office of the state's long-term care | agency responsible for the protection and advocacy of these |
| | | ombudsman | individuals, established under Part C of the Developmental |
| | | - For a resident with intellectual and developmental | Disabilities Assistance and Bill of Rights Act of 2000 |
| | | disabilities, the mailing and e-mail address and | - For a resident with a mental disorder or related disabilities, the |
| | | telephone number of the agency responsible for the | mailing and e-mail address and telephone number of the agency |
| | | protection and advocacy of these individuals, | responsible for the protection and advocacy of these individuals, |
| | | established under Part C of the Developmental | established under the Protection and Advocacy for Mentally Ill |
| | | Disabilities Assistance and Bill of Rights Act of 2000 | Individuals Act |
| | | - For a resident with a mental disorder or related | |
| | | disabilities, the mailing and e-mail address and | |
| | | telephone number of the agency responsible for the | |
| | | protection and advocacy of these individuals, | |
| | | established under the Protection and Advocacy for | |
| | | Mentally III Individuals Act | |
| §483.15(c)(5)(vi) | (vi) For nursing facility residents with | PC.04.01.03, EP 6 | PC.14.01.01, EP 13 |
| | intellectual and developmental disabilities | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | or related disabilities, the mailing and email | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The written notice before |
| | address and telephone number of the | written notice before transfer or discharge specified in | transfer or discharge specified in 42 CFR 483.15(c)(3) includes the |
| | agency responsible for the protection and | the CoP from 42 CFR 483.12(a)(4) includes the | following: |
| | advocacy of individuals with developmental | following: | - Reason for transfer or discharge |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | disabilities established under Part C of the | - The reason for transfer or discharge | - Effective date of transfer or discharge |
| | Developmental Disabilities Assistance and | - The effective date of transfer or discharge | - Location to which the resident is transferred or discharged |
| | Bill of Rights Act of 2000 (Pub. L. 106–402, | - The location to which the resident is transferred or | - Statement of the resident's appeal rights, including the name, |
| | codified at 42 U.S.C. 15001 et seq.); and | discharged | address (mailing and e-mail), and telephone number of the entity |
| | | - A statement of the resident's appeal rights, including | which receives appeal requests; information on how to obtain an |
| | | the name, address (mailing and e-mail), and telephone | appeal form; where to find assistance in completing the form; and |
| | | number of the entity which receives such requests; | how to submit the appeal hearing request |
| | | information on how to obtain an appeal form; where to | - Name, address (mailing and e-mail), and telephone number of |
| | | find assistance in completing the form; and how to | the office of the state's long-term care ombudsman |
| | | submit the appeal hearing request | - For a resident with intellectual and developmental disabilities, |
| | | - The name, address (mailing and e-mail), and telephone | the mailing and e-mail address and telephone number of the |
| | | number of the office of the state's long-term care | agency responsible for the protection and advocacy of these |
| | | ombudsman | individuals, established under Part C of the Developmental |
| | | - For a resident with intellectual and developmental | Disabilities Assistance and Bill of Rights Act of 2000 |
| | | disabilities, the mailing and e-mail address and | - For a resident with a mental disorder or related disabilities, the |
| | | telephone number of the agency responsible for the | mailing and e-mail address and telephone number of the agency |
| | | protection and advocacy of these individuals, | responsible for the protection and advocacy of these individuals, |
| | | established under Part C of the Developmental | established under the Protection and Advocacy for Mentally Ill |
| | | Disabilities Assistance and Bill of Rights Act of 2000 | Individuals Act |
| | | - For a resident with a mental disorder or related | |
| | | disabilities, the mailing and e-mail address and | |
| | | telephone number of the agency responsible for the | |
| | | protection and advocacy of these individuals, | |
| | | established under the Protection and Advocacy for | |
| | | Mentally Ill Individuals Act | |
| §483.15(c)(5)(vii) | (vii) For nursing facility residents with a | PC.04.01.03, EP 6 | PC.14.01.01, EP 13 |
| | mental disorder or related disabilities, the | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | mailing and email address and telephone | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The written notice before |
| | number of the agency responsible for the | written notice before transfer or discharge specified in | transfer or discharge specified in 42 CFR 483.15(c)(3) includes the |
| | protection and advocacy of individuals with a | the CoP from 42 CFR 483.12(a)(4) includes the | following: |
| | mental disorder established under the | following: | - Reason for transfer or discharge |
| | Protection and Advocacy for Mentally Ill | - The reason for transfer or discharge | - Effective date of transfer or discharge |
| | Individuals Act. | - The effective date of transfer or discharge | - Location to which the resident is transferred or discharged |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - The location to which the resident is transferred or | - Statement of the resident's appeal rights, including the name, |
| | | discharged | address (mailing and e-mail), and telephone number of the entity |
| | | - A statement of the resident's appeal rights, including | which receives appeal requests; information on how to obtain an |
| | | the name, address (mailing and e-mail), and telephone | appeal form; where to find assistance in completing the form; and |
| | | number of the entity which receives such requests; | how to submit the appeal hearing request |
| | | information on how to obtain an appeal form; where to | - Name, address (mailing and e-mail), and telephone number of |
| | | find assistance in completing the form; and how to | the office of the state's long-term care ombudsman |
| | | submit the appeal hearing request | - For a resident with intellectual and developmental disabilities, |
| | | - The name, address (mailing and e-mail), and telephone | the mailing and e-mail address and telephone number of the |
| | | number of the office of the state's long-term care | agency responsible for the protection and advocacy of these |
| | | ombudsman | individuals, established under Part C of the Developmental |
| | | - For a resident with intellectual and developmental | Disabilities Assistance and Bill of Rights Act of 2000 |
| | | disabilities, the mailing and e-mail address and | - For a resident with a mental disorder or related disabilities, the |
| | | telephone number of the agency responsible for the | mailing and e-mail address and telephone number of the agency |
| | | protection and advocacy of these individuals, | responsible for the protection and advocacy of these individuals, |
| | | established under Part C of the Developmental | established under the Protection and Advocacy for Mentally Ill |
| | | Disabilities Assistance and Bill of Rights Act of 2000 | Individuals Act |
| | | - For a resident with a mental disorder or related | |
| | | disabilities, the mailing and e-mail address and | |
| | | telephone number of the agency responsible for the | |
| | | protection and advocacy of these individuals, | |
| | | established under the Protection and Advocacy for | |
| | | Mentally Ill Individuals Act | |
| §483.15(c)(7) | (7) Orientation for transfer or discharge. A | PC.04.01.03, EP 3 | PC.14.01.01, EP 4 |
| | facility must provide and document | The patient, the patient's family, physicians, other | The patient, the patient's caregiver(s) or support person(s), |
| | sufficient preparation and orientation to | licensed practitioners, clinical psychologists, and staff | physicians, other licensed practitioners, clinical psychologists, |
| | residents to ensure safe and orderly transfer | involved in the patient's care, treatment, and services | and staff who are involved in the patient's care, treatment, and |
| | or discharge from the facility. This | participate in planning the patient's discharge or | services participate in planning the patient's discharge or transfer. |
| | orientation must be provided in a form and | transfer. | The patient and their caregiver(s) or support person(s) are |
| | manner that the resident can understand. | Note 1: The definition of "physician" is the same as that | included as active partners when planning for postdischarge care. |
| | | used by the Centers for Medicare & Discourable Medicaid | Note 1: The definition of "physician" is the same as that used by |
| | | Services (CMS) (refer to the Glossary). | the Centers for Medicare & Diagonal Services (refer to the |
| | | Note 2: For psychiatric hospitals that use Joint | Glossary). |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | Commission accreditation for deemed status purposes: | Note 2: For hospitals that use Joint Commission accreditation for |
| | | Social service staff responsibilities include, but are not | deemed status purposes and have swing beds: The hospital |
| | | limited to, participating in discharge planning, arranging | notifies the resident and, if known, a family member or legal |
| | | for follow-up care, and developing mechanisms for | representative of the resident of the transfer or discharge and |
| | | exchange of information with sources outside the | reasons for the move. The notice is in writing, in a language and |
| | | hospital. | manner they understand, and includes the items described in 42 |
| | | Note 3: For hospitals that use Joint Commission | CFR 483.15(c)(5). The hospital also provides sufficient preparation |
| | | accreditation for deemed status purposes and have | and orientation to residents to make sure that transfer or discharge |
| | | swing beds: The hospital notifies the resident and, if | from the hospital is safe and orderly. The hospital sends a copy of |
| | | known, a family member or legal representative of the resident of the transfer or discharge and reasons for the | the notice to a representative of the office of the state's long-term care ombudsman. |
| | | move in writing. The hospital also provides sufficient | care ombudaman. |
| | | preparation and orientation to residents to make sure | |
| | | that transfer or discharge from the hospital is safe and | |
| | | orderly. The hospital sends a copy of the notice to a | |
| | | representative of the office of the state's long-term care | |
| | | ombudsman. | |
| | | Note 4: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes: Discharge | |
| | | planning is performed by, or under the supervision of, a | |
| | | registered nurse, social worker, or other qualified | |
| | | person. | |
| | | DO 04 04 05 ED4 | |
| | | PC.04.01.05, EP 1 When the hospital determines the patient's discharge or | |
| | | | |
| | | transfer needs, it promptly shares this information with the patient, and also with the patient's family when it is | |
| | | involved in decision making or ongoing care. | |
| | | involved in decision making or ongoing care. | |
| | | PC.04.01.05, EP 2 | |
| | | Before the patient is discharged, the hospital informs | |
| | | the patient, and also the patient's family when it is | |
| | | involved in decision making or ongoing care, of the kinds | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | of continuing care, treatment, and services the patient | |
| | | will need. | |
| §483.21 | §483.21 Comprehensive person-centered | | |
| | care planning. | | |
| §483.21(c) | (c) Discharge planning— | | |
| §483.21(c)(2) | (2) Discharge summary. When the facility | | |
| | anticipates discharge a resident must have a | | |
| | discharge summary that includes, but is not | | |
| | limited to, the following: | | |
| §483.21(c)(2)(i) | (i) A recapitulation of the resident's stay that | RC.02.04.01, EP 1 | RC.12.03.01, EP 5 |
| | includes, but is not limited to, diagnoses, | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | course of illness/treatment or therapy, and | for deemed status purposes and have swing beds: | status purposes and have swing beds: When the hospital |
| | pertinent lab, radiology, and consultation | Documentation in the medical record includes | anticipates the discharge of a resident, the discharge summary |
| | results. | discharge information provided to the resident and/or to | includes but is not limited to the following: |
| | | the receiving organization. There is documentation in | - A summary of the resident's stay that includes at a minimum the |
| | | the resident's medical record by the resident's | resident's diagnosis, course of illness/treatment or therapy, and |
| | | physician when the resident is transferred or | pertinent laboratory, radiology, and consultation results |
| | | discharged, either when the transfer is due to the | - A final summary of the resident's status to include items in 42 |
| | | resident improving and no longer needing long term care | CFR 483.20 (b)(1) at the time of the discharge that is available for |
| | | services or when the resident's needs cannot be met in | release to authorized persons and agencies, with the consent of |
| | | the hospital's swing bed. There is documentation in the | the resident or resident's representative. |
| | | resident's medical record by a physician when the | - Reconciliation of all predischarge medications with the resident's |
| | | resident is being transferred or discharged because the | postdischarge medications (both prescribed and over-the- |
| | | safety of other residents would otherwise be | counter). |
| | | endangered. | - A postdischarge plan of care, which will assist the resident to |
| | | PC 00 04 04 FD 0 | adjust to his or her new living environment, that is developed with |
| | | RC.02.04.01, EP 2 | the participation of the resident and, with the resident's consent, |
| | | For hospitals that use Joint Commission accreditation | the resident representative(s). The postdischarge plan of care |
| | | for deemed status purposes and have swing beds: The | indicates where the individual plans to reside, any arrangements that have been made for the resident's follow up care, and any |
| | | resident's discharge information includes the following: | postdischarge medical and nonmedical services |
| | | - The reason for transfer, discharge, or referral - Treatment provided, diet, medication orders, and | postaischarge medicat and normieuleat services |
| | | orders for the resident's immediate care | |
| | | orders for the resident's infillediate care | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | - Referrals provided to the resident, the referring | |
| | | physician's or other licensed practitioner's name, and | |
| | | the name of the physician or other licensed practitioner | |
| | | who has agreed to be responsible for the resident's | |
| | | medical care and treatment, if this person is someone | |
| | | other than the referring physician or other licensed | |
| | | practitioner | |
| | | - Medical findings and diagnoses; a summary of the | |
| | | care, treatment, and services provided; and progress | |
| | | reached toward goals | |
| | | - Information about the resident's behavior, ambulation, | |
| | | nutrition, physical status, psychosocial status, and | |
| | | potential for rehabilitation | |
| | | - Nursing information that is useful in the resident's care | |
| | | - Any advance directives | |
| | | - Instructions given to the resident before discharge | |
| | | RC.02.04.01, EP 3 | |
| | | In order to provide information to other caregivers and | |
| | | facilitate the patient's continuity of care, the medical | |
| | | record contains a concise discharge summary that | |
| | | includes the following: | |
| | | - The reason for hospitalization | |
| | | - The procedures performed | |
| | | - The care, treatment, and services provided | |
| | | - The patient's condition and disposition at discharge | |
| | | - Information provided to the patient and family | |
| | | - Provisions for follow-up care | |
| | | Note 1: A discharge summary is not required when a | |
| | | patient is seen for minor problems or interventions, as | |
| | | defined by the medical staff. In this instance, a final | |
| | | progress note may be substituted for the discharge | |
| | | summary provided the note contains the outcome of | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-------------------|--|--|--|
| | | hospitalization, disposition of the case, and provisions | |
| | | for follow-up care. | |
| | | Note 2: When a patient is transferred to a different level | |
| | | of care within the hospital, and caregivers change, a | |
| | | transfer summary may be substituted for the discharge | |
| | | summary. If the caregivers do not change, a progress | |
| | | note may be used. | |
| | | Note 3: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | The record of each patient discharged needs to include | |
| | | a discharge summary with the above information. The | |
| | | exceptions in Notes 1 and 2 are not applicable. All | |
| | | patients discharged need to have a discharge summary. | |
| §483.21(c)(2)(ii) | (ii) A final summary of the resident's status to | RC.02.04.01, EP 1 | RC.12.03.01, EP 5 |
| | include items in paragraph (b)(1) of §483.20, | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | at the time of the discharge that is available | for deemed status purposes and have swing beds: | status purposes and have swing beds: When the hospital |
| | for release to authorized persons and | Documentation in the medical record includes | anticipates the discharge of a resident, the discharge summary |
| | agencies, with the consent of the resident or | discharge information provided to the resident and/or to | includes but is not limited to the following: |
| | resident's representative. | the receiving organization. There is documentation in | - A summary of the resident's stay that includes at a minimum the |
| | | the resident's medical record by the resident's | resident's diagnosis, course of illness/treatment or therapy, and |
| | | physician when the resident is transferred or | pertinent laboratory, radiology, and consultation results |
| | | discharged, either when the transfer is due to the | - A final summary of the resident's status to include items in 42 |
| | | resident improving and no longer needing long term care | CFR 483.20 (b)(1) at the time of the discharge that is available for |
| | | services or when the resident's needs cannot be met in | release to authorized persons and agencies, with the consent of |
| | | the hospital's swing bed. There is documentation in the | the resident or resident's representative. |
| | | resident's medical record by a physician when the | - Reconciliation of all predischarge medications with the resident's |
| | | resident is being transferred or discharged because the | postdischarge medications (both prescribed and over-the- |
| | | safety of other residents would otherwise be | counter). |
| | | endangered. | - A postdischarge plan of care, which will assist the resident to |
| | | RC.02.04.01, EP 2 | adjust to his or her new living environment, that is developed with |
| | | , | the participation of the resident and, with the resident's consent, |
| | | For hospitals that use Joint Commission accreditation | the resident representative(s). The postdischarge plan of care |
| | | for deemed status purposes and have swing beds: The | indicates where the individual plans to reside, any arrangements |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | resident's discharge information includes the following: | that have been made for the resident's follow up care, and any |
| | | - The reason for transfer, discharge, or referral | postdischarge medical and nonmedical services |
| | | - Treatment provided, diet, medication orders, and | |
| | | orders for the resident's immediate care | |
| | | - Referrals provided to the resident, the referring | |
| | | physician's or other licensed practitioner's name, and | |
| | | the name of the physician or other licensed practitioner | |
| | | who has agreed to be responsible for the resident's | |
| | | medical care and treatment, if this person is someone | |
| | | other than the referring physician or other licensed | |
| | | practitioner | |
| | | - Medical findings and diagnoses; a summary of the | |
| | | care, treatment, and services provided; and progress | |
| | | reached toward goals | |
| | | - Information about the resident's behavior, ambulation, | |
| | | nutrition, physical status, psychosocial status, and | |
| | | potential for rehabilitation | |
| | | - Nursing information that is useful in the resident's care | |
| | | - Any advance directives | |
| | | - Instructions given to the resident before discharge | |
| | | RC.02.04.01, EP 3 | |
| | | In order to provide information to other caregivers and | |
| | | facilitate the patient's continuity of care, the medical | |
| | | record contains a concise discharge summary that | |
| | | includes the following: | |
| | | - The reason for hospitalization | |
| | | - The procedures performed | |
| | | - The care, treatment, and services provided | |
| | | - The patient's condition and disposition at discharge | |
| | | - Information provided to the patient and family | |
| | | - Provisions for follow-up care | |
| | | Note 1: A discharge summary is not required when a | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
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| | | patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care. Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used. Note 3: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The record of each patient discharged needs to include a discharge summary with the above information. The exceptions in Notes 1 and 2 are not applicable. All | |
| §483.21(c)(2)(iii) | (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). | RC.02.04.01, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident's medical record by the resident's physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident's needs cannot be met in the hospital's swing bed. There is documentation in the resident's medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered. | RC.12.03.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: When the hospital anticipates the discharge of a resident, the discharge summary includes but is not limited to the following: - A summary of the resident's stay that includes at a minimum the resident's diagnosis, course of illness/treatment or therapy, and pertinent laboratory, radiology, and consultation results - A final summary of the resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. - Reconciliation of all predischarge medications with the resident's postdischarge medications (both prescribed and over-the-counter). - A postdischarge plan of care, which will assist the resident to |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|---|
| | | | adjust to his or her new living environment, that is developed with |
| | | RC.02.04.01, EP 2 | the participation of the resident and, with the resident's consent, |
| | | For hospitals that use Joint Commission accreditation | the resident representative(s). The postdischarge plan of care |
| | | for deemed status purposes and have swing beds: The | indicates where the individual plans to reside, any arrangements |
| | | resident's discharge information includes the following: | that have been made for the resident's follow up care, and any |
| | | - The reason for transfer, discharge, or referral | postdischarge medical and nonmedical services |
| | | - Treatment provided, diet, medication orders, and | |
| | | orders for the resident's immediate care | |
| | | - Referrals provided to the resident, the referring | |
| | | physician's or other licensed practitioner's name, and | |
| | | the name of the physician or other licensed practitioner | |
| | | who has agreed to be responsible for the resident's | |
| | | medical care and treatment, if this person is someone | |
| | | other than the referring physician or other licensed | |
| | | practitioner | |
| | | - Medical findings and diagnoses; a summary of the | |
| | | care, treatment, and services provided; and progress | |
| | | reached toward goals | |
| | | - Information about the resident's behavior, ambulation, | |
| | | nutrition, physical status, psychosocial status, and | |
| | | potential for rehabilitation | |
| | | - Nursing information that is useful in the resident's care | |
| | | - Any advance directives | |
| | | - Instructions given to the resident before discharge | |
| | | RC.02.04.01, EP 3 | |
| | | In order to provide information to other caregivers and | |
| | | facilitate the patient's continuity of care, the medical | |
| | | record contains a concise discharge summary that | |
| | | includes the following: | |
| | | - The reason for hospitalization | |
| | | - The procedures performed | |
| | | - The care, treatment, and services provided | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-------------------|---|--|--|
| | | - The patient's condition and disposition at discharge | |
| | | - Information provided to the patient and family | |
| | | - Provisions for follow-up care | |
| | | Note 1: A discharge summary is not required when a | |
| | | patient is seen for minor problems or interventions, as | |
| | | defined by the medical staff. In this instance, a final | |
| | | progress note may be substituted for the discharge | |
| | | summary provided the note contains the outcome of | |
| | | hospitalization, disposition of the case, and provisions | |
| | | for follow-up care. | |
| | | Note 2: When a patient is transferred to a different level | |
| | | of care within the hospital, and caregivers change, a | |
| | | transfer summary may be substituted for the discharge | |
| | | summary. If the caregivers do not change, a progress | |
| | | note may be used. | |
| | | Note 3: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | The record of each patient discharged needs to include | |
| | | a discharge summary with the above information. The | |
| | | exceptions in Notes 1 and 2 are not applicable. All | |
| | | patients discharged need to have a discharge summary. | |
| §483.21(c)(2)(iv) | (iv) A post-discharge plan of care that is | RC.02.04.01, EP 1 | RC.12.03.01, EP 5 |
| | developed with the participation of the | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | resident and, with the resident's consent, the | for deemed status purposes and have swing beds: | status purposes and have swing beds: When the hospital |
| | resident representative(s), which will assist | Documentation in the medical record includes | anticipates the discharge of a resident, the discharge summary |
| | the resident to adjust to his or her new living | discharge information provided to the resident and/or to | includes but is not limited to the following: |
| | environment. The post-discharge plan of | the receiving organization. There is documentation in | - A summary of the resident's stay that includes at a minimum the |
| | care must indicate where the individual | the resident's medical record by the resident's | resident's diagnosis, course of illness/treatment or therapy, and |
| | plans to reside, any arrangements that have | physician when the resident is transferred or | pertinent laboratory, radiology, and consultation results |
| | been made for the resident's follow up care | discharged, either when the transfer is due to the | - A final summary of the resident's status to include items in 42 |
| | and any post-discharge medical and non- | resident improving and no longer needing long term care | CFR 483.20 (b)(1) at the time of the discharge that is available for |
| | medical services. | services or when the resident's needs cannot be met in | release to authorized persons and agencies, with the consent of |
| | | the hospital's swing bed. There is documentation in the | the resident or resident's representative. |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|----------|---|--|
| | | resident's medical record by a physician when the | - Reconciliation of all predischarge medications with the resident's |
| | | resident is being transferred or discharged because the | postdischarge medications (both prescribed and over-the- |
| | | safety of other residents would otherwise be | counter). |
| | | endangered. | - A postdischarge plan of care, which will assist the resident to |
| | | | adjust to his or her new living environment, that is developed with |
| | | RC.02.04.01, EP 2 | the participation of the resident and, with the resident's consent, |
| | | For hospitals that use Joint Commission accreditation | the resident representative(s). The postdischarge plan of care |
| | | for deemed status purposes and have swing beds: The | indicates where the individual plans to reside, any arrangements |
| | | resident's discharge information includes the following: | that have been made for the resident's follow up care, and any |
| | | - The reason for transfer, discharge, or referral | postdischarge medical and nonmedical services |
| | | - Treatment provided, diet, medication orders, and | |
| | | orders for the resident's immediate care | |
| | | - Referrals provided to the resident, the referring | |
| | | physician's or other licensed practitioner's name, and | |
| | | the name of the physician or other licensed practitioner | |
| | | who has agreed to be responsible for the resident's | |
| | | medical care and treatment, if this person is someone | |
| | | other than the referring physician or other licensed | |
| | | practitioner | |
| | | - Medical findings and diagnoses; a summary of the | |
| | | care, treatment, and services provided; and progress | |
| | | reached toward goals - Information about the resident's behavior, ambulation, | |
| | | nutrition, physical status, psychosocial status, and | |
| | | potential for rehabilitation | |
| | | - Nursing information that is useful in the resident's care | |
| | | - Any advance directives | |
| | | - Instructions given to the resident before discharge | |
| | | modulations given to the resident before discharge | |
| | | RC.02.04.01, EP 3 | |
| | | In order to provide information to other caregivers and | |
| | | facilitate the patient's continuity of care, the medical | |
| | | record contains a concise discharge summary that | |

| CoP Requirement | CoP Text | Current EP Mapping | Future EP Mapping |
|-----------------|--|--|-------------------|
| | | includes the following: | |
| | | - The reason for hospitalization | |
| | | - The procedures performed | |
| | | - The care, treatment, and services provided | |
| | | - The patient's condition and disposition at discharge | |
| | | - Information provided to the patient and family | |
| | | - Provisions for follow-up care | |
| | | Note 1: A discharge summary is not required when a | |
| | | patient is seen for minor problems or interventions, as | |
| | | defined by the medical staff. In this instance, a final | |
| | | progress note may be substituted for the discharge | |
| | | summary provided the note contains the outcome of | |
| | | hospitalization, disposition of the case, and provisions | |
| | | for follow-up care. | |
| | | Note 2: When a patient is transferred to a different level | |
| | | of care within the hospital, and caregivers change, a | |
| | | transfer summary may be substituted for the discharge | |
| | | summary. If the caregivers do not change, a progress | |
| | | note may be used. | |
| | | Note 3: For psychiatric hospitals that use Joint | |
| | | Commission accreditation for deemed status purposes: | |
| | | The record of each patient discharged needs to include | |
| | | a discharge summary with the above information. The | |
| | | exceptions in Notes 1 and 2 are not applicable. All | |
| | | patients discharged need to have a discharge summary. | |
| §483.40 | §483.40 Behavioral Health Services Each | | |
| | resident must receive and the facility must | | |
| | provide the necessary behavioral health care | | |
| | and services to attain or maintain the highest | | |
| | practicable physical, mental, and | | |
| | psychosocial well-being, in accordance with | | |
| | the comprehensive assessment and plan of | | |
| | care. Behavioral health encompasses a | | |

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| | resident's whole emotional and mental well- being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. | | |
| §483.40(d) | (d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. | PC.02.02.01, EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist. | PC.14.02.01, EP 2 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides medically related social services to attain or maintain the optimal physical, mental, and psychosocial well-being of each resident. |
| §483.55 | §483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care. | PC.02.02.01, EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital assists residents who are eligible and wish to apply for reimbursement of dental services as an incurred medical expense under the state plan. The hospital may charge a Medicare resident an additional amount for routine and emergency dental services. | |
| §483.55(a) | (a) Skilled nursing facilities. A facility | | |
| §483.55(a)(2) | (2) May charge a Medicare resident an additional amount for routine and emergency dental services; | PC.02.02.01, EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital assists residents who are eligible and wish to apply for reimbursement of dental services as an incurred medical expense under the state plan. The hospital may charge a Medicare resident an additional amount for routine and emergency dental services. | PC.14.02.01, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital assists residents who are eligible and wish to apply for reimbursement of dental services as an incurred medical expense under the state plan. The hospital may charge a Medicare resident an additional amount for routine and emergency dental services. |

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| §483.55(a)(3) | (3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; (4) Must if necessary or if requested, assist | PC.02.02.01, EP 29 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital follows its policy identifying circumstances when loss of or damage to a resident's dentures is the hospital's responsibility and it may not charge a resident for the loss or damage of dentures. | PC.14.02.01, EP 4 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital develops and implements a policy identifying circumstances when loss of or damage to a resident's dentures is the hospital's responsibility, and it may not charge a resident for the loss or damage of dentures. |
| \$483.55(a)(4)(i) | the resident— (i) In making appointments; and | PC.02.02.01, EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist. PC.02.02.01, EP 10 When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services. RI.01.06.11, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other care providers. | PC.14.02.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: If necessary or requested, the hospital assists residents in making dental appointments and arranging for transportation to and from the dental services location. |

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| | | RI.01.07.13, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital arranges transportation for the resident to and from medical or dental appointments and other activities identified in the resident's care or service plan. | |
| §483.55(a)(4)(ii) | (ii) By arranging for transportation to and from the dental services location; and | PC.02.02.01, EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist. PC.02.02.01, EP 10 When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services. RI.01.06.11, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other care providers. | PC.14.02.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: If necessary or requested, the hospital assists residents in making dental appointments and arranging for transportation to and from the dental services location. |
| | | RI.01.07.13, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The | |

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| | | hospital arranges transportation for the resident to and from medical or dental appointments and other activities identified in the resident's care or service plan. | |
| §483.55(a)(5) | (5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay. | PC.02.02.01, EP 30 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital refers residents with lost or damaged dentures for dental services within three days. If referral does not occur within three days, the hospital documents what was done to make sure that the resident could adequately eat and drink and any extenuating circumstances that led to the delay. | PC.14.02.01, EP 6 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital refers residents with lost or damaged dentures for dental services within three days. If referral does not occur within three days, the hospital documents what was done to make sure that the resident could adequately eat and drink and any extenuating circumstances that led to the delay. |
| §483.55(b) | (b) Nursing facilities. The facility | | |
| §483.55(b)(1) | (1) Must provide or obtain from an outside resource, in accordance with § 483.70(g) of this part, the following dental services to meet the needs of each resident: | | |
| §483.55(b)(1)(i) | (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; | PC.02.02.01, EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist. PC.02.02.01, EP 12 | PC.14.02.01, EP 7 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides or obtains from an outside resource routine (to the extent covered under the state plan) and emergency dental services. |
| | | For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital assists residents who are eligible and wish to | |

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| | | apply for reimbursement of dental services as an incurred medical expense under the state plan. The hospital may charge a Medicare resident an additional amount for routine and emergency dental services. | |
| §483.55(b)(2) | (2) Must, if necessary or if requested, assist the resident— | | |
| §483.55(b)(2)(i) | (i) In making appointments; and | PC.02.02.01, EP 9 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital provides services (directly or through referral) to facilitate family support, social work, nursing care, dental care, rehabilitation, primary physician care, or discharge. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital promptly refers residents with lost or damaged dentures to a dentist. PC.02.02.01, EP 10 When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services. RI.01.06.11, EP 3 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital helps the resident make and keep appointments with medical, dental, and other care providers. | PC.14.02.01, EP 5 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: If necessary or requested, the hospital assists residents in making dental appointments and arranging for transportation to and from the dental services location. |
| | | RI.01.07.13, EP 1 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The | |

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| | | hospital arranges transportation for the resident to and | |
| | | from medical or dental appointments and other | |
| | | activities identified in the resident's care or service plan. | |
| §483.55(b)(2)(ii) | (ii) By arranging for transportation to and | PC.02.02.01, EP 9 | PC.14.02.01, EP 5 |
| | from the dental services locations; | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | | for deemed status purposes and have swing beds: The | status purposes and have swing beds: If necessary or requested, |
| | | hospital provides services (directly or through referral) | the hospital assists residents in making dental appointments and |
| | | to facilitate family support, social work, nursing care, | arranging for transportation to and from the dental services |
| | | dental care, rehabilitation, primary physician care, or | location. |
| | | discharge. | |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | |
| | | swing beds: The hospital promptly refers residents with | |
| | | lost or damaged dentures to a dentist. | |
| | | PC.02.02.01, EP 10 | |
| | | When the hospital uses external resources to meet the | |
| | | patient's needs, it coordinates the patient's care, | |
| | | treatment, and services. | |
| | | RI.01.06.11, EP 3 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital helps the resident make and keep | |
| | | appointments with medical, dental, and other care | |
| | | providers. | |
| | | RI.01.07.13, EP 1 | |
| | | For hospitals that use Joint Commission accreditation | |
| | | for deemed status purposes and have swing beds: The | |
| | | hospital arranges transportation for the resident to and | |
| | | from medical or dental appointments and other | |
| | | activities identified in the resident's care or service plan. | |

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| §483.55(b)(3) | (3) Must promptly, within 3 days, refer | PC.02.02.01, EP 30 | PC.14.02.01, EP 6 |
| | residents with lost or damaged dentures for | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | dental services. If a referral does not occur | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital refers |
| | within 3 days, the facility must provide | hospital refers residents with lost or damaged dentures | residents with lost or damaged dentures for dental services within |
| | documentation of what they did to ensure | for dental services within three days. If referral does not | three days. If referral does not occur within three days, the hospital |
| | the resident could still eat and drink | occur within three days, the hospital documents what | documents what was done to make sure that the resident could |
| | adequately while awaiting dental services | was done to make sure that the resident could | adequately eat and drink and any extenuating circumstances that |
| | and the extenuating circumstances that led | adequately eat and drink and any extenuating | led to the delay. |
| | to the delay; | circumstances that led to the delay. | |
| §483.55(b)(4) | (4) Must have a policy identifying those | PC.02.02.01, EP 29 | PC.14.02.01, EP 4 |
| | circumstances when the loss or damage of | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | dentures is the facility's responsibility and | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital develops and |
| | may not charge a resident for the loss or | hospital follows its policy identifying circumstances | implements a policy identifying circumstances when loss of or |
| | damage of dentures determined in | when loss of or damage to a resident's dentures is the | damage to a resident's dentures is the hospital's responsibility, |
| | accordance with facility policy to be the | hospital's responsibility and it may not charge a resident | and it may not charge a resident for the loss or damage of |
| | facility's responsibility; and | for the loss or damage of dentures. | dentures. |
| §483.55(b)(5) | (5) Must assist residents who are eligible and | PC.02.02.01, EP 12 | PC.14.02.01, EP 3 |
| | wish to participate to apply for | For hospitals that use Joint Commission accreditation | For hospitals that use Joint Commission accreditation for deemed |
| | reimbursement of dental services as an | for deemed status purposes and have swing beds: The | status purposes and have swing beds: The hospital assists |
| | incurred medical expense under the State | hospital assists residents who are eligible and wish to | residents who are eligible and wish to apply for reimbursement of |
| | plan. | apply for reimbursement of dental services as an | dental services as an incurred medical expense under the state |
| | | incurred medical expense under the state plan. The | plan. The hospital may charge a Medicare resident an additional |
| | | hospital may charge a Medicare resident an additional | amount for routine and emergency dental services. |
| §483.65 | \$400 CE Crasializad vahabilitativa samilasa | amount for routine and emergency dental services. | |
| \$483.65(a) | \$483.65 Specialized rehabilitative services. (a) Provision of services. If specialized | | |
| 8403.03(a) | rehabilitative services such as but not | | |
| | limited to physical therapy, speech-language | | |
| | pathology, occupational therapy, respiratory | | |
| | therapy, and rehabilitative services for a | | |
| | mental disorder and intellectual disability or | | |
| | services of a lesser intensity as set forth at § | | |
| | 483.120(c), are required in the resident's | | |

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| | comprehensive plan of care, the facility must— | | |
| §483.65(a)(1) | (1) Provide the required services; or | PC.02.01.01, EP 1 The hospital provides the patient with care, treatment, and services according to the patient's individualized plan of care. PC.02.02.01, EP 3 The hospital coordinates the patient's care, treatment, and services within a time frame that meets the patient's needs. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services. PC.02.02.01, EP 10 When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services. | PC.14.02.01, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: If a resident's comprehensive plan of care requires specialized rehabilitative services, including but not limited to physical therapy, speechlanguage pathology, occupational therapy, respiratory therapy, and rehabilitative services for a mental disorder and intellectual disability or services of a lesser intensity, the hospital provides or obtains the required services from a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Social Security Act. |
| §483.65(a)(2) | (2) In accordance with § 483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. | PC.02.01.01, EP 1 The hospital provides the patient with care, treatment, and services according to the patient's individualized plan of care. PC.02.02.01, EP 3 The hospital coordinates the patient's care, treatment, and services within a time frame that meets the patient's needs. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services. PC.02.02.01, EP 10 | PC.14.02.01, EP 8 For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: If a resident's comprehensive plan of care requires specialized rehabilitative services, including but not limited to physical therapy, speechlanguage pathology, occupational therapy, respiratory therapy, and rehabilitative services for a mental disorder and intellectual disability or services of a lesser intensity, the hospital provides or obtains the required services from a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Social Security Act. |

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| | | When the hospital uses external resources to meet the | |
| | | patient's needs, it coordinates the patient's care, | |
| | | treatment, and services. | |
| §483.65(b) | (b) Qualifications. Specialized rehabilitative | LD.03.06.01, EP 2 | HR.11.02.01, EP 1 |
| | services must be provided under the written | Leaders provide for a sufficient number and mix of | The hospital defines staff qualifications specific to their job |
| | order of a physician by qualified personnel. | individuals to support safe, quality care, treatment, and | responsibilities. |
| | | services. | Note 1: Qualifications for infection control may be met through |
| | | Note: The number and mix of individuals is appropriate | ongoing education, training, experience, and/or certification (such |
| | | to the scope and complexity of the services offered. | as that offered by the Certification Board for Infection Control). |
| | | | Note 2: Qualifications for laboratory personnel are described in the |
| | | LD.03.06.01, EP 3 | Clinical Laboratory Improvement Amendments (CLIA), under |
| | | Those who work in the hospital are competent to | Subpart M: "Personnel for Nonwaived Testing" §493.1351- |
| | | complete their assigned responsibilities. | \$493.1495. A complete description of the requirement is located |
| | | | at https://www.ecfr.gov/cgi-bin/text- |
| | | PC.01.03.01, EP 1 | idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true& |
| | | The hospital plans the patient's care, treatment, and | amp;node=sp42.5.493.m&rgn=div6. |
| | | services based on needs identified by the patient's | Note 3: For hospitals that use Joint Commission accreditation for |
| | | assessment, reassessment, and results of diagnostic | deemed status purposes: Qualified physical therapists, physical |
| | | testing. | therapist assistants, occupational therapists, occupational |
| | | PC.02.01.01, EP 1 | therapy assistants, speech-language pathologists, or audiologists, as defined in 42 CFR 484, provide physical therapy, occupational |
| | | The hospital provides the patient with care, treatment, | therapy, speech-language pathology, or audiology services, if |
| | | and services according to the patient's individualized | these services are provided by the hospital. See Glossary for |
| | | plan of care. | definitions of physical therapist, physical therapist assistant, |
| | | plan of care. | occupational therapist, occupational therapy assistant, speech- |
| | | PC.02.01.05, EP 1 | language pathologist, and audiologist. |
| | | Care, treatment, and services are provided to the patient | Note 4: Qualifications for language interpreters and translators |
| | | in an interdisciplinary, collaborative manner. | may be met through language proficiency assessment, education, |
| | | , 55 massiants manner. | training, and experience. The use of qualified interpreters and |
| | | PC.02.02.01, EP 9 | translators is supported by the Americans with Disabilities Act, |
| | | For hospitals that use Joint Commission accreditation | Section 504 of the Rehabilitation Act of 1973, and Title VI of the |
| | | for deemed status purposes and have swing beds: The | Civil Rights Act of 1964. |
| | | hospital provides services (directly or through referral) | Note 5: If respiratory care services are provided, staff qualified to |

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| | | to facilitate family support, social work, nursing care, | perform specific respiratory care procedures and the amount of |
| | | dental care, rehabilitation, primary physician care, or | supervision required to carry out the specific procedures is |
| | | discharge. | designated in writing. |
| | | Note: For hospitals that use Joint Commission | |
| | | accreditation for deemed status purposes and have | PC.12.01.01, EP 1 |
| | | swing beds: The hospital promptly refers residents with | Prior to providing care, treatment, and services, the hospital |
| | | lost or damaged dentures to a dentist. | obtains or renews orders (verbal or written) from a physician or |
| | | | other licensed practitioner in accordance with professional |
| | | | standards of practice; law and regulation; hospital policies; and |
| | | | medical staff bylaws, rules, and regulations. |
| | | | Note 1: This includes but is not limited to respiratory services, |
| | | | radiology services, rehabilitation services, nuclear medicine |
| | | | services, and dietetic services, if provided. |
| | | | Note 2: For hospitals that use Joint Commission accreditation for |
| | | | deemed status purposes: Patient diets, including therapeutic |
| | | | diets, are ordered by the physician or other licensed practitioner |
| | | | responsible for the patient's care or by a qualified dietitian or |
| | | | qualified nutrition professional who is authorized by the medical |
| | | | staff and acting in accordance with state law governing dietitians |
| | | | and nutrition professionals. |